Implementation of Smoking Cessation Program in the Emergency Department

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Disclosure Information

- No financial or other conflict of interest to disclose
Introduction

- Cigarette smoking is the number one cause of preventable death in the United States.
- Cigarette smoking is a strong risk factor to the development of heart disease, cancer, stroke and pulmonary diseases.
- Cigarette smoking is the leading cause of chronic obstructive pulmonary disease (COPD).
- In the United States, heart disease, cancer, stroke and COPD are the four leading causes of death costing billion of dollars every year.
- Smoking cessation is considered the most cost effective treatment for the prevention of COPD and these other diseases.
- Although nurses screen patients for tobacco use, they do not regularly engage in smoking cessation counseling during emergency room visits.
Problem Statement

• The problem is that there is a lack of smoking cessation education completed by registered nurses for at risk patients discharged from the Emergency Department. Smoking tobacco is one of the leading risk factors for developing a heart attack, stroke, chronic obstructive pulmonary disease, and many forms of cancers, which are the four leading causes of death in the United States.
The purpose of this project was to increase smoking cessation education completed by registered nurses for at risk patients being discharged from the Emergency Department.
Project Objectives

1. Identify key stakeholders
2. Collect a pre education self-reported confidential survey
3. Implement an education program
4. Collect a post education self-reported confidential survey
Theoretical Framework
Donabedian’s Healthcare Outcome Measurement Model

- A model based on quality assessment and systems monitoring

- Applied in similar studies that involved implementation of protocols

- Involves structure (ED nurses, ED department), process (educational intervention) and outcome (increased smoking cessation education and referral of patients)
Theoretical Model

Structure
- Emergency department
- Nursing staff

Process
- Education intervention to increase percent of patients who receive smoking cessation education and referral

Outcome (Immediate)
- Increase the percent of patients who receive smoking cessation education and referral in the Emergency Department

Long term Outcome
- Decrease health care cost, mortality and morbidity
- Increase health promotion and disease prevention from the ED
- Change health care policy and outcome
Methodology and Design

- Non-experimental design that utilized:
  - Pre-intervention self reported confidential surveys
  - An educational intervention
  - Post intervention self reported confidential surveys
  - Descriptive statistics to demonstrate impact of educational intervention
Ethics

- Approval from the IRB was obtained prior to implementation of this project.
- Self reported confidential surveys were utilized to collect data before and after implementation of the program to maintain employee confidentiality.
- No personal identifiers were collected in the surveys.
- Surveys were dropped in a box inside an envelope provided by the principal investigator.
- All information was locked in a cabinet and electronic data stored under password security.
Ethics

- All data will be destroyed within 5 years of collection date.
- The researcher did not have any supervisory role over the staff.
- There were minimal anticipated risk with participation in this project.
- A cover letter was provided to the nurses participating in this project to inform them about the project and what is the goal of the study.
- The nurses benefited from this project by having increased knowledge about smoking cessation.
- Patients who smoke may benefit from this project by potentially receiving more smoking cessation education.
Findings

- Pre education survey completed by 52 participants
- Post education survey completed by 42 participants
- Data collected based on a 9 item survey before and after an education intervention
- Likert scale used to assess frequency of actions (0-3 rarely, 4-7 some times, 8-10 most of the times)
- Post survey included a checkbox to identify if nurses had participated in the educational program.
Pre-Education Self-Reported Confidential Survey

Please do not write your name, as this is a confidential, self-reported survey.

Please answer the following questions based on a 0-10 Likert scale based on your experience in the ER. (0-3 being rarely, 4-7 being some times, 8-10 being most of the time).

Circle the number that applies.

1) When triaging patients I ask them about tobacco use (smoking)?
   0-1-2-3-4-5-6-7-8-9-10

2) When patients verbalize that they smoke tobacco, I Advise them to quit
   0-1-2-3-4-5-6-7-8-9-10

3) After tobacco use has been established I assess for readiness to quit.
   0-1-2-3-4-5-6-7-8-9-10

4) When patients verbalize willingness to quit I assist them with the process
   0-1-2-3-4-5-6-7-8-9-10

5) I arrange for follow up in the community through resources such as quit lines and smoking cessation group classes.
   0-1-2-3-4-5-6-7-8-9-10

6) I assess based on the amount of tobacco use daily by a patient what level of intervention I need to provide as a nurse
   0-1-2-3-4-5-6-7-8-9-10

7) I recommend pharmacological agents for clients who are trying to stop smoking tobacco
   0-1-2-3-4-5-6-7-8-9-10

8) I provide patients who smoke tobacco information from AHEC to assist them with the process of smoking cessation
   0-1-2-3-4-5-6-7-8-9-10

9) I regularly use the five A’s approach with patients during the triage interview
   0-1-2-3-4-5-6-7-8-9-10
Discussion of Findings
Pre Education Data

Most of the Time
- 1 Screen: 52
- 2 Advise: 13
- 3 Assess: 6
- 4 Assist: 9
- 5 Arrange: 3
- 6 Level: 5
- 7 Medicate: 5
- 8 AHEC: 3
- 9 Five As: 4

Some times
- 1 Screen: 15
- 2 Advise: 10
- 3 Assess: 13
- 4 Assist: 4
- 5 Arrange: 10
- 6 Level: 10
- 7 Medicate: 4
- 8 AHEC: 7

Rarely
- 1 Screen: 24
- 2 Advise: 36
- 3 Assess: 30
- 4 Assist: 45
- 5 Arrange: 37
- 6 Level: 37
- 7 Medicate: 45
- 8 AHEC: 41
Discussion of Findings
Pre Education Data

![Bar Chart]

- Rarely
- Some times
- Most of the Time

1. Screen
2. Advise
3. Assess
4. Assist
5. Arrange
6. Level
7. Medicate
8. AHEC
9. Five As
Discussion of Findings
Post Education Data

Most of the Time
- 1 Screen: 42%
- 2 Advise: 13%
- 3 Assess: 16%
- 4 Assist: 9%
- 5 Arrange: 8%
- 6 Level: 9%
- 7 Medication: 13%
- 8 AHEC: 11%

Some Times
- 1 Screen: 20%
- 2 Advise: 16%
- 3 Assess: 23%
- 4 Assist: 24%
- 5 Arrange: 26%
- 6 Level: 20%
- 7 Medication: 26%
- 8 AHEC: 16%
- 9 Five As: 10%

Rarely
- 1 Screen: 9%
- 2 Advise: 10%
- 3 Assess: 10%
- 4 Assist: 7%
- 5 Arrange: 7%
- 6 Level: 10%
- 7 Medication: 5%
Discussion of Findings
Post Education Data
Discussion of Findings

- The percent of nurses who screened for tobacco use (most of the times) remained the same 100%.
- The percent of nurses who advised, assisted, and arranged for follow up using the Five A’s approach and SBIRT information shifted from a frequency of (rarely to some times and most of the times).
- From the post survey, 100% (n 42) of nurses identified participating in the educational program.
- Limited validity and reliability of data due to being from self-reported surveys.
Implications for Health Care Outcomes

- Based on the pre-educational self-reported surveys, nurses in the emergency department at a local South Florida Emergency department were screening and documenting patients’ tobacco use but no further steps were taken by most nurses to assist patients to quit smoking before being discharged home.

- With the implementation of this project, nurses now in the emergency department are not only screening for tobacco use but the number of nurses who are advising their patients to quit, providing materials to help with the process and referring them to outside resources has increased as well.
Implications for Health Care Delivery

- This project has changed the delivery of health services in this Emergency Department.
- Rather than waiting for patients to return with complications from tobacco use, nurses are being proactive in assisting these patients to stop smoking.
- Delivery is shifting from reactive to a proactive approach.
Implications for Health Care Policy

- There is no current policy available for nurses in the ED, which delineates smoking cessation education practices.
- After this project was implemented a policy is being developed to delineate smoking cessation education for patients before being discharged home once they screen positive for smoking cigarettes.
Implications for Nursing Education

- After this project was implemented in the ED, the nurse clinician is planning to include the program in future skills fairs and training for new and current nurses.

- Smoking cessation education has become part of the education provided by nurses before discharging patients home from the ED.
Conclusions

• This project has helped increase the number of ED nurses who provide smoking cessation education and referral when clients screen positive for tobacco use during triage in the emergency department.
References

References


References


