

**OHIO QUILS OUTREACH PROJECT**  
**OHIO QUIT SITE HOSPITAL**  
**LETTER OF AGREEMENT**

Dear Ohio Quit Site,

Thank you for agreeing to become an Ohio Quit Site Hospital, your efforts will help Ohio eliminate the number one cause of preventable death and disease. This letter of agreement defines the requirements to become an Ohio Quite Site.

By signing this letter you have agreed to the following:

- Have at least one hospital representative complete the training: *Get in line with the Tobacco Treatment Clinical Practice Guidelines.*
- Identify an Ohio Quit Site Coordinator. This person will be the main point of contact and lead the effort at the hospital. *Provide this information on the Planning Form*
- Implement the 3 A's & R and of the *Treating Tobacco Use and Dependence Clinical Practice Guidelines: Ask, Advise, Assess and Refer.* Complete by December, 2006
- Refer "qualified" tobacco users to the Ohio Tobacco Quit Line using the FAX referral forms provided. Complete by December, 2006.
- Submit a brief plan that explains how you will integrate the 3A's & R and the Ohio Tobacco Quit Line referral in your hospital/department, and how you will use the \$1,000 incentive money. *A Planning Form is provided.*
- Participate in an evaluation of the Ohio Quit Site program. This could include the Coordinator completing one or two surveys and/or participating in a brief telephone interview.
- Commit to be an Ohio Quit Site for 12 months from the date of signature below.

Send or FAX this signed agreement and the completed Planning Form **BY JUNE 23, 2006** to: Susan Zabo, Ohio Hospital Association, 155 E. Broad Street, 15<sup>th</sup> Floor, Columbus, Ohio 43215 or FAX: 614-221-4771.

Thank you! Your commitment to this important effort is commended!

\_\_\_\_\_  
Quit Site Coordinator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hospital Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lynne Ayres, Project Director

\_\_\_\_\_  
Date

# OHIO QUILS OUTREACH PROJECT PLANNING FORM

## QUIT SITE COORDINATOR INFORMATION:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Hospital: \_\_\_\_\_ Department: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

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EXPLAIN HOW YOU PLAN TO INTEGRATE THE 3 A'S AND R INTO YOUR HOSPITAL OR DEPARTMENT PROCEDURES. ATTACH ADDITIONAL SHEETS IF NECESSARY. EXAMPLES OF WHAT WE'RE LOOKING FOR ARE IN ITALICS.

**1) Ask: How will you identify if your patients are tobacco users? How will this information be passed on to other staff?**

*Example: Information technology will add this field to the admission screen and admission staff will be trained on asking this question upon admission. During the health history nursing staff will provide a brief intervention to patients whose charts are flagged as tobacco users.*

**2) Advise: Who will be responsible for providing a brief intervention to tobacco users? How will staff be trained to provide the brief intervention?**

*Example: Staff education and respiratory therapy departments will coordinate clinical staff training on the Clinical Practice Guidelines to begin September 2006. Nursing staff will lead the implementation of the brief intervention during health history and provide supportive materials as a starting point.*

**3) Assess: Who will determine if a patient is ready to quit using tobacco?**

*Example: Nursing staff will assess readiness to Quit during the health history using the recommended questions.*

**4) Refer: How will you refer patients to the Ohio Tobacco Quit Line?**

*Example: Patients that affirm that they are ready to quit in the next 30 days will be asked to provide necessary information and signature for the Ohio Tobacco Quit Line FAX referral. Unit clerks will fax referrals to the Ohio Tobacco Quit Line.*

**5) How do you plan to use the \$1,000 incentive money?**

*Example: Tobacco Free Hospital will utilize the \$1,000 Quit Site incentive for costs associated with training staff on the Treating Tobacco Use and Dependence Clinical Practice Guideline and Ohio Tobacco Quit Line FAX referral process. These costs may include paying for a trainer, video tape, training materials, and staff time.*