

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

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## 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 consults with patients
  - Provided pre and post-survey about attitudes, knowledge, and behaviours regarding tobacco use treatment to 1<sup>st</sup> and 2<sup>nd</sup> year resident 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

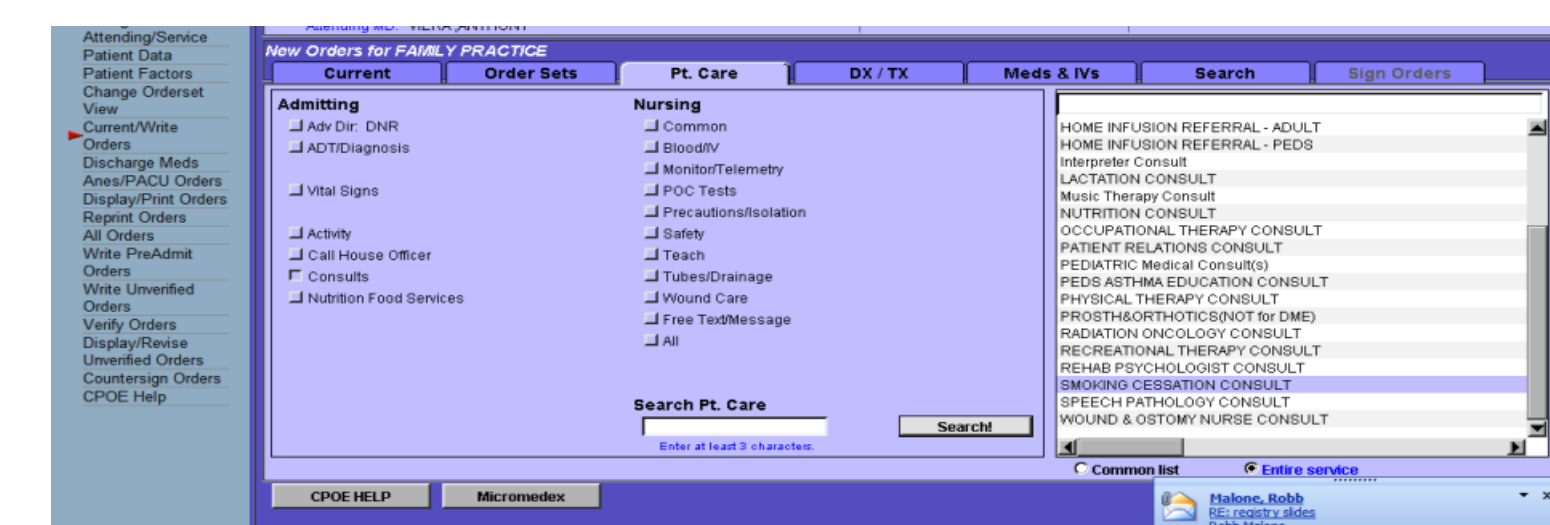
#### Achieved by:

- 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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## Five Most Significant Challenges:

### 1. Be prepared that things will take longer than planned

- Anticipate navigating multiple layers when changing complex systems like information technology and medical records

### 2. Providers have differing opinions on using cessation medications with certain conditions and treatments

- Use data to back up recommendations
- Develop program protocols for specific issues (e.g., post-surgical NRT)

### 3. A large ever-changing teaching facility requires on-going program promotion

- Use multiple formal and informal education techniques
- Include various team members to ensure knowledge is spread across teams

### 4. Instilling importance of addressing chronic condition in acute care

- Provide education on efficient tobacco treatment techniques
- Inform providers of tobacco treatment resources

### 5. Keeping providers invested

- Provide feedback on consults and steps taken
- Share practical suggestions for brief provider interventions

## 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.