Title:
Implementation of a Smoking Cessation Education Program in the Emergency Department

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Session Title:
Smoking Cessation Programs
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Emergency Department, Smoking Cessation and Tobacco

References:

Abstract Summary:
The emergency department presents an underutilized opportunity in the health care system to increase smoking cessation education and referral by registered nurses for at-risk patients. However, providing nurses training regarding appropriate counseling and resources for patients may reduce barriers and increase smoking cessation education provided to patients.

Learning Activity:

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<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<td>The learner will be able to describe the importance of smoking cessation education for at-risk patients in the emergency department.</td>
<td>Despite the extensive research demonstrating the negative effects of tobacco use on health, nearly a quarter of the U.S. population still smokes tobacco. These individuals are at increased risk for negative health outcomes and premature death. A brief intervention in the health care setting may be effective to initiate smoking cessation.</td>
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<td>The learner will be able to identify the barriers to smoking cessation education for at-risk patients in the emergency department.</td>
<td>Emergency room nurses face barriers to smoking cessation education including lack of proper training, as well as limited time, emphasis on acute care concerns, lack of continuity with patients and deference to the physicians.</td>
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<td>The learner will be able to summarize the key elements of a tobacco use screening and referral module as provided to the nurses in an emergency department.</td>
<td>Nurses identify patients reporting tobacco use during triage. These patients would be considered candidates for the brief intervention and referral to AHEC by the primary nurse. The SBIRT screening tool would be used to categorize the level of intervention needed for this client, from a brief intervention to a more complex intervention requiring pharmacological agents, quit-line referral, and outside counseling services.</td>
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<td>The learner will be able to apply the key elements of tobacco screening and referral in the emergency room setting.</td>
<td>Emergency rooms can establish policy guidelines to guide nurses to implement tobacco smoking education for at risk patients. By providing nurses in this setting training to conduct tobacco screening and referral, more nurses will be equipped to carry out this preventive health care role.</td>
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**Abstract Text:**

**Background:** Cigarette smoking is the leading cause of preventable death in the United States and one out of five deaths in the country can be attributed to tobacco-related products. It is the leading risk factor for development of heart disease, stroke, cancers, and lung disease. As a result of these negative health effects of smoking and socioeconomic disparities among the smoking population, a disproportionate number of smokers utilize the emergency department. Registered nurses in the emergency department therefore represent an underutilized opportunity in the health care system to increase smoking cessation education and referral for at-risk patients upon discharge. However, nurses in the emergency department setting may face barriers to conducting this education among patients who screen positive for tobacco use, including a limited time and lack of knowledge of appropriate community resources.

**Theoretical Framework:** This project utilized the theoretical framework of Donabedian’s Healthcare Outcome Measurement Model, which proposes three closely related areas: structure, process, and outcome. Structure has an impact on process, and consequently, process affects outcome. All three areas are considered critical in quality of care evaluation.

**Methods:** A group of 80 registered nurses working in a local emergency department were invited to participate in the study. Of these 52 agreed to participate in the study. An educational module regarding smoking cessation counseling was provided to instruct nurses in the protocol for tobacco screening and referral. This included identification of patients reporting tobacco use; categorization of level of intervention needed for this client; and education regarding specific resources available such as pharmacological agents, quit-line referral, and outside counseling services. A pre- and post-intervention self-reported confidential survey was administered to evaluate learning outcomes.
**Results:** According to a comparison of survey data, the number of emergency department nurses who screened for tobacco use most of the time after the intervention remained the same. However, the number of nurses who advised, assisted, and referred services for those patients screening positive for tobacco use increased significantly in the pre-intervention survey to the post-intervention survey.

**Conclusion:** Through use of appropriate training, nurses can augment their ability to implement tobacco screening and smoking cessation education in at-risk patients. Providing emergency department nurses this instruction can help them to overcome barriers such as time and lack of knowledge. As nurses take an increasingly active role not only screening, but also advising, assisting and referring at-risk patients, these efforts may help to reduce morbidity and mortality secondary to tobacco-related diseases.