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

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

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.

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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

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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

Behavioral Risk Factor Surveillance System (BRFSS), 2012
Shah, S, Journal of Neonatal-Perinatal Medicine 4, 2012
Ralston S, Roohi, Pediatric Pulmonology, 2008
Levine MD, Womens Health Issues. 2008

Our population

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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"

http://www.nysmokefree.com
www.cdc.gov
http://www2.aap.org/richmondcenter
US Department of Health and Human Services, 2006

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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!

http://www2.aap.org/richmondcenter
Matt *et al*, Thirdhand Tobacco Smoke: Emerging Evidence and Arguments for a Multidisciplinary Research Agenda, Environmental Health Perspectives, 2011

Our population

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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

Smoking Cessation in the Inpatient Setting

Rigotti *et al*, 2012
Winickoff *et al*, NEWS study, Pediatrics 2010
Ralston and Roohi, 2003
Winickoff *et al*, STOP, Pediatrics 2003
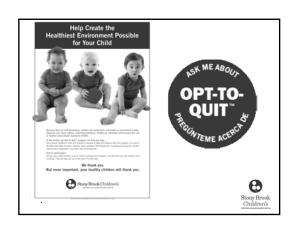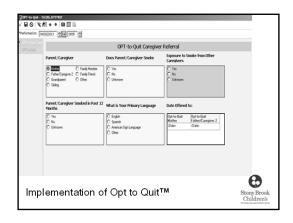
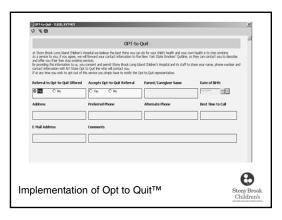Stony Brook Children's

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™

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Implementation of Opt to Quit™

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
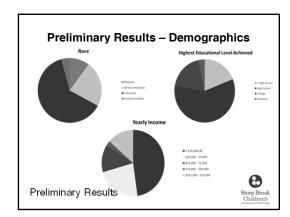
Challenges in Implementation

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

Overview of
Study Methodology

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Preliminary Results – Demographics

Preliminary Results

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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

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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

Preliminary Results

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Preliminary Results – Smoking Characteristics

- 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

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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

Preliminary Results

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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™

Moving Forward

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1. http://www.cdc.gov/brfss/annual_data/annual_2012.html Accessed Feb 26, 2014
2. Shah S, Smoking cessation counseling and pneumococcal vaccine administration to parents of infants admitted to neonatal intensive care unit: A life-changing opportunity. JNPM 2012; Volume 4, Number 3
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4. Levine MD. Women's interest in treatment to stay abstinent from cigarettes postpartum. Womens Health Issues. 2008 Sep-Oct;18(5):381-6.11
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8. Rigotti NA, Munafo MR, Stead LF. Smoking cessation interventions for hospitalized smokers: a systematic review. Arch Intern Med. 2008 Oct 13;168(18):1950-60
9. Winickoff JP, Hillis VJ, Palfrey JS, Perrin JM, Rigotti NA. A smoking cessation intervention for parents of children who are hospitalized for respiratory illness: the stop tobacco outreach program. Pediatrics. 2003 Jan;111(1):140-5
10. Winickoff JP, Healey EA, Regan S, Park ER, Cole C, Friebely J, Rigotti NA. Using the postpartum hospital stay to address mothers' and fathers' smoking: the NEWS study. Pediatrics. 2010 Mar;125(3):518-25.

Questions?

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Thank you!

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