

Wisconsin Hospital Association Helps Hospitals Help Smokers

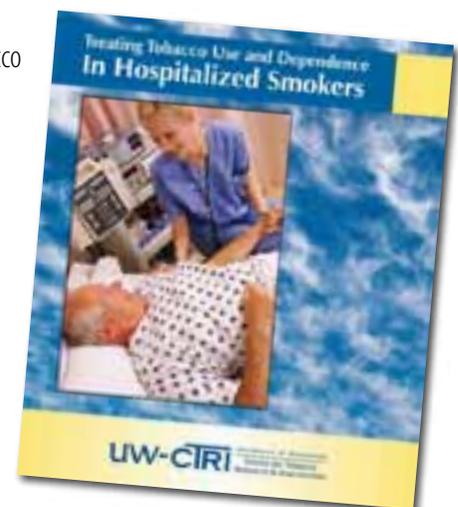


From left: UW-CTRI Outreach Specialist Kristine Hayden worked with WHA President Steve Brenton and WHA VP of Quality Assurance Dana Richardson to help all hospitals in Wisconsin to enact smokefree campuses as a stepping-stone to helping staff and inpatients to quit tobacco use.

Steve Brenton, president of the Wisconsin Hospital Association (WHA), remembers visiting hospitals in both rural and urban parts of Wisconsin. “You’d see this haze of smoke with a dozen people standing outside and smoking, holding IVs or wearing hospital garb. It was ridiculous.”

Back in 2004, WHA partnered with the University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI) to ensure that hospitals had proper treatments to help hospital staff and inpatients to quit smoking. An impetus for the partnership was the implementation of three new tobacco-treatment measurements on the CheckPoint public reporting program for hospitals.

To accommodate the transition, UW-CTRI and WHA offered a series of teleconferences to share best practices and answer questions, attended by 55 different healthcare organizations. UW-CTRI created a manual so hospitals could take a systematic approach to treating tobacco use. UW-CTRI’s regional outreach specialists worked one-on-one with hospitals across the state to provide systematic staff training and technical assistance.



A tipping point occurred in 2006 when the WHA Board recommended all Wisconsin hospitals go completely smokefree throughout their campuses.

"It's one thing to make a recommendation," Brenton said. "It's another to help staff make it a reality, and UW-CTRI's support and tools were terrific."

"These efforts continue to be valuable resources to those attempting to give up tobacco use," said Dana Richardson, WHA VP of quality assurance.

Terence Brenny, CEO of Stoughton Hospital, said the culture has changed. "Our mission and strategic plan have evolved to being more focused on holistic wellness and prevention. We wanted to promote healthy lifestyles, identify risk factors and encourage people to take responsibility for their health. We also felt strongly that, as a healthcare provider, we need to be a role model for healthy living on our campus."

So Stoughton Hospital offered employees free medications and coaching on how to quit, and marketing staff posted articles and posters. Employees who have quit have offered one-on-one assistance to colleagues.

"Aside from the humanitarian reasons," Brenny said, "there is more research that there is a return on investment when employees quit. It's wonderful to have UW-CTRI come in and provide staff training. It's a great benefit."

A study in the December 2008 issue of Nursing Research shows smoking among American nurses was down from 33 percent in 1976 to just 8 percent in 2003. This drop among nurses—and across the healthcare community—has made it easier for staff to help inpatients quit.

Richardson said in the old days hospital staff didn't think they had time to treat inpatients because hospital admissions were so brief. Now, smokefree hospitals can quickly intervene with inpatients who smoke by using standing orders to start medication to help them quit tobacco. Many hospitals have enrolled patients in services from the Wisconsin Tobacco Quit Line, either via Fax to Quit or brochures on Quit Line services. To contact the Quit Line, call 1-800-QUIT-NOW. To order materials, visit WiQuitLine.org.

"It's consistent with the general expansion in our focus on acute care to include prevention," Richardson said.

This shift isn't just anecdotal. Wisconsin hospitals rate at or near national averages for Joint Commission measures on tobacco interventions. Wisconsin hospitals treat tobacco use among 98 percent of heart-attack patients, 95 percent of heart-failure patients and 91 percent of patients with pneumonia or other lung and respiratory illnesses. "Those are the patients we measure," Richardson said, "but most hospitals intervene with every patient." Hospital staff now understand that smoking impairs healing and a hospital visit is a teachable moment.

Brenton and Richardson agreed there is always room for improvement when it comes to helping inpatients to quit smoking. The next challenge is to incorporate the same standard of care throughout an entire healthcare system—including clinics. And, as smoking wanes among the general population, healthcare providers will need to focus on helping specific demographics who smoke, such as pregnant mothers.

Still, Brenton said there is much to celebrate. He thinks the systematic approach to tobacco treatment by Wisconsin hospitals is a model for addressing other health maladies and behavior changes, such as combating obesity. "I don't think there's any question that the biggest public-health improvement in the last decade has been on smoking."

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