Tobacco Quit Card & Counselling (TQCC) Program
Data Collection Tool April 1, 2025 Launch: Frequently Asked Questions

1. Purpose

Q: What is the purpose of the new Tobacco Quit Card and Counselling (TQCC) Tool launching April 1, 2025?
The purpose of the launched tool is to simplify the data reporting and collection processes by enabling tracking of up to 5 quit cards, and counselling outcomes on 1 form. The data collection tool is not a workload measurement tool.

2. Participant Eligibility

Q: Where do I look for guidance on participant eligibility?
Please visit Shared Health Provincial Clinical Standards, Policies & Guidelines - Tobacco page where direction is found in the TQCC Program Operating Guideline & Standards.

Q: What happens if a participant is ineligible?
No Quit Card is provided, and no TQCC Data Collection Tool is completed. Providing counselling and referrals using Resources to Stop Smoking are still suggested.

Q: Is there a cap on the maximum number of times a client can access the program?
The average client uses 3 cards through the quitting journey. More cards can be provided if deemed clinically appropriate from the annual supply of total cards per RHA. Please use your professional discretion and consultation with your TQCC Regional Lead, and/or the participant's Primary Care Provider and/or TQCC peers in reaching a decision regarding the number of quit cards being issued to a participant above the typical 3 and/or the timing of program re-entry after a relapse.

3. Quit Card(s) Provision

Q: How can a Quit Card be provided?
Download a Quit Card from the Quit Card website using the username and password available from your RHA Lead. Do not use the website or download a Card until you have determined an individual's eligibility and are providing one. For further details please visit Shared Health Provincial Clinical Standards, Policies & Guidelines - Tobacco page where direction is found in the TQCC Program Standard Operating Procedure.

4. Counselling

Q: What is the TQCC Initial Counselling Session?
The TQCC Initial Counselling Session provides support to create a plan to quit or reduce tobacco/vape consumption within the next 30 days. The Tobacco Intervention Macro is recommended as a counselling guide and clinical recording template, available in all regional EMRs and on the visit Shared Health Provincial Clinical Standards, Policies & Guidelines – Tobacco page. The TQCC Data Collection Tool should also be completed for data reporting purposes at initial and counselling progress benchmarks (1 & 6 months from initial card provision).

Q: When should follow-up counselling sessions be booked?
Book a timely 1-month and 6-month counselling sessions from the initial session when the Quit Card Program was initiated on the new TQCC form. Timely is defined as a 1-month cutoff that is less than 45 days after their first quit card, and the 6-month cutoff is considered less than 196 days after their first quit card for data collection purposes. Please use your clinical judgment to determine the most appropriate time for the visit that aligns with the program's timeline targets. Additional counselling may be offered as needed between timepoints but is not part of the TQCC Data Collection Tool. *Charting and update of the Accuro EMR Tobacco Lifestyle Band is considered separate, and should happen with each encounter.*

Q: What TQCC Data Collection Tool documentation is required at counselling session(s)?
Sections of the TQCC Data Collection Tool card area must be completed whenever a card is provided to a participant for tracking purposes. Sections of the TQCC Data Collection Tool counselling section must also be completed at the initial, timely 1-month, and 6-month counselling sessions, in addition to regular charting. Timely for data collection is defined as a 1-month cutoff that is less than 45 days after their first quit card, and the 6-month cutoff is considered less than 196 days after their first quit card.

5. TQCC Data Collection Tool

Q: When should a new TQCC Data Collection Tool be created?
 A new tool should be created for:
1) All new program participants

2) Participants being issued new quit card(s) after April 1st 2025 (when the previous Data Collection form is deactivated). Example: If a client was issued a quit card using the old Data Collection form in March 2025, and they return for their 1-month follow-up where you issue a second card, open a new Data Collection form and check the box next to Card #2 (as you are issuing the second card). Follow the counselling section based on the time of the initial quit card. For instance, you would complete the counselling section associated with the 1-month follow-up during this visit. The 6-month follow-up would be based on 5 months from the current visit.

3) Participants re-starting the program after a relapse. Relapse is defined as a participant who discontinued counseling and contact for an extended period or who reports being quit at their 6-month visit and later calls back to report resuming tobacco or vape use.

4) The rare occasion where participants are being provided more than 5 cards as part of the same quit/reduction attempt based on professional discretion (therefore requiring a new Data Collect Tool to record new Cards being issued).

Q: What are the data collection options for non-RHA EMRs?
Partner sites can either import/create the Data Collection Tool in their EMR or use a paper version, which will need to be keyed into the live Data Collection Tool for reporting purposes. Standardized templates are available through each RHA's TQCC leads and at [Shared Health Provincial Clinical Standards, Policies & Guidelines - Tobacco](). Data collected is retained for 1 year after submission and then may be deleted.

Q: What does the field "My Health Team OR area name (providing TQCC)" refer to?
Please select the most appropriate dropdown option of where the Educator providing TQCC works.

Q: What does the field "Primary Care Home Clinic Type (of Participant)" refer to?
Please select the most applicable Primary Care Home Clinic type option of where the participant is enrolled (where their Most Responsible Primary Care Provider works).

Q: Why was the notes section removed from the new Tool?

The tool has been simplified and intended to meet the Provincial requirements of data collection and reporting. The notes section was not capturable data. We encourage chart notes for Educator facing information and also in RHA-Accuro entry and update of the tobacco lifestyle band when trying to capture a reduction of tobacco product use or a quit.

Q: What Data Tool Documentation do I need if I am giving out more than 5 cards to a participant?

The average client uses 3 cards through the quitting journey. In the rare occasion where professional discretion and consultation with your TQCC Regional Lead and/or TQCC peers has led to a 6th card being issued as part of the same quit/reduction attempt, the program assumes a re-set, whereby sections of the TQCC Data Collection Tool counselling section must also be completed at the initial (date of the 6th card), and timely 1-month (from issue of the 6th card), and 6-month (from issue of the 6th card) counselling sessions, in addition to regular charting. Timely for data collection is defined as a 1-month cutoff that is less than 45 days after their first quit card on the Data Collection Tool, and the 6-month cutoff is considered less than 196 days after their first quit card on the Data Collection Tool.

Q: How do I record answers in the Counselling section of the Data Collection Tool if my 1-Month visit happens at 3 weeks... or at 6 weeks because of participant availability?

We recognize there are times when follow-up cannot happen exactly on schedule. Timely 1-month, and 6-month counselling sessions are defined as a 1-month cut-off that is less than 45 days after their first quit card on the Data Collection Tool, and the 6-month cut-off is considered less than 196 days after their first quit card on the Data Collection Tool. Please use your clinical judgment to determine the most appropriate time for the visit that aligns with the program's timeline targets. These are the standard measurements for assessing quit rates, thus we want to stay as close to this as possible to ensure consistency and standardization across programs. Charting and update of the Accuro EMR Tobacco Lifestyle Band is considered separate, and should happen with encounters and updates that happen beyond the need of the Data Collection Tool.

6. Patient Survey

Q. What happened to the TQCC Patient Survey?

The TQCC Patient Survey has been discontinued.

7. Annual Reporting

Q: How is data reported from EMRs?

Instructions for RHA Leads to prepare data submissions based on the TQCC Data Collection Tool, including reporting from regional Accuro EMRs and incorporating private clinic data, are available on the [Shared Health Provincial Clinical Standards, Policies & Guidelines - Tobacco](#) page in the Reporting section.