Emergency Nurse Initiated Brief Smoking Cessation Intervention

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1: PURPOSE

Problem: No smoking cessation assistance provided to the many discharged ED patients that smoke.

Current practice: Nurses screen all ED patients for smoking status. No further action is taken for smokers unless hospitalized.

Goal: Improve on the current emergency nurse practice of only screening by providing a brief smoking cessation intervention.

Rationale:
- Smoking is an avoidable risk factor associated with many ED patients.
- Many ED patients smoke making the ED an opportune clinical area for an intervention.
- Emergency nurses are in a position to take advantage of this “teachable moment”.

2: EVIDENCE SUPPORT

- Brief ED cessation intervention yielded similar if not better outcomes than more intense interventions (Bernstein et al., 2011; Anders et al., 2011; Boudreaux et al., 2008)
- ED nurse role satisfaction/efficacy increased after ED cessation in emergency department (Katz et al., 2012)
- Data supports nurse initiated smoking cessation intervention (Rice, V. H., Hartmann, D., & Stead, F. L. (2011)).

3: PRACTICE IMPROVEMENT PLAN

Project Objectives:
- Conduct needs assessment nurse survey to determine knowledge and attitudes regarding smoking cessation in emergency department.
- Educate emergency nurses to implement a smoking cessation intervention.
- Emergency nurses implement brief AAR protocol for ED patients who smoke.

Setting: Middle-suburban emergency department

Design: ED nurse needs assessment survey→ED nurse education→12 week patient intervention

Participants: 83 emergency nurses, non-critical ED patients 19 years and older

Data sources: Needs assessment survey, ED nurse education post-evaluation, Pre and post patient intervention EHR data

IRB: Exempt status granted from project site and Loyola University Chicago

AAR Protocol: Ask about smoking status/readiness to quit – Advise strongly to quit – Refer to evidence based smoking cessation treatment (state quitline, on-site smoking cessation classes)

4: PRE-INTERVENTION DATA

ED Nurse Needs Assessment Survey (n=33)
- Have you received formal training in smoking cessation?
  - Yes, received formal training: 0%
  - Yes, received but minimal or long time ago: 22%
  - No, have not received formal training: 78%

ED Nurse Post Education Survey (n=74)
- Will expand nursing practice to include smoking cessation advice and referral: 71%
- Understand and can apply the components of brief smoking cessation intervention: 74%
- Aware of ED patient smoking prevalence and potential impact on smoking cessation: 77%

NO smokers were documented by ED nurses as receiving smoking cessation advice or referral.

5: PATIENT INTERVENTION OUTCOMES

ED Patient Smoking Cessation Intervention Data (n=1488)

- Identified as current smoker: 1488 (99%)
- Identified as nonsmoker: 9777 (80%)

ED Patient Intervention Data for current smokers (n=1488)

- Documentation in EHR Smoking history
  - "Ready to quit" (Refer)
  - "Ready to quit" (Flyer accepted)
  - "Counseling given" (Refer)

ED Patient Smoking Cessation Intervention Data for current smokers (n=1488)

- Identified as current smoker: 1488 (99%)
- Identified as nonsmoker: 9777 (80%)

6: PRACTICE IMPLICATIONS

- Established feasibility and acceptability for an ED nurse implemented brief smoking cessation intervention.
- Enhanced ED nurse ability to address patient risk reduction and health promotion.
- Created a guide for a nurse led smoking cessation intervention in other ED settings.

7: LESSONS LEARNED

- To prevent loss of the opportune teaching moment, intervention should be initiated at the same time as screening for smoking.
- Protocol must be brief with accessible reminders to counter busy ED setting.
- EHR prompts must clearly reflect nurse actions to ensure accurate documentation.
- Steps to monitor and assure adherence to the protocol should be instituted.
- Recruitment of other clinicians promotes a team approach and reinforces the patient message to quit smoking.
- Feedback on patient outcomes are important to promote and maintain interest.

8: BIBLIOGRAPHY