

EMERGENCY NURSE IMPLEMENTATION OF THE BRIEF SMOKING-CESSATION INTERVENTION: ASK, ADVISE, AND REFER

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Contribution to Emergency Nursing:

- Many ED patients smoke, and emergency nurses are uniquely positioned to provide a brief smoking-cessation intervention during the teachable moment that occurs when screening for smoking status.
- It is known that a patient who smokes is more likely to quit when counseled to do so by a trusted clinician such as a nurse.
- Training in brief smoking cessation techniques provides another skill that emergency nurses can use to contribute actively to the promotion of patient health and reduction of risk.

Abstract

Problem: Smoking is the single most avoidable risk factor for many health problems such as cardiovascular disease and pulmonary dysfunction. Emergency departments provide care for many patients who smoke. Patients who smoke and are discharged to home from emergency departments do not customarily receive smoking-cessation information. This project explored the feasibility and acceptability of a brief smoking-cessation intervention as part of emergency nursing practice.

Methods: This practice improvement project was conducted in a large midwestern emergency department. A review of data from 12 months before the project revealed a 17.6%

prevalence of smoking among patients discharged from the emergency department with no patient having received smoking-cessation information, confirming the need for intervention. A survey of emergency nurse attitudes and learning needs indicated that nurses believed offering advice to quit was appropriate but that they had limited smoking-cessation training. A total of 83 nurses received training on an "Ask, Advise, Refer" protocol.

Results: Evaluation after training indicated that emergency nurses gained knowledge about brief smoking-cessation intervention methods, and 75.7% (n=74) felt adequately trained. During the 12-week intervention, data were collected on 7,465 emergency visits. Nurses advised all smokers to quit using the protocol, and 6.3% of patients accepted smoking-cessation referrals.

Implications for Practice: Emergency nurses felt comfortable performing the smoking-cessation intervention, suggesting that training was effective. Data indicated that patients were consistently advised to quit smoking. Results suggest that brief smoking-cessation interventions are feasible and acceptable in emergency settings. The training and protocol could be used in other emergency departments, and lessons learned can guide future efforts by emergency nurses to help patients quit smoking.

Key words: Emergency nurse; Smoking cessation; Patient risk reduction

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Cigarette smoking is the leading cause of preventable morbidity and mortality in the United States and accounts for 1 in 5 deaths each year, harming virtually every organ in the body.¹ The emergency department provides access to care for a large number of patients, many of whom smoke. There were more than 130 million patient visits to United States emergency departments in 2013.² The prevalence of smoking among ED patients has been found to be as high as 42%.³ This is well above the Healthy People 2020 target of reducing smoking to 12% of the adult population.⁴ This high prevalence of smoking among ED patients indicates that

this is an important clinical area in which to engage a large number of smokers in a smoking-cessation intervention. Although cessation interventions have been thought of as belonging in the domain of primary care, the emergency department provides a unique “teachable moment” in which patients often believe they are ill because of smoking. Taking the time to assess patients’ smoking status, advising them strongly to quit smoking, and then offering brief smoking-cessation interventions have been found to be a valuable use of ED clinicians’ time.⁵ Patients advised to quit by trusted health care professionals, such as nurses, are more likely to do so.⁵ Research suggests that even small successes in cessation will add up to a sizable impact on the population because of the large number of smokers who may be targeted in the emergency department.⁶

The need to address tobacco use during hospital-based patient encounters has been increasingly recognized nationally. It is recommended that nurses record the smoking status of all ED patients.⁷ Patients who identify as smokers, and are subsequently admitted, are mandated to be offered smoking-cessation treatment by The Joint Commission.⁸ However, national data indicate that only 9.3% of ED patients are admitted to the hospital.² Most patients discharged directly from the emergency department to home do not have their tobacco use addressed.⁶ This is a missed opportunity for nurses to enhance population health. Therefore, the purpose of this project was to take advantage of the unique position of emergency nurses and teach them to incorporate a brief smoking cessation intervention as part of their routine practice (Project A) and to implement nurse-administered smoking cessation counseling for the ED patients (Project B). The objectives included the following: (1) Analyze 12-month retrospective data for nurse documentation of use of smoking-cessation interventions; (2) develop and administer a nurse needs-assessment survey; (3) develop and provide a training module based on needs expressed in nurse surveys; (4) evaluate nurse learning; and (5) implement a nurse-administered brief smoking-cessation intervention.

The Ask, Advise, Assess, Assist, Arrange (5 As) protocol for cessation of smoking has long been the gold standard.⁵ In 2004, the American College of Emergency Physicians and the Emergency Nurses Association were part of a joint task force that released a landmark statement indicating that even a low-efficacy smoking-cessation intervention could have a high reach and impact in the emergency department.⁹ The recommendation was to go beyond screening for smoking and toward initiating a brief intervention performed by clinicians, including nurses. Recommendations included the following: (1) educate clinicians about smoking harms and cessation; (2) advise all smokers to quit in a clear,

nonconfrontational manner; (3) refer smokers who want to quit to a quitline or treatment program, and (4) keep the intervention brief and as part of the regular ED visit.⁹ The United States Preventative Services Task Force (USPSTF) gives a grade “A” recommendation for clinicians, including nurses, to ask about smoking and provide a cessation intervention. The alternative use of a brief ask, advise, refer approach was added as a USPSTF recommendation in 2015.¹⁰ This brief format has been used successfully in emergency departments as intense and lengthy treatment engagements are not feasible when there are limited resources and available time. In addition, research has shown a significantly increased likelihood of quitting with a nurse-led smoking-cessation intervention even if it is low intensity. Nurses have been shown to advise and counsel patients effectively to stop smoking.¹¹

Methods

This practice improvement project took place in a large midwestern suburban hospital. Before the start of this intervention, a retrospective review of data from 2015 indicated that 35,282 ED patients 19 years of age and older were discharged from this emergency department. Of this group, 6,220 were identified by the emergency nurses as current smokers, yielding a smoking prevalence of 17.6%. Within this target group, there was no electronic health record (EHR) documentation of “yes” or “no” for the existing prompts of “ready to quit” or “counseling given,” indicating no record of the delivery of any type of smoking-cessation intervention. These data confirmed the apparent lack of smoking-cessation interventions before the start of this project.

PROJECT A

The population of interest for this project was the group of 83 emergency nurses currently practicing in the emergency department. A convenience sample of emergency nurses that completed the pretest and/or post-test became the sample used in the final analysis. Nurses were asked to complete a needs-assessment survey, training module, and evaluation and to conduct the patient intervention as part of their daily ED responsibilities. A brief version of the “5As” smoking-cessation protocol, previously used successfully in ED studies, was selected for this project. The protocol Ask, Advise, Refer (AAR) was developed at the University of California San Francisco Smoking Cessation Leadership Center. It was created specifically to be achieved in less than 3 minutes, making it ideal for brief ED patient encounters in triage.¹² This project was granted exempt status by the internal review boards of both the university and site

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