D. MAIN PROPOSAL SECTION

1. Overall Aim and Objectives: Smoking kills an estimated 443,000 Americans each year, with 50,000 of these deaths from exposure to secondhand smoke (Centers for Disease Control and Prevention [CDC], 2008). Almost one in five adults smoke (45 million altogether) along with one in five high school seniors (U.S. Dept. of Health and Human Services [DHHS], 2012a). Their prognosis is grim: half of the adults who continue to smoke will die from smoking-related causes (CDC, 2008). Many who comprise the other half will suffer from cancer, stroke, heart attack, and other serious tobacco-related diseases. Nonsmoking Americans are also affected by tobacco use. Approximately 88 million non-smokers, or 40% of the nonsmoking U.S. public, continue to be exposed to secondhand smoke (CDC, 2010a). Because even brief exposure to secondhand smoke can be harmful, many nonsmokers are at risk of developing smoking-related illnesses and many will get sick or die prematurely from cancer or heart disease as a result (CDC, 2008). Moreover, the financial burden imposed by cigarette smoking is enormous. Smoking-related illness in the U.S. costs $96 billion each year in medical costs and $97 billion in lost productivity due to premature mortality (CDC, 2008), and the human toll on survivors and caregivers of individuals affected by tobacco-related illness is incalculable.

In 2010, the DHHS published its *Strategic Action Plan* to achieve a society free of tobacco-related death and disease. The *Plan* charted a framework designed to achieve four central tobacco-related objectives of *Healthy People 2020* (DHHS, 2010b): (a) Reduce tobacco use by adults and adolescents; (b) Reduce the initiation of tobacco use among children, adolescents, and young adults; (c) increase smoking cessation success by adult smokers and (d) reduce the proportion of nonsmokers exposed to secondhand smoke.

Accordingly, as a leader in promoting healthcare and healthy outcomes for the patients in its market area, St. Tammany Parish Hospital has embarked on its "Living Tobacco Free" program and is requesting $50,000 in funding to support the program. The program's primary goals are to: (a) Increase the number of patients counseled for tobacco use while in the hospital; (b) increase the number of patients who are offered and receive FDA approved tobacco cessation medications; (c) build capacity in clinical and ancillary staff to ensure that the *Living Tobacco Free Program* successfully implements its program processes and meets its program goals; and (d) embed the program throughout the hospital culture to assure long-term sustainability.

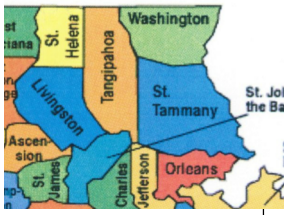
Specific measurable goals include: (a) 100% of identified tobacco-using patients are advised and assessed; (b) 50% of identified tobacco using patients who verbalize a willingness to quit will be counseled by a Tobacco Treatment Specialist (TTS) and (c) 75% of identified tobacco using patients will be offered FDA-approved tobacco cessation medications for symptom relief while in the hospital. The project will train 807 hospital and ancillary care staff.

2. Current Assessment of Need in Target Market: Over 22% (754,700) of all Louisiana residents smoked in 2010 compared with 17.2% nationally. In Louisiana 25.3% of smokers are male; 19.1% are female. By ethnicity, 22.6% of Louisiana smokers are White; and 20.9% are Black. Louisiana ranks second among the states with the largest percentage of Black smokers (CDC,

American Legacy Foundation). 60% of Louisiana smokers attempt to quit smoking (60.5% are male; 59.5% are female)(Kaiser Family Foundation, Louisiana healthfacts 2010). In 2012, 21.8% (54,800) of high school seniors reported that they smoke and 6,200 children under 18 become new daily smokers each year. Over 294,000 of children under 18 are exposed to secondhand smoke at home (Campaign for Tobacco-Free Kids, June 18, 2012).

In Louisiana, 6,500 adults die each year from smoking. The Campaign for Tobacco-Free Kids estimates (June 18, 2012) that 109,000 children now under 18 and alive in Louisiana will ultimately die prematurely from smoking. Approximately 690 adults die each year due to secondhand smoke exposure. The American Lung Association reported on January 19, 2012 that Louisiana failed in its efforts to protect children and curb tobacco-related disease. Heart disease and stroke accounted for 31% of deaths in Louisiana in 2005 and 21% of all deaths were due to cancer. The CDC (Louisiana: Burden of Chronic Diseases, 2008) states that leading a healthy lifestyle (including avoiding tobacco use) greatly reduces a person's risk for developing chronic disease.

Map 1



Identification of Target Market: The patients of St. Tammany Parish Hospital (STPH) are the target population for the proposed program. The Hospital's patient market area includes the parishes of St. Tammany, Tangipahoa and Washington. St. Tammany Parish is located to the north of New Orleans, Louisiana (Orleans Parish). Tangipahoa and Washington Parishes lie adjacent to St. Tammany Parish. The populations served by STPH are within driving distance of the hospital. (See Map 1.)

The target populations for the proposed project exhibit the following characteristics:

TABLE A	St. Tammany Parish	Tangipahoa Parish	Washington Parish
Population, 2010	233,740	121,097	41,168
Persons < poverty level	9.4%	22.5%	26.1
% Persons 18+ 2011	74.7%	75%	75%
% Persons >18 2011	25.3%	25%	25%
% Persons >5 Yrs. 2011	6.3%	7.3%	6.8%
% Persons 65 Yrs+	13.1%	11.7%	14.7%
% White	84.5%	67.4%	67.3%
% Black	12.0%	30.2%	31.1%
% Male	49.7%	48.5%	49.5%
% Female	51.3%	51.5%	50.5%
Adults Smoking*	24.7%	36.7	24.9%
# 2011 STPH Patients	7,302	1,564	2,431

* CDC *BRFSS Data 2011*

Identification of Target Patient data: STPH plans to screen 100% of patients for smoking and provide appropriate tobacco cessation education and interventions. STPH is keenly aware of the potential of this program to assist patients whose health may be more at risk due to their

own or others' use of tobacco and smoking. In 2011, STPH treated 2,015 cases of various types of cancer. Of these, 191 were lung/bronchial cancers. STPH will also focus attention on patients with Chronic Obstructive Pulmonary Disease (COPD), Ischemic Heart Disease, Pneumonia and Stroke – all diseases that are affected by or related to smoking. In 2011, STPH's patient count for each of these diseases is represented in Table B.

Diagnosis	2011 Cases
COPD	1,130
Ischemic Heart Disease	4,761
Pneumonia	1,009
Stroke	392
Total	7,369

TABLE B

During 2011, STPH conducted a Root Cause Analysis to address rates of readmission among targeted patients. Review showed that STPH readmission rates for Congestive Heart Failure (CHF), Pneumonia and Acute Myocardial Infarction (AMI) were above the Louisiana average and identified STPH as high-risk for readmissions. QIO data revealed the following readmission rates 1/1/2011 to 12/21/2011: AMI: 13.79%; CHF: 23.23%; COPD: 21.15%; Pneumonia: 23.03. Root causes for readmission in COPD were: no pulmonary rehab consult during the first or second readmission; no documented evidence of COPD education on risks of smoking; lack of follow-up/discharge appointments made prior to discharge and no process in place for follow-up phone calls. STPH's proposed plan to address smoking by patients will improve health for patients with these diagnoses who are at risk for readmission.

Identification of patients who will be served through the program at STPH annually: In 2011, the Hospital admitted 11,182 patients. 100% of all patients were screened for tobacco use. During the proposed project STPH will continue to screen 100% of patients for tobacco use and provide appropriate Tobacco Cessation education and interventions for patients.

3. Technical Approach, Intervention Design and Methods and Practice Gap To Be Improved:
The best-proven method for reducing harm in patients who smoke is complete cessation. STPH embarked on a Smoking Cessation program that will benefit its patients and reduce mortality and morbidity. The following is a brief summary of the hospital's experience in launching its program: (a) In 2005 the STPH respiratory department accepted responsibility for providing smoking cessation information to our CORE measures patients - Pneumonia, CHF, AMI. The question "Do you smoke or use any type of tobacco?" was added to the nursing admission assessment documentation. If a patient answered yes, an automatic consult was sent electronically to the Respiratory Department to provide smoking cessation education. We used electronic patient records to document that we offered the patient smoking cessation education by providing an educational packet on "Kicking the Habit," and whether the patient accepted it or not. (b) In 2008 STPH decided to become a Tobacco-Free campus and developed supporting policies and procedures, educated staff, and developed an order set for Nicotine Replacement Therapy. Concurrently the Cancer Resource Center offered outpatient smoking cessation classes via a contract counselor. (c) In late 2011 the Respiratory Department and Pulmonary Rehab asked for more interventions for patients who were tobacco users. We then accepted responsibility for outpatient classes from the Cancer Resource Center. This was the beginning of the "Living Tobacco Free" program for inpatients and outpatients. (d) In February

2012 two respiratory therapists became Certified Tobacco Treatment Specialists and began working on a plan to implement Joint Commission tobacco measures.

Smoking is an addiction that is hard to kick. The addiction is due to a combination of pharmacologic, behavioral, psychological social and environmental factors. (New England Medical Journal, 2010). Most smokers who try to quit still make unaided attempts and only 4 – 7% are successful (DHHS, 2008). Treatment with either counseling or medication for smoking cessation is effective at improving abstinence rates. However, the combination of counseling and medication is more effective for achieving abstinence than either medication or counseling alone (except where the use of medication is contraindicated or in special populations where evidence of safety and/or efficacy is insufficient). STPH's "Living Tobacco Free" program was developed following the recommendation of the Clinical Practice Guidelines, using the 5A's concept: *Ask, Advise, Assess, Assist and Arrange*. The 5A's is an approach treating tobacco use and dependence in the clinical setting recommended by the National Cancer Institute and the American Medical Association. Education of our healthcare clinicians began in June 2012.

Current STPH Cessation Program Gaps: In 2011 the Hospital admitted 11,182 patients; 100% were screened for tobacco use on nursing assessment; 100% were offered an educational packet on tobacco cessation. STPH has planned to implement the Proposed 5A's Model and tobacco cessation plan flowchart but has not yet done so. Properly implementing the program to achieve its intended goals requires training all the hospital staff who will be involved at any step of the implementation process as well as obtaining patient/caregiver education materials.

Educating STPH clinical staff, respiratory therapists, nurses, physicians, and all ancillary staff is crucial in making the Living Tobacco Free program work. This grant can help us obtain more certified Tobacco Treatment Specialists and will provide funding for time spent training STPH staff and community facilities staff. It will provide funding for tobacco cessation educational materials for patients. Marketing the educational classes and counselor sessions is also a part of funding. The development of a Tobacco Registry from our EMR will be a valuable part of the program. With this registry we can track the number of clients who receive evidence-based counseling from the Tobacco Treatment Specialists, those who received FDA approved cessation medication for withdrawal symptoms during the hospital stay and clients offered counseling and medication interventions at discharge.

Our new proposed Inpatient Tobacco Treatment Program will follow the Joint Commission tobacco measure set utilizing the 5A's framework; Ask, Advise, Assess, Assist, and Arrange/Refer. STPH developed a new smoking cessation program workflow process utilizing the 5As (See page 8) and as of June 2012, are in the process of educating respiratory therapists, nurses, physicians and the care coordinator on implementing the workflow. FDA-approved tobacco cessation medications will be offered to all tobacco-using patients. Trained Tobacco Treatment Specialists will provide one-on-one evidence-based cessation counseling for patients who are identified as desiring to quit tobacco. Post-discharge follow up is intended to support patients in attaining compliance/adherence and cessation success.

TABLE C: Proposed Inpatient Tobacco Cessation Program Model Implementation

Model Implementation	Description	Tools/ Documentation	Staff Persons Responsible
Ask	100% of inpatients will be assessed for tobacco use by them or by parents/caregivers	Admission assessment	Admit Nurses
	Patient/Parent/Caregiver tobacco use will be documented	Admission assessment	Admit Nurses
	Tobacco consults automatically referred to Respiratory/pulmonary rehab	Electronic Medical Records (EMR) Consult	Respiratory/ Pulmonary
	Offer targeted patients FDA-approved tobacco cessation medication/nicotine replacement therapy	Admission assessment; Respiratory evaluation	Nurses Respiratory Therapist
Advise	100% of patients/parents/caregivers will be advised on the health hazards of smoking and second-hand smoke	Education chapter in EMR	Nurses; Respiratory Therapist
Assess patient/parent/ caregiver willingness to quit smoking	Educate patients/parents/caregivers on the health hazards of tobacco use	Education chapter in EMR	Respiratory Therapist and Nursing
	Provide educational material	Packet & video	
	Refer to Tobacco Treatment Specialist	Auto consult sent through EMR	
Assist in Quitting	Provide 1-on-1 bedside counseling	Personal meeting	Tobacco Treatment Specialist
	Enroll Patient in LA Quitline Program for telephone counseling followup where patient is not able to attend group counseling	Fax information to LA Quitline Program	
	Educate patient/parent/caregiver on FDA-approved first-line tobacco dependence pharmacoptherapies/ medications	Education chapter in EMR	
Arrange/Refer	Assist in ordering FDA-approved tobacco cessation medication/nicotine replacement therapy on discharge	EMR	Discharge Care Coordinators
	Refer to outpatient "Living Tobacco Free" group counseling (9 weekly sessions/6 annually) or to Louisiana "Quitline" telephone counseling	EMR Fax to LA Quitline	Tobacco Treatment Specialist
	Provide follow-up phone calls for compliance and adherence	EMR	

Why the model was selected to achieve the desired outcomes: In 2007, 73.4% of adult smokers in Louisiana, who saw a healthcare professional in the past year, reported being advised not to smoke by the healthcare provider. 55.5% of Louisiana smokers report seriously considering stopping smoking within six months. 46.2% of Louisiana smokers stopped smoking for at least a day in an attempt to quit smoking. 29.7% made a quit attempt using a nicotine patch, nicotine gum or other medication. 57.6% reported pursing cessation treatment options with their healthcare provider. Only 6.4% used assistance classes or counseling. (Tobacco Free Living, Louisiana Public Health Information, 2012).

Few smokers get help with quitting and only 39% of smokers reported their clinician discussed either medication or counseling strategies to quit (DHHS, May 2008). STPH chose the 5A's Model because is involves a practical approach to smoking cessation including both counseling and medication interventions. Used in combination, this approach has proven successful in helping smokers quit smoking. Additionally, the model is flexible. Modifications of the 5 A's have been adopted by various professional organizations (The South Carolina Dept. of Health and Environmental Control, the American Academy of Pediatrics, the American Academy of Family Physicians and the American Dental Hygienists Association) to fill their practice needs.

STPH plans to use the model to reach not only adult patients, but also the parents/caregivers of pediatric patients, in the hope of reducing the effects of secondhand smoke in children. To boost patient/parent/caregiver smoking cessation success, STPH will implement follow up phone calls to patients/their caregivers post-discharge to monitor their compliance/adherence. *Brief interventions including the 5 A's are effective in many ways:* "Minimal intervention lasting less than three minutes increases overall tobacco abstinent rates."[1] Evidence shows that treatments like brief clinical interventions including clinician advice and follow-up are not only clinically effective but also highly cost effective, as well.[2] Clinical settings that fully implement all of the 5 A's show better results than those with partial or inconsistent use of the 5 A's .[3]

The *current STPH Smoking Cessation workflow* identifies the inpatient as a smoker or nonsmoker on the nursing admit assessment; a consult is sent to respiratory/pulmonary rehab for smoking cessation education. The respiratory therapist does a complete assessment of the patient's respiratory status which includes their smoking history. At this time the patients are offered a smoking cessation educational packet. We do not consistently offer FDA approved tobacco cessation medications. We have no follow-up to see if any of the patients receiving information have stopped tobacco use. STPH currently ASKs the question about tobacco use but other steps in the Model are not being implemented.

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[1] Puschel, K., Thompson, B., Coronado, G. Huang, Y., Gonzalez, L., & Rivera, S. (2008). Effectiveness of a brief intervention based on the '5A' model for smoking cessation at the primary level in Santiago, Chile. Health Promotion International, 23(3), 240-250.

[2] Fiore, M.C., Jaen, C.R., & Baker, T.B. (2008) A clinical practice guideline for treating tobacco use and dependence ; 2008 update on a U.S. public health service report. American Journal of Preventive Medicine, 35(2), 158-176.

[3] Fiore, M.C., Jaen, C.R., & Baker, T.B. (2008) A clinical practice guideline for treating tobacco use and dependence ; 2008 update on a U.S. public health service report. American Journal of Preventive Medicine, 35(2), 158-176.

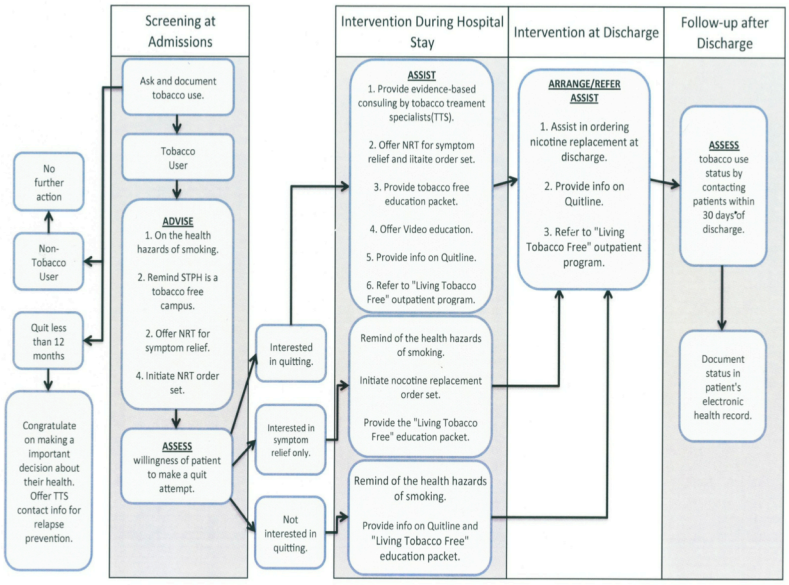

CHART 1 shows how the proposed program using the 5A's will work at STPH.

CHART 1: Proposed "Living Tobacco Free" Program Process Model

STPH is requesting $50,000 in grant funding from the Pfizer Foundation, to:

- Train personnel to fully implement the "Living Tobacco Free" program
- Fill the practice gap of providing tobacco use treatment to all identified patients at the bedside (ADVISE, ASSESS, ASSIST)
- Provide evidenced-based counseling to quit smoking and provide strategies for withdrawal management as well as FDA-approved cessation medications
- Follow-up with the patient (ARRANGE phase) at discharge referring them to an evidence-based outpatient counseling program or a Quitline and provide prescriptions for FDA approved cessation medication
- Implement follow-up phone calls to determine patient levels of compliance and adherence to his/her tobacco cessation regimen/plan
- Develop a Tobacco Registry utilizing the EMR
- Embed and sustain "Living Tobacco Free" as a permanent part of STPH culture

TABLE D: Expected Outcomes December 1, 2012 - November 30, 2014 Program Period

Outcome	Indicator	Data Collected and Collection/Analysis Frequency
Staff Trained by area of Specialty:		Training logs including names, dates and places of training and lists of attendees at each; training agendas; collected at each training session; analyzed monthly
Nurses: Maternal/Child Svs.(113); Surgical Svs. (102); Critical Care (99); Medical-Surgical (190) and Cardiology(11); Cardiac Rehab (8); Radiology (80); Lab (67); Wound Therapy/Care (12); Rehab Svs. (54), Case Mgmt./Care Coord.(19); Utilization Review (14)	769 Hospital and ancillary staff	

Respiratory Therapists	36	
Tobacco Treatment Specialists	2	
Patients/Caregivers Assessed at Admittance for Tobacco Use	100%	Daily admission assessments, EMR; analyzed monthly
Patients offered nicotine replacement during hospital stay for symptom relief	At least 75%	Daily patient records/EMR; weekly and analyzed monthly
Automatic Tobacco Cessation Consults referred to Respiratory/Pulmonary Rehab; Patients/parents/caregivers receive educational materials about the health hazards of tobacco use	100%	Daily patient Records/EMR; records analyzed monthly
Patients/Parents/Caregivers who indicate willingness to quit smoking are referred to Tobacco Treatment Specialist	100%	Daily patient records/EMR; records analyzed monthly
Patients receiving 1:1 bedside counseling and educated on FDA-approved first-line tobacco dependence pharmacotherapies/medications	At least 50%	Daily patient records/EMR; records analyzed monthly
Patients/Caregivers referred to Living Tobacco Free Group Counseling or LA Quitline	100%	Daily patient records/EMR; records gathered and analyzed monthly
For patients counseled by TTS, follow-up phone calls for compliance and adherence post-discharge	100% attempted; 50%+ reached	Daily phone logs and patient records; all analyzed monthly
% of Patients adhering to smoking cessation therapies	25% above current unaided "quit rate"	Daily phone logs daily; analyzed monthly
Planning and early stage development of Tobacco Registry is initiated, specific plans and a launch date for Registry Implementation are developed	Written Action Plan Completed	Minutes of all planning meetings, reviewed and updated monthly. Specific date and implementation plan is fully developed
The program will be implemented with fidelity	Program fidelity at least at the 92% level	Implementation team observations using a rubric; examination of data collected; validation of frequency of collection

How the Project will be implemented:

- Build capacity among selected staff by providing in-depth training to the Nursing Staff, the Respiratory Department Staff and to Hospitalists,
- Leverage the reach and value of its program through establishing partnerships with collaborators whose educational materials and related services enhance support services to patients,

- Communicate the program among STPH departments, through the STPH newsletter, through email communications to staff, and through press releases to local media; as a funder, Pfizer will be mentioned in all communications,
- Actively market the program to all patients, informing them of the benefits of the program and encouraging them to participate,
- Advance its Tobacco Registry initiative, by bringing related hospital departments together to begin planning the Registry and will develop an action agenda and timeline for completion and launch of the Registry and its use,
- Evaluate the program monthly, quarterly, semi-annually and annually to determine that the program is being implemented with fidelity and to measure the actual outcomes and patient benefits that are being achieved as a result of the program's implementation,
- Evaluate the program to address continuous improvement and to make appropriate program changes when they are necessary to provide the best patient outcomes possible,
- Report results to Pfizer and to internal and external audiences to increase awareness of the benefits of smoking cessation and further embed tobacco cessation into the STPH culture.

How the program will be sustained after the project funding ends: STPH has carefully structured this project to obtain capacity gains through it at the staff, department, collaborator and patient levels. It expects that at the conclusion of the project, capacity will have been built at a level sufficient so that the program will be sustained using existing STPH human and financial resources and existing collaborator resources.

Evidence of Program Feasibility: STPH became a smoke-free Hospital in 2008. All employees of the hospital observe a smoke-free environment. The hospital's leadership, both on an organizational and departmental level, fully endorse and support the project (See Attached Letters of Commitment). STPH has also received support from and will actively collaborate with related organizations and hospital departments whose missions align with the program's goals.

TABLE E: "Smoke Free Living" Collaborating Organizations

Organization	Roles/Responsibilities
Mary Bird Perkins Cancer Center at STPH	Collaborates with Respiratory and Nursing staff and provide support for inpatient and outpatient tobacco users when necessary. Quality cancer care has always been a priority at St. Tammany Parish Hospital. Because of our commitment to cancer services, we were awarded certification by the Commission on Cancer of the American College of Surgeons as a Community Hospital Cancer Program. Care is administered by board-certified physicians and nurses trained in chemotherapy and the special needs of cancer patients and their loved ones. This distinction makes ours one of less than 1500 approved cancer programs in our country, and it is the ONLY approved cancer program in West St. Tammany. As part of our comprehensive care program, we offer a wide range of cancer-related services.
Fax to Quit	*Fax to Quit Line Louisiana=Quit With Us, Louisiana* is an organization for the

Line Louisiana	people of Louisiana, by the people of Louisiana, created through the efforts of The Louisiana Campaign for Tobacco-Free Living and the Louisiana Tobacco Control Program. FAX-TO-QUIT LOUISIANA provides an easy and seamless counseling component to STPH patients who are ready to conquer tobacco addiction. Patients receive Free Telephone Counseling by Cessation Specialists
STPH Education Department	Educate all new nursing hires and currently employed nurses on the "Tobacco Free Living" program including proper online documentation of patients' tobacco use, offering patients nicotine replacement therapy and counseling to all tobacco users while hospitalized and upon discharge.

Department Capacity: STPH's Pulmonary Rehabilitation program achieved renewal of certification by the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) in September 2012 recognizing STPH for its commitment to improving patients' quality of life by adhering to rigorous standards of care. The AACVPR Program Certification is the only peer-reviewed accreditation process designed to review individual programs for adherence to standards and guidelines developed and published by the AACVPR and other professional societies. Certified AACVPR programs are recognized as leaders in the field of cardiovascular and pulmonary rehabilitation because they offer the most advanced practices available. AACVPR Program Certification is valid for three years. In 2011, the Louisiana Society for Respiratory Care named STPH the 2011 Hospital of the Year for Respiratory Care in hospitals with more than 200 beds. As a first responder hospital for all cardiopulmonary emergencies, STPH's respiratory therapists hold certifications in BLS, ACLS, PALS, and NRP. As experts in respiratory care, these professionals are active advocates for lung health. STPH Respiratory Services provides acute care therapy, pulmonary rehabilitation, and sleep disorders support. Respiratory services and other STPH clinical disciplines participate in shared governance, involving team decision-making, diverse creative input and advancing STPH's healthcare mission. STPH provides ongoing education for respiratory therapists to stay current with the latest technology and best practice standards. STPH is a clinical site for respiratory students to assist in growing the next generation of respiratory therapists.

4. Evaluation Design: Project evaluation design is located in TABLE D (pp. 8 – 9). Evaluation will measure expected program outcomes and fidelity of program implementation. Metrics used to Identify needs of the target group, data sources, method of data collection and data analysis are shown in TABLE D. The program will reach 100% of patients admitted, so there is no opportunity to measure for an internal control or comparison group. Recent market information indicates that some Louisiana hospitals have smoking cessation programs but none is as comprehensive, structured or will be implemented as in-depth as the proposed project. STPH will compare its patient outcome data with that of other hospitals that are implementing programs similar to the one proposed to provide comparison data when possible. Process implementation observation data and program outcome data will be analyzed to inform ongoing continuous improvement of the program. **Program beneficiaries** are the patients of St. Tammany Parish Hospital, their caregivers and the communities in which they reside.

E. Detailed Work Plan and Deliverables Schedule

Implementation Steps	Description/Deliverables	Timeline for Implementation
Train Program Staff (see TABLE D)	• Establish in-service training schedule for nursing staff throughout the hospital and at satellite locations • Educate and train Respiratory Staff by Tobacco Treatment Specialists • Train STPH Hospitalists • Train collaborators if necessary	March - June 2013
Establish partnerships with collaborating organizations	• Meet with collaborators to review and refine project overview and implementation • Establish role and responsibilities for each collaborator in the context of the program	January 2013
Obtain educational materials	Obtain program materials, educational materials and other patient support materials from all collaborators and suppliers which include: • The National Cancer Center • Centers for Disease Control • ACT Center (University of Mississippi Medical Center) • ATTUD (Association for the Treatment of Tobacco Use and Dependence) • American Lung Association	December 2012 – March 2013
Launch full "Living Tobacco Free"	Please see Program Process Chart 1, p. 9	July 2013
Develop Tobacco Registry	Planning and development of project goals and data collection with IT for generating monthly reports. This data will be used to show success of the program in following JCAHO. It will allow us to evaluate what aspects need adjustments in the program. Patients will benefit from this by ongoing performance evaluation.	December 2012 – June 2013
Market new program	• Communicate program to internal audiences including all staff and departments via intra-emails and memos • Communicate program to external audiences including potential patients via press releases, community events, emails, and the STPH website • Communicate and market the program to all patients admitted to STPH and their caregivers • Communicate benefits of the program to external audiences through press releases, community events and posting on STPH website • Communicate program outcomes, successes and testimonials via press releases, community events,	Starts July 2012 and thereafter monthly, quarterly, semi-annually and annually

	and postings on the STPH website	
Evaluate Program	Please see the evaluation plan in Table D	December 2012; thereafter monthly, quarterly, semi-annually, and annually
Report Results to Pfizer	As requested by the Pfizer MeEd Program Officer	March 2013 and thereafter quarterly, semi-annually, and upon final report