Quality Assurance Standards for the delivery of Stop Smoking Services

HSE Tobacco Free Ireland Programme (First Edition)

2022

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Introduction

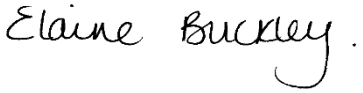
In November 2019 the HSE Tobacco Free Ireland Programme established a working group to review the existing Tobacco Cessation National Standard (2014). The working group was made up of national Tobacco Free Ireland Programme staff, quality assurance personnel and experienced Stop Smoking Advisors and managers from acute and community services.

The group was tasked with developing a Quality Assurance (QA) Standards document for stop smoking services in Ireland. This document will be used by all Stop Smoking Advisors and managers as a best practice guide to support the delivery of standardised and quality assured stop smoking services in Ireland. These standards also apply to the work of the HSE Tobacco Free Ireland Programme.

Within this document a set of quality assurance requirements and standards have been developed for each element of the stop smoking support programme. Ensuring quality assurance in service delivery comprises compliance with both quality requirements and quality standards.

Management within each local service will work with staff to drive quality improvement and compliance with these standards. It is envisaged that local monitoring of service delivery will take place as well as National monitoring of stop smoking service through the HSE Tobacco Free Ireland Programme.

This document will complement the *National Stop Smoking Clinical Guideline* (No. 28) to help people stop smoking.



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Foreword

The HSE Tobacco Free Ireland Policy Priority Programme was established in late 2016 as part of the 'Healthy Ireland in the Health Services Implementation Plan'. It has a remit to: "mobilise the health services to improve health and wellbeing and play its part in the achievement of a reduction in smoking prevalence to less than 5% of the population by 2025." The programme works to coordinate and lead tobacco control activity across the health services to ensure implementation of the HSE (Health Service Executive) actions contained within the Government's Tobacco Free Ireland strategy.

Tobacco use is the leading cause of preventable death in Ireland with 4,500 smokers dying each year from tobacco related diseases (HSE State of Tobacco Control 2022). Smoking related deaths are mainly due to cancers, chronic obstructive pulmonary diseases (COPD) and heart disease. Cigarettes contain over 7,000 toxic chemicals, many of which are proven to cause cancer. Smoking harms almost every organ of the body, causing many different illnesses and diseases. A long-term smoker has an average life expectancy of approximately 10 years less than a non-smoker. The younger you are when you start smoking, the more likely you are to smoke for longer and to die early from smoking.

The Healthy Ireland Survey taken in 2021 reported a smoking prevalence of 18%, that is 16% daily smokers and a further 2% occasional smokers which equates to approximately 717,600 adults. While we have seen a reduction in youth initiation (10 – 17 year olds) from 8.3% in 2014 to 5% in 2018, there is a high level of smoking among young adults with 1-in-5 25-34 year olds currently smoking. In 2021, for the first time smoking prevalence was highest in the 45-54- year age group at 24%. While a socio-economic gradient in smoking was clear in 2015 (16% versus 29%, comparing the highest and lowest socio-economic groups), in 2021 this gradient not only persists, but it has widened (11% versus 31%, comparing the highest and lowest socio-economic groups). There is also variation in positive intention to quit, quitting behaviour and quit success across socio-economic groups. The burden of smoking in Ireland is unequal and unfair – and the widening of the gap in smoking is unacceptable.

In line with the international evidence base (World Health Organization), the HSE, together with other state and voluntary agencies, take responsibility for a wide range of tobacco control interventions. These include: increasing the price of tobacco through taxation (Department of Health & Finance); implementing tobacco free policies and regulations (HSE and Department of Health); restricting the sale of products (Department of Health); implementing sustained mass media campaigns and education and stop smoking support programmes (HSE); which together have an influence on smoking prevalence.

Stop smoking services are recognised as an important element of a comprehensive tobacco control strategy. The HSE provides and promotes a wide range of stop smoking services. These include online QUIT Plans, social media forums, live online consultations and face-to-face behavioural support in either a group or a one-to-one setting with one of our trained Stop Smoking Advisors.

This document sets out to define and describe the HSE's Quality Standards for the delivery of HSE stop smoking services which are delivered by trained Stop Smoking Advisors to people engaging in stop smoking support services. It describes the role of the Stop Smoking Advisor, the elements of a structured support programme and its modes of delivery, as well as associated targets and requirements for delivery of an evidenced based and quality approved service.

Acknowledgements

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The working group process depends on the generosity of the staff who contribute their time and expertise. It is with sincere appreciation that we thank the members of the working group listed below who contributed to the development of these standards:

Aishling Sheridan – Project Manager - Evidence and information, HSE Tobacco Free Ireland Programme

Gayle Monahan – Stop Smoking Advisor, HSE South

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Fiona Boyle – Stop Smoking Advisor, Donegal Community

Noreen Turley – Communications & Information Manager Health & Wellbeing

Brid Boyce – HSE National Quality Improvement Advisor, National Quality Improvement Team.

To our international peer reviewers, thank you for taking the necessary time and effort to peer review our QA standards. We are extremely grateful for all of your valuable comments and suggestions, which helped us to improve the quality of this document.

Dr. Dongbo Fu – Medical Officer for Tobacco Cessation, No Tobacco Unit (TFI), WHO Health Promotion Department

Prof. Emília Nunes, MD PhD – Director of the National Programme for Prevention of Smoking and Tobacco Control, Portugal.

Finally, for the effort and expertise that you contributed towards reviewing these standards, a heartfelt thank you to:

Dr. Paul Kavanagh – Clinical Lead to the HSE Tobacco Free Ireland Programme

Martina Blake – National Lead, HSE Tobacco Free Ireland Programme Strategy & Research

Mary Desmond – Stop Smoking Advisor, Health Promotion & Improvement, Health & Wellbeing Division (now retired).

Chapter 1

Quality Assurance in HSE Tobacco Free Ireland Programme Operation

1.1 Introduction

The Tobacco Free Ireland (TFI) Priority Programme was established in late 2016 as part of the 'Healthy Ireland in the Health Services Implementation Plan'. It has a remit to: "mobilise the health services to improve health and wellbeing and play its part in the achievement of a reduction in smoking prevalence to less than 5% of the population by 2025." [1] The Tobacco Free Ireland Programme now sits under Strategy and in Research within the HSE.

The objectives of the Tobacco Free Ireland Programme are detailed within its four year implementation plan which can be found here. The overall objectives are to:

1. Prioritise the protection of children in all of our initiatives and contribute to the denormalisation of tobacco use for the next generation,

2. Support people to quit smoking and treat tobacco dependence as a care issue while targeting population groups with higher smoking prevalence and health inequalities.

TFI requires quality assurance in programme operation as one element for the delivery of its strategic plan. One of the actions from the TFI programme action plan was the development of evidence based clinical guidelines as recommended by the National Clinical Effectiveness Committee (NCEC), Department of Health. These guidelines are evidence-based, quality assured and support best practice in the identification and treatment of tobacco users. The TFI programme led the development of Ireland's first National Stop Smoking Clinical Guidelines, which were published in 2022. The development of these Guidelines provided an opportune time to update and develop the national Quality Assurance (QA) standards for stop smoking service delivery and programme operation.

1.2 Quality assurance requirements and standards

Ensuring quality assurance in service delivery comprises compliance with both quality requirements and quality standards. The box below describes the difference between a Quality Standard and a Quality Requirement.

Quality Requirements (QR) are stated as a description. There are no targets associated with a requirement as service providers must fulfil the requirement. **Quality Requirements** will be labelled throughout the document in the following format – **QR-N.**	**Quality Standards (QS)** are stated as a description of an activity with a measurable level of performance, and an associated target for achievement. **Quality Standards** will be labelled throughout the document in the following format – **QS-N-N.**

This chapter outlines the Quality Assurance (QA) standards and QA requirements for the Tobacco Free Ireland Programme.

1 HSE, 2022 Health Service Executive. HSE Tobacco Free Ireland Programme Implementation Plan 2022-2025. Dublin, 2022

1.2.1 Publications and Promotion of the HSE Tobacco Free Ireland Programme

The HSE Tobacco Free Ireland Programme aims to ensure effective communication is maintained across all functions within the stop smoking support services, the health services generally and externally with all key stakeholders. Publication of reports and documents will assist in achieving this.

QR-1	**National Stop Smoking Clinical Guidelines** The programme leads the development and periodical update of the *National Stop Smoking Guidelines* as recommended by the National Clinical Effectiveness Committee (NCEC), Department of Health. These guidelines are evidence-based, quality assured and support best practice in the identification and treatment of tobacco users.
QR-2	**Information & Tools** The programme will provide a suite of information and promotional materials which can be used to complement the delivery of the stop smoking services. In addition, the programme will provide quick reference guides (Guidance Notes) and tools for Stop Smoking Advisors to assist in the delivery of the service.
QR-3	**Media Campaigns** The programme will develop and deliver in association with the HSE National Communications Department, QUIT campaigns across a range of platforms which are aimed at overall population awareness and understanding of the risks of tobacco use; the benefits of quitting; and will signpost tobacco users to stop smoking supports and services.
QR-4	**Reports** The programme will develop and publish reports on HSE tobacco control activity nationally, either in hard or soft copy.
QR-5	**Research** The programme will conduct, commission and continually evaluate tobacco control programmes and evidence to meet TFI programme research gaps and identified priorities.

1.2.2 Training and Certification for the Delivery of Stop Smoking Support Services

QS-1-1	**The programme will:** • Provide access to the online HSE/National Centre for Smoking Cessation Training (NCSCT) module and assessment • Provide access to the 2 specialty modules online (pregnancy & mental health) • Deliver the 2 day intensive HSE/NCSCT training (currently delivered face to face)	Min: 100%
	Note 1: Face-to-face training will be provided at least once a year.	

QS-1-2	**Maintenance of certification** The HSE/NCSCT will issue a reminder by email to Stop Smoking Advisors when their online recertification must be completed.	Min: 100%
	Note 1: Recertification is required every five years.	

QR-6	**QuitManager** The programme will provide on-going training to all Stop Smoking Advisors who have completed all aspects of the NCSCT training on the use of QuitManager (The National Behavioural Support Clinical Management System) which facilitates accurate practitioner/client records for the intensive stop smoking support service.

QR-7	**Symposiums** Stop Smoking Advisors are required to participate in the TFI Continuous Professional Development (CPD) symposium at least once a year. Symposiums may be delivered through face-to-face meetings or through online virtual learning.
	Note 1: Formerly known as Practitioner Forum.

1.2.3 Data capture and reporting (Programme)

QS-1-3	**National Service Planning (NSP) Targets** The Programme will negotiate with and agree National Service Plan stop smoking support service targets in Q3-4 of the preceding year for delivery in any upcoming year. Service delivery targets will be negotiated with the relevant providers - Community Healthcare Organisations (CHOs)/ Hospital Groups (HGs)/National Quitline and any other commissioned service.	Achievable: 100% Min: 90%
	Note 1: Targets are reflective of planned communication campaigns, staffing levels and new service development. **Note 2**: Methodology for calculating targets can be found in APPENDIX C.	

QS-1-4	**Key Performance Indicators (KPIs)** Collate and report all KPI data to the National Business Information Unit, HSE Board and Department of Health as per scheduled reporting cycles.	Achievable: 100% Min: 90%
	Note 1: KPI reports will be collated from QuitManager. If services do not have access to QuitManager, a manual report (as per template, Appendix A) is required. Services will be notified of the deadline by which all service data needs to be inputted and the report will be collated based on the data at time of reporting.	

QR-8	**Periodic Review of Activity** The TFI programme will conduct a periodic review of all Stop Smoking Advisors' activity (data audit review) to review compliance to these standards. Findings will be communicated to individual Stop Smoking Advisors and their management team.

Chapter 2

Quality Assurance in Stop Smoking Services

2.1 Introduction

The HSE sets out to treat tobacco dependence as a health care issue. Nicotine addiction is identified as a disease by the WHO and has an ICD code of ICD-10-AM. Treatment includes brief intervention, intensive behavioural support and the use of evidenced based pharmacological supports. Tobacco dependence has physical, psychological and emotional elements, and should be considered within the broader environmental context. Most people who smoke make multiple attempts to quit before achieving long-term success, however it is achievable and thousands of Irish smokers quit successfully each year with the right support.

Intensive stop smoking services are provided by trained Stop Smoking Advisors working in community or hospital settings or with the national QUITline. The Stop smoking services vary from region to region due to different levels of dedicated resources available. Stop Smoking Advisors may also have other tobacco-related roles such as training, research and providing support for tobacco free campus implementation internally within the health services, as well as promoting tobacco control policies externally with partner organisations.

2.2 Service Provision

Stop Smoking Advisors are trained to deliver intensive support directly to people who smoke to help them quit, by adopting a client-centred approach. The Smoking Advisor's role incorporates dedicated time to deliver intensive behavioural support which consists of advice, discussion, tools and exercises to support cessation, as well as administration or referral for stop smoking medications to support a sustained quit attempt.

2.3 Service Operation

Intensive stop smoking support may be delivered in a variety of ways: face-to-face (individually or in a group), by telephone, online or a combination of these. An intensive intervention (session) is a consultation which lasts in excess of 10 minutes.

Interventions may be one-off or involve a number of structured consultations provided over a defined period of time i.e. the Standard Treatment Programme.

The Standard Treatment Programme outlined here consists of a minimum of nine sessions, including a pre-quit assessment and weekly sessions until four weeks after the Quit Date.

Session 1: Pre-quit Assessment (one or two weeks prior to Quit Date)

Session 2: Quit Date

Session 3: 1 week post Quit Date

Session 4: 2 weeks post Quit Date

Session 5: 3 weeks post Quit Date

Session 6: 4 weeks post Quit Date (four week follow-up appointment)

There are also 12 week, 26 week and a 52 week post quit date follow up.

2.4 Delivery methods

a) One-to-one Support offers the opportunity to engage in the Standard Treatment Programme by providing one-to-one support at a stop smoking clinic between a Stop Smoking Advisor and an individual who smokes tobacco. Some services also offer support to couples. This can be delivered face-to-face, on the phone or virtually/remotely.

b) Group Support offers support in a structured format to a closed group of people who smoke tobacco. Closed groups are those in which all members begin the group at the same time meaning new members cannot join once the course has started. Groups are facilitated, usually face-to-face but they can be done online or through a blended online and face-to-face model, by Stop Smoking Advisors and are held weekly for 1.5 hours (usually for 7 weeks).

c) We Can Quit Group Support offers group support to people who want to quit smoking. It is delivered in a community setting to a closed group led by community facilitators. Groups are facilitated, usually face-to-face but they can be done online, and are held weekly (for 7 to 12 weeks). The group are provided with 12 weeks of free stop smoking medication available from a local community pharmacy.

d) Online Support can be defined as passive (providing online support and content to support smoking cessation), reactive (i.e. primarily involving the provision of evidence-based information further to a query or interaction online from a person seeking support), or proactive (i.e. primarily involving repeated, sequenced engagement from an interaction with a trained Stop Smoking Advisor) for people who want to quit tobacco.

2.5 Quality Assurance Requirements and Standards

Ensuring quality assurance in service delivery comprises compliance with both quality requirements and quality standards. The box below describes the difference between a Quality Standard and a Quality Requirement.

Quality Requirements (QR) are stated as a description. There are no targets associated with a requirement as service providers must fulfil the requirement. **Quality Requirements** will be labelled throughout the document in the following format – **QR-N.**	**Quality Standards (QS)** are stated as a description of an activity with a measurable level of performance, and an associated target for achievement. **Quality Standards** will be labelled throughout the document in the following format – **QS-N-N.**

This chapter outlines the Quality Standards and Quality Requirements for Stop Smoking Advisors in the delivery of stop smoking services.

2.5.1 Promoting awareness and benefits of stop smoking services

The purpose of the stop smoking standard treatment programme is to enable the client to plan for and set a quit date. The Stop Smoking Advisor provides encouragement, advice and motivation to quit and stay quit as well as information and guidance about stop smoking medication including nicotine replacement therapy to assist the client in coping with cravings and withdrawal symptoms.

QR-9	**Information Sharing** The primary role of stop smoking services is to deliver high quality, evidence-based stop smoking interventions to the local population. The structure and process of the programme must be explained to the client and it must take into account the client's individual needs.

QR-10	**Building Support** Create an environment of care to empower client confidence, motivation and capacity to quit through a range of evidence-based supports/strategies.

QR-11	**Tobacco/Nicotine Withdrawal** Provide information on the nature of tobacco/nicotine withdrawal and advice on the management of withdrawal symptoms. Provide information on the variety of tobacco dependence treatments available e.g. Nicotine Replacement Therapy (NRT), stop smoking medications.

QR-12	**Recommend NRT and/or stop smoking medications** Based on the nicotine dependence assessment (Fagerstrom Score), offer appropriate information and discussion regarding the most suitable treatment available. Provide assistance with choice of NRT and/or stop smoking medication and monitor its effective use.
	Note: In the acute setting, the Stop Smoking Advisor must confirm that the agreed treatment is documented in the patient's clinical record as well as the prescription chart.

QR-13	**Measuring Breath Carbon Monoxide Levels** For face-to-face tobacco treatment programmes Stop Smoking Advisors offer regular breath carbon monoxide (BCO) monitoring. Providing feedback on progress reassures the client and validates their quit status.
	Note: At a minimum, a reading should be carried out at the pre quit consultation and at the 4 week quit consultation.

2.5.2 Training and Responsibilities for Stop Smoking Advisors

QS-2-1	**All Stop Smoking Advisors must:** • Complete the online Making Every Contact Count (MECC) module; • Complete the online NCSCT module and assessment; • Complete the 2 NCSCT specialty modules online (pregnancy & mental health); • Attend the 2 day intensive HSE/NCSCT face-to-face training; • Complete QuitManager training.	Min: 100%
	Note: The TFI Stop Smoking Advisor registration form must be completed and returned to the National Coordinator once the training above is complete.	

QS-2-2	**Maintenance of Certification** All Stop Smoking Advisors must complete the online recertification assessment, every five years, or when prompted by the HSE/NCSCT.	Min: 100%

QR-14	**Change to Employment Status** Stop Smoking Advisors should advise the TFI programme office of any change to their existing role, for example any long term planned leave/retirements or when ceasing to provide stop smoking services. They should also advise the programme regarding any change of clinic location or change of clinic time.	
	Note 1: Notice should be given to the TFI programme, where possible at least 3 weeks prior to the service changes. Where unplanned leaves or service changes occur, notice should be given as early as possible by the service manager, to ensure continuity of care for clients and up to date information on www.quit.ie.	

QR-15	**Access and availability of learning and reference resources** Each Stop Smoking Advisor should have current versions of relevant learning and reference resources available and accessible for all those engaged in the service.

QR-16	**Symposiums** Stop Smoking Advisors are required to attend the Tobacco Free Ireland CPD symposium at least once a year. Symposiums may be delivered through face-to-face meetings or through online virtual learning.
	Note: Formerly known as practitioner forums.

QR-17	**Mentorship of new Stop Smoking Advisors** New Stop Smoking Advisors should have an identified mentor to offer guidance and support in service delivery as well as recording of data on QuitManager.
	Note: Length of mentorship will be agreed by both the mentor and mentee.

QS-2-3	**Stop Smoking Advisor Targets** Targets for the number of clients to be supported through the service are allocated annually and provided by the TFI programme to CHOs/HGs/National Quitline at year end. All management teams, staff/Stop Smoking Advisors should endeavour to reach their service delivery targets.	Achievable: 95% Min: 90%
	Note 1: Targets are reflective of planned communication campaigns, staffing levels and new service development. **Note 2:** Methodology for determining KPI allocation per advisor can be seen in APPENDIX C.	

2.5.3 Optimal environment for clients accessing the stop smoking service

A suitable environment will help establish rapport whilst helping to relax and encourage clients. Stop smoking services should be provided in an environment that respects the privacy and dignity of clients.

QR-18	**Confidentiality** Confidentiality in relation to each client and their personal information must be maintained throughout the process of service delivery.

QR-19	**Data Protection** The storage, access and transfer of clients' personal and health information must be compliant with the Data Protection Act 2018. All clients must be provided with General Data Protection Regulation (GDPR) information relating to the use of QuitManager once they consent to participate in the programme. Each advisor must ensure they log out of QuitManager when they have finished their clinic or are leaving the room.

QR-20	**Client Records** Each Stop Smoking Advisor should manage and maintain accurate records in a safe and secure environment.
	Note: You can refer to the HSE privacy statement here for more information.

QR-21	**Clients with Special Requirements** Stop Smoking Advisors should aim to facilitate clients with special requirements where possible, including those who have mental health difficulties. Stop Smoking Advisors should aim to facilitate clients who have a physical or intellectual disability with adequate time and an environment that accommodates their requirements.* Stop Smoking Advisors should aim to facilitate clients who require an interpreting service with adequate appointment time.* *Wheelchair access and interpreters should be provided where feasible.
	Note 1: *If possible accommodate clinic in another location.

2.5.4 Appropriate equipment and materials

The necessary equipment for use in the stop smoking clinic is listed below. All equipment must be within its expiry date.

QR-22	**Carbon Monoxide (CO)** The CO Monitor is required for motivation and validation purposes. It enables a CO reading to be taken to validate the client's self-reported quit status. Monitors should be calibrated and maintained routinely as per manufacturer's instructions.

QR-23	**Single-use mouth piece** Single-use mouth pieces for the CO monitor are required, and should be changed after every client use.
	Note: The CO monitor D-piece must be changed monthly.

QR-24	**Infection Control** Always follow local infection control policy when using CO monitors.

QR-25	**Disposal of Mouth Pieces** Single-use mouth pieces should be disposed of as domestic waste.

2.5.5 Data Capture & Reporting

QR-26	**QuitManager (where available)** Stop Smoking Advisors must be trained prior to using QuitManager. Accurate data capture must be maintained at all times. Any identified issues must be reported in a timely manner to the Quitmanager system Super User on Duty.
QR-27	**Paper Records** Stop Smoking Advisors maintaining paper records must use a ballpoint pen and ensure session times are recorded in the client's notes for reporting purposes.
QR-28	**Minimum Data Requirements at First Visit** The client's forename, surname, date of birth, gender, contact number and GP practice should be captured completely and accurately at first visit.
QR-29	**Clients Demographics** The Stop Smoking Advisor is required to record a client's current demographic details completely and accurately at their first visit. For example, county, ethnicity, highest level of education, medical card holder, etc.
QR-30	**Requirements for Unique Matching of Individual Clients** Stop Smoking Advisors must make every effort to obtain and accurately record as many elements as possible of the following: • Surname; • Forename; • Date of Birth; • Mobile Phone number.

QS-2-4	**Accurate Matching of the Returning Client** The client record should record sufficient, accurate details to enable matching of the client with their existing record.	Achievable: 100% Min: 98%
	Note: Applies to clients who have previously used the service, through any channel.	

QS-2-5	**Quality of Data – completeness, accuracy and legibility** Any notes recorded in clients' records must be complete, accurate and legible.	Achievable: 100%
	Note 1: A ballpoint pen should be used when completing records by hand.	

QR-31	**Key Performance Indicators (KPIs)** A KPI is a numeric measure of activity. Current Tobacco Free Ireland KPI data is reported as: **A Data**: The number of unique episodes (defined in section 2.5.7) with a tobacco user in the month with a session of 10 minutes or more. **B Data:** The number of tobacco users who have a quit date during the month and agreed to participate in the intensive stop smoking support treatment programme. **C Data:** The number of B data tobacco users in the month who remain quit at four weeks. The number of these quitters who have a CO validated/self-reported quit status. **D Data:** The number of C data quitters in the month who remain quit at 12 weeks. The number of these quitters who have a CO validated/self-reported quit status. **E Data:** The number of D data quitters who remain quit at 52 weeks. The number of these quitters who have a CO validated/self-reported quit status. All Stop Smoking Advisors providing a service must return KPI data to the National Office on a monthly basis. New KPI metrics may be added to the suite of returns in the future.
	Note 1: This KPI information can be generated directly from QuitManager by the TFI programme. **Note 2:** For manual returns, the programme KPI template must be used. **Note 3:** See Appendix A.

QS-2-6	**Success Rates/Client Outcomes** The 4 week validated (V) success rate (c-data/b-data) The 4 week self-reported (SR) success rate (c-data/b-data) *The 12 week success rate (d-data/b-data) The 52 week success rate (e-data/b-data)	4 week (V) Min: >40% 4 week (SR) Min: >50% 12 week Min: >30% 52 week Min: >15%
	Note 1: Russell Standard, Robert West V-2, April 2005 (most up to date standard available). **Note 2:** *The 12 week success rate is based on Irish data.	

QR-32	**Data Collection for Sessions** Accurate recording of information and data capture as prompted by QuitManager at every session, whether this is delivered face-to-face, over the phone or virtually.

2.5.6 Delivery of the Standard Treatment Programme

The Standard Treatment Programme is a structured programme incorporating a minimum of nine contacts or sessions tailored to meet the client's needs to support smoking cessation. This programme involves on-going support at intervals pre and post the client's quit date and weekly for a period of one month following the quit date. The programme involves the monitoring of quit status at three further points (3 months, 6 months and 12 months) for a period of up to one year after the quit date. Further support may be provided depending on individual client needs.

When clients receive their first contact from the Stop Smoking Advisor the service should be explained to the client and they should be advised that the Advisor will be in contact with them at the time points detailed below.

QS-2-7	**New client - Pre-Quit Support Contact** All clients engaging with the service should have at least one pre-quit support contact.	Min: 100%
	Note 1: Spontaneous quitters are exempt from this standard. Spontaneous Quit Definition: Smokers who have already stopped smoking when they first come to the attention of the service may be counted as having been 'treated' only if they have quit within 7 days prior to coming to the attention of the service. They must have attended the first session of a structured multi-session Standard Treatment Programme within 14 days of their spontaneous quit date, which is the date that should be recorded as the quit date.	

QS-2-8	**Client enters programme – Quit Date** All clients who agree to enter the Standard Treatment Programme should set a quit date after no more than three pre-quit contacts.	Achievable: 95% Min: > 90%
	Note 1: Clients within the *priority groups, those with a chronic disease and specific population groups, for example those with mental health difficulties/lower socioeconomic groups (C2DE), pregnant women and ethnic minority groups, may require additional support prior to setting the quit date. **Note 2:** For the clients identified in Note 1 – no more than 6 pre-quit sessions should be offered. If a quit date is not set after 6 sessions the episode of care should be closed and the client advised to re-engage when they are ready to quit. **Note 2:** See Appendix B. *Priority groups, as defined in the National Clinical Guidelines (2021) and state of Tobacco Control (2018) are users of secondary mental health services and pregnant women.	

QS-2-9	**Post Quit Date C ontacts** All clients should receive a support consultation/contact each week in the first month post quit date. The 1 month follow up will be carried out immediately upon, or very shortly after (-3 or +14 days after) the 1 month quit date.	Achievable: 100% Min: > 95%
	Note 1: If you are unable to make contact with the client, there should be 3 contact attempts made at different times and different days. **Note 2**: A client can choose to have less contact during this first month; this request should be documented in the client's record. **Note 3:** Where the client has accessed the service in the acute setting, and has been discharged, there must not be a break in service. Follow up should be arranged by the Stop Smoking Advisor as per local policy, either in the acute/community/ telephony service.	

QS-2-10	**Three months Post Quit Date (12 week)** All clients should receive a contact three months post quit to review quit status. *The 3 month follow up* should be completed within 12 weeks of the quit date depending on the calendar month (-3 or +14 days after).	Achievable: 100% Min: > 95%
	Note 1: If you are unable to make contact with the client, there should be 3 contact attempts made at different times and different days.	

QS-2-11	**Six months Post Quit Date (26 week)** All clients should receive a contact six months post quit to review quit status. *The 6 month follow up* should be completed within 26 weeks of the quit date depending on the calendar month (-3 or +14 days after).	Achievable: 100% Min: > 90%
	Note 1: If you are unable to make contact with the client, there should be 3 contact attempts made at different times and different days.	

QS-2-12	**Twelve months Post Quit Date (52 week)** All clients should receive a contact twelve months post quit to review quit status. *The 12 month follow up* should be completed within 52 weeks of the original quit date (-3 +30 days).	Achievable: 100% Min: > 90%
	Note 1: If you are unable to make contact with the client, there should be 3 contact attempts made at different times and different days.	

QR-33	**Data Collection** Accurate recording of information and data capture as prompted by QuitManager, at every session whether this is delivered face-to-face, over the phone or virtually.

2.5.7 Episodes and Sessions

An episode is defined as a quit attempt and includes all the support (sessions) which a client receives from the service in that quit attempt. This support includes phone contacts, face-to-face appointments, virtual appointments, group support, SMS and letters. When a client completes their treatment programme, relapses, or is lost-to-follow-up, an episode is marked as complete.

Please note: Duration of phone/face-to-face sessions should be recorded in the client's notes, whether this is electronic or paper, as the session time informs the KPI data.

QR-34	**Provision of Information to clients as part of an episode of care** All aspects of the Standard Treatment Programme should be clearly explained to the client. This includes providing each client (both new and returning) with a copy of the GDPR information. Aspects of the Standard Treatment Programme to be communicated include: • Informing the client of the structure and process of the programme of support being offered, taking account of the client's needs. • Reinforcing the motivation to quit. • Emphasising the 'not a puff' rule. • Emphasising the importance of evidenced based medication as an important element in successful quit attempts. • Information about regular carbon monoxide (CO) breath testing.

QR-35	**Choice of service** The Stop Smoking Advisor should ensure that the client is aware of all service delivery options.
	Note: Options include one-to-one (in person or virtual), group support (in person, virtual or closed social media groups), online (personalised QUITplan, social media platforms, quit.ie), SMS and telephone support.

QR-36	**Informed consent by the client** The client must give their informed consent (verbal/written) to participate in the stop smoking Standard Treatment Programme. Clients may withdraw consent to participate in the programme at any time.

QR-37	**Relevant clinical details and medical history** All relevant clinical details should be documented in the clients' medical history as per QuitManager.
	Note: Best practice would recommend this question is asked at each visit and any new information should be recorded.

QR-38	**Previous Quit attempts** Previous quit attempts should be recorded, including stop smoking medication, NRT and any other method used to quit.

QR-39	**Quit Date** When the Quit Date is set, this needs to be recorded in the session notes (paper/ electronic) – as it is reported as part of the KPI data.

QR-40	**CO Monitoring/CO Validation** CO monitoring/CO Validation of quit status should be recorded and captured at each visit where appropriate.

2.5.8 Marking an Episode Complete

QR-41	**Client has completed the Programme** Episodes should be marked complete when a client has remained quit at 12 months/52 weeks.

QR-42	**Client opts out of service** Episodes should be marked complete when the client advises the service that they no longer wish to participate in the programme.

QS-2-13	**Clients who default/Do Not Attend (DNA)** *New appointments*: The percentage of clients who do not attend and who do not notify the service should be maintained at a low level to maximise the efficiency of the service.	<10%
	Follow up appointment: DNA rates are usually higher for return appointments, however these should still be maintained at a low level to maintain efficacy of the service.	<20%
	Note 1: Consider using SMS reminders to reduce DNA rate. **Note 2:** If you are unable to make contact with the client, there should be 3 contact attempts made at different times and different days **Note 3:** Refer to HSE DNA policy for guidance in the absence of a local policy.	

QS-2-14	**Lost to Follow up** *Lost to follow-up* is defined as a client who does not respond to contact via telephone, email, letter or text following three attempts to contact them at different times of day. The percentage of clients who are lost to follow up should be maintained at a low level to maximize the efficiency of the service.	<10%

2.5.9 Quality assurance monitoring

QR-43	**Periodic review** The Stop Smoking Advisor should conduct a periodic review (once a quarter) of their activity and success rates/client outcomes (A – E Data). Compliance to these standards should be reviewed by identifying any clients without a Quit Date or clients with an outstanding 4 week follow up. Episodes should be updated or marked complete as appropriate.
	Note – Client record reviews should be completed at a minimum every 6 weeks. This will ensure that any outstanding 4 week call backs will be identified.

Appendix A - KPI Template & Background Notes

Performance Indicators Report – Specialist Smoking Cessation Service	Document Template Version:	2.2

Service Type	
Area/Group	
Year	

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
A Data. The number of unique episodes with a tobacco user in the month with a session of 10 minutes or more. This includes both tobacco users who receive once off intensive support and those who avail of the National Standard Treatment Programme (NSTP). See background notes for more detail.	0	0	0	0	0	0	0	0	0	0	0	0	0

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
B Data: The number of tobacco users who have a quit date during the month and agreed to participate in the NSTP. **See background notes for more detail.**	Number within each month	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number within each quarter		0			0			0			0		0
	The percentage of A data tobacco users that become B data tobacco users within each quarter		0%			0%			0%			0%		0%
C data: The number of B data tobacco users in this reporting month who remain quit at four weeks. The number of these quitters who have a CO validated quit attempt and the number who have a self reported quit attempt. **See background notes for more detail.**	**C1 CO Validated 4 Week Quitters**													
	Number of CO validated quitters at 4 weeks within each month	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of CO validated quitters at 4 weeks within each quarter		0			0			0			0		0
	Percentage of CO validated quitters at 4 weeks within each quarter		0%			0%			0%			0%		0%
	C2 Self Reported 4 Week Quitters													
	Number of Self reported quitters at 4 weeks within each month	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of self reported quitters at 4 weeks within each quarter		0			0			0			0		0
	Percentage of self reported quitters at 4 weeks within each quarter		0%			0%			0%			0%		0%
	C1 and C2 Combined													
	Number of CO validated and Self reported quitters at 4 weeks within each month	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of CO validated and self reported quitters at 4 weeks within each quarter		0			0			0			0		0
	Percentage of B data quitters who remain quit at 4 weeks		0%			0%			0%			0%		0%
D data: The number of C data quitters in the month who remain quit at 12 weeks. The number of these quitters who have a CO validated quit attempt and the number who have a self reported quit attempt. **See background notes for more detail.**	**D1 CO Validated 12 Week Quitters**													
	Number of CO validated quitters at 12 weeks within each month	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of CO validated quitters at 12 weeks within each quarter		0			0			0			0		0
	Percentage of CO validated quitters at 12 weeks within each quarter		0%			0%			0%			0%		0%
	D2 Self Reported 12 Week Quitters													
	Number of Self reported quitters at 12 weeks within each month	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of Self reported quitters at 12 weeks within each quarter		0			0			0			0		0
	Percentage of Self reported quitters at 12 weeks within each quarter		0%			0%			0%			0%		0%
	D1 and D2 Combined													
	Number of CO validated and Self reported quitters at 12 weeks within each month	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of CO validated and Self reported quitters at 12 weeks within each quarter		0			0			0			0		0
	Percentage of B data quitters who remain quit at 12 weeks		0%			0%			0%			0%		0%
E data: The number of D data quitters who remain quit at 52 weeks. The number of these quitters who have a CO validated quit attempt and the number who have a self reported quit attempt. **See background notes for more detail.**	**E1 CO Validiated 52 Week Quitters**													
	Number of CO validated quitters at 52 weeks within each month	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of CO validated quitters at 52 weeks within each quarter		0			0			0			0		0
	Percentage of CO validated quitters at 52 weeks within each quarter		0%			0%			0%			0%		0%
	E2 Self Reported 52 Week Quitters													
	Number of Self reported quitters at 52 weeks within each month	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of Self reported quitters at 52 weeks within each quarter		0			0			0			0		0
	Percentage of Self reported quitters at 52 weeks within each quarter		0%			0%			0%			0%		0%
	E1 and E2 Combined													
	Number of CO validated and Self reported quitters at 52 weeks within each month	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of CO validated and self reported quitters at 52 weeks within each quarter		0			0			0			0		0
	Percentage of B data quitters who remain quit at 52 weeks		0%			0%			0%			0%		0%

KPI data notes

Area/Group will include option to select individual Hospital groups, individual CHO's and National Telephony or a combination of all

A Data. The number of unique episodes with a tobacco user in the month with a session of 10 minutes or more.

Note:
1. This includes both clients who receive once off intensive support and those who avail of the National Standard Treatment Programme (NSTP).
2. An episode will only be counted in A data once. For example, when an episode is open in January and includes a session of 10 minutes or more in January, the same episode will not be included in February A data even if another 10 minutes session has occurred in February.
3. An episode is a quit attempt which includes one or more sessions or interventions with a client for a single quit attempt.

B Data: The number of tobacco users who have a quit date during the month and agreed to participate in the NSTP.

Note:
1. This data will be recorded monthly and quarterly in QuitManager KPI report. Quarterly data will be recorded as both a number of smokers and percentage.
2. Smokers who have agreed to participate in the NSTP will be noted on QuitManager by 'Standard Treatment Programme' field marked 'Yes'.
3. B data will be recorded for the month in which the quit date exists, e.g quit date Feb 12th this is then B data for Feb.

C data: The number of B data tobacco users in the month who remain quit at four weeks. The number of these quitters who have a CO validated quit attempt.

Note:
1. A CO validated quit will be identified on QuitManager as 'CO confirms quit status'
2. Four week follow up must occur between 25 and 42 days
3. There will be three C data results
- C1 Validated four week quitters
- C2 Self reported four week quitters
- C3 - C1 & C2 Combined

4. This data will be recorded Monthly and Quarterly in the QuitManager KPI report.

D data: The number of C data quitters in the month who remain quit at 12 weeks. The number of these quitters who have a CO validated quit attempt and the number who have a self reported quit attempt.

Note:
1. A CO validated quit will be identified on QuitManager as 'CO confirms quit status'
2. There will be three D data results
- D1 Validated 12 week quitters
- D2 Self-reported 12 week quitters
- D3 - D1 & D2 Combined

3. This data will be recorded Monthly and Quarterly in the QuitManager KPI report. Quarterly data will be recorded as both a number of quitters and percentage.

E data: The number of D data quitters who remain quit at 52 weeks. The number of these quitters who have a CO validated quit attempt and the number that have a self reported quit attempt.

Note:
1. A CO validated quit will be identified on QuitManager as 'CO confirms quit status'.
2. There will be three E data results
- E1 Validated 52 week quitters
- E2 Self-reported 52 week quitters
- E3 - E1 & E2 Combined

3. This data will be recorded Monthly and Quarterly in the QuitManager KPI report. Quarterly data will be recorded as both a number of quitters and percentage

Appendix B – Programme of Reduction to Quit Smoking

What is a programme of 'reduction to quit' smoking?

In Ireland, as per the Stop Smoking Standard Treatment Programme, clients who are ready to quit smoking and engage with the QUIT stop smoking service, are encouraged to set a quit date and quit abruptly. However, not everybody is prepared to quit abruptly, and some clients prefer to reduce the number of cigarettes they are smoking, over a specified period of time; this is known as a 'reduction to quit smoking'. Alternative terms used in published materials for this concept are: smoking-reduction, gradual cessation, reduce to quit, cut-down-to-stop or cut-down-to-quit.

Stop Smoking Advisors in the QUIT service advise that patients newly-diagnosed with cancers, patients with chronic diseases, who are all encouraged to quit smoking, sometimes at difficult times in their lives, such as at the time of a terminal cancer diagnosis, for example, often favour this option of quitting gradually, rather than quitting smoking abruptly. These clients are facilitated by Stop Smoking Advisors. The literature indicates that abrupt quitting has higher efficacy therefore the TFI Programme aims to keep the proportion of clients on this type of programme at low levels (10%) – further details on same are included in this QA Standards document.

What is the current evidence-base?

There are a number of meta-analysis and evidence-syntheses available which examine the effectiveness of a programme of reduction to quit smoking as a method of quitting smoking. Some of the evidence from same is detailed below:

1. A Cochrane systematic review of smoking reduction interventions for smoking cessation[2] concluded that:

    - There is moderate-certainty evidence that neither reduction-to-quit nor abrupt quitting interventions result in superior long-term quit rates when compared with one another.
    - There is also low-certainty evidence to suggest that reduction-to-quit interventions may be more effective when pharmacotherapy is used as an aid, particularly fast-acting NRT or varenicline (moderate-certainty evidence).
    - Evidence for any adverse effects of reduction-to-quit interventions was sparse, but available data suggested no excess of pre-quit serious adverse events or withdrawal symptoms.

2. A meta-analysis of the effectiveness of gradual versus abrupt smoking cessation[3] concluded that:

A number of randomized controlled trials concluded that the prolonged abstinence rate of the gradual cessation group was significantly lower than that of the abrupt group and the result of 7-day smoking cessation rate was also lower in the gradual group.

2 N Lindson, E Klemperar, B Hung, JM Ordonez-Mena, P Aveyard. Cochrane Systematic Review – Smoking reduction interventions in smoking cessation. Cochrane Database of Systematic Reviews. September 2019. https://doi.org/10.1002/14651858.CD013183.pub2

3 J Tan, L Zhao, H Chen. A meta-analysis of the effectiveness of gradual versus abrupt smoking cessation. Tobacco Induced Diseases. Tob Induc Dis. 2019; 17: 09. Published online 2019 Feb 13. doi: 10.18332/tid/100557

In conclusion:

Due to the lower prolonged abstinence rate of those who follow a reduce to quit programme, the increased number of consultations over a longer period of time and the associated higher costs, the TFI Programme does not routinely offer this programme of care to clients who want to quit smoking. Instead, clients are advised to quit abruptly, as per the Standard Treatment Programme, as detailed in this document. However, in some cases, a programme of reduction to quit smoking may be offered and supported by Stop Smoking Advisors, as a method of quitting smoking. If this is being offered as an alternative to abrupt quitting the period of reduction should be done over a two-week period, but can extend to up to 4 weeks, with a clear Quit Date identified as part of the stop smoking support programme.

Appendix C - Calculating KPI Targets per Stop Smoking Advisor – Summary

Each year, as per requirements for the National Service Plan, targets for expected service activity across the stop smoking services are submitted to the Department of Health. These targets detail the expected activity across Hospital Groups, Community Healthcare Organisations and the National QUITline, with relation to Tobacco. This document outlines the methodology used to calculate KPI targets per Stop Smoking Advisor. A number of **assumptions** are used in the calculations:

Assumption 1:

Time required to deliver full Standard Treatment Programme per client = *265 min

Time required to deliver non-Standard Treatment Programme per client = *370 min

*See detailed tables below.

Assumption 2:

Breakdown of client groups per SSA: 80% Standard Treatment Programme & 20% non-Standard Treatment Programme.

Assumption 3:

Standard working year = 43 weeks (excluding annual leave, public/bank holidays, and 1-week allocation for professional development/local meetings, etc.).

Assumption 4:

Standard working week = 35* hours

(*Updated working hours as per Haddington road agreement July 2022)

Assumption 5:

In a typical working week, a SSA could treat 7.5 clients per week.

Calculation of Target:

Target = Number of Weeks X Number of clients per week X SSA Whole Time Equivalent

Example 1: SSA who works full-time
Target = 43 X 7.5 X 1 = 321 clients/year

Example 2: SSA who works part-time
Target = 43 X 7.5 X 0.5 = 160 clients/year

Further information is available from the Tobacco Free Ireland programme

Time Required to Deliver a Standard & Non-Standard Treatment Programme

Standard Treatment Programme (breakdown)	Minutes
Pre-quit Contacts (45 mins X 2)	90
Quit Date contact	30
Week 1 follow-up	30
Week 2 follow-up	15
Week 3 follow-up	15
Week 4 follow-up	15
Week 12 follow-up	10
Week 26 follow-up	10
Week 52 follow-up	10
QuitManager (data entry time)	40
Total	**265**

Non-Standard Treatment Programme (breakdown)	Minutes
Pre-quit Contacts (45 mins X 4)	180
Quit Date	30
Week 1	30
Week 2	15
Week 3	15
Week 4	15
Week 12	10
Week 26	10
Week 52	10
QuitManager (data entry time)	55
Total	**370**

Abbreviations

CHO	Community Healthcare Organisation
CO	Carbon Monoxide
COBT	Carbon Monoxide Breath Test
CPD	Continuous Professional Development
DNA	Did Not Attend
GDPR	General Data Protection Regulation
HG	Hospital Group
HSE	Health Service Executive
KPI	Key Performance Indicator
LTFU	Lost To Follow-Up
Max	Maximum
MECC	Making Every Contact Count
Min	Minimum
NCSCT	National Centre for Smoking Cessation & Training
NRT	Nicotine Replacement Therapy
NSP	National Service Plan
QUIT	National Stop Smoking Service
QR	Quality Requirement
QS	Quality Standard
TFI	Tobacco Free Ireland

Definitions

Episode	An episode is defined as a quit attempt.
Session	The interaction which a client receives from the service in a quit attempt (Episode).
Standard Treatment Programme	A structured programme incorporating a series of contacts or sessions tailored to meet the client's needs to support smoking cessation.
Spontaneous Quit	Smokers who have already stopped smoking when they first come to the attention of the service may be counted as having been 'treated' only if they have quit within 7 days prior to coming to the attention of the service. They must have attended the first session of a structured multi-session Standard Treatment Programme within 14 days of their spontaneous quit date, which should be recorded as the quit date.
Slip/Lapse	This occurs when the client makes a self-declaration of smoking 1-5 cigarettes since their quit date, examines and understands why it happened, continues their efforts and returns to their tobacco free status.
Relapse	A relapse is the norm when discussing nicotine dependence and is defined as the resumption of regular smoking even if at a lower level.
Key Performance Indicator	A KPI is a numeric measure of activity.
Mentorship	Guidance provided by an experienced Stop Smoking Advisor for a period of time to another advisor.

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