



Efficacy of Inpatient Smoking Cessation Interventions: “Staying Quit” at HMC

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Introduction

As nurses, we are often “educators” to our patients about a variety of topics. Acute care patients are frequently informed of the risks of smoking to their health and negative outcomes following surgical procedures, but uncertainty exists on information retained when patients return home after surgical procedures? Risks of smoking in post-surgical patients include mal-union, non-union, poor wound healing, surgical site infections, etc. Current statistics estimate 42.1 million people, or 18.1% of all adults (aged 18 years or older), in the US smoke cigarettes.¹ With such high prevalence rates, acute hospital admission provides a unique smoking cessation opportunity and may even help to decrease the risk of post-op complications, as well as readmissions.

PICO

In patients admitted for surgical cases with a history of smoking, what educational strategy is most effective in promoting smoking cessation post-op?

Methods

A literature search was conducted using CINAHL, PubMed, and EbscoHost databases.

Keywords: *smoking cessation interventions, inpatient, acute-care, post-operative, smokers*

Inclusion Criteria: Scholarly articles within the past 10 years, acute-care inpatient hospital settings, smoking cessation focus

Currently at HMC

- Adult Admit II trigger
- Cessation Counselors (RRT’s)
- Two Standardized Handouts
- 1 Weeknight Support Group
- Careline: No HMC Hotline Access
- No Statistical Documentation of Effectiveness
- No Phone Initiative/Follow up
- No RN Orientation Education

“Staying Quit” Initiative

- GN orientation includes smoking cessation education
- CEU’s offered for current RNs
- Algorithm for counseling materials
- Phone contacts/Follow-up options post-discharge
- RRT driven Hotline available through Careline

Results

Article	Methods	Findings
Translating Smoking Cessation Research Findings Into Clinical Practice: The “Staying Free” Program ²	-Post D/C phone contacts at 48 hours; 7, 21, and 90 days. Focused on relapse prevention and creating a new quit plan if a lapse occurred.	-Even minimal intervention at time of hospitalization results in cessation rate of 8-54% when compared with unassisted cessation rate of about 3%.
Smoking Cessation Interventions for Hospitalized Smokers: Systematic Review ³	-Search of Cochrane Tobacco Addiction Review Group’s register for smoking cessation intervention trials (began during inpatient and lasted at least 6 mo post DC)	-Post DC initiatives for 1 mo or longer increased odds of smoking cessation by 65% at 6-12 mo vs. intervention at hospitalization alone -NRT/bupropion + counseling increased quit rates by 47% vs. placebo or no drug
Training Nurses in the Treatment of Tobacco Use and Dependence: pre- and post- training results ⁴	-The aim of the study was to examine the effects of a brief training in the treatment of tobacco use and attitudes of nurses. A pre-post-test design was used.	-Stat. significant positive increases in tobacco-related knowledge and attitudes with 1-hour training for RNs in the evidence-based treatment of tobacco use and dependence
Frequency of Nurses’ Smoking Cessation Interventions: Report From a National Survey ⁵	-Cross-sectional survey sent to over 35 Magnet Institutions (RNs or LPNs) - Assessed frequency of smoking cessation interventions delivered by nurses	73% “always or usually” asked 62% advised of risks/motivated to quit 37% “always or usually” assisted 19% arranged, 24% recommended medications 22% referred to resources 10% recommended quitline

Discussion

- Identified gap in clinical knowledge
- Brief vs. intensive treatment
- Post-discharge contact is imperative
- NRT partnered with counseling

Conclusions

- Smoking cessation strategy training is imperative
- Counseling benefits smoking cessation
- RN confidence
- Additional research needed
- Challenge: follow-up with research and interventions to increase smoking cessation success

References

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