



## Pfizer Independent Grants for Learning & Change Smoking Cessation Grant Midpoint Report

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**Project Title:** Improving Smoking Cessation Care for Hospitalized Patients in a Large Regional Healthcare Organization

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**1. What, if any, proposed activities were not completed? Briefly describe those activities, the reasons they were not completed and your plans for carrying them out.**

We are enthusiastic to submit this Final Project Report summarizing our successful completion of all three aims supported by the Pfizer grant. The Smoking Cessation Leadership Center (SCLC) and Pfizer funding enabled us to reach an even greater proportion of the smokers in UPMC's large regional integrative health care system than we originally anticipated. In this report, we will summarize our success and describe some of the adaptations we have made as our work has progressed over the past two years. Attachments include several of the deliverables that were created with the support of this grant.

**2. Briefly tell us about any other unexpected issues, concerns or successes you have had during this reporting period.**

In our original proposal for SCLC and Pfizer funds, we proposed training approximately 80 inpatient nurses through a 2-day intensive standardized tobacco cessation training. The UPMC Tobacco Treatment Service (TTS) team, nurses from administration, as well as the inpatient admissions and discharge teams, wanted to include broader clinical staff in order to reach a greater patient population that use tobacco; thus we refined the proposal to a one-hour online smoking cessation training program. The online training platform that was used to develop the smoking cessation training module is called "ULearn", which provides clinical training (CME and CEU credit) to all clinical staff (e.g. nurses, respiratory therapist and physicians) within the UPMC health system. These revisions in the project were discussed with Reason Reyes, Director of Technical Assistance and our former SCLC representative.

One innovative initiative that has emerged from the collaborations between the TTS and the UPMC Information Technology staff, which developed through the implementation of this grant, is a bidirectional electronic referral (eReferral) process that connects smokers treated in the hospital to the PA Free Quitline for continued tobacco treatment post discharge. This initiative is in the pilot phase, but once up-scaled within the hospital system will enable efficient and effective treatment of hospitalized smokers.

**3. Is there anything else you want to tell SCLC or Pfizer?**

Below is a detailed review of our accomplishments in meeting our aims over the last two years.

**3.1 Aim 1: Provide formal training to admission and discharge nurses to deliver evidence-based tobacco treatment**

The one-hour accredited continuing education unit (CEU) ULearn Module titled "*Tobacco Treatment Cessation Intervention for Hospitalized Patients*" was made available in October 2014 and is currently accessible to all 55,000 UPMC staff across the 20 UPMC hospitals, and to date 5 have enrolled (see Appendix 4.1). Kathy Palombo, RN, RT, Former Tobacco Treatment Service (TTS) counselor, was instrumental in synthesizing the evidence and creating a module pertinent for mid-level providers. Those who complete the course will be able to: 1) recognize the 2012 Joint Commission (JC) and Centers for Medicare Services (CMS) tobacco treatment measures, 2) provide brief counseling using the 5 A's (Ask, Advise, Assess, Assist, Arrange), 3) demonstrate knowledge of recommended FDA approved smoking cessation medications and, 4) demonstrate knowledge with treating special populations of smokers (e.g. those with cardiovascular and/or pulmonary disease, low socioeconomic status, depression and HIV and are age >65 years). The module will be promoted to clinical staff in January 2015. The Tobacco Treatment Team have made the initial request to the UPMC nursing leadership and physician services leadership to make the "*Tobacco Treatment Cessation Intervention for Hospitalized Patients*" ULearn mandatory for all physicians and nurses in 2015. This will ensure that the module will be continuously updated and viewed after the completion of this funding opportunity.

The admission nurses are critical to the assessment of smoking status in the inpatient setting as they encounter every patient that is admitted into Presbyterian and Montefiore University Hospitals (PUH/MUH), which includes over 7,500 unique smokers. Dr. Hilary Tindle, MD, MPH, Former Medical Director of the TTS and counselor Kathy Palombo provided a formal educational seminar in October 2013 on the role of the tobacco treatment inpatient consults service and data on the importance of admission nurses to the assessment of smoking status of hospitalized patients at PUH/MUH. The TTS team (Dr. Hilary Tindle, Former Data Coordinator Thomas Ylioja MSW, LSW, and counselor Valerie Kogut MA, RD, LDN, CTTS) gave many educational presentations (2013-2014) to various clinical departments and leaders within the UPMC administration, and collaborated with the UPMC IT team to expand tobacco assessment and treatment in PUH/MUH and across UPMC facilities. In May 2014, a physician medication

order set for FDA approved pharmacotherapy and a TTS consult was created. In June 2014, the order set was modified to include a pharmacotherapy alert for all patients who use tobacco and were not prescribed a medication when admitted. These initiatives have increased the number of TTS consults as well as orders for tobacco cessation medications when patients counseled by a TTS counselor (see Appendix 4.2). The education provided by the TTS has been able to increase awareness and establish systems to support the implementation of the JC measures #1 (assessing for tobacco use status) and #2 (offering tobacco cessation counseling and medications during the patient's hospital stay).

### **3.2 Aim 2: Implement training for admission and floor nurses to triage patients for enhanced tobacco treatment**

The second aim of providing additional training to admission nurses and floor nurses has been ongoing and will continue beyond the grant period as the funding enabled completion of all education tools. The TTS provided 11 educational presentations over the last two years, including in-services for cardiology, plastic surgery, and vascular units as well as citywide nursing grand rounds. Upcoming in-services are scheduled with orthopedics and general internal medicine units for January 2015. Additionally, educational activities supported by this grant resulted in 16 students shadowing the TTS counselors, TTS providing tobacco training for 20 nurses during orientation, and reaching an additional 11,800 as a part of incorporating JC Tobacco Measure information into mandatory annual training in October 2013. Copies of the orientation and clinical mandatory presentations are attached, see Appendix 4.3. In October 2014 the TTS Co-Medical Director, Antoine Douaihy, MD and Val Kogut, presented for Nursing Grand Rounds.

### **3.3 Aim 3: Augment follow-up assessment of counseled tobacco users**

The third aim was to document the follow-up assessment of tobacco users after discharge in accordance with JC measure #4 (patients contacted within 30 days of discharge and follow-up information regarding tobacco-use status obtained). In the Mid-Point Report the TTS reported on the effort to implement multiple methods for contacting patients after hospital discharge, which include two new innovative follow-up tools: an electronic questionnaire, HIT2Quit, and a bi-directional eReferral with feedback system to the PA Free Quitline. These two approaches for continuous tobacco treatment and follow-up support post hospital discharge at UPMC PUH/MUH will meet the JC measures #3 (referral for outpatient tobacco counseling and pharmacotherapy at time of discharge) and #4 (assessing status after discharge).

The HIT2Quit questionnaire is currently in a pilot phase. Initial data shows that the most effective use of the questionnaire will be as an electronic outreach tool to proactively engage smokers within the UPMC system through their MyUPMC (electronic medical chart) account. Based on the current number of members using the electronic portal (MyUPMC), we estimate that approximately 19,000 current smokers could receive the HIT2Quit questionnaire and be connected to resources to support smoking cessation attempts. TTS Director Esa Davis, MD, MPH, Project Coordinator Anna Schulze, MSW, Data Coordinator Kristin Slovenkay, MPH, and Thomas Ylioja have had several meetings with UPMC administrators, including managers and staff teams from Health Management, IT and system interface, and electronic questionnaire developers to explore the electronic integration of the HIT2QUIT as an outreach tool. This is an exciting development which will continue to move forward even after the completion of this funding opportunity. The questionnaire currently being piloted is attached, see Appendix 4.4.

As HIT2Quit is transitioned to an outreach tool the eReferral will take its place as a process for following up of smokers post hospital discharge. The TTS have actively been working in close collaborations with the UPMC IT team, National Jewish Health (NJH), and the Pennsylvania Department of Health to create and implement a bi-directional eReferral that connects hospitalized smokers to the PA Free Quitline for continued follow-up of smoking cessation treatment post discharge. The Quitline will send three feedback reports to the physician throughout the patient's treatment. The feedback reports keeps the physician informed on the patient's smoking cessation progress and enables UPMC to track the number of successful quit attempts made post-discharge due to the referral process. This project is currently in the pilot phase and we are very excited to be leaders in the field regarding eReferral implementation and working closely with national partners, such as the North American Quitline Consortium (NAQC), to create a national template for an eReferral process. A workflow regarding the process for the eReferral is attached, see Appendix 4.5. This work will continue beyond this current funding opportunity to implement the eReferral as a pilot in PUH/MUH and spread the intervention throughout UPMC hospital facilities.