



# Strategies to Enhance Tobacco Cessation Education in Your Hospital

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## Introduction

Cigarette smoking is the leading cause of morbidity and mortality in the United States, contributing to the deaths of nearly 440,000 Americans each year.<sup>1</sup> Smoking causes many diseases by harming nearly every organ of the body, negatively impacting individuals at all stages of life—unborn babies, infants, children, adolescents, adults, and seniors.<sup>2</sup> Compared to nonsmokers, adults who smoke are more likely to be hospitalized and suffer hospital-related complications (e.g., postoperative infections, delayed wound healing, respiratory infections).<sup>3,4</sup> These complications can be reduced if patients quit smoking, and the hospital provides an ideal setting and opportunity to initiate smoking cessation.

During a hospital admission, a “teachable moment” is created.<sup>5</sup> The patient may be motivated to make a behavioral change as a result of their hospital admission and the salient nature of their disease. The patient is also captive in a setting where smoking is prohibited, and the most severe withdrawal symptoms occur during the first 2–3 days of the admission. Two published meta-analyses concluded that intensive inpatient smoking cessation programs are highly effective.<sup>6,7</sup> In one program, the proportion of patients who remained abstinent from smoking at 3 and 12 months approached 50%.<sup>8</sup>

Strategies to facilitate smoking cessation education within the hospital setting are needed, because there are large gaps between the knowledge of cessation interventions and widespread adoption and implementation of these interventions.<sup>9</sup> National assessments conducted in 2001 indicate that a median of 43% of Medicare beneficiary inpatients receive smoking cessation counseling during hospitalization.<sup>10</sup> Smoking cessation education is a reportable performance measure from the the Joint Commission™.<sup>11</sup> As this quality care indicator becomes linked to reimbursement, hospitals and healthcare facilities need strategies to enable compliance with indicators associated with the delivery of smoking cessation education to patients who smoke. The purpose of this chapter is to outline several strategies that may be useful in achieving this goal.

## Intervention Strategies

A variety of strategies can be used to enhance delivery of smoking cessation education to hospitalized patients. The pages that follow delineate a compilation of strategies used from several hospital systems, most notably, Wishard Health System in Indianapolis, IN. Wishard is a large, tax-supported, urban teaching public healthcare system that cares for a large number of medically uninsured and underinsured via a university medical center. The health system includes a 350-bed hospital, emergency department, on-site ambulatory care services, and a network of community

health centers located throughout the city. Four strategies are discussed: (1) education of professional staff; (2) promotion of tobacco cessation resources for patients; (3) a counseling algorithm for delivery of smoking cessation education to patients; and (4) development of an order form for tobacco dependence treatment.

### **Education of Professional Staff**

Although most patients interact with multiple healthcare providers during their inpatient stay, the acute nature of the hospitalization often limits the time and extent of cessation education that any one healthcare professional can deliver. Because the U.S. Public Health Service *Clinical Practice Guideline for Treating Tobacco Use and Dependence* recommends that *all* healthcare providers offer brief, smoking cessation education and because patients who receive cessation advice from multiple providers are more likely to quit than are patients who receive cessation advice from one provider,<sup>5</sup> all clinicians in the health system should participate in a tobacco cessation training program, and all clinicians should promote cessation (and document activities) at each possible contact with a given patient.

To the extent possible, the education should follow recommendations from the *Clinical Practice Guideline*, which advocates a “5 A’s” framework for comprehensive tobacco cessation counseling: (1) **Ask** about tobacco use; (2) **Advise** patients to quit; (3) **Assess** readiness to quit; (4) **Assist** with quitting; and (5) **Arrange** followup care.<sup>5</sup> In the hospital setting, it is not expected that one clinician would provide all of the five elements of cessation counseling—instead, clinicians who are in contact with the patient during hospitalization should integrate an Ask-Advise-Refer protocol as part of a clinical encounter with each patient. Through the referral process, the Assess-Assist-Arrange components can be addressed. Training materials for the Ask-Advise-Refer model are available for free at [www.ashp.org/tobacco](http://www.ashp.org/tobacco) and [rxforchange.ucsf.edu](http://rxforchange.ucsf.edu). The following steps for adoption of the Ask-Advise-Refer model are delineated:

- **Ask:** The first step in providing tobacco cessation education is to identify all tobacco users. Tobacco use status (current, former quit in past 12 months, former quit more than 12 months ago, never) should be documented in the medical record. The Ask component should be embedded within the admission process. Include the question “Have you smoked or used any type of tobacco in the past month?” on the admission form, and if the patient indicates “yes” then assess the amount of tobacco used (current tobacco users) or the date of the last use (former tobacco users).
- **Advise:** Healthcare providers should advise all tobacco users to quit. The advice should be clear, strong, personalized, and conveyed in a tone emphasizing concern for the patient’s health and a commitment to help them with quitting. Messages can be personalized by linking the importance of quitting to the individual’s current health status. Consider using the following two phrases. (1) “Quitting is the single most important thing you can do to improve your health now and in the future. I strongly recommend that you quit as soon as possible, and I can help.” (2) “I see from your chart that you smoked prior to your hospitalization. Because of the bans on smoking in the hospital, it has probably been difficult for you not to smoke since you’ve been here. I hope you will take this opportunity to consider yourself an ex-smoker, and I can help you with the process of quitting for good.”<sup>9</sup>
- **Refer:** Quitting tobacco is best approached with a multicomponent treatment plan involving drug therapy in conjunction with behavioral counseling. While medications can quickly be prescribed during a patient’s hospital stay, behavioral therapy can require significant time

commitment for clinicians. In the absence of time or expertise for providing comprehensive behavioral counseling, patients should be referred to other resources. The referral process should be aided by a patient handout containing information about resources for quitting.

### **Promotion of Tobacco Cessation Resources**

Telephone quitlines are a primary resource to refer patients for help with the quitting process. Quitlines provide one-on-one counseling, self-help kits, and individualized cessation information at no charge to the patient. The quitline is available during and after the hospital admission to ensure continuity of care. The following phrase can be used by clinicians to provide referrals: “Consider calling the national quitline number, 1-800-QUIT-NOW. Smoking cessation specialists will give you personalized help, by telephone, at no cost during and after your hospital stay.” Studies have shown that patients who receive quitline counseling are twice as likely to quit compared with patients who quit on their own.<sup>12</sup>

As an alternative to telephone quitlines, patients can be referred to local tobacco cessation programs or Web-based programs (see Resources). Organizations such as health departments, healthcare facilities, and local chapters of the American Lung Association may offer smoking cessation programs. Contact your local health department to help identify local resources. Finally, patients can be referred to Internet resources such as [www.quitnet.com](http://www.quitnet.com). The Wishard hospital pharmacy developed a one-page handout for patients to promote various tobacco cessation resources (see Figure 9.1). Hospital staff have used the phrase “Here’s a list of smoking cessation resources to help you quit. Let’s review the list and discuss what might be best for you.”

## **Counseling Algorithm for Tobacco Cessation**

The rationale for creating a counseling algorithm was threefold. First, the algorithm guided clinicians through the Ask-Advise-Refer protocol. Second, the algorithm functioned as a documentation tool for any clinician to quickly document tobacco cessation counseling activities for each patient. Third, the tool served as a uniform data source for retrospective examination of tobacco cessation education compliance with Joint Commission mandates. With collaboration from information technology personnel, the algorithm was developed to interface with the hospital’s electronic medical record (Figure 9.2). However, the questions on the tool could easily be adapted to other healthcare facilities for use in providing and documenting tobacco cessation counseling.

Each patient encounter is entered into the patients’ electronic medical record using the algorithm. Furthermore, patients who indicate that they are willing to quit smoking are asked if they can be contacted by a representative of the health system’s tobacco cessation program. This representative will contact the patient, generally before discharge, and ask if they are interested in enrolling in the cessation program. This program, supported by state and county funding, is a series of three group classes that focus on behavior modification. Pharmacotherapy is provided at low cost.

## **Treatment Order Form for Tobacco Dependence**

Given that tobacco is the primary preventable cause of disease and death in the U.S., it is a primary cause of hospitalizations. As such, all hospitals systems should have well-established tobacco dependence treatment protocols in place, and compliance with this protocol should approach 100%. In congruence with recommendations set forth in the *Clinical Practice Guideline for Treating Tobacco Use and Dependence*,<sup>5</sup> the protocol should combine both FDA-approved medications for smoking cessation and behavioral counseling. A first step is to examine the smoking cessation medications



## THINKING ABOUT QUITTING?

Here are some **things to do** while you consider quitting:

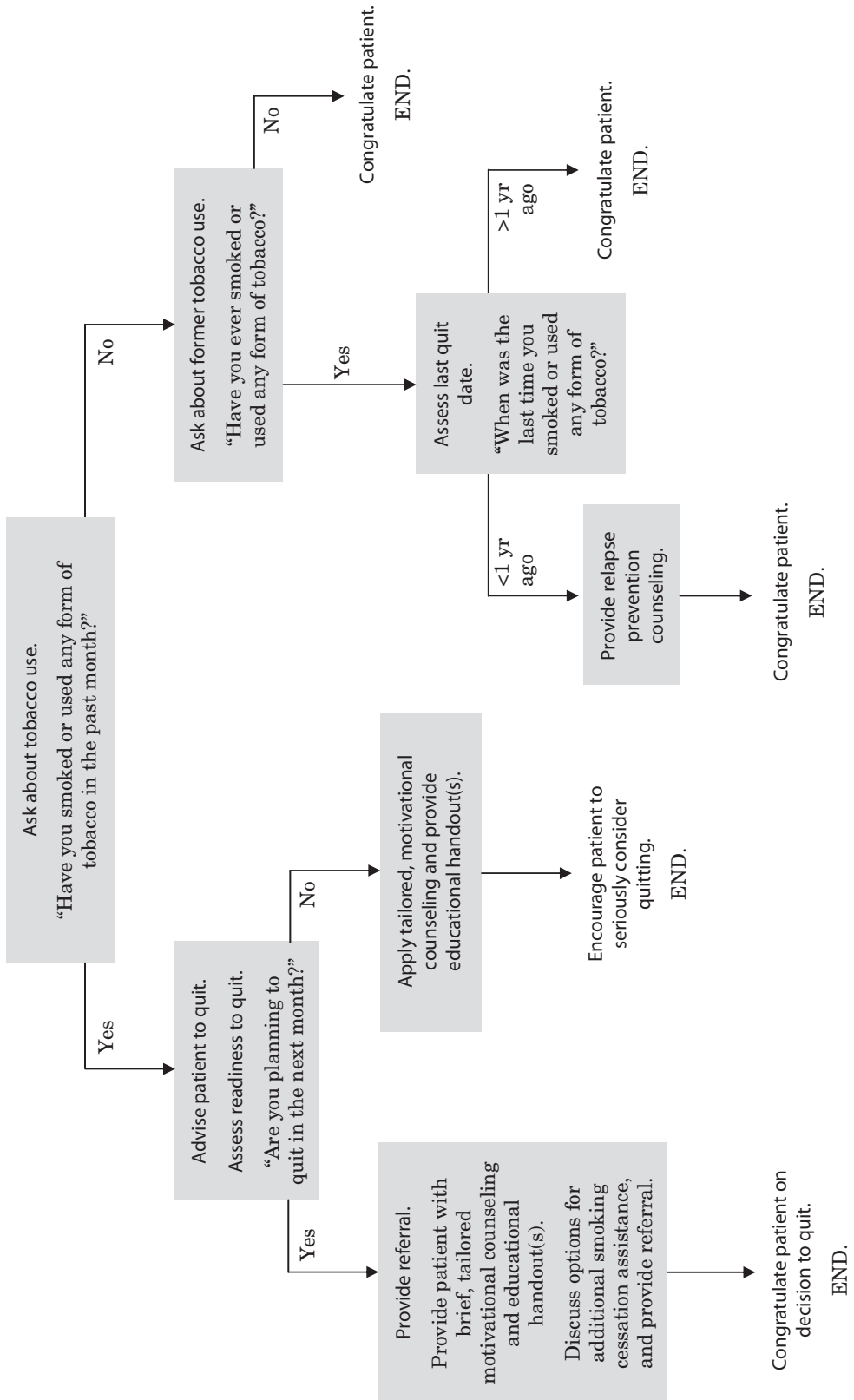
- Write down your reasons to quit smoking.
- Write down your concerns about quitting. Think of ways to relieve your concerns.
- Ask your family and friends for support while you are quitting.
- Think about situations when you would be tempted to smoke. Plan ways to cope with these situations.

**Did you know that there are programs and treatments available to help you quit?**

For more information:

- Talk to your doctor or pharmacist about medicines to help you quit.
- Call Wishard Health Services at (317) 287-3717
- Go the internet site <http://www.quitnet.com>
- Call the toll free tobacco quit line 800-QUIT-NOW

**Figure 9.1.** Patient Education Sheet.



**Figure 9.2.** Counseling Algorithm.

available on the hospital formulary. Formularies should include one long-acting (transdermal patch) and several short-acting (gum, lozenge, oral inhaler, nasal spray) nicotine dosage formulation, as well as bupropion SR and varenicline. These options provide a range of therapeutic options. Figure 9.3 contains a sample Tobacco Dependence Treatment Order Form, which delineates a straightforward, yet comprehensive approach to provision of tobacco cessation services. A copy of this form should reside in the patients' chart throughout the hospital stay. Discharge orders should also be documented on the form. If applicable for your institution, include a plan for outpatient followup contact at 1 week and 1 month.

## Summary

The information presented in this paper reflects a combination of strategies that should be used to enhance tobacco cessation education in your hospital. These strategies incorporate lessons learned during development and implementation. All patients must be asked about tobacco use on intake, and this assessment should characterize the type and amount of tobacco used for current users, as well as the date of last use for former tobacco users. All clinicians who come into contact with a patient should strongly advise the patient to quit, and all patients who have used any form of tobacco in the past year should receive counseling. Current smokers should be initiated on FDA-approved medications for smoking cessation, except when medically contraindicated, and discharge orders for medication and additional behavioral counseling should be provided.

## Resources

American Cancer Society  
800-ACS-2345 or [www.cancer.org](http://www.cancer.org)

American Heart Association  
800-242-8721 or [www.americanheart.org](http://www.americanheart.org)

American Legacy Foundation  
202-454-5555 or [www.americanlegacy.org](http://www.americanlegacy.org)

American Lung Association  
800-LUNG-USA or [www.lungusa.org](http://www.lungusa.org)

Centers for Disease Control and Prevention  
800-311-3435 or [www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)

Rx for Change: Clinician-Assisted Tobacco Cessation  
[rxforchange.ucsf.edu](http://rxforchange.ucsf.edu)

### Product-Specific Programs

[www.nicorette.com](http://www.nicorette.com), [www.commitlozenge.com](http://www.commitlozenge.com), [www.nicodermcq.com](http://www.nicodermcq.com), [www.nicotrol.com](http://www.nicotrol.com), [www.committedquitters.com](http://www.committedquitters.com), [www.zyban.com](http://www.zyban.com), [www.chantix.com](http://www.chantix.com), [www.get-quit.com](http://www.get-quit.com)

### Telephone Quitlines

1-800-QUIT-NOW or [www.smokefree.gov/talk.html](http://www.smokefree.gov/talk.html)

<b>Tobacco Dependence Treatment Order Form</b>		
Date:	Time:	Patient Imprint
<b>Medication (for current smokers):</b> <i>Refer to Package Insert for Complete Usage Instructions</i>		
<b>Nicotine Patch</b>		
<input type="checkbox"/> <10 cigarettes/day: 14 mg patch. Replace patch every 24 hours. Rotate application site.		
<input type="checkbox"/> ≥10 cigarettes/day: 21 mg patch. Replace patch every 24 hours. Rotate application site.		
<b>Nicotine Gum</b>		
<input type="checkbox"/> <25 cigarettes/day: 2 mg gum, 1 piece every 1–2 hours while awake. Patient must <b>activate</b> gum by chewing slowly until peppery/tingling sensation appears, then <b>park</b> between cheek and gums until sensation disappears. Reactivate gum by chewing slowly until sensation reappears, then re-park. Gum should be removed after 30 minutes.		
<input type="checkbox"/> ≥25 cigarettes/day: 4 mg gum, 1 piece every 1–2 hours while awake. Patient must <b>activate</b> gum by chewing slowly until peppery/tingling sensation appears, then <b>park</b> between cheek and gums until sensation disappears. Reactivate gum by chewing slowly until sensation reappears, then re-park. Gum should be removed after 30 minutes.		
<b>Nicotine Lozenge</b>		
<input type="checkbox"/> First cigarette >30 minutes after waking: 2 mg lozenge, 1 lozenge every 1–2 hours while awake. Patient should use like a cough drop. Do not chew or swallow.		
<input type="checkbox"/> First cigarette ≤30 minutes after waking: 4 mg lozenge, 1 lozenge every 1–2 hours while awake. Patient should use like a cough drop. Do not chew or swallow.		
<b>Bupropion SR tablets</b>		
<input type="checkbox"/> 150 mg QD for 3 days, then 150 mg BID		
<b>Varenicline tablets</b>		
<input type="checkbox"/> 0.5 mg QD for 3 days, then 0.5 mg BID for 4 days, then 1 mg BID		
<b>Inpatient Education (for current smokers and smokers who quit &lt;12 months ago):</b>		
<input type="checkbox"/> Provide counseling to this patient on cessation		
<input type="checkbox"/> Provide patient with education materials and resources		
<b>Discharge and Followup (for current smokers and smokers who quit &lt;12 months ago):</b>		
<input type="checkbox"/> Refer patient to _____ for additional assistance		
<input type="checkbox"/> Provide patient with discharge prescription for cessation medication		
<b>Physician/Provider Signature:</b> _____		
<b>Check if applicable:</b>		
<input type="checkbox"/> Patient refused treatment		
<input type="checkbox"/> Neurological deficits preclude counseling		
<input type="checkbox"/> Physical/mental status prevents patient from smoking		

**Figure 9.3. Tobacco Cessation Order Form.**

### **Clinical Practice Guideline Materials**

U.S. Department of Health and Human Services  
<http://www.surgeongeneral.gov/tobacco/>  
Publications Clearinghouse  
P.O. Box 8547  
Silver Spring, MD 20907  
1-800-358-9295

### **Web-Based Programs for Quitting**

[www.quitnet.com](http://www.quitnet.com), [www.way2quit.com](http://www.way2quit.com), [www.mytimetoquit.com](http://www.mytimetoquit.com)

### **Other Informational Web Sites**

[smokingcessationleadership.ucsf.edu](http://smokingcessationleadership.ucsf.edu), [www.tobaccofreenurses.org](http://www.tobaccofreenurses.org), [www.ashp.org/tobacco](http://www.ashp.org/tobacco)

*Check with your local health department to identify specific programs in your area.*

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