Helping Nurses Help Smokers Quit

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OHSU Smoking Cessation Center & Tobacco Consult Service
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BACKGROUND
Helping Nurses Help Smokers Quit

- About half of smokers will die from a tobacco related illness.
- The average smoker lives 10 years less than a nonsmoker.
- Cigarettes contain 4,000 chemicals including about 40 carcinogens, and all smoke contains carbon monoxide.
- About 17% of Oregon adults and 22% of OHSU patients smoke.
- About 70% of smokers report wanting to quit smoking.
- Most smokers try to quit on their own and most fail.

Oregon Tobacco Facts & Laws; Oregon Department of Human Services, 2009.
Illness is often a motivator for smokers to try to quit.
Hospitalization is a “teachable moment”.
   – An important opportunity when smokers may be more receptive to quitting and to provide treatment that patients would otherwise not seek.
Patients who receive treatment for tobacco dependence while they are in the hospital and follow-up when they are discharged are 65% more likely to remain abstinent than patients who don’t.
QUITTING IS IMPORTANT FOR HEALING AND RECOVERY.

Needs Assessment

• Nurses play an essential role in delivering smoking cessation education and meeting Joint Commission core measures.
  – Tobacco screening and advice/counseling for patients with pneumonia, AMI, and heart failure for accreditation

• Nurses often do not have sufficient training to address tobacco use with patients. Treatment pathways and professional training in the hospital have been slow to develop.

• More general tobacco training (5 A’s: Ask, Advise, Assess, Assist, Arrange) does not easily fit into hospital based nursing.
Needs Assessment

• How to integrate the 5 A’s into the nursing workflow, hospital system, and electronic medical record?

• Identified 3 quality improvement steps for nurses:
  – ASK
  – EDUCATE
  – REFER
PURPOSE
Program Goals

• Improve the amount, quality, and coordination of tobacco dependence treatment for hospital patients through nursing leadership and participation.

• Meet or exceed Joint Commission requirements.
## Gap between Quality Improvement goals and performance

<table>
<thead>
<tr>
<th>January-June 2009</th>
<th>%</th>
<th>Joint Commission Goals</th>
<th>OHSU QI Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking Status Documented</td>
<td>75%</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>Smokers with nursing education documented</td>
<td>63%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Patients referred to Tobacco Consult Service</td>
<td>Average 30/month</td>
<td>Not a current JC goal</td>
<td>100/month</td>
</tr>
</tbody>
</table>
METHODS
Program Structure

• Nursing Advisory Committee

  – Provided feedback on content.
  – Assisted with strategies for reaching nurses.
  – Helped to integrate Joint Commission requirements, quality improvement goals for nurses, and EMR data showing nurses performance to date.
Role of the Nurse

Don’t be Silent About Smoking

Start the Conversation:
Help your patients begin quitting

If the 2.2 million working nurses in the U.S. each helped one person quit smoking per year, nurses would triple the U.S. quit rates.

Ask • Educate • Refer

For more information, see the "Helping Nurses Help Smokers" toolkit under “Useful Tools” on the Nursing Portal. Questions? Call the Tobacco Cessation Consult Service at 8-801-22.
ASK, EDUCATE, REFER

• **ASK** EVERY PATIENT about smoking status at admission and document.

• **EDUCATE** patients on how to start the quit process and document in patient education record.

• **REFER** appropriate patients to the Tobacco Consult Service.
Treatment for hospitalized patients takes a team effort

**ASK** all patients about smoking at admission:
Document in Social History

**TREAT** for comfort first:
Order medications for withdrawal symptoms

**EDUCATE** about smoking:
Document in Patient Education Record

**ORDER** consult

**REFER** for consult

Bedside assessment and Treatment Plan. Referral to outpatient services.

Follow-up after discharge

- **Nurses**
- **MD**
- **Consult NP**
Program Development

• Phase One
  – Developed an online Smoking Cessation Toolkit for OHSU Nurses.
  – Presented at unit staff and education meetings, Education Council, Nursing Collaborative, new employee orientation.
  – 4 hour continuing education program for OHSU Nurses.
  – Training program for outside hospital.

• Phase Two
  – Online continuing education program for nurses.
  – Provide the toolkit for use in other hospitals.
RESULTS
Documenting Smoking Status: ASK

*Excludes children’s hospital, psych unit, same day units.
Documentation of education in Patient Education Record: EDUCATE

![Bar Graph showing data from Jan-Mar 09 to Oct-Dec 10]
All Referrals to Tobacco Cessation Consult Service: REFER
Nurse and MD Referral to Tobacco Cessation Consult Service: NURSE REFERRAL
## Patient Results

<table>
<thead>
<tr>
<th>Consults Complete</th>
<th>TOTAL NUMBER</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 09 – Dec 10</td>
<td>1152</td>
<td></td>
</tr>
<tr>
<td>Consented to Follow-up</td>
<td>760</td>
<td>66%</td>
</tr>
<tr>
<td>Reached for Follow-up</td>
<td>455</td>
<td>60%</td>
</tr>
<tr>
<td>Abstinent since discharge</td>
<td>221</td>
<td>49%</td>
</tr>
<tr>
<td>Reduced since discharge</td>
<td>152</td>
<td>33%</td>
</tr>
</tbody>
</table>
CONCLUSION
Conclusions

- Significant improvement in documentation of smoking status and referral for a tobacco cessation consult.
- Rate of documentation of education was not affected.
- To help improve rates of nursing education, smoking cessation education was added to annual nurse competencies.
Next Steps

• Build on the teamwork model of hospital care.

• Program development aimed towards helping doctors, NPs and PAs providing evidence-based treatment of tobacco dependence.