

Developing smoking cessation education



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Section A

A1. Problem or Issue

Identify a problem or issue related to practice, policy, population, or education that aligns with the organizational priorities you seek to solve.

I currently work on the Neurology floor of a non-profit level 2 trauma center in Sarasota Florida. The problem that I have identified is the lack of smoking cessation education given to our patient population. Cigarette smoking is one of the largest public health issues we face and has been shown to be the most preventable cause of death in our society today (Shah & Cole, 2010). America's Health Rankings shows that approximately 17.1% of the population of Florida currently smokes every day ("Explore Smoking in Florida | 2018 Annual Report," n. d.). Research dated in 2015 shows us that nearly 7 out of 10 smokers reported that they would like to quit (Health, 2017).

A1a. Explanation of Problem or Issue

Explain the problem or issue, including why it is applicable to the area of practice you chose and the healthcare environment.

Smoking is a nationwide problem. It has been proven to cause heart disease, lung cancer, and respiratory disease. In addition to all of these things, it has also been identified as one of the largest modifiable risk factors for stroke. This is why smoking cessation education is so important our organizational goals on the neurology unit.

A2. Investigation

Discuss your investigation of the problem or issue.

Investigation methods included speaking with the education department, staff physicians (expert testimony), and researching hospital policies. State and national source documents including qualitative and quantitative evidence based practice research were also utilized.

A2a. Evidence of Problem

Provide evidence to substantiate the problem or issue (e. g., organizational assessment, national source documents, evidence from a stakeholder).

The evidence linking smoking to increased risk of stroke is strong. Research has concluded that regardless of race, ethnic background and social status, if you smoke you are at an increased risk of stroke. Data indicates that the risk for someone who smokes could be up to as much as four times more that of a non-smoker or someone who has not smoked in the previous ten years (Shah & Cole, 2010). In addition to national data while researching our own organizations policies, I was able to find additional evidence through Sarasota Memorial Hospital policy 207. 006 (Lifestyle Modification to prevent initial stroke) providing information on stroke prevention and modifiable risk factors. This includes information on not only smoking, but the risks associated with exposure to second hand smoke (Furie, KL, et al., 2011).

Research also goes on to show that when the population quits smoking, the risk of stroke decreases. Within one year the risk of coronary heart disease is approximately half of that of a smoker and within 5 years the stroke risk is

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reduced to the same level of someone who hasn't smoked in 5-15 years (“WHO | Fact sheet about health benefits of smoking cessation,” n. d.). This evidence reinforces the importance of smoking cessation.

A3. Analysis

Analyze the state of the situation using current data.

Current data shows us that there several barriers to providing smoking cessation in the hospital setting (Buchbinder, Wilbur, Zuskov, McLean, & Sleath, 2014).

A3a. Areas Contributing to Problem or Issue

Analyze areas that might be contributing to the problem or issue.

Organizational Support: Backing from administration is necessary to help acquire the resources needed to provide education the patient population. This may include an increased cost for educational materials to have readily available to hand out to patients.

Lack of time/available data during admission: Our current smoking screening process occurs during the admission process. Often time's our patients are in no condition to answer questions either due to level of consciousness, increased pain or agitation. If there is no family present, often the screening cannot be completed.

Change in organizational culture: This can be difficult to overcome, the “we've always done it this way” mentality.

Patient resistance: If a patient is not willing to receive and accept education then providing them with information is not going to be an effective method for teaching.

A4. Proposed Solution or Innovation

Propose a solution or innovation for the problem or issue.

My proposed solution is to have preprinted and premade brochures readily available in the emergency department and on patient units. These packets would be ready to give to patients to initiate education on smoking cessation during the admission process. They should include straight forward simply stated facts, information on outside resources, self-help group information and advice where patients can get low cost or free nicotine replacement products. The brochures can be given to review at a later date if the patient is not able to participate in education when initially admitted.

A4a. Justification of Proposed Solution

Justify your proposed solution or innovation based on the results of your investigation and analysis.

The proposed solution is justified due to its low cost, maintenance, and ease of use. Having materials readily available increases the likelihood that the information will reach the patients hands. Research has shown that receiving education from a healthcare professional can increase the quit rate for patients that smoke (Zhu, Lee, Zhuang, Gamst, & Wolfson, 2012). This in turn reduces the chance of the proven negative outcomes associated with smoking such as cardiovascular disease and stroke.

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A5. Implementation Resources

Recommend resources to implement your proposed solution or innovation. Include a cost-benefit analysis of your proposed solution or innovation.

Resources needed to implement this proposal include time to prepare the informational brochure, materials (5.5" x 8.5: tri fold brochure with printing inside and out), and storage units. A small focus group will be working on creating this brochure. Final approval will be authorized by administration and the educational departments. In house computer based educational training may be utilized to educate staff to new policy. There will be an ongoing cost to reorder packets as necessary for new hospital admissions. Primarily the educational department, physicians and nursing staff will be impacted by this implementation.

Time converted to dollars – $\$30.00 \times 80 \text{ hours} = \2400.00

Printing packets (5000 units) – \$380.00

Storage units (25) – \$950.00

Total cost for implementation \$3730.00

(Additional brochures may be reordered for a cost of \$173.30 per 1000 units.)

The benefits that smoking cessation bring help to reduce the economic burden on the population as a whole. At an estimated cost of over \$300 billion a year, we take into consideration direct medical care cost along with loss of productivity (Hall & Doran, 2016). It has been documented that up to <https://assignbuster.com/developing-smoking-cessation-education/>

15% of total healthcare costs can be attributed to the care associated with the adverse effects associated with smoking. In addition to the monetary savings, quitting smoking reduces patient mortality and can save years of life for our patient population (Parrott & Godfrey, 2004).

When we take into consideration the huge amount of dollars that smoking cost society and the low cost of providing education to our patients, it makes the most sense to do everything we can to education our patients to the benefits of smoking cessation.

A6. Timeline

Provide a timeline for implementation based on your proposal.

Proposal	Timeline
Identify topic	1 week
Evaluate current practice	1 weeks
Research and analyze data	1 week
Formulate focus group/team	2 weeks
Develop educational material	2 weeks
Preparation of materials/obtaining supplies	1 week
Education of Staff	4 weeks

Total implementation 12
weeks

A7. Identification of Key Stakeholders or Partners

Discuss why *each* key stakeholder or partner is important for the implementation of the solution or innovation.

The stakeholders that I would involve in implementing this process would be Administration/Education departments, house staff including physicians and nurses and the patients themselves. Administration would need to be involved to help set up, provide and maintain the needed training and resources for staff and patients. Support and backing from administration is necessary to help facilitate any change in culture that needs to be implemented. Without the proper resources, we would not be able to implement this project.

Getting house staff including nurses and physicians on board is crucial to this process. They will be on the front line delivering this education to the patient population. The ultimate goal is to provide this education and resource information as part of the admission process on all hospital units.

The patients themselves are a very important stakeholder in this process. If the patient does not feel that the information is worthwhile, they are going to be much more reluctant to participate. Without patient participation, no

progress will be made in reducing the number of patients engaging in the smoking cessation process.

A7a. Importance of Key Stakeholders

Summarize your engagement with the key stakeholders or partners, including the input and feedback you received.

I was fortunate to receive positive from almost all key stakeholders. When speaking with unit managers they agreed with the premise that having a clear and concise brochure would be a significant help with smoking cessation education. The only barrier reported from management would be allocating space for storage.

Physicians and nurses provided feedback that our current process of having to print information was time consuming and burdensome. They felt an attractive brochure would be well received by the patient population.

The majority of patients surveyed expressed interest in receiving education in an easy to read, easy to carry format. The loose leaf paperwork that is currently given is often lost or discarded.

A7b. Engagement with Key Stakeholders

Discuss how you intend to work with those key stakeholders or partners in order to achieve success.

My plan is to have our focus group work with the educational department to develop the brochure material as they would be the department that would ultimately sign off on the design. Administration would have to approve the <https://assignbuster.com/developing-smoking-cessation-education/>

cost of printing and each department would be required to approve dollars for a storage unit or allocate space for storage.

Education for physicians and nursing staff would be completed via online education and would be reinforced through individual unit huddles.

Patients who screen as current smokers would be given the information with their admission packet. The brochures content would be explained and available resources highlighted.

A8. Implementation

Discuss how your proposed solution or innovation could be implemented, including how the implementation could be evaluated for success.

Implementation of this project could begin within a 3 month time frame as outlined above. Once materials have been delivered to hospital units and online education has been completed by staff it would be a seamless process to integrate this initiative to the patient admission. Surveys could be completed by both staff and patients to evaluate the effectiveness of the project. Since the hospital conducts patient surveys on discharged patients on a regular basis, it would be effective to add this question to the survey that they already conduct. Nurses and physicians could be surveyed during unit practice council or during unit specific huddles. That information could then be collected and analyzed to see if this new education is helping to promote smoking cessation on specific units and hospital wide.

Section B: Personal Role Reflection –

B. Scientist, Detective and Manager of the Healing Environment

Explain how you fulfilled the following roles during your process of investigation and proposal development:

1. Scientist
2. Detective
3. Manager of the healing environment

As a scientist I have completed research and analyzed data to identify a problem that could be addressed within our organization. The problem identified was a lack of education on smoking cessation to our patient population. As a detective I investigated the problem by completing research, speaking with educators, administrators and staff members. This investigation happened over a one week time frame. I also was able to identify barriers that could impede the implementation of my proposal. In my role as a manager of the healing environment, I was able to create a proposal taking into consideration patient preference for the manner of educational materials. By taking into account the environmental needs of the patient, this will help to ensure that the education would be well received and produce the most positive outcome.

C. Verification Form

Submit the completed attached “ Professional Verification Form” from the organizational leader advising you in your leadership experience.

D. Sources

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Acknowledge sources, using APA-formatted in-text citations and references, for content that is quoted, paraphrased, or summarized.

E. Professional Communication

Demonstrate professional communication in the content and presentation of your submission.

References

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