Provider Satisfaction with an Inpatient Tobacco Treatment Program

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Background

Inpatient to Outpatient Program (I2O)
- Hospitalization provides unique opportunity to offer patients who smoke or use other tobacco help in becoming tobacco free
- Importance of hospital-based tobacco use treatment increasingly recognized (e.g., 2012 Joint Commission Tobacco measure set)
- 1 FTE Tobacco Treatment Specialist, and one Social Work Masters student intern (16 hrs/week) provide:
  - Bedside tobacco treatment consults to hospitalized patients who use tobacco and cessation medication recommendations to inpatient medical team, and
  - Education to providers about resources and counseling strategies for addressing tobacco use with patients
- Provider satisfaction and feedback critical for program sustainability
- >2,500 consults from >550 providers ordered in ﬁrst 2½ fiscal years
- Average number of consults over six month period increased 34% from Jul-Dec 2011 to July-Dec 2013

UNC Health Care:
- Instituted tobacco-free campus policy in 2007
- 803 bed teaching hospital
- Average daily admissions = 100; 20% with current tobacco use

Method

- Surveyed providers who ordered consults July 2012- June 2013 to assess:
  - Satisfaction with tobacco cessation consult service
  - Factors prompting consult orders
  - Impact of service on provider behavior
  - Feedback for program improvement
- Online survey emailed to 265 providers
- Attending physicians, residents, hospitalists, NPs/PAs
- Three reminder notices
- N=118 (44.5% response rate)
- Incentive: chance to win one of three $50 gift cards
- Exempted by UNC Institutional Review Board

Results

Provider behavior related to using consult service:
- 86% have recommended or talked about the service with another provider
- 68% more likely to prescribe tobacco cessation medications for patients during stay and at discharge
- 57% more likely to talk with patients about tobacco cessation

Elements contributing to high provider satisfaction and quality ratings:
- Dedicated time and expertise of tobacco treatment specialist
- Communication/treatment recommendations to medical team
- Ease of ordering and timeliness of response
- Patients satisfaction

Comments
- “I appreciate the amount of time they can dedicate. If I have tried to explain how they need to cease and then someone comes in and spends 45 min discussing only this issue in the hospital I believe some patients have done better.”
- “I think the tobacco cessation consult service is excellent. Most residents don’t have time to spend more than 3 minutes counseling patients on quitting smoking. Patients are seen promptly by counselors and I appreciate the web’s phone message.”
- “Communication from the provider, response from patients”
  - “Ease of access, availability in the hospital, quality/skill of tobacco cessation counselor, reputation of program”

Limitations

- Provider contact information and residents graduating limited response rate
- No data on those who have not used service

Conclusions

- Inpatient tobacco cessation consult service widely utilized and highly valued as extension of provider care
- Presence of consult service positively inﬂuences provider counseling and prescribing behaviors
- Areas for growth include:
  - Offer more education and outreach to increase provider and staff awareness of service
  - Streamline communication with providers
  - Increase staff capacity with additional tobacco treatment specialists
- Collaborate with key providers to increase integration and expansion in the hospital system