



HEALTH CARE
PARTNERSHIP

QUITZones

Are You Ready to Save Lives?

QUITZone Nomination Checklist

CONGRATULATIONS! Your organization has been nominated to be recognized as an Arizona QUITZone Center. A QUITZone is a health and human service organization that designates itself as a tobacco-free campus and demonstrates utilization of the Arizona Department of Health Services (ADHS) tobacco control programs to promote the health and safety of its patients, visitors and employees. The Arizona QUITZone Initiative is managed by The University of Arizona HealthCare Partnership (HCP).

To qualify as an Arizona QUITZone your organization, along with a representative from The University of Arizona HealthCare Partnership, will complete the following checklist. Upon successful completion of the checklist and approval by HCP leadership, a formal QUITZone award presentation will be organized.

Name of Organization: _____

Nominated by: _____ Date: _____

Nominated Organization's Contact Person: _____

Phone: _____ Email: _____

HealthCare Partnership Representative: _____

Phone: _____ Email: _____

Meet with Tobacco Control Partners:

1. ASHLine (Arizona Smokers' Helpline)- An information session with a representative from the Arizona Smokers' Helpline.

Approximate Date(s) _____ Representative _____

Resultive Action _____

2. Community Program- A face-to-face information session with a representative from the Arizona Department of Health Services Bureau of Tobacco Education and Prevention (ADHS-BTEP) community-based and/or tribal program located in your region or county.

Approximate Date(s) _____ Representative _____

Resultive Action _____

3. HealthCare Partnership- Meet with HealthCare Partnership to discuss free evidence-based, continuing education offerings including a 1 hour CME/CEU program and a 4 hour certification workshop that teach effective brief tobacco interventions using motivational interviewing strategies and evidence based techniques.

Approximate Date(s) _____ Representative _____

Resultive Action _____

Internally Address Tobacco Control:

4. Tobacco Control Leadership Team- A leadership group composed of decision-makers, along with clinical and administrative representatives, to address tobacco control.

Describe Briefly _____

5. 100% Tobacco-Free Campus- Written tobacco-free policies that prohibit tobacco in all areas including buildings and grounds. Patients, visitors and employees who use tobacco are encouraged to quit, and are provided education, including options to access treatment. Policy must be observable and measurable.

Provide Copy of Policy _____



6. Policy Compliance- A structure to ensure compliance, along with strategies to eliminate policy violations.

Describe Briefly _____

7. Continuing Education- The Tobacco Dependence Treatment Program for Health and Human Service Professionals and the Basic Tobacco Intervention Skills certification workshop as part of regular in-services and continuing education programs for staff, as administered by The University of Arizona HealthCare Partnership (or similar tobacco dependence treatment continuing education programs).

Approximate Date(s) _____ Presenter _____ Venue _____

Program Title _____

Resultive Action _____

8 Document Tobacco Use Status- A system to assess for and document tobacco use among patients who present for health care services.

Describe Briefly _____

9. Point-of Care Interventions- Provides and documents, as standard of practice, a tobacco dependence cessation intervention at the point-of-care for every patient who uses tobacco.

Identify Procedure in Place _____

10. Referrals to Treatment Resources- Has evidence-based tobacco dependence treatment choices available to patients that connect them with national, state and local resources, including the Arizona Smokers' Helpline and community-based behavioral support programs.

Describe Briefly _____

11. Pharmacotherapy- Has protocol or standing orders for the treatment of Tobacco Use Disorder, which include FDA approved tobacco cessation medications pharmacotherapy (if appropriate) and referral to behavioral support programs.

Provide Copy of Orders _____

12. Patient Education Materials- Makes patient education materials on tobacco use prevention, treatment, and secondhand smoke available.

Describe Briefly _____

13. Support Treatment for Staff- Supports treatment for staff who are dependent on tobacco by using incentives for quit attempts and supporting lifelong abstinence (e.g., medication benefits, onsite intensive programs, time off to attend programs).

Describe Briefly _____

Checklist Reviewed by _____ Date _____

Nomination Approved _____ yes _____ no

If yes, award letter sent to: Name _____ Title _____

Address _____ Date _____

If no, please specify incomplete item #s with explanation and/or plan for completion.

Comments: _____

