

D. Main Section of the Proposal

1. Overall Aim & Objectives

Mission:

Berkshire Medical Center (BMC) has adopted as a community health priority, providing support and assistance to individuals to stop using tobacco products in order to help restore the health of the community.

Goal:

To educate and encourage hospital inpatients who use tobacco to utilize BMC outpatient Tobacco Treatment Services after discharge, through the creation of a multidisciplinary, outcome-based intervention effort that will be provided by a variety of well-trained clinicians including nurses, respiratory therapists, physicians, and other allied health professionals.

Objective 1:

Address the issue of tobacco use with 100% of self-identified inpatients during multi-disciplinary interactions while the patient is in the hospital during their average stay of 4 days.

Objective 2:

Up to 300 hospital inpatient tobacco users/yr will present to the BMC outpatient Tobacco Treatment Service to initiate cessation treatment program. The majority of patients will have appointments scheduled prior to discharge.

Objective 3:

Provide up to 30 clinical staff leaders in nursing, case management, respiratory therapy, allied health, medical staff and hospital and medical education with tobacco treatment education in order for them to function in a “train the trainer” capacity with their peers, while providing support and continuity to patient interventions.

Objective 4:

Train two specialized hospital/clinical educators in specific intervention and tobacco treatment techniques, processes, documentation protocols and service availability so they may develop a condensed curriculum to be imbedded in orientation for all new employees and included as a core competency for staff as part of the hospital’s mandatory annual education program, facilitating program sustainability. These two educators will also serve as a resource /support to the trainers and develop new trainers as needed.

Objective 5:

The BMC certified Tobacco Treatment Services Director/specialist will be responsible for providing tobacco/treatment information updates to the hospital community as a whole through available hospital communication media semi-annually and directly to the specialized hospital/clinical educators as needed, to insure the information disseminated is current.

Objective 6:

Enhance the hospital's medical information system to:

- accommodate the communication/documentation of multidisciplinary interventions and outcomes on the inpatient side
- ensure connection of inpatient intervention outcomes as appropriate, to outpatient tobacco treatment services for patient follow-up and support
- track progress and evaluate processes for incorporation into the hospital's quality assurance program,
- satisfy accreditation and regulatory expectations.

2. Current Assessment of Need in Target Area:

Data Summary: Current Demographic profile of Berkshire County served by BMC:

- Population: 131,219
- Income: Median household income 31% below state average
- Education: % of population > 25 yrs. with college degree is 21% below state average
- 20% of adults smoke vs. 17% statewide
- 26.4% of pregnant women smoke vs. 7.4% statewide
- 30% of pregnant teens smoke vs. 13.7% statewide

Current Outcomes:

- Ranked 11th in Health Behaviors out of 14 MA. counties (County Health Rankings 2012)
- Ranked 11th in Morbidity out of 14 MA. counties (County Health Rankings 2012)
- Ranked 9th in Mortality out of 14 MA. counties (County Health Rankings 2012)
- In 2010, of the 11,975 persons admitted to BMC , 6,689 were documented as using tobacco in the past 12 months

Practice Gap to be addressed or improved:

Of the 6,689 inpatients identified as tobacco users in 2010, a majority receive Nicotine Replacement Therapy (NRT) while in the hospital. 1752 patients agree to be referred (by current intervention protocols) to BMC outpatient cessation services, but only 5 patients actually present directly for services through this pathway. Data for this analysis were collected

using a combination of automated and manual processes which were cumbersome and time consuming.

A new Tobacco Treatment Task Force made up of Tobacco Treatment Director, Nurses, Respiratory Therapists, Quality Assurance and Administration have identified what they believe to be key components of the problem:

- Inadequate tobacco cessation training for effective intervention.
- Limited opportunity and lack of urgency for intervention given short length of stay.
- Consistency of intervention was lacking.
- Poor communication/documentation of intervention across disciplines interacting with the patient.
- Tracking the status/disposition of patients referred to outpatient follow-up treatment is difficult
- Inability to assess effectiveness/progress with current documentation

The Task Force is proposing a multidisciplinary approach to dramatically improve the quality and consistency of tobacco use intervention efforts. Key monitors will include JCAHO smoking cessation standards and measures.

BMC is well positioned to follow through with patients who are motivated to enter treatment for tobacco addiction. BMC offers structured outpatient Tobacco Treatment Services. Services are tailored to meet the need of the patient and are financially accessible.

Tobacco Treatment Services at BMC:

Outpatient services are provided by certified Tobacco Treatment Counselor(s).

1. Success rate 34% at 1 year.
2. Affordable out-of-pocket expense (\$10 per visit fee with insurance billed; no upfront payment requested).
3. Nicotine Replacement Therapy (patches, gum, lozenges) are provided at no additional cost.
4. Individual or group counseling is available.
5. Individual counseling is offered by appointment at four locations from 7:00 am to 6:00 pm weekdays.

3. Technical Approach, Intervention Design and Methods:

1. Leaders in nursing, case management, respiratory therapy and hospital medical education will undergo enhanced Basic Skills in Tobacco Treatment Counseling provided in conjunction with a consultancy through the University of Massachusetts Medical School of Preventive and

Behavioral Health to enable them function in a “train the trainer” capacity to educate their staff in appropriate intervention techniques. (BMC is a major teaching affiliate of UMASS Medical School.) The UMASS Basic Skills education program, two days in duration, will be offered on-site at BMC and co-taught with the BMC Director of Tobacco Treatment Services, herself, a Master-level Certified Tobacco Treatment Specialist through UMASS. Release time will be provided enabling staff to participate irrespective of work schedules.

2. Two BMC clinical educators will participate in follow-up, intensive four day CORE Tobacco Treatment education at UMASS to provide them with the background knowledge to develop staff orientation and annual competency materials. In addition, these educators will provide educational support to the trainers and will be able to train additional “Trainers” as needed in the future, as staff roles change or new staff come on board. This subsequent training will be done with clinical support from the BMC Director of Tobacco Treatment services, a Master-level Certified Tobacco Treatment Specialist, based on the program developed under this project.
3. The BMC IT Department will be engaged to work with clinical and quality assurance leadership to adapt current information systems to facilitate program implementation.
4. Interdisciplinary Hospital-wide implementation: Our proposal would be to use the common computer based tobacco intervention documentation protocol in the information system to initiate and track the interventions provided. The process would be started in admitting and accessed by each trained inpatient clinician as they do their part of the intervention, resulting in a multi-discipline effort to improve tobacco treatment outcomes.
 - Since BMC is a SMOKE FREE FACILITY, Admitting will inform the patient and ask about smoking status and enter the information into the record;
 - Nursing will follow up with their own initial assessment;
 - Respiratory Therapy will be notified and will counsel the patient and offer recommendations and resources;
 - Physicians (Hospitalists and medical residents) review the recommendations, discuss with the patient and order cessation products for use during the stay;
 - Nursing delivers the products with encouragement/reinforcement;
 - Information on Outpatient follow-up Treatment is provided as appropriate;
 - Case management formally incorporates tobacco treatment counseling into the discharge plan and sets up an appointment upon discharge as appropriate
 - A letter is sent to the patient’s physician informing of clinical team efforts and asking for support/reinforcement.

At the conclusion of inpatient intervention after discharge, the Outpatient Tobacco Treatment Service calls the patient and offers follow-up support as indicated in the discharge plan.

4. Evaluation Design:

The project would be implemented under the auspices of the Tobacco Treatment Task Force to insure program implementation compliance. JCAHO smoking cessation outcome tools will be used to measure results. Institutional system wide outcomes would include.

- a. # of staff trained (trainers and department personnel)
- b. Frequency of documentation of intervention and results of intervention
- c. # and % of referrals made to Outpatient Treatment
- d. # and % of outpatient treatment appointments made prior to discharge
- e. # and % of patients initiating cessation services via the BMC outpatient program
- f. # and % of patients smoke free after one year.
- g. Long term measures: Improvement in County Health Rankings

Organizational Processes:

- These outcomes would become key Quality measures reported by the hospital.
- The task force will continue to meet to refine and direct the program on a quarterly basis.
- Key results will be shared with the providers of the cessation efforts.
- Smoking Cessation updates will become an integral part of annual competency training in Nursing, Respiratory Therapy and Medical Education.
- The effort would start at Berkshire Medical Center, and can be disseminated to Fairview Hospital (Berkshire Health Systems' Critical Access Hospital) when refined.

Program Summary:

- An inpatient intervention /teaching opportunity has been identified for patients who are tobacco users at a time when they may be more receptive to personal engagement.
- A goal of increasing the number of self-identified tobacco using inpatients to present for outpatient treatment subsequent to discharge, has been established.
- A tobacco use intervention program is proposed utilizing BMC in-house expertise and resources available through BMC's teaching affiliation with UMASS Medical School.
- The patient interventions will be multidisciplinary, coordinated, and recorded utilizing new documentation protocols in the patient record.
- Post discharge planning, treatment and support will be better coordinated
- New documentation protocols will facilitate the collection of information to evaluate program progress.
- Connecting the program with hospital education (to develop new trainers in the future) and into annual competency evaluation and new employee orientation, directly addresses the issue of program sustainability.

E. Work Plan/Schedule

Deliverable	Schedule
Task Force to complete full proposal.	September - October 18. 2012
Develop, refine and test the multidisciplinary information technology tobacco documentation protocol.	Month 1-3
Select leadership in Nursing, Respiratory Therapy and Medical/hospital education complete tobacco intervention training through a consultant arrangement with the UMASS Medical School.	Month 4
Two BMC clinical educators will attend a four day intensive training at UMASS Medical School.	Month 8 or sooner dependent on UMASS schedule
Pilot departments/units identified; hospital/nursing education to coordinate/support appropriate staff training sessions utilizing "Trainers".	Month 5
Begin staff training sessions in initial department(s).	Month 6
Evaluate initial processes, modify as necessary.	Month 7-9
Update all Trainers as necessary.	Month 10
Complete training on all units.	Month 11-12
Task Force to continue to meet quarterly to evaluate protocols based on results	Year 2 on-going