

# \*Improving Tobacco Cessation Outcomes

For Veterans Living in Residential  
Treatment

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# Introduction

- \*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 R RTP

\***R RTP 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 (R RTP)





- \*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**



# PLAN

- \***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

**Review**  
**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.

# \*Outcomes





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

# Future Actions



# \*Acknowledgement S: THANK-YOU RRTP Medical Staff



Dr. Ami Kapadia MD  
Annette James, MBA, MSIM, RN/RRTP Nurse Mgr.  
Amanda Reeder RN  
Diane Smith RN  
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Hollie Mills LPN  
Robert Harms LPN  
Brian Crandall LPN  
Don Howland LPN  
Judy Wang RN  
Brent Debolt LPN

And Thank-you-Michele H. Goldschmidt, EdD, MS, RN, CNL  
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