Lessons Learned from the Implementation of a Tobacco Use Treatment Program for Hospitalized Patients

Trout S, Ripley-Moffitt CE, Goldstein AO
Department of Family Medicine, University of North Carolina, Chapel Hill, NC

Background:
- The UNC Inpatient to Outpatient (I2O) program
- Comprehensive hospital-initiated tobacco use treatment program
- Integrates systems changes, QI strategies, and provider education
- Facilitates continuity of care from inpatient to outpatient settings
- UNC Health Care: Instituted tobacco-free campus policy in 2007
- 803 bed teaching hospital with daily admission of 15-21 patients (approximately 20%) who have used tobacco within the past 12 months
- Joint Commission’s 2012 tobacco treatment measures highlight importance of hospital-initiated tobacco use treatment

Key Activities:
From February 2010 through February 2012:
- Conducted pilot study of tobacco use treatment consults on hospital unit
- Collaborated with hospital Performance Improvement department on inpatient needs
- Received Pfizer Medical Education Grant to develop and implement the I2O Program
- Conducted focus groups with nurses, medical residents, and attending physicians to guide I2O program implementation
- Promoted implementation of the I2O program to hospital staff and began consultations with patients
- Provided pre and post-survey about attitudes, knowledge, and behaviors regarding tobacco use treatment to 1st and 2nd year residents physicians
- Delivered formal in-service tobacco use treatment education to residents in five specialties: Family Medicine, Internal Medicine, Surgery, OB/GYN, and Psychiatry

Five Most Important Lessons Learned:
1. Essential to get buy-in and ongoing feedback from all involved parties
   - Achieved by:
     - Conducting physician and nurse focus groups prior to program implementation
     - Collaborating with Performance Improvement, who were already working on tobacco cessation core measures
     - Delivering, analyzing, and incorporating results from surveys of nurses and resident physicians

2. Work within the existing systems to make it as seamless as possible
   - Achieved by:
     - Creating a specific tobacco use treatment assessment form within the electronic medical record (EMR)
     - Adding tobacco cessation consult to the Computerized Provider Order Entry (CPOE) system
     - Providing tobacco treatment group on Psychiatric Unit where groups are typical model

3. Seeing is believing: make yourself and your program visible and accessible
   - Achieved by:
     - Promoting the program consistently and creatively through multiple channels
     - Providing feedback on consults and recommendations for the patient’s treatment
     - Keeping other members of the healthcare team involved through personal discussion and EMR messages
     - Proactively learning about different hospital units and specific needs of their patient population

4. Join the Team! Utilize the Team!
   - Achieved by:
     - Integrating with multiple hospital departments and providers
     - Becoming an active member of the medical team (e.g., obtaining approval to add tobacco use to the patient’s problem list, providing information for the patient’s discharge summary)
     - Utilizing community resources (Quitline, NDP, follow-up contact with patients)

5. Use multiple techniques to keep provider training and education fresh
   - Achieved by:
     - Conducting formal focus groups and surveys to both give and receive program information
     - Conducting formal training for nurses and resident physicians to promote program and improve their tobacco treatment skills
     - Maintaining consistent communication with providers about consults
     - Implementing small, creative outreach (e.g., tobacco treatment facts attached to candy in resident break rooms)

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Areas for Future Growth:
- Assess impact of addressing tobacco use on acute care outcomes and readmission rates.
- Extend inpatient tobacco treatment to parents and caregivers of pediatric patients
- Disseminate program model to other hospitals both in NC and nationally
- Sustainability through funding resources, billing and reimbursement for services.