



Get With The GuidelinesSM Case Study: Smoking Cessation

Non-Exclusive Approach to Smoking Cessation Allows Hospitals to Reach New Heights

Get With The Guidelines (GWTG) participating hospitals must achieve a minimum of 85% adherence to the performance measures in each module in order to receive recognition as a GWTG Performance Achievement Award Hospital. One of the most challenging performance measures to adhere to is smoking cessation counseling, although the exact reason why it is so challenging is somewhat elusive. Many attribute it simply to not having proper documentation, while others believe it is not being able to accurately distinguish between a smoker and non-smoker. During the initial assessment, patients are asked a series of questions to determine whether or not they smoke. As with any assessment, how the questions are worded, who is asking the question, who is answering the questions, and when they are asked within the continuum of care all play a part in the accuracy of the answer. However, hospitals are taking a non-exclusive approach and no longer narrowing down the patient population to those who smoke. These GWTG hospitals are not only changing the mindset and approaching each patient, but also training a network of staff members on the process, making resources readily available across the continuum of care, and building redundancy in order to ensure that no one slips through the cracks therefore reaching new heights in smoking cessation.

Target Everyone...Patients and Staff

Lehigh Valley Hospital, an 805-bed hospital located in Pennsylvania has had 1745 smoking cessation consults as of November of this year (2005). For stroke patients, they are at and have been at 100% adherence for the past four quarters. Wuesthoff Health System in Rockledge, FL had a baseline smoking cessation adherence statistic of 89.7%, above that required by the GWTG program, however, not satisfied with the performance strove to reach higher and now sits at 100% adherence. And Del Sol Medical Center in Texas has had 6 consecutive quarters at 100% adherence. Linda Lawson, Administrative Director of Nursing Cardiovascular Services for Del Sol Medical Center says *"Hospitals get in to trouble when they try to define the population."* Debbie Whitnable, RN, Manager of Outpatient Cardiac and Pulmonary Rehab at Wuesthoff agrees. *"Our process of hitting "everyone" evolved over time. We were missing people who were smokers. The accuracy of the assessment often depends on who is sitting next to patient when they are assessed."* Many patients do not want to own up to the fact that they smoke, or they may have recently quit and now consider themselves a non-smoker. Whatever the reason, its not uncommon for "smokers" to slip through the system. The thought process behind this non-exclusive approach is that even if the patient doesn't smoke they may know someone who does and can still benefit from the information and resources provided. *"Usually patients are receptive to the information",* says Ms. Lawson, *"we get very few objections to receiving the information, as they understand why we are doing it. We have found that those who do object are often smokers."*

Statistics show that only 7% of the entire population of smokers will quit on their own. This is why inpatient smoking cessation counseling is a critical step in secondary prevention. Get With The GuidelinesSM hospital's across the country such as Del Sol Medical Center in Texas, Lehigh Valley Hospital and Health Network in Pennsylvania, and Wuesthoff Health System in Florida are going above and beyond simply meeting the guideline and developing cutting-edge and comprehensive smoking cessation programs that allow them to reach new heights.

Our goal is to get the message to our patients and their families about the risks of smoking, and the benefits of quitting smoking.”

The common element among all of these hospitals, other than that they utilize GWTG to aid them in reaching their guideline goals, is that they have built both flexibility and redundancy in to their smoking cessation process. Each organization offers different levels of education based on the readiness of the patient to quit. Initially, it may simply be an educational handout. However, throughout the patient’s stay, if there is more of an interest to quit, an inpatient consult can be ordered. The consults are usually face-to-face and can last up to an hour. Another layer is that patient’s are offered the opportunity to be contacted about outpatient services as well. Several different staff members have access to the hospital’s smoking cessation education materials and can order consults and assist the patient with whatever level of care they need. Also, documentation has been integrated in to the process and everyone involved documents along the way. Lehigh Valley Hospital, Del Sol Medical Center and Wuesthoff Health System all attribute their success to their systemized process of making materials easily available and the integration of the services throughout the entire network.

The Importance of Counseling

So why is smoking cessation counseling so important on an inpatient basis? *“Patients are at a turning-point in their lives after a traumatic event that can be directly related to smoking and more apt to change for the better,”* states Ms. Whitnoble. She tells of an interview with a heart-attack patient who never thought it would happen to him. He was young and in good physical shape, but smoked. After the heart attack he quit while in the hospital and against the odds, never went back. Statistics show that only 7% of the entire population of smokers will quit on their own. Suzanne Smith, Clinical Prevention Manager for Lehigh Valley Hospital states *“It has been our experience that 58-61% of inpatients receiving cessation advice are not ready to quit, even after a traumatic event.”* Smith manages Lehigh Valley Hospital’s Outpatient Tobacco

Treatment Program and believes having an outpatient program to complement inpatient services is critical. She believes that patients are often highly focused on their admission or current illness and need that extra support when they are stronger and ready to deal with a cessation attempt after discharge. Outpatient programs also allow hospitals such as Wuesthoff Health System, who within the last year implemented their outpatient program, to be proactive and support the community at large by providing a resource for smokers who have not been hospitalized. Claranne Mathiesen, Neurologic Nurse Specialist- Stroke Center and GWTG Stroke Program Coordinator for Lehigh Valley Hospital comments on how cessation inpatient services and outpatient programs work together for the most effective treatment, *“As we partnered with the outpatient program and looked hard at what we could do to make this more automatic for our patients we benefited from the ability to use the GWTG data to measure and monitor the effect of our concentrated efforts, hence continued improvement in compliance, from 67% when we started to 100% adherence.”*

These hospitals as well as other GWTG hospitals understand the importance of smoking cessation as a secondary prevention measure. Lehigh Valley Hospital started their smoking cessation initiatives prior to becoming a GWTG participating hospital, but Suzanne Smith has seen the program make providing the patient consult much more of a priority. *“Because GWTG is systemized, it helps us pull everything together and we have much more cohesiveness in our program,”* comments Ms. Smith. The mark of a true champion is never being satisfied with the results even if they are extraordinary, and these hospitals have achieved extraordinary results. However, even though they have met the challenge of smoking cessation head on and won, they still have teams that meet regularly to continually refine and enhance their program allowing them to reach even more people. A good example of achieving new levels is Lehigh Valley Hospital’s recent announcement to become a totally smoke-free environment on January 1, 2007. Putting their money where their mouth is, this hospital is now committing resources to assisting their staff in quitting.

If you’d like to learn more about Get With The Guidelines, an e-mail series is offered to help implement this important and lifesaving program with a step-by-step guide.

Send an e-mail to guidelineinfo@heart.org.

For more information about GWTG and how to become involved, contact your local American Heart Association Quality Improvement Initiatives Representative or log on to www.americanheart.org/getwiththeguidelines.