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Nicotine Replacement Therapies to Decrease Withdrawal Symptoms and Improve Patient Experience

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Project: Nicotine Replacement Therapies to Decrease Withdrawal Symptoms and Increase

Patient Experience

Last Updated: 7/17/19

Executive Sponsor: Wendy Osgood Facilitator: Amy Sparks



4/15/2019 Complete

Team Members: Cheryl Pawloski, Holly Stewart, Devon Gillis, Dena Whitesell, Donna Chamoff, Maya Bulman, Chris Racine, Raymond Serrano, Leslie Gatcombe-Hynes, Elizabeth Mullany, Amy McAuliffe, Jayne Weisberg

Problem/Impact Statement:

Smoking is the leading cause of preventable death in the US. To be truly patient-centered, we must encourage our patients to lead the healthiest lives possible and to reduce their chance of preventable disease and death. Offering Nicotine Replacement Therapy (NRT) in hospitals improves the likelihood that a patient will quit. Prescribing NRT within 24 hours of admission to the hospital also decreases the incidence of nicotine withdrawal, which, when left untreated, can lead to irritability, restlessness, poor engagement in treatment, and discharges against medical advice. The Tobacco Treatment Team is not always able to meet with a patient in the first 24 hours of admission, so primary care team members must be responsible for prescribing NRT.

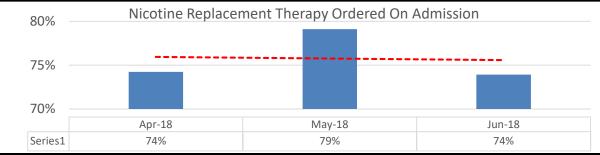
Scope:

In Scope: Admitted patients positive for nicotine use Out of Scope: Any other substance abuse

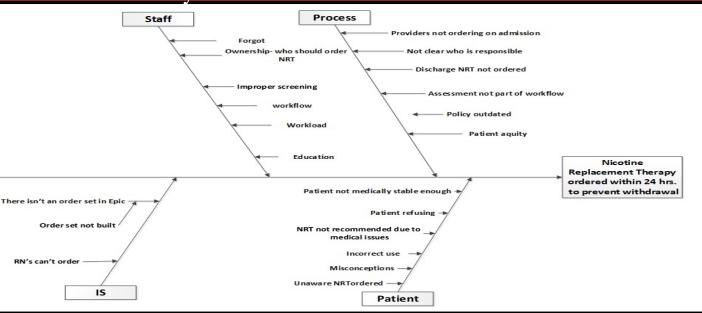
Goal/Objective:

Goal: 100% of the time, Nicotine Replacement Therapies (NRT) will be ordered within 24 hours after admission to prevent nicotine withdrawal

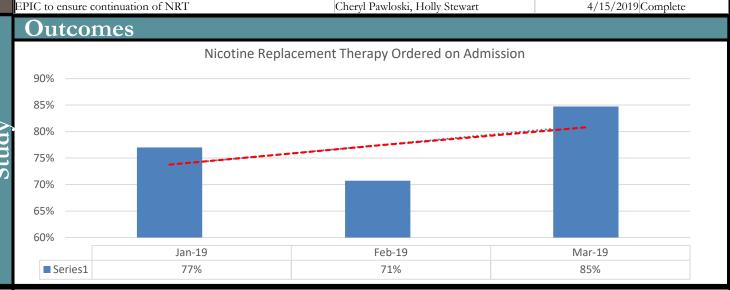
Baseline Metrics/Current State:



Root Cause Analysis:



Countermeasures Action Owner Completion Date Status Collect baseline date using a daily KPI: 100% of the time, patients seen for a Tobacco Consult will have NRT ordered on Admission Entire Team 6/1/2018 Complete Meet with Nursing Practice Counsel to request and inform of need Donna Chamoff, Cheryl Pawloski 5/8/2018 Complete for a change in the institutional policy for Tobacco Screening Draft updated institutional policy for Tobacco Screening and Counseling that directs RN's to contact their team providers within 24 hrs. to get Donna Chamoff, Cheryl Pawloski 5/23/2018 Complete Approval for updated policy by Wendy Osgood, VP Adult Medicine Service Line and Julia Dalphin, Director of Accreditation and Donna Chamoff, Cheryl Pawloski 8/8/2018 Complete Educate staff on policy change- Both on units and as a yearly Donna Chamoff, Cheryl Pawloski 10/1/2018 Complete Chervl Pawloski 3/1/2019 Complete Pilot project started on R7 and R9 Daily KPI- 100% of the time R7 and R9 patients seen for Tobacco Consult will have NRT ordered on admission Cheryl Pawloski, Holly Stewart 4/1/2019 Complete NRT to be ordered at the same time as Tobacco Consult order. IT created reminder box in EPIC when Tobacco Consult is ordered hat alerts provider to also order NRT. Cheryl Pawloski, Holly Stewart 3/1/2019 Complete Daily KPI- 100% of the time, R7 and R9 providers will order NRT on admission based on best practice Cheryl Pawloski, Holly Stewart 4/15/2019 Complete Daily KPI- 100% of the time R7 and R9 Tobacco Consult patients



Cheryl Pawloski, Holly Stewart

Next Steps

will have NRT ordered for discharge

Forward Tobacco Consult to MMP Cardiology Providers through

- Education on all units
- Tobacco Assessment added to yearly competency policy