

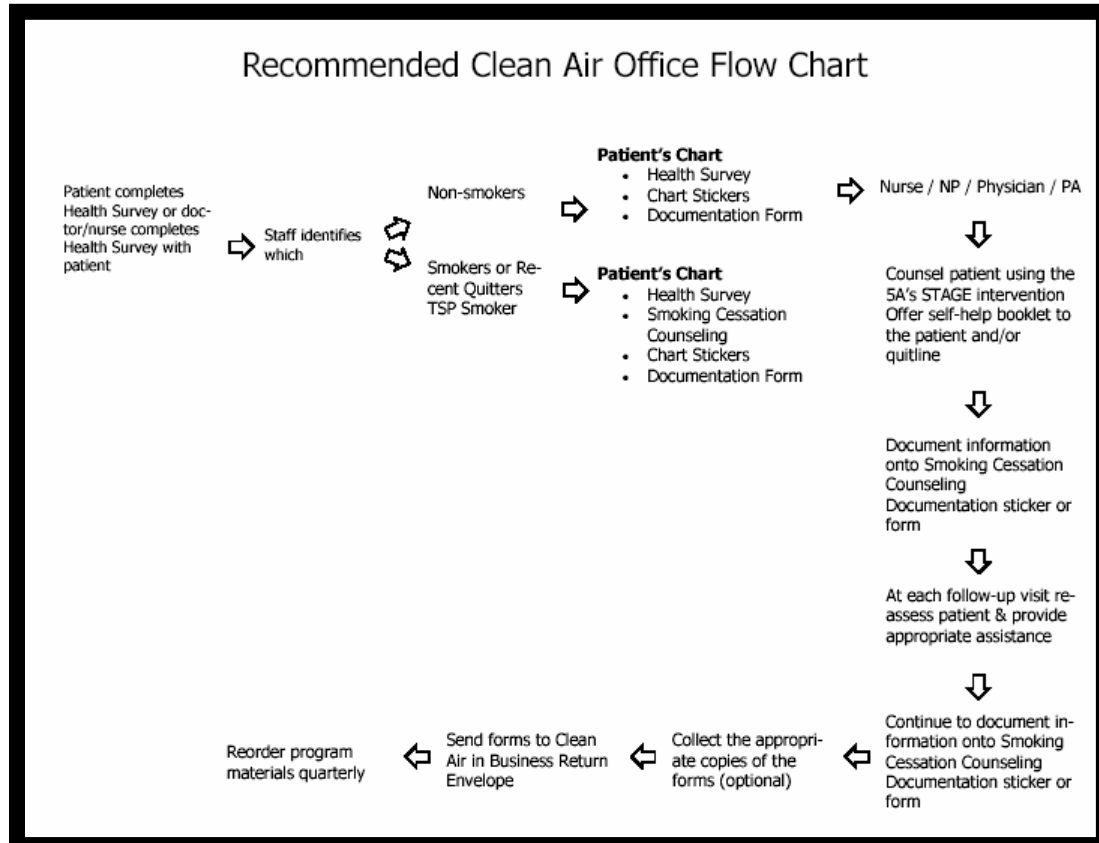
Implementing the 5 A's* in a Busy Office Practice

*U.S. Department of Health & Human Services Clinical Practice Guidelines: *Treating Tobacco Use and Dependence*

Develop administrative commitment



Involve staff early in implementation process



Assign a staff member to coordinate and monitor implementation process



Provide training for professional and support staff

- Take training to the office at a time that is convenient to staff.
- Provide continuing medical education credit.
- Include all staff.

Implementation Plan Form

Send a copy of this form to the Clean Air address listed below and leave a reference copy for the practice office.

Practice Information:
 Name: _____ Date of Training: _____
 Street Address: _____ Date Materials Ordered: _____
 City: _____ State: _____ Zip: _____ Start Date for Clean Air: _____
 Telephone: (____) _____ 2 Month Follow-Up: _____
 Fax: (____) _____ 6 Month Follow-Up: _____
 Practice Office Coordinator: _____ 12 Month Follow-Up: _____
 Clean Air Trainer: _____

Ask	Task	Who Will Do It
1.	Ask or survey patient about smoking	
2.	Place smoking sticker on chart	
Administer		
Assess	<ul style="list-style-type: none"> • counsel • provide self-help materials • make referrals • discuss Pharmacotherapy 	
Arrange follow-up		
Administrative	<ul style="list-style-type: none"> 1. Order materials and maintain inventory 2. Complete and mail Smoking Cessation Counseling Documentation Form to Clean Air 3. Monitor staff compliance with protocol 4. Meet with Clean Air trainer to complete follow-up 	

Clean Air for Healthy Children Presentation Request Form

We Want to Schedule:
 1 Hour Regional Training
 Practice Based Training (1-2 Hours)
 Random Practice Session
 Special Case Information

Date of Request: _____
 Approximate Number of Attendees: _____
 Title of Trainer: _____

Training Site Information:
 Name of Organization: _____
 Contact Person: _____ Title: _____
 Type of Practice: Obstetrical Pediatric Family Practice Dental Other
 Street Address: _____
 City: _____ State: _____ Zip: _____
 County: _____
 Phone: (____) _____ Fax: (____) _____

Let three potential dates and times for presentation. Regional trainings are 1-hour presentations. Practice based presentations can range from 15-minutes to 1-hour, allow 15-minutes for training for travel will meet with a designated staff person for 30 minutes to discuss office implementation issues. Please give 5-6 weeks advance notice.

Date	Time	Please check if your office has the following make equipment:
1. _____	_____	<input type="checkbox"/> Overhead Projector
2. _____	_____	<input type="checkbox"/> TV/VCR
3. _____	_____	<input type="checkbox"/> LCD Projector

Please Fax this Request to 854-446-3255

PA Chapter, American Academy of Pediatrics
 Rose Tree Corporate Center II - 1400 North Providence Road, Suite 1077 - Media, PA 19063
 Phone: 1-800-375-5277 (Toll-free in PA: 1-484-486-3652 Fax: 484-486-3252
 E-mail: caha@paap.org

Adapt procedure to office setting



Monitor implementation and give feedback

Initial Follow-Up

Initial Assessment (This to done with the office coordinator prior to or immediately following training)
 Post Training Follow-Up: 2 months 6 months 12 months

Practice Site Name: _____ Original Training Date: _____
 Contact Person: _____ Title: _____
 Address: _____
 Type: PA NP OB Other (specify): _____
 Phone: (____) _____
 Fax: (____) _____
 E-mail: _____

Statements	Always	Most of the time	Some of the time	Rarely	Never
1. We ASK about smoking and exposure to tobacco smoke indoors (TPD areas) at each visit (not just once)					
2. We identify smokers with chart stickers or other prompts					
3. We ADVISE all smokers to quit smoking at each visit					
4. We ASSESS willingness to stop smoking and document quit attempts in patient medical record or quitline log					
5. We ASSIST with first quit smoking cessation counseling to smokers and refer again at each visit (if quit)					
6. We use "Quit Smoking" self-help materials					
7. We ARRANGE and encourage smokers to use community quit smoking cessation programs and/or PA Quit Line					
8. We use PHARMACOTHERAPY for smokers if clinically appropriate					
9. We document cessation attempts in the medical record (book and/or online program)					
10. We participate in Clean Air Evaluation and submit Smoking Cessation Counseling Documentation Forms					

Practice would like additional staff training: Yes No

Barriers/Problems: _____

Positive Remarks/Successes: _____

Specific Practice Needs or Requests: _____

Clean Air for Healthy Children Evaluation