Introduction & Background

- Tobacco use is the leading preventable cause of death in the United States today. (1)
- About 443,000 U.S. Deaths are attributable each year to cigarette smoking. (1)
- Every day nearly 3,500 youth younger than 18 smoke their first cigarette, and about 900 become daily smokers. (2)
- Epidemiologic data suggest that approximately 70 percent of smokers want to quit and about 52 percent attempt to quit every year. (3)
- Many of those who make a quit attempt do so without help, and they are often unsuccessful. (3)
- Community health centers are critically important in efforts to reduce tobacco use as they provide high-quality, patient-centered medical care.

Aim

- To assess the resident attitudes and comfort levels regarding smoking cessation and their knowledge of various resources available using a questionnaire.
- To find the number of patients screened and counselled for smoking use and cessation using the EMR in the Internal Medicine Clinic.
- To bring changes into the resident clinic, by educating residents and other providers as to what their role is in the process.
- To identify methods to improve smoking cessation counseling rates.
- Assess readiness of patients for smoking cessation.

Methods

- Project was done in our Internal Medicine Clinic on all patients > 18 years who are current smokers.
- Pre-Intervention data was collected for the above measures for number of patients screened and number of patients counselled for smoking cessation.
- Analysing the barriers’ to care, documented in the fish bone diagram below.
- Resident attitudes were assessed using a questionnaire.
- Intervention was done where residents were educated regarding smoking and smoking cessation with qualified smoking cessation counsellors in the hospital.
- 5 A Model was used – ASK, ADVISE, ASSESS, ASSIST, ARRANGE.
- Used fliers in the resident work area, to remind them of importance of smoking cessation.
- Made a easy phrase that can be used by all the providers to document.

Fish Bone diagram

Conclusions

- Almost 70% of the residents were not confident regarding the pharmacotherapy for smoking cessation.
- Almost 70% have little or no knowledge regarding the smoking cessation help lines and resources available.
- Even though 70% are comfortable in initiating a conversation regarding smoking cessation, only 40% percent of them do the counselling, possibly related to other factors like time constrains.
- Significant difference had been made by educating the residents.
- Incorporating smoking cessation education every year for residents will have a significant impact.

Results

Study Subjects: IM Clinic Patients > 18 years.

Pre Intervention: 28th Nov to 9th Dec.


<table>
<thead>
<tr>
<th></th>
<th>Pre-intervention</th>
<th>Post-intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Smokers</td>
<td>57</td>
<td>35</td>
</tr>
<tr>
<td>Male Patients</td>
<td>24</td>
<td>17</td>
</tr>
<tr>
<td>Female Patients</td>
<td>33</td>
<td>18</td>
</tr>
</tbody>
</table>

Post intervention outcomes:

- Total number of patients counselled: 30
- Counseled for referral to in-house smoking cessation: 14
- Agreedable for referral: 12
- Refused referral: 13

Run chart showing pre and post intervention data.

Lessons Learned

- We learnt that many residents are uncomfortable as well as unsure of the different resources available.
- Resident with staff education has shown to be a key intervention.
- We need to increase the utilization of in-house smoking cessation program.
- Presence of a chronic disease nurse educator would help alleviate time constrain factor and increase focus on preventive care.

References: