



Development of a Smoking Cessation Education Protocol in Acute Care Facilities

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Introduction

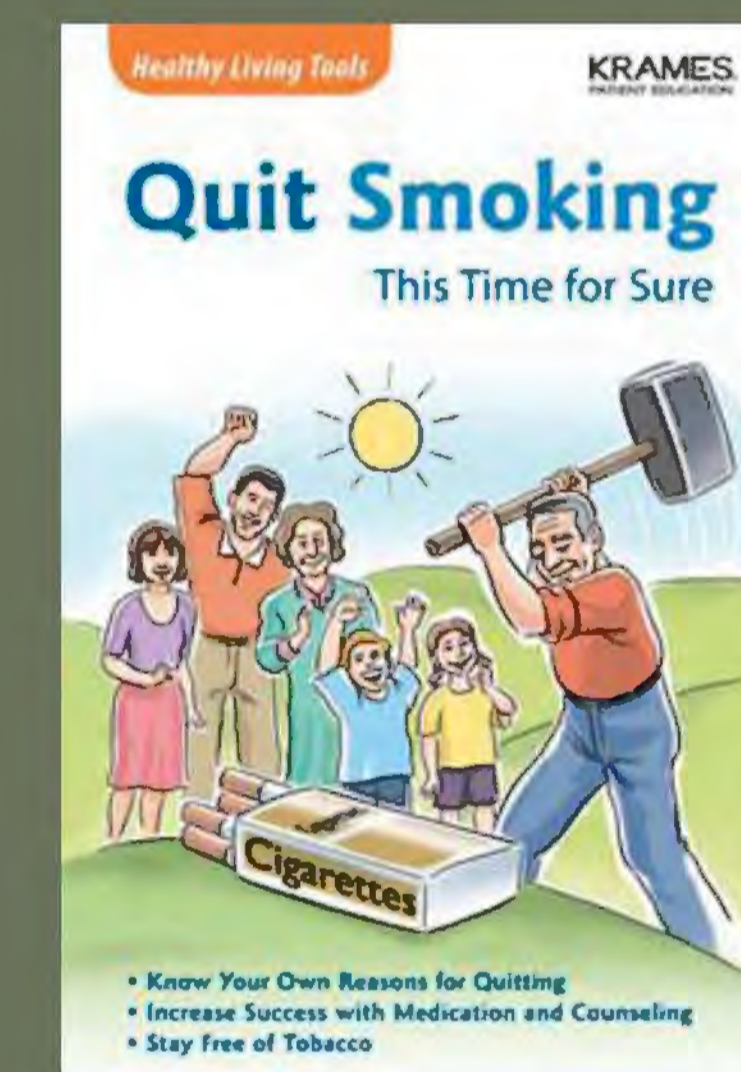
Tobacco use is associated with significant morbidity and mortality rates in the United States. According to the Centers for Disease Control and Prevention (CDC) (2015), smoking kills more than 480,000 Americans each year on average. Unfortunately, many patients still smoke while admitted to acute care facilities and upon their discharge. This has been suggested to be, in part, due to lack of education. Research has shown that patients with a lower education level find it more difficult to participate in smoking cessation practices and also make less "quit attempts" than those who are educated (Yue-Lin, Gamst, Cummins, Wolfson, & Shu-Hong, 2015). This shows a great need for proper education protocols and practices to be implemented into hospitals, in order to maximize smoking cessation and overall patient safety. We found that the hospital in which we conducted our study utilizes a program known as the Krames Patient Education system. This system involves physicians determining what education is needed for the patient. This information is then portrayed to the nurse, who then sends a smoking cessation education packet home with the patient. The purpose of our study is to develop educational criteria for nurses to implement, with the desired outcomes of reducing smoking rates and increasing the number of those who are thoroughly educated regarding smoking education. The objectives will be met by working one on one with the nursing staff and patients, reviewing what had been put forth currently, and also by using the Krames Patient Education system in order to better the rates of patients who quit smoking.

Review of the Literature

Abundant educational sources are available to patients within our medical center; however, Kentucky still ranks second worst in tobacco consumption in the nation. The county in which the study was conducted had a smoking prevalence of 21.2% in the year 2010, compared to the national average which was 17.3% (Peyton, Centers, Grey, Sizemore, & Beauchamp, 2012). Since the medical center's implementation of Krames in 2011, the smoking prevalence rose to an average of 22% and continued to rise to 24% between 2012 and 2014 (Foundation for a Healthy Kentucky, 2014). One action implemented by the county was to enact a smoke-free air policy which would prohibit smoking in all public indoor workplaces. However, according to the qualitative investigation by Schultz, Finegan, Nykiforuk, and Kvern (2011), non-compliance with hospital smoke-free policies, exposure to second-hand smoke, and patient safety were still concerns. It must also be taken into consideration that patients of lower socioeconomic status benefit more from emphasizing the actual attempt to quit smoking and by aiding in success of that attempt (Yue-Lin et al., 2015). Also, as seen with Poder, Carroll, Wallace, and Hua's research evaluation of smoke-free health service policies at two different Sydney Hospitals, inpatient smoking was affected very little (2012). Poder et al. (2012) continued by stating that key priorities were to identify strategies to effectively manage nicotine addiction and promote cessation among hospital inpatients. Recognition of current smoking rates in the county, as well as the continuous portrayal of the lack of smoking education by the nurses responsible, has led to the search for varying evidence-based implementation procedures. Healthcare providers must record cessation practices, have specific training, and be more aware of their training needs (Ravara, Calheiros, Aguiar, & Taborda-Barata, 2012). According to research conducted by Sarna et al. (2014) initiating a smoking cessation education program has led to more adamant smoking cessation interventions conducted by nurses.

Clinical Implications

The chosen populations for implementation are the nurses and patients on acute and trauma care services at a metropolitan medical center. The data we have collected shows the ineffectiveness of the smoking cessation education nurses are currently implementing. Our aim is to inform the nurse manager of our findings so she can ensure that appropriate smoking cessation education is being provided by each and every nurse under her authority. In addition, we also propose implementing a one hour educational program on smoking cessation that trains health care providers on resources available to aid in successful cessation. According to Sarna et al. (2014), nurses who participate in smoking education programs more successfully implement smoking cessation interventions with their patients (Sarna et al., 2014). Protocols should be implemented that require nurses to record the smoking status of their patients, delivery of effective education advice and post-discharge support (Ravara, Calheiros, & Taborda-Barata, 2012).

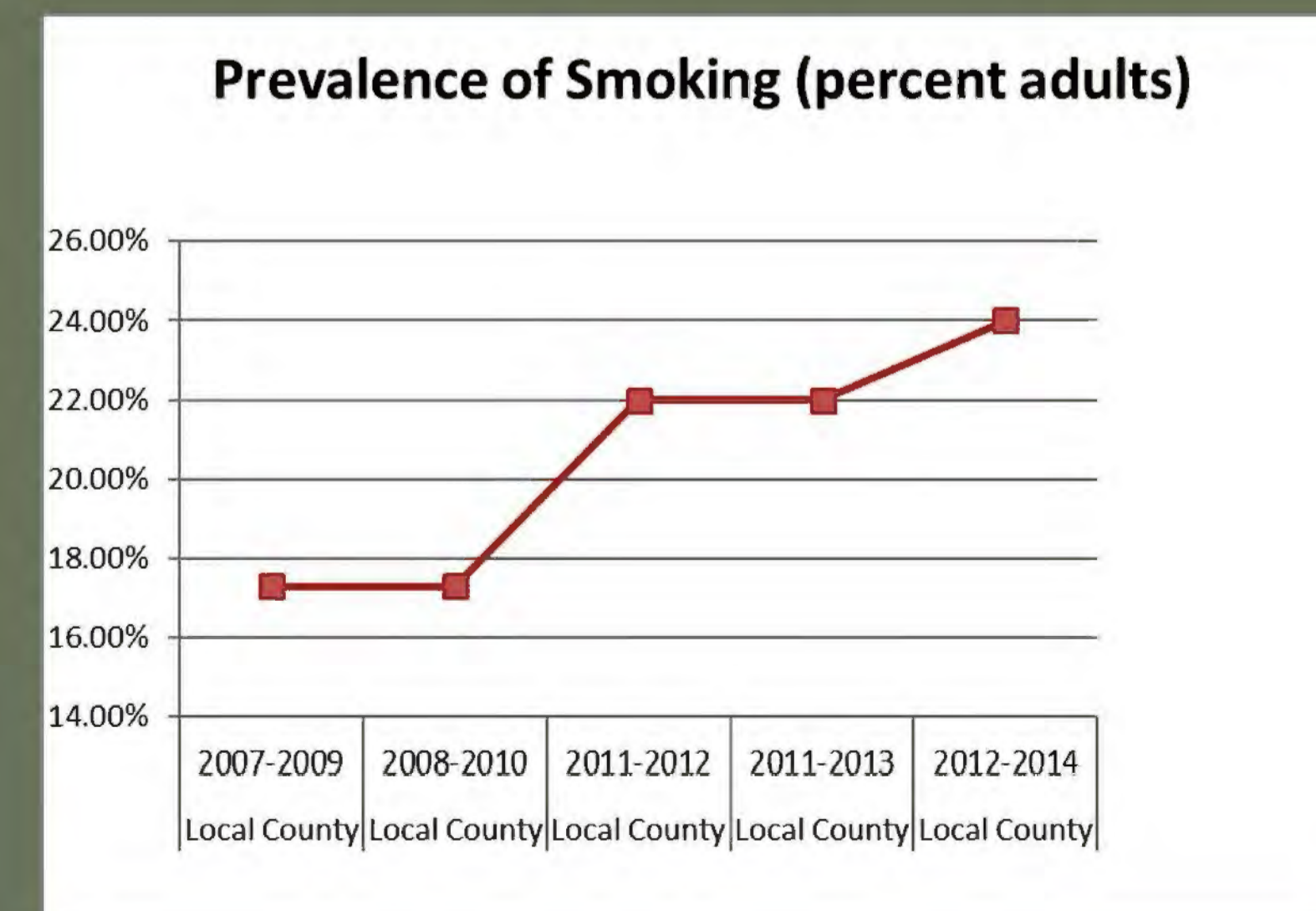


Relevance to Clinical Practice

It is critical that smoking cessation is addressed and implemented to decrease the detrimental effects associated with long-term tobacco use. By implementing a smoking cessation policy or protocol, hospitals would be following guidelines recommended by the National Quality Forum (2016), in partnership with The Joint Commission. According to these guidelines, hospitals must measure the number of patients receiving or refusing counseling and patients who received or refused a prescription for FDA-approved cessation medication. Implementing education and cessation protocols contributes to a healthier hospital population.

Clinical Observations/Data

Our observations have concluded that little actual education beyond the provision of written educational documents is provided. There is no verbal education provided, nor any evaluation of the education given to patients. We were also unable to obtain any data from the facility regarding measurements in accordance with the National Quality Forum guidelines. Therefore, we investigated any impact this education has made in residents of the facility's counties (Foundation for a Healthy Kentucky (2014).



Objectives of the Project

- After the completion of our presentation:
- Nurses will participate in a one hour smoking cessation implementation class.
 - Nurses will dedicate an allotted 10 minutes before discharge to thoroughly educate patient on smoking cessation using the information retrieved from the Krames Patient Education System.
 - Nurses will appropriately document that education/support was provided and evaluate patient's receipt of such education.