Impact of Losing a Tobacco Cessation Counselor for Inpatient Cardiac Units

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Background

- Tobacco use a major modifiable risk factor for heart disease
- 2007: Implementation of “Ottawa Model for Smoking Cessation” on inpatient cardiac units in large teaching hospital, comprising all elements of best smoking cessation practice:
  - Assessment of smoking status of all patients (bedside nurses)
  - Face-to-face intervention with all smokers (tobacco cessation counselor, TCC)
  - 3 months’ telephone follow-up using interactive voice response (IVR) technology/TCC as needed
- 2011: TCC position deleted after ~ 4 yrs due to budget constraints
- Responsibility for smoking cessation assessment & intervention shifted to bedside nurses
- Concerns re: nurses’ counselling skills, knowledge of cessation practices, workload

Purpose

The purpose of this research was to evaluate the impact of deleting the TCC position on assessment of, and intervention with cardiac inpatients who self-identified as current (within last 6 months) smokers.

Methods

- Random audits of screening and referral rates during tenure of TCC
- 6-month retrospective chart review after deletion of TCC
- Data collected: smoking status; rates of assessment of smoking status, delivery of brief intervention, referral to outpatient program made
- Differences in above tested with X² statistic

Findings

Derivation of Final Post-Deletion Sample

- All discharged pts
  - Jun 1 – Oct 15, 2011 (n = 964)
  - Every 2nd pt sampled (n = 482)
  - Had smoking status assessed (n = 439)
  - Smoked within last 6 mon (n = 79)

Characteristics of sample, by group

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>During TCC tenure (n = 305)</th>
<th>After TCC deletion (n = 465)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, mean</td>
<td>N/A</td>
<td>66.1</td>
</tr>
<tr>
<td>Male Sex (%)</td>
<td>N/A</td>
<td>67.4</td>
</tr>
<tr>
<td>Diagnosis (%)</td>
<td>N/A</td>
<td>49.2</td>
</tr>
<tr>
<td>ACS/MIs/CAD</td>
<td>N/A</td>
<td>15.6</td>
</tr>
<tr>
<td>Vascular disease</td>
<td>N/A</td>
<td>14.5</td>
</tr>
<tr>
<td>Atrial fibrillation</td>
<td>N/A</td>
<td>20.0</td>
</tr>
<tr>
<td>Current Smoking (%)</td>
<td>52 (14.8)</td>
<td>79 (16.4)</td>
</tr>
</tbody>
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TCC, tobacco cessation counselor
- smoked within 6 months

Discussion

- Assessment of smoking status appears to be entrenched in nursing practice in this setting
- Abundant evidence exists supporting improvement in smoking cessation when patients receive ongoing cessation support after discharge (minimum 3 months)
- Referral to cessation support after discharge not consistently achieved, despite periodic education of staff: smoking cessation assessment and interventions strategies
- Potential barriers include nursing workload, knowledge of best practice for smoking cessation, lack of confidence in counselling techniques, failure of bedside nurses to embrace this role after having TCC carry out these functions for > 4 years

Conclusions

Many smokers today are highly addicted.

Successful cessation is possible, even in highly addicted smokers, with adequate and effective in-hospital and outpatient cessation support.

Adequate clinical resources to support effective brief counselling and referral to outpatient support are essential.

Further research, to explore barriers encountered by nurses in the inpatient setting, is needed.