

Improving Public Health Nurses' Effectiveness in Smoking Cessation Counseling Pregnant Patients Who Smoke

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Background

- Local health department WIC / FCM program
- Tobacco use rates in pregnant clients 33%
- LBW rates & IMR persistently exceed state
- Small, qualitative study of nurse-patient interaction (8 nurses, 19 patients)
- Observe visits, interview nurses & patients

Findings

- ❑ Scheduling problems, multiple tasks, distractions of others in room, length of visits
- ❑ Nurses enjoy patient education, but vary in perceptions of effectiveness
- ❑ Tobacco assessment guided by routine, limited assessment, illogically sequenced
- ❑ Cessation strategies largely limited to raising awareness of risks to fetus

What Was Missing?

- ❑ No questions client beliefs, desires, previous quit attempts
- ❑ Question r/t other smokers- but seldom on social support
- ❑ Few inconsistently used quit strategies
- ❑ No mention of long-term benefit to mom's health or push to commit for tobacco free life

Next Step: 3-Part Staff Development

- Review results of study
- Validate importance of their efforts
- Organizational framework 5As
 - Ask
 - Advise
 - Assess
 - Assist
 - Arrange

Continued.....

- Theoretical foundation – Prochaska, Prochaska, DiClemente *Stages of Change*
- Practice case studies
- Suggestions from staff, best way to proceed?
 - Forms to guide assessment
 - Quit strategies
 - Educational materials
- Undertone of skepticism, pragmatic concerns

New Protocol Developed

- ❑ Self-administered tobacco questionnaire >>> responses characterize client stage of change
- ❑ Color-coded assessment form with corresponding color-coded counseling form
- ❑ Updated education materials

Example

Client expresses desire to quit in next 30 days >>> preparation stage

- Assess previous quit attempts, social support
- Commit to quit date, interest in NRT
- Follow-up with phone call around quit date

Nurses Response to Revised Protocol

- ❑ Worst Case Scenario: Resist, ignore
 - ❑ Best Case Scenario: Hit & Miss, trying to make tobacco use a priority
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**Not working well,
but did we know this for sure?**

Tracking Progress

- Larger systematic study - chart audit 18 months later
- Universe of 750 delivered clients since in-service & protocol implementation
- 157 randomly selected (~20%)
- Questions to be answered
 - Use of protocol
 - Documentation of interventions
 - Tobacco use rates

Case #		3 Mo Prepreg	Initial	FU	FU	FU	FU	PP-1	PP-2
	Ask								
	smokes								
	pattern								
	length								
	Assess								
	Quit attempts								
	Beliefs								
	Other smokers								
	Advise								
	y / n								
	Assist /Arrange								
	quit plan								
	materials								
	long-term								
	risks/benefits								
	Age								
	Race								
	Ed								
	M-stat								

Tobacco Use Patterns

151 Randomly selected charts

-97 Non tobacco users

54 Tobacco Users

-18 Spontaneously quit before first appt

-11 Quit by delivery

-15 Cut down by delivery

10 Who's tobacco use didn't change

Documentation Patterns

- All smokers had **initial** use patterns documented
- On subsequent visits documentation missing / most notably post-partum
- Nurses varied in their consistency of documentation – our assumption- not documented not done

Assist & Arrange Strategies

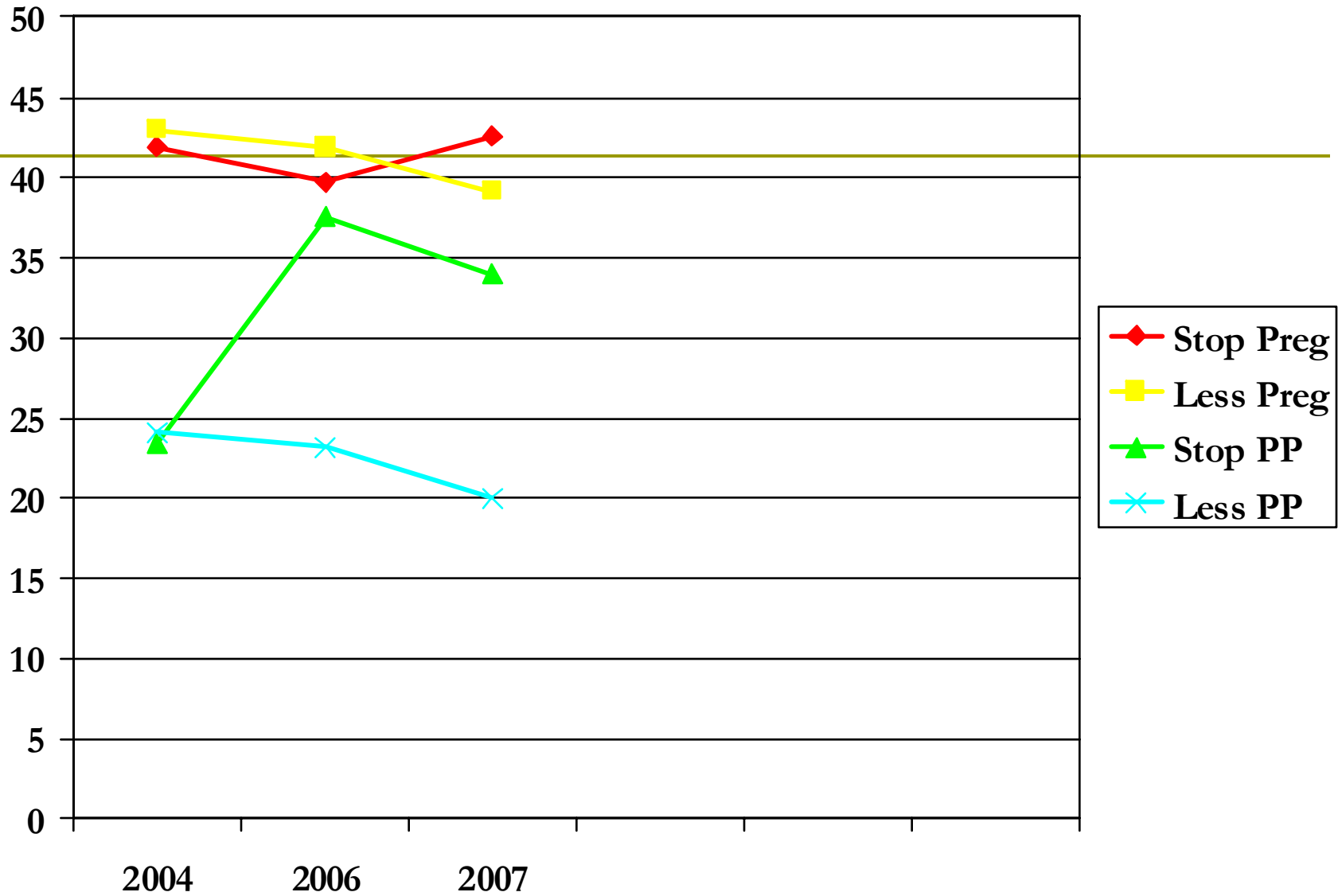
Observed Strategies

- ❑ Few specific quit strategies
- ❑ Eliciting commitment to quit
- ❑ Praise for progress
- ❑ Written materials

Absent Strategies

- ❑ NRT
- ❑ Refer to support group or Quit-Line
- ❑ Atheoretical, no use of protocol

Nurses most persistent in documentation- had greatest success rate



Trend Data

Next Steps

- Review session in Spring 2007 with nurses
 - Attempt at revised, stream-lined protocol
 - Skepticism & reticence continues

Continue to Advocate for Improvement

- Senior management staff supportive
- Mid-level managers supportive
- Changes in scheduling procedures allow for more time for tobacco counseling visits
- Illinois Smoke Free coming in 2008
- Quit-Line is well established
- Large staff turnover- new nurses
- Will attempt grass roots approach
- Acknowledge, that as with clients, it takes more than just information to effect change