Just ASK: An improvement initiative measuring tobacco use in newly diagnosed people with cancer

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Background

Smoking is a major risk factor associated with various types of cancers and increases overall cancer and non-cancer related mortality.

The American College of Surgeons in collaboration with the Commission on Cancers (CoC) and National Accreditation Program for Breast Cancers (NAPBC) launched the Just ASK project in February 2022 with over 750 programs enrolled across the country.

Just ASK is an elective quality improvement project that was designed to assess the use of combustible tobacco in newly diagnosed cancer patients using existing resources in institutions.

Northeast Georgia Medical Center (NGMC) participated in the Just ASK project and the team members included physicians, nurse navigators, registered nurses, oncology registry and research services.

The Plan, Do, Study, Act (PDSA) quality improvement tool was used to guide the team's work.

Data was submitted through REDCap (Research Electronic Data Capture) website at different intervals prescribed by the American College of Surgeons and results of the project were communicated to the NGMC Cancer Committee quarterly.

PLAN

Overall national goal of Just ASK was to increase complete smoking assessment in newly diagnosed people with cancer over organizational baselines

NGMC baseline data was collected from smoking assessments from 2,819 newly diagnosed people with cancer from January 1 to December 31, 2021

- 65% of patients had a complete combustible history documented
- 3% of patients had absent tobacco history

The organizational goal was to increase complete tobacco history by a total of 20%

Post intervention data was collected from July 1 to December 31, 2022

Six main interventions were planned and coordinated

DO

Interventions included:

•Provider, oncology, and perioperative nurse education

•Reviews of the smoking history for each new cancer diagnosis

•Monthly updates on smoking history completion at tumor conference and quarterly updates at Cancer Committee

•Recognition of providers with consistent smoking history documentation

•In-person rounding with physician practices

EMR was upgraded to document accurate tobacco history to help identify and update all tobacco users.

STUDY

In-person rounding, EMR upgrades, and awareness of smoking history documentation were most impactful for the project.

Opportunities for future improvement include:

- Early engagement of IT resources
- Epic Sidebar Summary to improve provider access to tobacco history
- Develop Best Practice Alert (BPA)for tobacco users in Epic
- Increase the number of healthcare providers that are trained to enter tobacco history, ie Imaging Technologists, Patient Care Technicians
- Explore EMR reporting to help identify newly diagnosed cancer cases

ACT

3,028 tobacco histories of people with newly diagnosed cancer reviewed in 2022
30% or 911 of the newly diagnosed with cancer are current combustible tobacco users
2% or 53 out of 3,028 with absent tobacco history
21% or 647 out of 3,028 with incomplete combustible tobacco history
Overall, 22% improvement for complete tobacco history documentation from 2021 baseline

Barriers

Manual collection of tobacco history

Time to implement IT projects

References

Croyle RT, Morgan GD, Fiore MC. Addressing a Core Gap in Cancer Care - The NCI Moonshot Program to Help Oncology Patients Stop Smoking. N Engl J Med. 2019;380(6):512-515.
Lawrence TS, Rosenberg SA, eds. Principles and Practice of Oncology. 11th ed. New York: Lippincott Williams & Wilkins; 2018.
Northeast Georgia Tumor Registry Data. (2021).
Office on Smoking and Health. Smoking Cessation: A Report of the Surgeon General. Washington (DC): US Department of Health and Human Services; 2020.
Sampath B, Baldoza K, Lenoci-Edwards J, Barker P. An integrated approach to quality. Healthcare Executive. 2021 Nov;36(6):52-53.
U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014. Printed with corrections, January 2014.
Warren GW, Cartmell KB, Garrett-Mayer E, et al. Attributable Failure of First-line Cancer Treatment and Incremental Costs Associated with Smoking by Patients with Cancer. JAMA Netw Open. 2019;2(4):e191703
Warren GW, Marshall JR, Cummings KM, et al. Addressing tobacco use in cancer patients: a survey of American Society of Clinical Oncology and cessation in cancer patients. J Thorac Oncol 2013;8(5):543–548
Gritz ER, Toll BA, Warren GW. Tobacco use in the oncology setting: advancing clinical practice and research. *Cancer Epidemiol Biomarkers Prev*. 2014;23(1):3-9. doi:10.1158/1055-9965.EPI-13-0896

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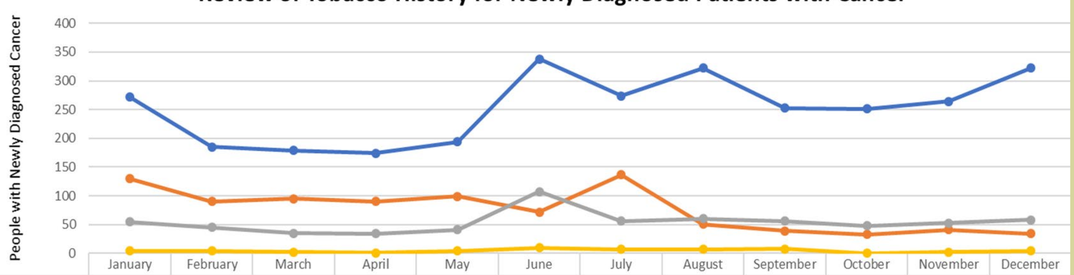
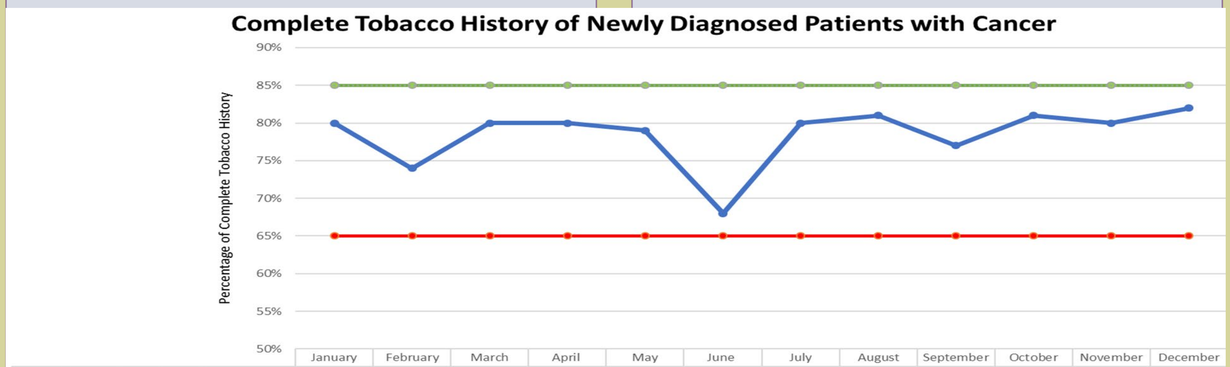


	January	February	March	April	May	June	July	August	September	October	November	December
Charts reviewed	272	185	179	174	194	338	274	322	253	251	264	322
Combustible tobacco user	130	90	95	90	99	72	137	51	39	33	41	34
Incomplete tobacco documentation	54	45	35	34	41	107	56	60	56	48	53	58
Tobacco history not assessed	4	4	2	1	4	10	7	7	8	0	2	4



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2022 Complete tobacco history	80%	74%	80%	80%	79%	68%	80%	81%	77%	81%	80%	82%
Baseline 2020 Complete tobacco history	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%
JustAsk Project Goal	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

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