Smoke-free Hospitals

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Today's Subjects

- 5A's and Clinician Training and Use with the Hospitalized Patient
- NRT use in the Inpatient Setting
- Employee Cessation Programs
- UMHS Seven Years Later

University of Michigan Health System

- Smoke-free Policy impacted:
  - Three hospitals
  - 66 Off-site facilities
  - Medical School
  - MCARE HMO
  - UM School of Nursing

Total Beds

- **Total licensed beds: 865**
  Total staffed beds: 783
  Including:
  - Adult ICU: 84 beds
  - Neonatal ICU: 48 beds
  - Pediatric ICU: 31 beds
  - Womens: 31 maternity beds

UM Employees

- Total UMHHC Employees: 17,057
  - Faculty: 2,125
  - Staff: 7,734
  - Nurses: 3,079
  - House Officers: 958
  - Allied Health: 3,161
- UM Medical School: 4,088
- MCARE and UM Nursing School: 2,300

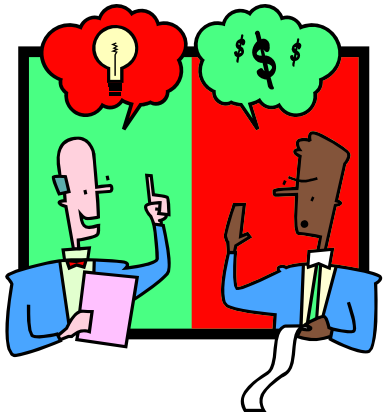
The message is….

- Becoming a smoke-free environment does not mean “smoker-free” or “anti-smoker”

- The best ways to avoid people having these misconceptions are a good communication plan and offering assistance for cessation efforts.

Challenges Implementing a Smoke-free Campus

- *Creating a major cultural change*
- *More difficult to implement due to compliance problems*
- *No place for the stressed, addicted smoker to go*



Standard of Care

- Ask every patient smoking status and note in chart by using vital sign concept
- Offer smoking assistance to all smoker
- Provide pharmacotherapy if appropriate to the needs of the smoker

Reasons For Lack of Clinician Involvement

- Lack of Time
- Frustration over low quit rates, high relapse
- Limited Training in Counseling
- Limited Training about using Nicot Replacement Products/ Zyban

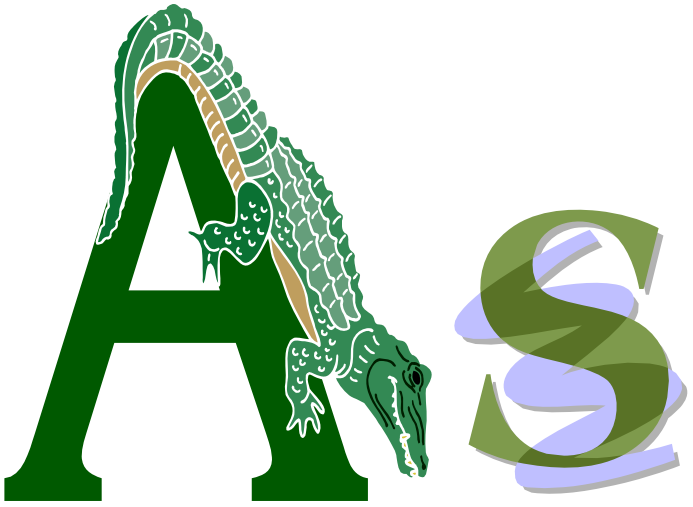
Lack of Time Doesn't Have To Be a Problem

- Even brief advice from a physician has been shown to increase quit rates.

- In 1996 the AMA endorsed the evidenced based Smoking Cessation Guidelines for brief intervention put out by The Agency for Healthcare Research and Quality (AHRQ).

The Five A's

- Ask
- Advise
- Assess
- Assist
- Arrange



There are two first steps for every patient:

- ASK every patient about tobacco use.
- ADVISE user patients to stop using tobacco and commend patients who are tobacco-free.

The 5 A's: Brief Intervention

- **Assess:** if the patient is ready to quit. Are
  they ready to set a quit date within the next month?
  If patient will make a quit attempt, either refer to an intensive intervention or assist the patient yourself.
  - If the patient will not attempt to quit, provide a motivational intervention.

For those willing to Quit

- **Assist:** Help the patient make a quit plan.
  - Recommend pharmacological therapies as appropriate.
  - Set a quit date, ideally in next 2 weeks.
  - Determine a method, cut down, cold turkey, nicotine fading.
  - Remove tobacco from their environment.
  - Identify trigger situations and make a plan for how they will cope.
  - Avoid high risk situations.
  - Get support, tell family and friends.

The 5 A's: Brief Intervention

Assist: Provide Problem Solving

- Abstinence: Even a single puff can set you back.
- Past Quit Experience: What helped, what hurt?
- Depression: Consider supportive counseling while

  trying to quit, Zyban or other Antidepressants.
- Alcohol: Consider limiting or abstaining, alcohol can cause relapse.
- Other smokers in the household: Encourage

  housemates to quit or not smoke around them.

The 5 A's: Brief Intervention

- **Arrange:** Set up Follow-up contact.
  - Make another appointment or f/u via telephone.
  - Contact within the first 2 weeks after quitting is most effective.

The 5 R's

- **Risk:** Provide information about the consequences of smoking and the need for change.
- **Relevance:** How is this information relevant to their situation?
- **Reward:** What are the benefits of quitting?
- **Roadblocks:** What are the barriers to quitting?
- **Repetition:** Repeat this intervention with each office visit until they move to contemplation of quitting.

Examples of The 5 R's with Pulmonary Patients

Risk: Smoking has an additive effect, the more you smoke, the more breathing problems occur for you, over time.

Relevance: Because you have COPD:

-If you continue to smoke, your inhaler medication will not work as well as if you did not smoke.

-If you continue to smoke, you will have more episodes of breathing problems than if you quit.

Examples of The 5 R's with Pulmonary Patients

Rewards : "You will be able to enjoy your present level of activity longer if you quit smoking."

- Get specific: fishing, walking, etc. Ask them what they would miss.

The best way to slow the progression of the disease is by quitting smoking.

Roadblocks: Feels damage is already done.

"No matter your current health status, your quality of life improves after quitting smoking."

Repetition: Repeat 4 R's at each visit until patient is ready to quit.

Five Easy Steps To Help Smokers Quit

1. **Assess** and **document** the patient's smoking status.
2. Discuss **health benefits** of smoking **cessation.**
   (be specific and relevant to the patient's health situation)
3. Set a **quit date**, encourage pt. to use the date of admission.
4. Prescribe **pharmaceutical** aids. (see reverse side)
5. Arrange for **Follow-up.**
   a. **Refer** for Counseling*
   b. **Inform** the Primary Care Physician:
      - Problem list: list tobacco use.
      - Discharge summary/letter: state patient's smoking status, quit date and prescribed pharmaceutical aids.

***Tobacco Consultation Service: 734-936-5988**

Or page: Inpatient counselor #1105
Outpatient counselor #7071

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MEDICATION AIDS FOR SMOKING CESSATION

Agent	Dosages	Dosing		Instructions	Side Effects
Transdermal Nicotine Patch: Continuous delivery of nicotine. 2-3 hrs. til' maximal serum levels. Take off at night.	**Over The Counter** Nicoderm CQ 21, 14, 7mg / 24 hr **Prescription:** Habitrol 21, 14 or 7mg / 24 hr.	Cig / d Dose <5 qd……..7mg 5-10 qd…..14mg 11-20qd….21mg 21-40qd.…35mg >40qd…...42 mg	8 wks.	Weeks 1-4: highest dose of a given brand Weeks 4-6: next lowest dose Weeks 6-8: Lowest dose	Skin reactions including: Pruritis, edema, rash, Sleep disturbance
Nicotine Gum (polacrilex): maximum nicotine levels achieved within 20-30" of chewing.	**Over The Counter** Nicorette 2 and 4 mg. sticks	≥20 cigs per day use 4mg stick/hr. ≤20 cigs per day use 2 mg sticks q hr.	2-3 mos.	Park between cheek and gum for 30" (chew briefly as needed to keep gum juicy) No acidic beverages.	Jaw fatigue, hiccups, belching Nausea.
Nicotine Inhaler: Nicotine absorbed through mouth and throat. Peak levels in 20 minutes.	Prescription Nicotrol inhaler. mouth piece + 42 cartridges	3-4 puffs per min x 5 min = 1 cigarette	2-3 mos.	1 cartridge is good for 4 uses, or 4 cigarettes worth of nicotine.	Cough, mouth and throat irritation.
Bupropion hydrochloride (Zyban Wellbutrin SR)	Prescription 150 mg tablets	150 mg/day for 3 days, then 150 mg bid, 7-12 weeks	12 wks.	Does not attain therapeutic bld. level for 1-2 wks. Begin ASAP. **Contraindications**: Seizure disorder, eating disorder, taking Wellbutrin or MAO inhibitors	

Inpatient NRT

- 80% those desiring NRT have by counselor visit
- Use primarily patch and/or inhaler
- Training for clinicians – Open orders
  - Working as teams
- Rare prescribing of bupropion

Employee Cessation Programs

- Counseling, NRT, and bupropion free for six months prior to implementation
  - Groups and individual counseling program
  - Began collecting data on employee smoking rate via TB testing
  - 17% smoking rate 6 months post implementation
  - Counseling for those not ready to quit

Employee Cessation Programs

- Currently: Counseling still free, employee pays for OTC NRTs and co-pays bupropion and script NRTs
- We work with Employee Health Service
  - Refer employees for 20 minute visit
  - They come with a recommendation
  - NP goes over contraindications again and writes script
  - Scripts are filled in Cancer Geriatrics Pharmacy

Employee Cessation Programs

- Last data collection 11% smoking rate
  - What is not reflected is number of employees who continue to smoke but smoke less or do not smoke at work
- Run groups at worksite, off-sites, different times
- Employee can come through group as many times as they want

UMHS Lessons Learned

- Implement a policy you can enforce
- Remember this policy is like hand washing or parking issues
- Never assume you have communicated enough
- Enforcement happens
  - Be clear, be consistent, start from the beginning
- Patience is a virtue
- Repetition, repetition, repetition