Integrating tobacco cessation interventions in the routine of care in a rehabilitation hospital serving rural patients in WA State, USA.

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Background

Before the project (May 2015):

- Tobacco use status was not asked. Documentation of tobacco use was done by transferring data from previous hospitalization (*).
- •The hospital had a smoking area for patients and staff.
- •No staff were trained or assigned to address tobacco use among patients.
- •There were no protocols in place for relapse prevention support after discharge.





Goals and objectives

GOAL - implement an evidence-based tobacco cessation program for inpatients.

Objectives

- Educate clinical staff on evidence-based tobacco dependence interventions
- Modify inpatient medical record systems to support and document tobacco cessation interventions
- Implement a pharmacist-assisted tobacco use treatment program.
- Implement a discharge protocol
 - Prescriptions
 - Referral

(*) in the great majority of cases, rehabilitation hospital's patients are transferred from other hospitals.

Interventions: Trainings and EMR modifications

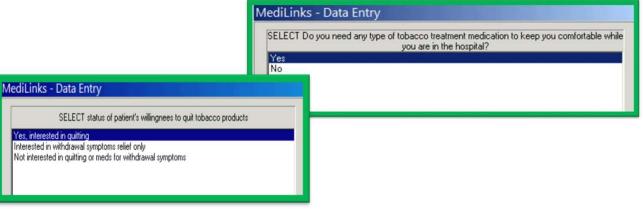
Education and Capacity Building

- Pharmacists have been trained as tobacco cessation specialists
- Nurses were trained to assess tobacco use at admission
- Clinical staff were trained on nonconfrontational, non-judgmental approaches to tobacco users' possible frustration for not being able to smoke in the hospital

Electronic Health Records

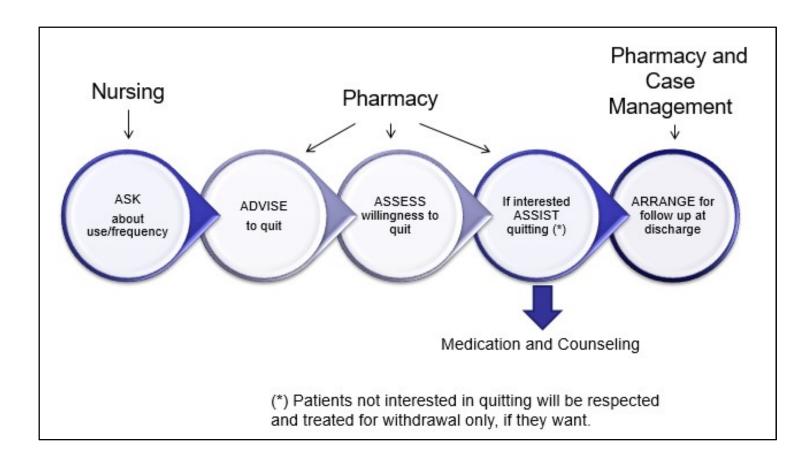
Modified to:

- Prompt tobacco use screening
- Generate request to Pharmacy Department:
 - tobacco counseling
 - pharmacotherapy
- Document referral and pharmacotherapy at discharge

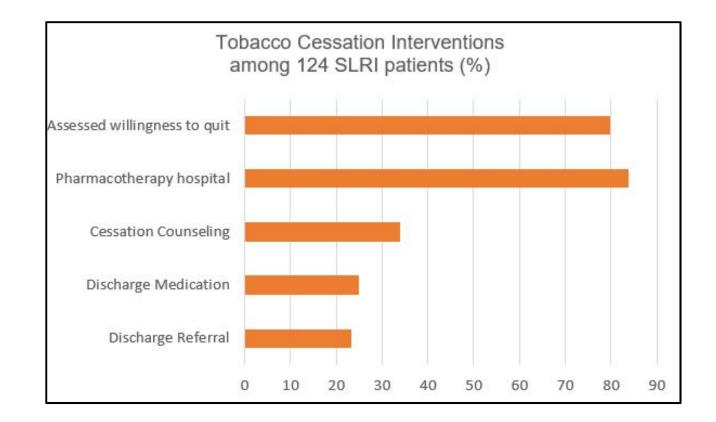


Interventions:

Technical Assistance and System Implementation



Results: Tobacco Cessation Interventions(*)



(*) 124 patients correspond to 53% of all tobacco users (n=232) identified at SLRI from the date of tobacco cessation program implementation (1.12.15) to 12.9.2016.

Impact on SLRI health care community

- Clinical System to address tobacco use among patients implemented.
 - All patients in 2016 were assessed for tobacco use. About half of them received some kind of tobacco cessation intervention.
 - After one year of new systems, there is a drive to improve the tobacco cessation program (instead of questioning its existence)
- SLRI closed down its smoking area and implemented a tobacco-free campus on 1.1.16, a month after implementation of new tobaccorelated clinical interventions.
- Pharmacy students and Pharmacists are in charge of tobacco cessation interventions.