INTEGRATING BEST-PRACTICE CLINICAL TOBACCO TREATMENT INTO A PERINATAL PROGRAM
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METHODS

BACKGROUND

• Exposure to secondhand smoke from parents or guardians may be particularly hazardous to vulnerable preterm and term NICU infants.

• In Oklahoma exposure to secondhand smoke occurs at a rate significantly higher than the national average.

• Reducing rates of tobacco use during pregnancy and infant exposure to secondhand smoke are top public health priorities in Oklahoma.

• This presentation highlights the successful partnership between the Oklahoma Hospital Association (OHA) and the University of Oklahoma (OU) Children’s Hospital, Department of Pediatrics, Section of Neonatology, to integrate sustainable evidence-based tobacco treatment services for parents and guardians of babies admitted to OU Children’s Hospital.

OBJECTIVE

• Develop and implement a system of integrated, sustainable, evidenced-based tobacco treatment, within Children’s Hospital’s Neonatal Intensive Care, for parents, guardians and “caretakers” of babies.

• Determine whether parents of NICU patients will be receptive due to multiple stresses during this time.

• Educate providers, staff, and residents in evidence-based tobacco treatment.

• Analyze outcomes data for quality improvement development

The Oklahoma Hospital Association serves as the primary consultant and trainer for the project with expertise in implementing sustainable evidence-based tobacco treatment systems change in hospitals and clinics.

The University of Oklahoma Health Sciences Center and University of Oklahoma Neonatal/Perinatal Medicine is responsible for project implementation including but not limited to:

• Engage leadership support
• Collect and evaluate project data for QI. Develop and implement clinical workflows
• Facilitate staff and resident training
• Coordinate with IT for EMR changes
• Deliver tobacco cessation services
• Refer caretakers, ready to quit, to the Helpline
• Collect and evaluate project data for QI.

The Oklahoma Tobacco Settlement Endowment Trust (TSET) provides funding for OHA’s Hospitals Helping Patients Quit initiative, this joint project, and the Oklahoma Tobacco Helpline, which provides Oklahoma tobacco users, who are ready to quit, with a menu of supportive quit-coaching services and cessation medications to assist with their quit attempt and maximize success.

RESULTS

NEW Patient Packet

Patient Registration
Registration Clerk

1. Patient Packet – includes safe sleep and tobacco use assessment questions
2. Screening targets “Caregivers”
3. Positive screening triggers tobacco treatment protocol

Follow-up with caregivers, post discharge
Fax/E-Referral sent to Helpline
Document in patient record

Assist

Project Liaison / Consultant

• Serves as tobacco treatment expert/project liaison
• Oversees tobacco treatment process and quality control
• Collects process and outcomes data

Bedside NICU Staff

• Provides information on cessation resources available
• Ensures assessment has been completed
• Files survey in pick-up bin

CONCLUSIONS

• It is feasible to integrate tobacco counseling into a NICU setting.

• Intervention success rate for NICU parents is similar to that found in other settings. Neither the negative motivation of stress nor the positive motivation to improve infant outcome appeared to be dominant.