# \*Improving Tobacco Cessation Outcomes

For Veterans Living in Residential Treatment

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### Introductio

- \*Evidence Based Practice Fellowship Project
- \*Quality Improvement
- \*Problem Solving Methodology
- \*PDSA





- \*Goal-Use research to guide practice, improve effectiveness of treatment and increase standardization of practice.
- \*John Hopkins
  Model-Practice/Education/Research

# \*Evidence Based Practice Fellowship





- \*Problem Solving Methodology-Suboptimal performance
- \*PDSA-Plan/Do/Study/Act

### \*Quality Improvement





\*Improving Tobacco
Cessation Outcomes-For
Veterans Living in
Residential Treatment

### \*THE PROJECT





- \*Target Population-Veterans in Residential Treatment at RRTP
  - \*RRTP Mission To provide Veterans a safe and therapeutic transitional living environment to optimize successful recovery
    - \*34 beds providing Mental Health, Substance Abuse and Homelessness Services

Residential Rehabilitation Treatment Program (RRTP)





- \*Persons with diagnosed Mental Illness, including addiction, have higher rates of smoking than the general population (McFall et al 2005)
- \*Cigarette Smoking is the Leading cause of Preventable Death in the US (Fiore et al 2008)
- \*Low success rates of smoking cessation for veterans at RRTP receiving Nicotine Replacement Therapy. (NRT)
- \*NRT product waste at RRTP

### \*The Problem







- \*IDENTIFYING GOALS-Improved
  Tobacco Cessation Rates, Reduction
  in waste of Nicotine Replacement
  Therapies
- \*QUALITY IMPROVEMENT USING EVIDENCE BASED PRACTICE-Best practice for Tobacco Cessation
- \*IMPLEMENTING CHANGE-Using Available Resources





#### \*Early Intervention/Discussion-5 A's

Asking every patient about tobacco use

**Advising** patients to quit at every visit

Assessing all patients' readiness to quit at every visit

**Assisting** all patients willing to make a quit attempt with counseling and cessation medications

**Arranging** for follow up for patients making a quit attempt (Gordon, J. S., Andrews, J. A., Crews, K. M., Payne, T. J., & Severson, H. H. 2007)

- \*Pharmacotherapies-Nicotine Replacement, Medications
- \*Psycho/Social Support and Education/Tobacco Cessation Intervention success is increased by adding a psycho/social component. (Fiore et al 2008)

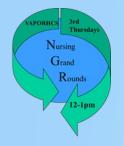
# \*Evidence Based/ Best Practice for Tobacco





- \*Nicotine Replacement Therapies (NRT) Gum, Lozenges, Patches
- \*No follow-up, documentation, education or counseling
- \*BASELINE DATA-One out of 39 patients receiving NRT from June 1, 2015 to Dec. 30, 2015 had quit smoking by RRTP discharge or first follow up PCP or ED visit

## \*Practice at Onset of Project





- \*Identifying available resources
- \*RRTP admission packets/process
- \* VA approved educational material,
- \*VA- I QUIT resources and groups
- \*Incorporating Evidence Based Practice into Existing Standard Operating Procedures

## \*IMPLEMENTING CHANGE





- \*I am requesting Nicotine Replacement Therapy prescription medications.
- \*I have read and reviewed the Brochure, "Be Tobacco Free "and the education information regarding Nicotine Gum and Nicotine Patches.
- \*I agree to attend two PVAMC Smoking Cessation support group sessions.

## \*Veteran's Agreement





- \*Data questions-multiple variables
- \*Barriers to progress-staffing, oversight, documentation, self-reporting
- \*Institutional Guidelines-No barriers to NRT
- \*Suggestions-RRTP staff observations

#### Revie w





- \*Minimal increase in smoking cessation support group attendance.
- \*Improved smoking cessation outcomes.
- \* 3/13 vs.1/39 per six month interval
- \*Less waste of NRT observed.

### \*Outcom es





- \*VHA Mandated Smoking Cessation Guidelines
- \*Maintaining Momentum
- \*Continued Education and Monitoring

#### **Future Actions**



### \*Acknowledgement



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### THANK-YOU RRTP Medical Staff

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#### \*Reference



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