

# 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 high morbidity/mortality.
- 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 cessation education (Katz et al., 2012)
- Data supports nurse initiated smoking cessation intervention (Rice, Hartmann-Boyce, & Stead, 2013)
- Grade “A” recommendation for AAR smoking cessation protocol in clinical areas with brief patient encounters (USPSTF, 2015)

## 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:** Midwest 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

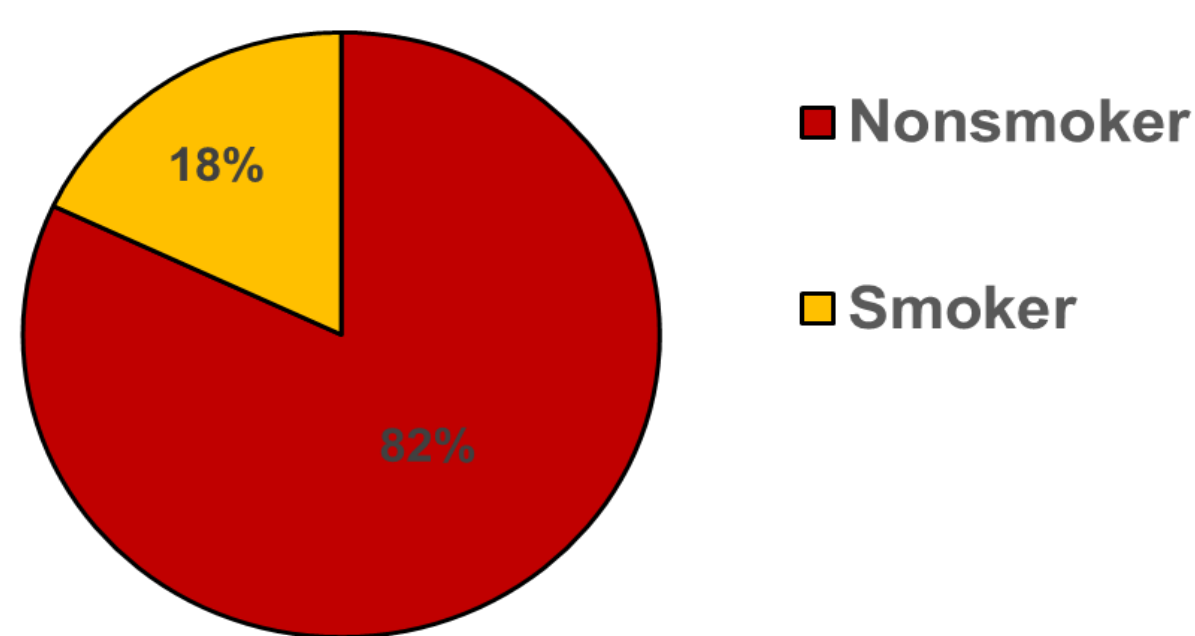
**Data sources:** Needs assessment survey, ED nurse education post-evaluation, Pre and post patient intervention EHR data

**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

Smoking prevalence for project site  
Emergency Department discharged  
patients 19 years and older (2015)



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

### ED Nurse Needs Assessment Survey (n=33)

Have you received formal training in smoking cessation?	n	%
Yes, received formal training	0	0
Yes, received training but minimal or long time ago	7	22
No, have not received formal training	25	78

### ED Nurse Post Education Survey (n=74) %strongly agree/agree

Will expand nursing practice to include smoking cessation advice and referral	71.6
Understand and can apply the components of brief smoking cessation intervention	74.3
Aware of ED patient smoking prevalence and potential impact on smoking cessation	77.0

## 5: PATIENT INTERVENTION OUTCOMES

ED Patient Smoking Cessation Intervention Data (12 weeks)		N	%
Target Population Data			
Total ED patient encounters 19 years and older		12465	-
Excluded ED patients (hospitalized, high acuity, expiration)		5000	40.1
Included ED patients (discharged directly from ED)		7465	59.9
Smoking Status Screening Data (n=7465)			
Identified as current smoker		1488	19.9
Identified as nonsmoker		5977	80.1
ED Patient Intervention Data for current smokers (n=1488)			
Documentation in EHR Smoking History:			
“Ready to quit” (Ask)		52	3.5
No		21	1.4
Yes		31	2.1
“Counseling given” (Advise)		1488	100
No (Refer-flyer not accepted)		1395	93.8
Yes (Refer-flyer accepted)		93	6.3

## 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

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