

## Sample – Smoking Cessation QI PROJECT CHARTER

### Project Overview

**Problem Statement:** Smoking is a leading preventable risk factor for vascular disease. Access to smoking cessation resources may reduce the incidence of vascular disease. Access to smoking cessation resources in the VQI of XXXXX for patients with vascular disease is very limited. Increase the number of patients that have access to smoking cessation resources.

**Goal:** To decrease the prevalence of smoking in patients with vascular disease in the catchment area of XXXXXX center by increasing tobacco use screening, cessation referral, and access to smoking cessation resources.

- All vascular patients during the timeframe of XXXXXXXXXXXX discharges receiving carotid endarterectomy (CEA), peripheral vascular intervention (PVI), supra/infra bypass, endo abdominal aortic aneurysm (AAA) repair, or open AAA repair across the XXXXXX center enterprise are screened for tobacco use.
- All vascular patients that have received CEA, PVI, supra/infra bypass, endo AAA repair, or open AAA repair during the timeframe of XXXXXX discharges that currently or recently (within the past 12 months) smoke tobacco are offered smoking cessation resources.
- All vascular patients during the timeframe of XXXXXXXXXXX discharges receiving CEA, PVI, supra/infra bypass, endo AAA repair, or open AAA repair have access to smoking cessation resources, including one or more of the following:
  - Motivational interviewing
  - Education at the point of service
  - “Quit Kits”
  - Valid websites
  - Texting and call in cessation programs
  - In person coaching/support
  - Prescription for smoking cessation medication(s)

**Scope:**

Vascular patients during the time frame of XXXXXXXXXXX that received CEA, PVI, supra/infra bypass, endo AAA repair, and open AAA repair.

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**Deliverable(s):**

Smoking cessation model research:  
“Kick Off” meeting with Primary Stakeholders:  
Baseline Qualitative Analysis:  
IRB Approval:  
VQI Approval:  
Screening process review and monitoring from VQI registry:  
Smoking cessation referral process development:  
Baseline analysis of smoking prevalence:  
“Quit Kits” redesigned:  
Facilitators identified:  
Provider toolkit:  
Sustainability plan:  
Smoking cessation facilitation training  
Smoking cessation communication:  
Smoking cessation program day 1:  
Post intervention qualitative analysis:  
Surveillance of smoking status, referrals, and accesses:

**Resources Required (including data sources):**

Grant funding for facilitator training  
Funding for smoking cessation work books  
Smoking prevalence data: SVS/VQI and Cerner  
Smoking cessation referral tracking: Cerner/EPIC  
Smoking cessation program sign up tracking: ABC Tracking  
Departmental time commitment for facilitators  
Pharmacy and provider time for toolkit creation, education, and communication

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Market analysis and business planning- sources SG2 data Population health		
Key Metrics	Milestones	
<p><b>Outcome Metrics:</b></p> <p>3 patients successfully quit smoking after completing the XXXXXX from Smoking Program by 1 year after launch date.</p> <p>Improvement in smoking cessation following vascular procedure during XXXXXX compared to XXXXXXXX.</p> <p>Improvement in qualitative survey results.</p> <p>Increase in smoking cessation medication prescriptions provided to vascular patients during the timeframe of XXXXXX discharges receiving carotid endarterectomy (CEA), peripheral vascular intervention (PVI), supra/infra bypass, endo abdominal aortic aneurysm (AAA) repair, or open AAA repair.</p> <p><b>Process Metrics:</b></p> <p>85% or more vascular patients during the timeframe of XXXXXX discharges receiving carotid endarterectomy (CEA), peripheral vascular intervention (PVI), supra/infra bypass, endo</p>	<p><b>Milestone / Description:</b></p> <p>5 or more vascular patients during the timeframe of XXXXXX discharges receiving carotid endarterectomy (CEA), peripheral vascular intervention (PVI), supra/infra bypass, endo abdominal aortic aneurysm (AAA) repair, or open AAA repair patients referred to the XXXXXX from Smoking in person coaching program in the first three months of the program.</p>	<p><b>Date ():</b></p>

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abdominal aortic aneurysm (AAA) repair, or open AAA repair are screened for smoking status. 85% or more vascular patients during the timeframe of XXXXXX discharges receiving carotid endarterectomy (CEA), peripheral vascular intervention (PVI), supra/infra bypass, endo abdominal aortic aneurysm (AAA) repair, or open AAA repair seen at XXXX center currently smoking were offered cessation support.

### Team Members

**Exec Sponsor:** Director of Vascular Surgery, IR, Cardiology

**Sponsor:** CNO

**Project Manager:** Data Manager

**Clinical Sponsor:** Vascular Surgery Physician Champions

**Process Owner:** Data Managers

**Team Members:**

Cardiovascular Director

ACMO/Primary Care

Health Analytics

Surgical Associates

Manager of Interventional Radiology

Quality Performance and Patient Safety