

# No BUTTS:

## IMPROVING ORG-WIDE TOBACCO

## SCREENING AND CESSATION COUNSELING



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### BACKGROUND

Stanford Health Care historically performed  $\leq 30^{\text{th}}$  percentile nationwide for screening patients for tobacco use and providing cessation treatment. Due to increased scrutiny around health system quality performance from public and private payors for population health metrics, SHC selected tobacco screening and cessation counseling as one of two clinical quality measures to improve upon across the organization. This was an ideal measure to start with because of its broad-based clinical relevance across service lines and the tremendous impact this measure can have on the lives of our patients and their families. It is also the first time our organization attempted to improve on a single quality measure across all of our ambulatory settings.

### GOAL

Increase our org-wide tobacco screening and counseling performance from a baseline of 60.2% (1/1/16-6/31/16) to target  $>82\%$  by December 31<sup>st</sup>, 2018.

### DESIGN/STRATEGY

In the late fall of 2018, we formed a 'Design Team' consisting of primary and specialty clinic physicians, RNs, MAs, clinic managers, IT, population health, and quality. Together, we completed a current state assessment to identify root causes to our poor performance, prioritize our efforts, and design and implement solutions that would help the entire organization. We identified three key drivers to achieve our goals:

- Engage staff through proper education and training
- Equip staff with quick, easy, and effective EMR/IT solutions
- Reduce the time required for staff to screen and provide cessation counseling for tobacco

### KEY DRIVERS

Engage staff through proper education and training

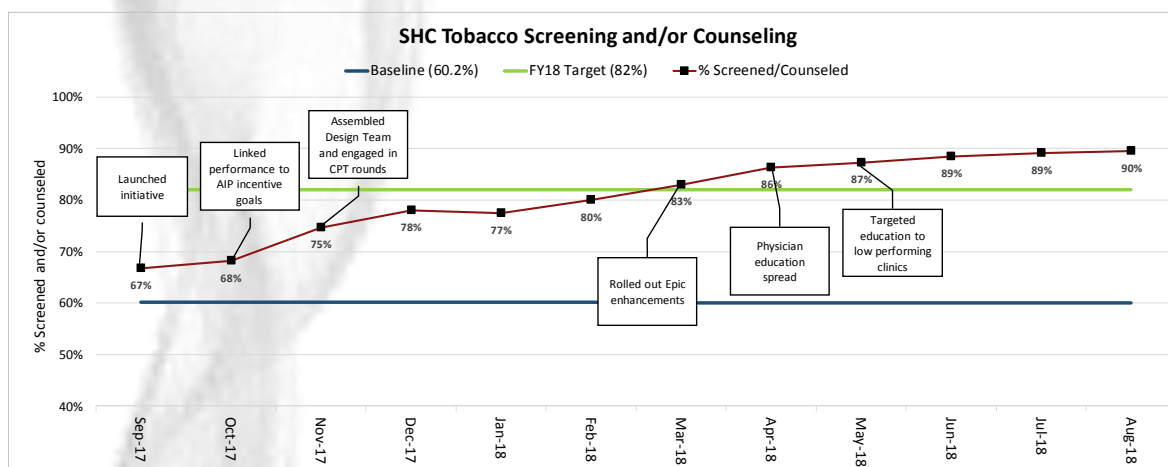
Equip staff with quick, easy, and effective EMR/IT solutions

Reduce the time required for staff to screen and provide cessation counseling for tobacco

### INTERVENTIONS / COUNTERMEASURES

- Collaboration, feedback, and alignment through ambulatory leadership councils
- Drillable org-wide dashboard to track tobacco screening and cessation treatment performance
- Educate MA's on tobacco screening process at each MA Onboarding meeting
- Develop and spread educational materials on Epic enhancements through Epic SuperUser Group and rounding at all primary care and specialty care clinics
- Post education materials informing patients that they should expect to be screened and treated in exam rooms
- Best Practice Alert for patients who need counseling that allows for easy counseling, documentation, and patient instructions
- Best Practice Alert to inform providers that their patient needs screening
- Establish operational and clinical champions (PILs) to drive change within departments and educate users
- Train clinical and operational leaders on use of org-wide tobacco screening and counseling performance report

### OUTCOMES



### FOLLOW-UP AND SUSTAINABILITY PLAN

- Discuss clinic performance at monthly ambulatory clinic leadership meetings
- Continuous staff education and training
- Annual clinic-specific target-setting

### KEY LEARNINGS

**Leadership Engagement** – Gaining broad-based support from hospital, school of medicine, and health plan leadership allowed us to obtain the necessary IT, operations, and quality resources to execute our goals  
**Education/Training** – as this was a frontline-staff driven initiative, having clear and easily accessible training materials disseminated throughout our clinics and addressed during staff huddles gave us a tremendous boost.  
**Physician Partnership** – engaged medical champions who supported the project from the outset was critical to our success.

### CONTACT US

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