**Smoking Cessation CQUIN Example**

This can be used for inpatients and outpatients in children over 13 as well as parents/carers.

Smoking status, brief advice given, referral to smoking cessation services should all be recorded preferably on a computerised system and direct referrals for children and carers at the time of the outpatient appointment or following initial assessment on admission to hospital. Ideally provision for self-referral should be made available so that children can have time to consider this at a later date if they are not ready. Some units are trialling the use of testing by Carbon Monoxide monitoring during clinics to improve identification of smokers.

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| Indicator | Target / Monitoring |
| Smoking status recording for all children and family members | 90% per quarter of all patients |
| Brief advice for identified smokers | 90% per quarter of identified smokers |
| Smoking status recording and brief advice provided | 90% of CYP per Quarter  Define methodology Q2, smoking status and brief advice from Q3 |
| Quit attempt - Percentage referred to Stop Smoking Service | Set audit methodology and baseline |
| Percentage quit at one month | Set audit methodology and baseline |
| Staff smoking reduction | Conduct two stop smoking prevention promotions for staff in the year between Q2 and Q4, which result in brief advice being offered to a proportion of staff.  Monitor the number of staff who quit at one month |
| Provide ability for children / parents / staff to self-refer to smoking cessation clinics ( i.e. helpline/referral form on internet/intranet) |  |

**Smoking cessation CQUIN**