Systems Changes and Meaningful Use:
Impact of a Hospital Based Tobacco Use Treatment Program

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Background:
- Hospitalization provides teachable moment for tobacco cessation
- Evidence based approach includes counseling from multiple providers, pharmacotherapy if appropriate, intensive follow-up post-discharge
- Importance of hospital-based tobacco use treatment is increasingly recognized, as evidenced by 2012 Joint Commission Tobacco guidelines
- Effective hospital-based tobacco use treatment requires system changes to increase identification, counseling, and follow-up

Program Planning:
- Piloted inpatient consult program on one hospital service
- Developed model identification and reporting systems in outpatient settings
- Obtained funding to implement the UNC Inpatient to Outpatient (I2O) hospital-based tobacco use treatment program
- Conducted focus groups with nurses, residents, and attending physicians to guide program implementation
- Collaborated with multiple departments to identify and implement system changes to more easily identify and refer patients to the I2O program

Program Results:
From November 2010 – January 2012 the I2O Program:
- Received 560 consult orders
- Provided tobacco treatment use consultations to 701 inpatients
- Completed 57 NC Quitline Fax Referrals
- Referred 27 patients to outpatient NDP services
- Conducted 174 follow-up telephone calls

Electronic Medical Records
- Worked with Technology (IT) office:
  - Implement electronic tobacco use inpatient assessment form for documentation and data collection
  - Developed daily report of all inpatient tobacco users
  - Started charting tobacco use on inpatient problem lists

Outpatient Community Resources
- NC Quitline info & fax referrals
- Outpatient referrals to NDP clinics and practitioners
- Follow-up telephone support
- Information for other supports (e.g., websites, employee or insurance based programs)

UNC I2O Program Development & Implementation

Pharmacy
- Inpatient med order sets
- Inpatient formulary to stock more popular flavors of nicotine gum and lozenge
- Developed reports to track number of inpatients receiving cessation pharmacotherapy
- Pharmacy Assistance Program help patient to access reduced cost medications

Inpatient Referral Systems
- Connected provider order system directly with TTS pager to receive referrals in real time
- Implemented multiple referral mechanisms
- Ongoing education to providers on how to refer to I2O program

Provider Training
- Conduct ongoing formal (in-service trainings) and informal (“fun facts” attached to candy in break rooms) tobacco use education
- Give feedback on consultations and recommendations for cessation pharmacotherapy during inpatient care and at discharge
- Provide tobacco treatment information for the patient discharge summaries
- Surveys to nurses and residents

Hospitalized Patients
- Offer individualized bedside tobacco treatment counseling sessions
- Conduct weekly tobacco cessation group on inpatient psychiatric unit
- Connect patients with community based tobacco treatment resources

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Conclusions:
- Hospital settings facilitate involvement of multiple providers and access to medications & counseling while reducing time and travel barriers for patients who use tobacco
- Multiple system-based and experiential educational interventions are necessary to meet established metrics for successful treatment outcomes
- Additional staff would enable the program to reach more inpatients and provide greater follow-up to outpatients

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Thank you to Katie Hairgrove for her assistance with follow-up phone calls to I2O patients, to Anna McCutlough for her contributions to the poster design, and to the many hospital staff and providers who have supported implementation of this program.

Outcomes:
Requested Tobacco Use Treatment Consults
Tobacco Use Treatment Consults Provided
Medical Services Ordering Tobacco Use Treatment Consults

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