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## Background and Significance

- Smoking is the leading preventable cause of death in the United States.
- Smoking decrease the functionality of the respiratory system.
- 480,000 death are attributed to cigarette smoking in the United States.
- Healthcare costs in the US due to tobacco-related illness = \$ 300+ billion each year.
- In the US, 13.7% of adults are smokers.
- In TN, 20.7% of Tennesseans are tobacco users.
- In Montgomery county, 27.50% of adults are smokers.
- 30 Tennesseans die daily due to tobacco-related illnesses.
- 80% of smokers see a clinician yearly. Seeking a clinician yearly, creates an opportunity to deliver a smoking cessation intervention.

## Purpose of the Quality Initiative

- To educate nurses on the importance of smoking cessation
- Implement a brief smoking cessation intervention for tobacco users

## Methods

### Design - QI Initiative

**Setting** - Primary Care Clinic in Middle TN

**Participants - Inclusion criteria** - Clinical nurses who were 18 years of age or older and worked at the clinic. Exclusion criteria – those who were not 18 years of age and nurses not working at the clinic. **Target population** – tobacco users who were 18 years of age or older and accessed the clinic.

### Procedures

- PowerPoint presentation with voice overlay to educate nurses on the background and significance of the problem, how to use the smoking cessation tool, and to discuss the project purpose.
- Project participation and training was mandatory for all clinical nurses.
- Intake nurses completed the data collection form.

### Intervention

- 2 A's and R

## Methods

### THE BRIEF TOBACCO INTERVENTION

#### The 2As & R

#### ASK about tobacco use:

"Do you currently smoke or use other forms of tobacco?"

#### ADVISE the patient to quit:

"Quitting tobacco is one of the best things you can do for your health. I strongly encourage you to quit. Are you interested in quitting?"

#### REFER the patient to resources:

**IF READY TO QUIT:** Provide direct referrals to resources that will assist the patient in quitting. Provide direct referrals. Prescribe medications, if appropriate.

"This is a resource I recommend. It will provide you with support, help you create a plan to quit, and talk to you about how to overcome urges you might have to smoke after you quit."

**IF NOT READY TO QUIT:** Strongly encourage patients to consider quitting by using personalized motivational messages. Let them know you are there to help them when they are ready.

#### Recommended resources include:

- Free telephone-based state tobacco quitlines: [1-800-QUIT-NOW](tel:1800QUITNOW)
- The National Cancer Institute's website: [www.Smokefree.gov](http://www.Smokefree.gov)
- The National Cancer Institute's text-messaging quit smoking program: [SmokefreeTXT: Text QUIT to 47848](http://SmokefreeTXT.TextQUITto47848)
- The Department of Health and Human Services website: [BeTobaccoFree.gov](http://BeTobaccoFree.gov)
- Appropriate community-based or local cessation resources (e.g., classes, support groups)

DNP Project Data Collection Form

#### Smoking status:

Current smoker   Former smoker   Non-Smoker   Electronic cigarette user  
Tobacco (dip/cigar) user

#### Demographic Survey

- A. 18-20
- B. 21-30
- C. 31-40
- D. 41-50
- E. 51-61
- F. 62- older

#### Ethnicity or Race

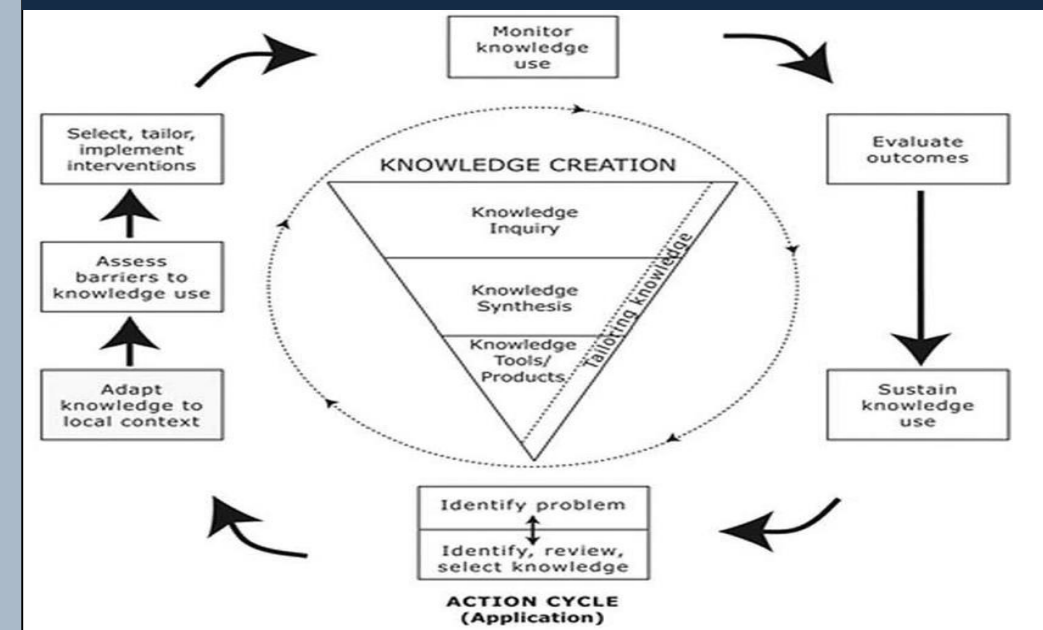
- A. White/Caucasian
- B. African American
- C. American Indian
- D. Asian
- E. Hispanic
- F. Other

- Referral to PCP
- TN Quitline information provided
- Not ready to quit

## Data Analysis

- Statistical Analysis Microsoft Excel (2019)
- Descriptive statistics were used to display the data.

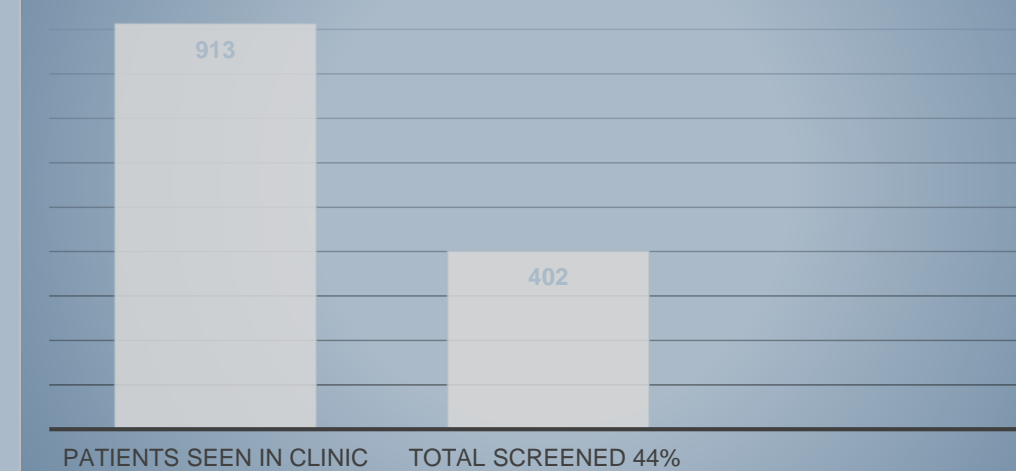
## Knowledge to Action Framework



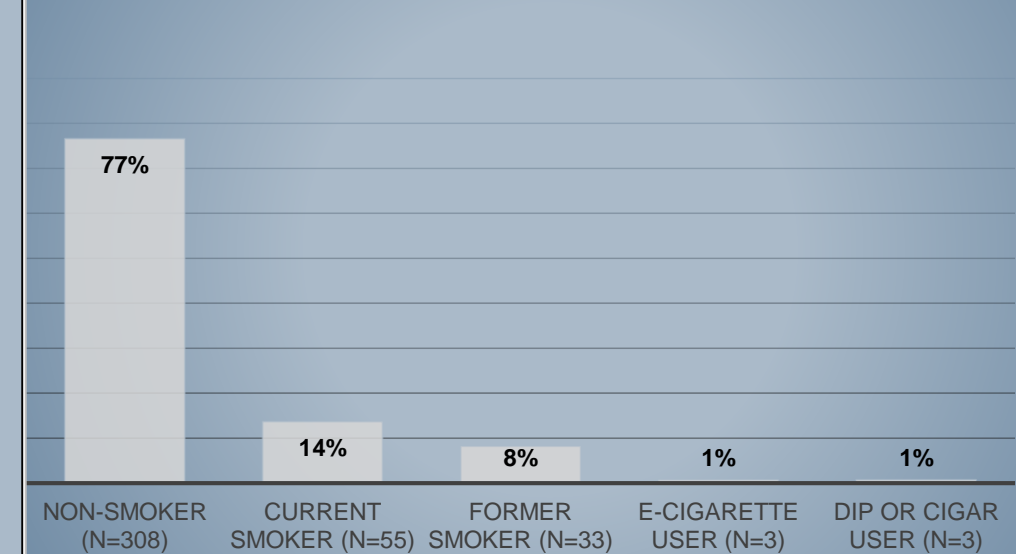
Reference: Graham, I.D., Logan, J., Harrison, M.B., Straus, S.E., Tetroe, J., Caswell, W. et al. (2006). Lost in knowledge translation: Time for a map. *Journal of Continuing Education in the Health Professions*, 26(1), 13-24.

## Results

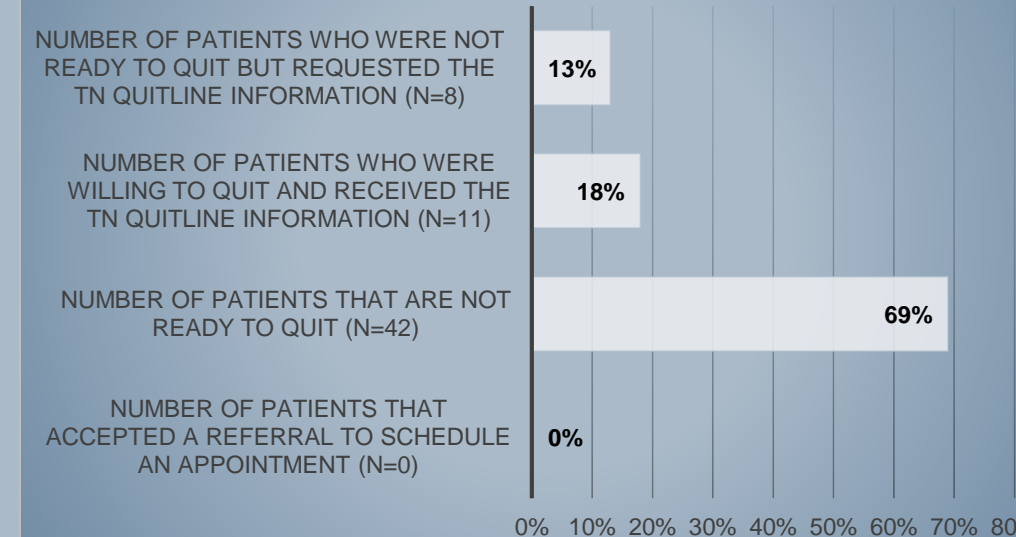
### In-Person Appointments



### Screened Patients (N=402)



### Project Outcomes



## Results

- Total appointments N= 913. Screened patients N=402.
- Identified smoker n =61
- Smokers did not accept a referral to schedule an appointment to discuss smoking cessation with a PCP.
- Some patients were not ready to quit; however, they requested the TN Quitline information for their reference (n=8).
- Some patients were ready to quit (n=11) and requested the TN Quitline information.

## Discussion

- Five hundred and eleven patients were not screened for smoking status.
- Not all clinical nurses were compliant with the implementation process; however, screening for smoking status increased.
- COVID-19 changes in clinical settings and protocols could have played a significant role in the lack of nursing compliance. Further investigation could evaluate the nurse's response to the project implementation during the pandemic
- The training and lessons learned can guide further efforts to implement smoking cessation interventions.
- Limitation – This practice improvement project is limited to the primary care setting. Application to other practice settings might need further refinement..

## Conclusion

- Smoking cessation improves health.
- Having the tools and education to deliver a smoking cessation intervention empower nurses to encourage healthcare promotion.
- Delivering a smoking cessation intervention is more effective than no intervention.

## References

- Available upon request.

## Contact

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