Implementation of NYS Opt-to-Quit™ Program at a Children’s Hospital and Preliminary Results of a Survey of Parents

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I have no real or perceived vested interests that relate to this presentation nor do I have any relationships with pharmaceutical companies, and/or other corporations whose products or services are related to pertinent therapeutic areas.

Objectives
1. To review harmful effects of second- and third-hand smoke on children
2. To describe the implementation of the NYS Opt-to-Quit™ program at Stony Brook Long Island Children’s Hospital
3. To share preliminary data from a survey of smoking parents of newborns

Overview
Smoking Stats

- In NYS (2012): 16.2% of adults smoke
- Approx 11% of parents of babies admitted to our NICU smoke
- Parents reported to have lower baseline quit rates (2 – 5%) than the general population (7 – 10%)
- Up to 50% of women who have quit or cut back may restart postpartum

Secondhand Smoke

- 11% of children exposed to SHS
- 90% due to parents, in the home
- Effects of SHS on children:
  - Increased risk of Sudden Infant Death Syndrome (SIDS)
  - Asthma exacerbations
  - Ear infections, pneumonia
  - Significant effects on premature infants
- “There is no risk-free level of exposure to SHS”

Thirdhand Smoke

- What remains in an environment after the cigarette is extinguished
- Toxic and carcinogenic components in tobacco smoke
- Remains in dust, on surfaces for long time
- Children particularly at risk!
Smoking Cessation in the Inpatient Setting

- Information, referral to Quitline
- More focused or intense interventions may work better
- Inpatient counseling sessions
- Target populations
- Faxed referrals to the Quitline

Rigotti et al, 2012
Winickoff et al, NEWS study, Pediatrics 2010
Rigotti et al, STOP, Pediatrics 2003
Winickoff et al, STOP, Pediatrics 2003

Opt-to-Quit™

- Program of NYS Smokers' Quitline
- Systematizes referral to NYS Quitline
- Smokers opt out
- Referral can be done through EMR, via fax or other data sharing, streamlining the process
- We are first (and only) Children's Hospital to participate

Partnering with NYS Opt to Quit™

Rigotti et al, 2012
Winickoff et al, NEWS study, Pediatrics 2010
Rigotti et al, STOP, Pediatrics 2003
Winickoff et al, STOP, Pediatrics 2003
Implementation of Opt to Quit™

Challenges in Implementation

- Opt-to-Quit™ and the EMR
- Tasks vs. forced functions
- Challenges of a Children’s Hospital
  - HIPPA
  - Legal issues
  - Data transfer
  - Staff commitment to a new process
  - Referring all smokers in a family
A Comparison of Parents/Caregivers of Healthy vs. Sick Neonates: Is There a Difference in Readiness and/or Success in Quitting?

- Study supported through a New Investigator Award from the American Academy of Pediatrics Julius B. Richmond Center of Excellence, through a grant from the Flight Attendant Medical Research Institute (FAMRI)
- Survey of smoking parents of newborns in well-baby nursery and NICU over a one year period

Preliminary Results – Referral Acceptance

53% (18/34) of smoking caregivers in the NICU accepted referral through Opt-to-Quit™ vs. 78.9% (93/118) of smoking caregivers in the newborn nursery (p = 0.003).
Preliminary Results – Smoking Characteristics

- 86.4% of parents had tried to quit upon learning of pregnancy (91.3% of mothers; 69% of fathers)
  - 43.1% cut back
  - 27.6% quit completely
  - 10.3% quit later in pregnancy

- More mothers (68%) than fathers (28%) quit or cut back for pregnancy or child-related reasons
- More mothers (65.9%) than fathers (38.5%) were counseled regarding smoking cessation during pre-natal visits by a physician

Preliminary Results: E-Cigarettes

- 51% of all surveyed had tried e-cigarettes
- 58% for the purposes of smoking cessation
- 82.6% in place of regular cigarettes
Future Plans

- Compare quit data from NYS Quitline with questionnaire results in order to identify relevant factors for future study and intervention
- Continue to improve referrals through nurse and physician education; process improvement
- Expand Opt-to-Quit™ referral to OB, outpatient and ED
- Initiate smoking-cessation services directly in the inpatient setting to work in conjunction with referrals to Opt-to-Quit™

Questions?

   Accessed Feb 26, 2014
2. Shah S, Smoking cessation counseling and pneumococcal vaccine administration to parents of infants admitted to neonatal intensive care unit with 3-96 changing respiratory. RPMN 2011; Volume 2, Number 5
   Accessed February 26, 2014
   Accessed February 26, 2014
11. Questions?