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Background and Significance

- Smoking is the leading preventable cause of death in the United States.
- Smoking decrease the functionality of the respiratory system.
- 480,000 death are attributed to cigarette smoking in the United States.
- Healthcare costs in the US due to tobacco-related illness = \$ 300+ billion each year.
- In the US, 13.7% of adults are smokers.
- In TN, 20.7% of Tennesseans are tobacco users.
- In Montgomery county, 27.50% of adults are smokers.
- 30 Tennesseans die daily due to tobacco-related illnesses.
- 80% of smokers see a clinician yearly. Seeking a clinician yearly, creates an opportunity to deliver a smoking cessation intervention.

Purpose of the Quality Initiative

- To educate nurses on the importance of smoking cessation
- Implement a brief smoking cessation intervention for tobacco users

Methods

Design - QI Initiative

Setting - Primary Care Clinic in Middle TN

Participants - Inclusion criteria - Clinical nurses who were 18 years of age or older and worked at the clinic. Exclusion criteria – those who were not 18 years of age and nurses not working at the clinic. **Target population** – tobacco users who were 18 years of age or older and accessed the clinic.

Procedures

- PowerPoint presentation with voice overlay to educate nurses on the background and significance of the problem, how to use the smoking cessation tool, and to discuss the project purpose.
- Project participation and training was mandatory for all clinical nurses.
- Intake nurses completed the data collection form.

Intervention

- 2 A's and R

Methods

THE BRIEF TOBACCO INTERVENTION

The 2As & R

ASK about tobacco use:

"Do you currently smoke or use other forms of tobacco?"

ADVISE the patient to quit:

"Quitting tobacco is one of the best things you can do for your health. I strongly encourage you to quit. Are you interested in quitting?"

REFER the patient to resources:

IF READY TO QUIT: Provide direct referrals to resources that will assist the patient in quitting. Provide direct referrals. Prescribe medications, if appropriate.

"This is a resource I recommend. It will provide you with support, help you create a plan to quit, and **talk** to you about how to overcome urges you might have to smoke after you quit."

IF NOT READY TO QUIT: Strongly encourage patients to consider quitting by using personalized motivational messages. Let them know you are there to help them when they are ready.

Recommended resources include:

- Free telephone-based state tobacco quitlines: **1-800-QUIT-NOW**
- The National Cancer Institute's website: **www.Smokefree.gov**
- The National Cancer Institute's text-messaging quit smoking program: **SmokefreeTXT: Text QUIT to 47848**
- The Department of Health and Human Services website: **BeTobaccoFree.gov**
- Appropriate community-based or local cessation resources (e.g., classes, support groups)

DNP Project Data Collection Form

Smoking status:

Current smoker Former smoker Non-Smoker Electronic cigarette user
Tobacco (dip/cigar) user

Demographic Survey

- A. 18-20
- B. 21-30
- C. 31-40
- D. 41-50
- E. 51-61
- F. 62- older

Ethnicity or Race

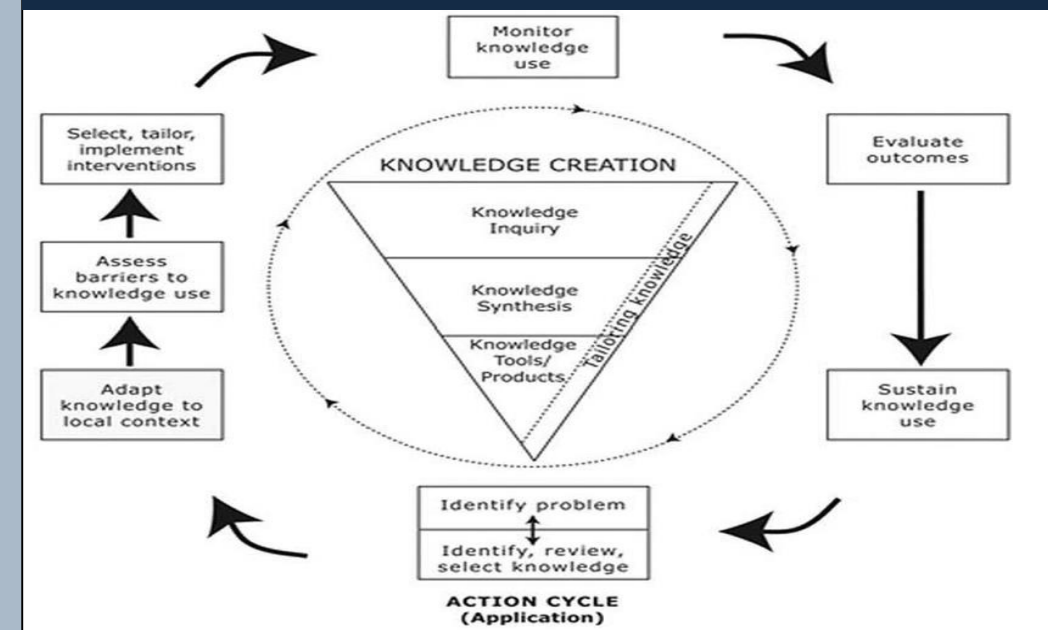
- A. White/Caucasian
- B. African American
- C. American Indian
- D. Asian
- E. Hispanic
- F. Other

- Referral to PCP
- TN Quitline information provided
- Not ready to quit

Data Analysis

- Statistical Analysis Microsoft Excel (2019)
- Descriptive statistics were used to display the data.

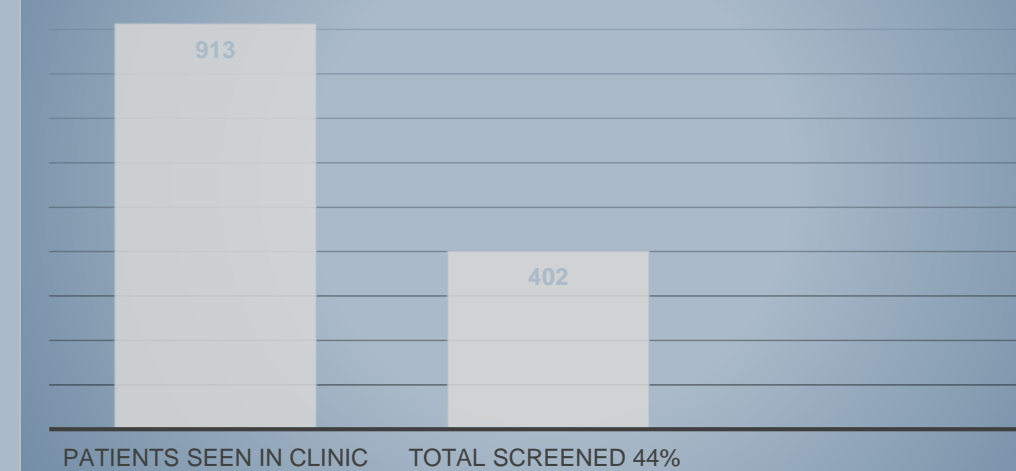
Knowledge to Action Framework



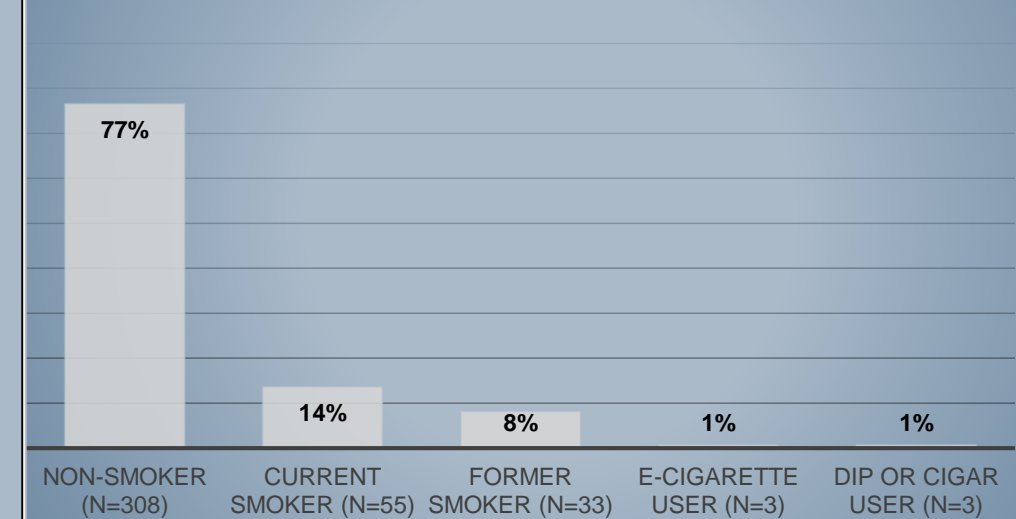
Reference: Graham, I.D., Logan, J., Harrison, M.B., Straus, S.E., Tetroe, J., Caswell, W. et al. (2006). Lost in knowledge translation: Time for a map. *Journal of Continuing Education in the Health Professions*, 26(1), 13-24.

Results

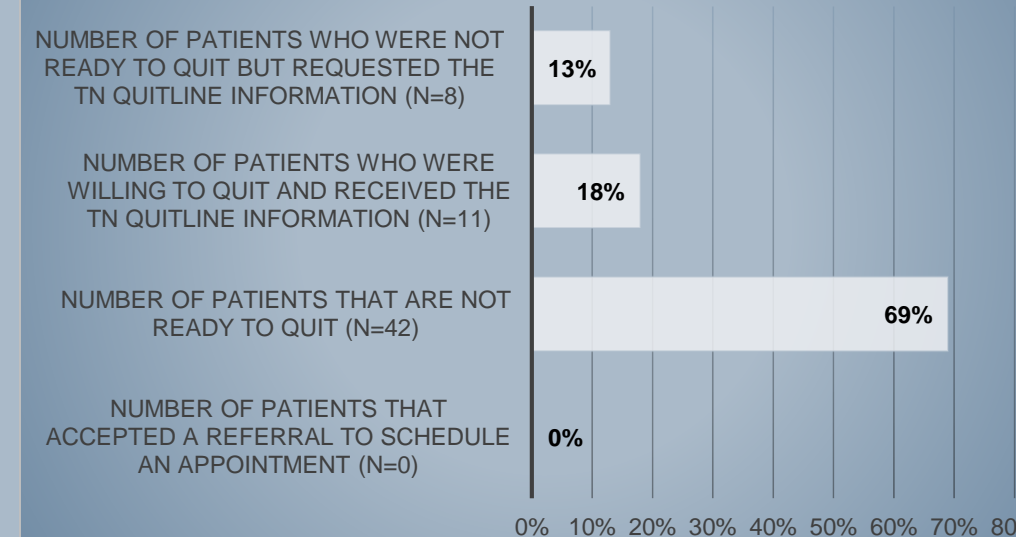
In-Person Appointments



Screened Patients (N=402)



Project Outcomes



Results

- Total appointments N= 913. Screened patients N=402.
- Identified smoker n =61
- Smokers did not accept a referral to schedule an appointment to discuss smoking cessation with a PCP.
- Some patients were not ready to quit; however, they requested the TN Quitline information for their reference (n=8).
- Some patients were ready to quit (n=11) and requested the TN Quitline information.

Discussion

- Five hundred and eleven patients were not screened for smoking status.
- Not all clinical nurses were compliant with the implementation process; however, screening for smoking status increased.
- COVID-19 changes in clinical settings and protocols could have played a significant role in the lack of nursing compliance. Further investigation could evaluate the nurse's response to the project implementation during the pandemic
- The training and lessons learned can guide further efforts to implement smoking cessation interventions.
- Limitation – This practice improvement project is limited to the primary care setting. Application to other practice settings might need further refinement..

Conclusion

- Smoking cessation improves health.
- Having the tools and education to deliver a smoking cessation intervention empower nurses to encourage healthcare promotion.
- Delivering a smoking cessation intervention is more effective than no intervention.

References

- Available upon request.

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