Glendale Adventist Medical Center

Physicians and Community Together, to Quit Smoking (PACT to Quit)

Final Report, January-December, 2014 to the Research Intermediary

Smoking Cessation Leadership Center

Glendale Adventist Medical Center is appreciative of funding from Pfizer, through the Smoking Cessation Leadership Center to accomplish the objectives of (a) increasing inter-departmental systems protocols and communication, and (b) increasing training of physicians, nurses, and Family Practice Residents in Ask, Advise, Assist, and Refer, (AAAR) thereby increasing the number of in-patients to out-patients who actually enroll in GAMC coordinated smoking cessation workshops. This serves as the final project report.

This report is comprised of four sections. **Section one** presents GAMC's executive summary of a comprehensive analysis of ten individual months in 2013, and 2014, of PACT to Quit-specific, primary cause of admission and patient smoking information, as recorded in compliance with JCAHO's mandate to collect smoking history from all patients. Data was analyzed to provide monthly baselines of smokers presenting with tobacco-related conditions and their desire to quit smoking. The status report provided to GAMC department leads, and partners in this effort created a surge in department participation. Community Services worked extremely diligently to build collaboration between Behavioral Medicine, Glendale Adventist Alcohol and Drug Services, Partial Hospitalization, Care Transitions, CIS Nursing, Family Medicine, Occupational Medicine, Glendale Adventist Physicians' Network, and Community Partners, including clinics, and the 19 member hospital representative for GAMC. Exceptional and sustainable relationships and commitments to establishing and utilizing CERNER infrastructure to accomplish tobacco cessation referrals and delivery was attained.

Section two presents PACT to Quit grant progress and outcomes GAMC has achieved between January and December, 2014. The format of Section two parallels the sequence in which deliverables are described in the Pfizer proposal under sections I, "Impact program will have," and E, "deliverables matrix." **Section three** of this report focuses on GAMC PACT to Quit outcomes as they relate to the stated objectives within the grant. And, **Section four** presents the following appendices: (A) Behavioral Medicine, GAADS, and PHP comprehensive staff trainings developed by the Health Liaison with research, evaluation, and implementing support from the evaluator, (B) References used in creation of all training and curriculum materials, (C) an updated response to SCLC's Final request for data, (D) Milestones and Census Table, and (E) **Process evaluation Case Study.**

While accurately based on smoking history data from CERNER, it is not intended to serve as GAMCs official data for submission to the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO.) Community Services staff were trained to access data as accurately as possible, for the respective months, using CERNER and the Patient Smoking History forms GAMC utilizes to track such information. All records were de-identified. The report

substantially fulfilled its purpose, and continues to provide GAMC, partner departments, and Community Services with information and benchmark data, which has compelled departments to collaborate in new ways, to increase in-patient to out-patient referrals that result in traceable participation by patients/former patients in cessation programs. The ultimate goal is being reached: to improve rates and tracking of referrals, and systematize IT protocols to facilitate automated clinician referrals to the GAMC Cessation Counselor, from specific junctures in a patient's hospital admissions, stay, discharge, or care transition experience.

Section One: Summary of Comprehensive Analysis of Patient Smoking Information

From July through December, 2014, Community Services staff and evaluator trained in CERNER by Computer Information Systems Nursing (CIS Nursing) analyzed 874 records representing patients who identified themselves as smokers. This is less than the prior 958 CERNER records reviewed for 2013. Over the course of the entire grant period, Community services reviewed 1,832 records. Care Transitions completed chart reviews for 520 COPD, Heart, and Pneumonia patients.

For July through December 2014, GAMC selected the months of March, April, May, June and July, 2014 to identify and review patient responses to questions regarding smoking in the context of PACT to Quit. GAMC used this approach to identify 244 (up from180 patients in 2013, who could receive follow-up referrals to attend GAMC-coordinated smoking cessation workshops. To maintain anonymity and HIPPA compliance, Community Services de-identified, and focused on a total of 219 in-patients who met the admissions tobacco-related conditions criteria of presenting with Chest Pain, Asthma, Stroke, Shortness of Breath, or Dyspnea, (cardiovascular and cerebrovascular diseases) and who smoked. There were 65 patients in March, 72 in April, 65 in May, 62 in July, and 55 in July. A total of 319, up 100 from the 2013 patient set of 219 de-identified records were assessed for in-patient AAAR, desire to quit smoking, and cessation follow-through.

The five months of data indicate that 36.4% (up from 22.8% of patients admitted who smoke in 2013) present with tobacco-related conditions. When focusing expressly on the 319 patients; 52% (down from 66.2% in 2013) received in-patient AAAR in 2014; 4.3%, (down from 5%) did not receive AAAR, and there was no indication for 43.7% of patients of focus. Of the 319 patients, 72, or 36%, (up from 32.8% in 2013) desired to quit smoking; 12% did not desire to quit smoking, and 52% (up from36%) of patients records did not indicate an answer. There was no tracking regarding cessation follow through (It should be mentioned that tobacco intake information upon admissions triggers cessation information to be dispensed by discharge nursing). GAMC has made substantial progress working with CIS Nursing and currently has a detailed and comprehensive eight page working document that is guiding each department on creating a CIS platform to automatically trigger a tobacco cessation consult/referral.

Section Two: Impact program will have on patients and communities served

*2014 Activities and efforts successfully enhanced and formalized in-patient **cessation counseling for patients**. Efforts are beginning to impact, at time of discharge, specific referrals for follow-up cessation counseling.*

Focused Action: In April, May, and June, and August through September 2014, GAMC convened meetings with (i) Family Practice Medical Resident supervising physicians who have substantial experience integrating Freedom From Smoking into patient centered care management, (ii) Family Practice Medical Residents, (iii) the Medical Director of Occupational Medicine, experienced in integrating FFS into inter-agency IT and patient centered care; and the Director of Occupational Medicine, a nursing liaison with the Los Angeles Association of Occupational Nurses, (iv) the Nursing Computer Information Services department manager, (v) Care Transitions Director and staff, and (vi) Behavioral Health nursing leadership including GAADS and PHP. These each of the departments play a seminal role in Community Services reaching all project deliverables. Milestones include conducting clinician trainings in GAADS and PHP. Each will implement a tobacco cessation pilot program geared to their patient demographics.

Results from the commitment to provide clinician trainings: Community Services provided PQIP with updated AAAR, in June and August, 2014. GAADS, Care Transitions, and PHP provided extensive training to the Health Liaison, which greatly impacted his role in bringing cessation to their departments. Community Services attended a total of six CERNER and information systems trainings to work collaboratively through the process of building an Automatic Consult system. The second milestone was the delivery of tobacco cessation, in Behavioral Medicine for 28 weeks. This in itself supports GAMC capacity to implement JCAHO and HBIPS requirements for measurable use for tobacco. As of May 14, 2014, GAMC began piloting four in-patient, or inpatient-to outpatient cessation referral programs. This doubles the requisite two pilot programs. The PQIP departments participating are: Behavioral Health, Care Transitions, Family Medicine, and Occupational Medicine. CIS Nursing is providing significant CERNER training, and is supporting efforts to transition the programs into an automated referral format.

Community Services' meeting with Behavioral Medicine's nursing manager included a half hour training regarding implementing a practice to track cessation services provided to inpatients, and on implementing the meaningful use JCAHO standards. Medication and cessation, specific considerations and strategies for working with the Behavioral Medicine in-patient population, and an additional half hour discussion on the Community Services cessation counseling expertise and evidence based approaches to working with this population. The milestone outcome of the Behavioral Health, GAADS, and PHP tours and meetings is the agreement that Community Services will provide weekly, one-hour cessation counseling sessions on an in-

patient basis, to Behavioral Health patients, GAADS clinicians will provide Brief or Intensive counseling and PHP will have the Cessation Counselor provide trainings to patients during its formal Addiction recovery classes. These are outstanding milestones. Care Transitions changed their tracking form to include tobacco cessation referrals and monitoring.

The July through December seminal meetings and trainings, and subsequent follow up communication with PQIP leaders, including the GAMC Strategic Planning Committee, has resulted in Community Services achieving, with PQIP, the following grant-specific milestones: (i) providing 43 clinic to community based counseling session referrals from Family Medicine/ cardiology, and the general public; (ii) continuing to provide weekly, one-hour, group, in-patient cessation counseling sessions to in-patients in Behavioral Medicine, providing classes for 28 weeks; (iii) establishing a training for additional Cessation Counselors (June 23, 24, and 30, 2014, and in GAADS and PHP, signature sessions in December, 2014), and (iv) providing outreach material to Rapid Care, Glendale Adventist Physicians' network, to member agencies of Glendale Healthier Community Coalition, including Glendale Unified School District and Glendale Healthy Kids.

Behavioral Health: Currently, and as a direct outcome of PACT to Quit, Community Services tracks in-patient cessation workshop participation in Behavioral Health using a one-page form that provides information on the number of participants, the FFS session type, and Behavioral Health Department group-session protocols. GAMC will averaged, approximately 28 in-patients per month from July through December, 2014, up from the anticipated 12-16 during the first six months of 2014, participating in these weekly in-patient cessation sessions.

Glendale Adventist Occupational Medicine & Rapid Care Urgent Care Centers: Currently, and as a direct outcome of PACT to Quit, Occupational Medicine and Rapid Care have created a process whereby a pre-formatted cessation referral letter is provided to their patients. As a result of project success, the Regional Director will be distributing these in January, 2015.

Care Transitions: Currently, and as a direct outcome of PACT to Quit, Care Transitions tracks patient participation in cessation workshops. Care Transitions Nurse Navigator reviewed 520 charts this year that were grant eligible. The challenge is having this cohort identify themselves as smokers at the anticipated rate of 25%. Care Transitions provides tobacco cessation advice and referrals to 2 patients per month. Care Transitions Coordinator attended two GAMC provided AAAR sessions in July/August, and the CT team is integrating the model into their department.

Family Medicine: Currently, and as a direct outcome of PACT to Quit, Family Medicine Residents and the physician Director of Residents are establishing a record keeping system. Based upon two trainings, one which included CIS nursing, the complexities and opportunities of establishing a "one button referral by the attending nurse" is an option and function being

developed in conjunction with devising an EHR automatic consult system for cessation referrals. GAMC received two referrals from Family Medicine per month.

Nursing CIS: Nursing CIS has provided six comprehensive trainings to Community Services staff. The first two trainings assisted the staff in compiling and evaluating aggregate data on five months of 2013 AAAR responses from patient social information required by JCAHO. CIS Nursing continues to provide technical assistance in support of in-patient to out-patient cessation follow through and tracking in full compliance with JCAHO/HBIPS. A multi-department team will be working through the first quarter of 2015 to ensure full compliance; the Community Services team is a lead in this endeavor, a project milestone. Currently Community Services is creating two policy documents for eventual Medical Executive Committee approval in conjunction with meeting these Measureable Use Standards.

Section 3: Progress and Outcomes in response to Objectives within the grant narrative

Objective One: By 12/31/2014, 80%-100% of cardiac, stroke, and asthma patients will be introduced to, and 40%-50% will accept, an in-patient smoking cessation visit from a clinician trained in PACT to Quit AAAR.

Outcome:

Care Transitions played the most significant role in ensuring that charts were thoroughly vetted on a daily in patient basis among the COPD, Heart/Cardio Vascular, and Pneumonia patient side. 520 charts were reviewed, and the Nurse Navigator was trained to provide AAAR, Job shadowing occurred between the Cessation Counselor and Care Transitions staff.

a) Train 50% of nurses and residents in AAAR: **50% of Residents have been trained. Community Services has trained all of the Family Practice Medical Residents in two trainings, August 2013 and April 2014. GAMC has provided a training to GAADS, PHP, and Behavioral Medicine teams from September, 2014 through December, 2014. This has spurned outstanding participation among clinicians adapting the best practice of providing in-patient brief cessation counseling during rounding.**

Objective Two: By 9/30/2013, GAMC will host two PACT to Quit AAR trainings for its medical staff, with specific outreach to and participation by Discharge Nursing, Cardiac, Stroke, and Family Practice physicians and residents, resulting in participation by 50%-70% of medical staff.

GAMC provided seven clinician trainings that were comprehensive and customized for departments. The thorough content has established Tobacco Cessation as an exemplary and best-practice based resource for GAMC, its providers, clinic and community partners, staff, and patients.

(a) Improve post-discharge cessation follow-through referrals to cessation: GAMC did improve post discharge cessation; this will be exemplary in Behavioral Medicine, Care Transitions and PHP where GAMC intends to generate approximately 10 to 20 referrals per month. This component of success is addressed in the accompanying Case Study.
(b) Identify and formalize a communications protocol between the cessation counselor, hospital discharge, and Community Services to systematically support a continuum of care best practice pertaining to smoking cessation follow-through: CIS Nursing and Community Services are adopting an automatic referral consult.

Objective Three: By 12/31/13, train 12-20 practitioners serving Glendale Healthy Kids (GHK) annually in an innovative cessation referral protocol. The protocol will ensure that 75%-80% of the parents and guardians of children receiving asthma referrals by GHK will be asked if they smoke. Of parents and guardians who smoke, 20%-25% will be referred to FFS.

(a) **Outcome:** GHK physicians who are a part of the GAPN were trained on June 20, 2014, and this will be tracked in the months following this date. Three Rapid Care Clinics had their primary care physicians attend the training, and all agreed to refer patients to Community Services Smoking Cessation. A referral slip was approved and was provided to each of the clinics. This is a groundbreaking systems change milestone.

Additional project milestones and the process evaluation for PACT to Quit are identified in the accompanying Case Study. Documentation is contained in Appendix attached to these reports.