

Helping Nurses Help Smokers Quit

Beth Allison, FNP-BC
OHSU Smoking Cessation Center &
Tobacco Consult Service

Disclosures

This education course is sponsored by OHSU Hospitals and the OHSU Smoking Cessation Center with partial funding from an unrestricted Pfizer Medical Education Grant.



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.



Treating Tobacco Dependence in the Hospital

- 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

January-June 2009	%	Joint Commission Goals	OHSU QI Goals
Smoking Status Documented	75%	90%	100%
Smokers with nursing education documented	63%	90%	90%
Patients referred to Tobacco Consult Service	Average 30/month	Not a current JC goal	100/month



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



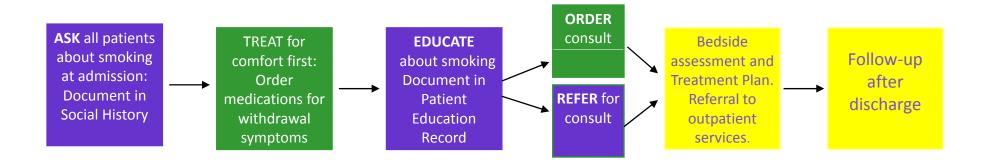
ASK, EDUCATE, REFER

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



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.

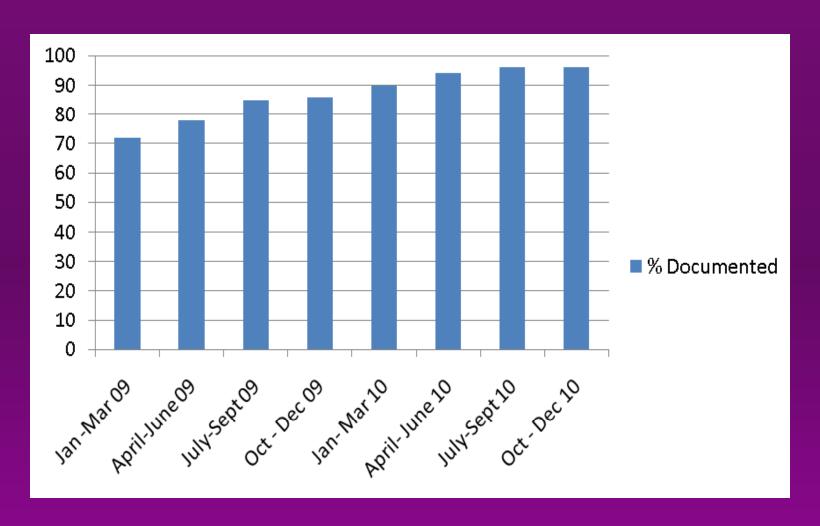
Phase Two

- Online continuing education program for nurses.
- Provide the toolkit for use in other hospitals.



RESULTS

Documenting Smoking Status: ASK

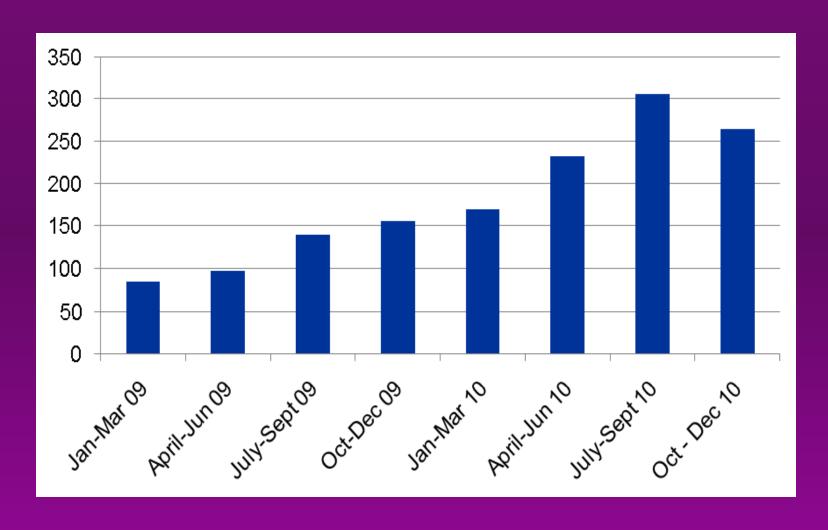


^{*}Excludes children's hospital, psych unit, same day units.

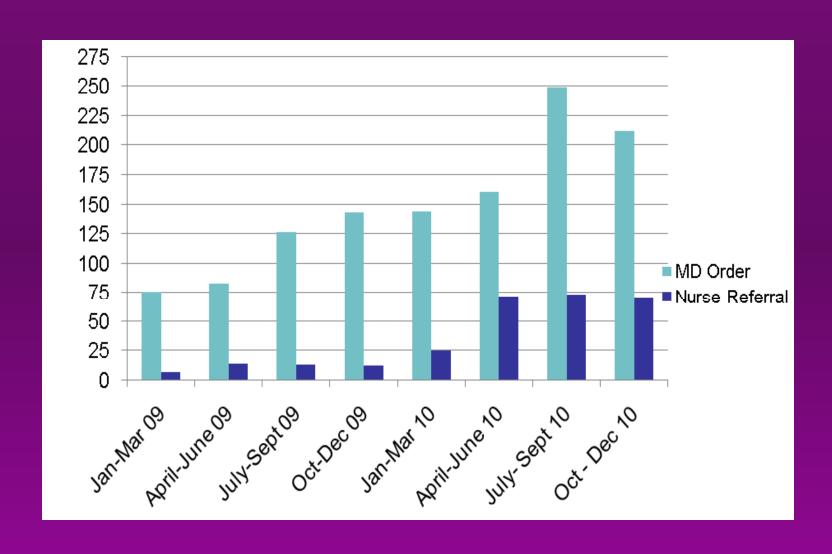
Documentation of education in Patient Education Record: EDUCATE



All Referrals to Tobacco Cessation Consult Service: REFER



Nurse and MD Referral to Tobacco Cessation Consult Service: NURSE REFERRAL



Patient Results

Consults Complete	TOTAL NUMBER	PERCENT
Jan 09 – Dec 10	1152	
Consented to Follow-up	760	66%
Reached for Follow-up	455	60%
Abstinent since discharge	221	49%
Reduced since discharge	152	33%



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.

