

**American Psychiatric Nurses Association  
Virtual Nursing Academy of APNA Champions for Smoking Cessation  
Final Report – January 2015**

## **About**

Although the prevalence of tobacco use in the general population has decreased over the past several decades, the numbers of people living with psychiatric and/or substance use disorders that use tobacco remains alarmingly high. Since the creation of our Tobacco Dependence Council in 2008, APNA has fostered the development and dissemination of many resources to educate our workforce and assist psychiatric-mental health nurses in prioritizing and providing evidence-based tobacco dependence interventions with those they serve. In an effort to extend this work and further mobilize grass roots smoking cessation initiatives, we were happy to partner with the Smoking Cessation Leadership Center to support innovative strategies aimed at decreasing tobacco use in this vulnerable population. Fashioned after the SAMHSA/SCLC 100 Pioneers for Smoking Cessation program, all APNA members were eligible to apply to be part of the Virtual Nursing Academy of APNA Champions for Smoking Cessation. Thirteen (13) Champions received an honorarium of \$1,000, complimentary registration, and one night's hotel for the APNA 28th Annual Conference in October 2014, where they presented their projects.

## **Program Goals**

The Virtual Nursing Academy of APNA Champions for Smoking Cessation program aimed to:

- Provide training and technical assistance to Champions to increase understanding and skills in delivering effective tobacco cessation strategies
- Implement or enhance existing tobacco cessation services using evidence-based practices
- Implement or improve upon tobacco-free environments
- Prepare students to proficiently provide evidence-based tobacco cessation interventions
- Ensure that consumers and staff have access to tobacco cessation services and supports to promote health and wellness
- Establish partnerships between behavioral health, primary care, and/or nicotine cessation organizations to increase available tobacco cessation resources in communities

Specifically, the *Virtual Nursing Academy* aimed to support the work of the *Champions for Smoking Cessation* via webinar support, a *Champions APNA e-Community* and a presentation at the 2014 APNA Annual Conference all of which provided venues for resource sharing, brainstorming, and discussion of strategies to overcome institutional and/or project barriers to success.

## **Application**

Applicants had the opportunity to select one or more of nine proposed changes to implement at their agency/organization:

- Implement or improve upon a Clean Indoor Air policy for our organization that provides a completely smoke-free indoor environment with smoke-free buffer zones at entrances.
- Implement a Smoke-Free Campus policy that provides completely smoke-free outdoor grounds.

- Initiate a tobacco cessation initiative/program.
- Enhance an existing tobacco cessation initiative/program.
- Partner with other organization(s) to provide or enhance tobacco cessation.
- Establish protocols that establish or improve systematic screening for tobacco use with an effective referral process to treatment.
- Incorporate smoking cessation benefits for employees that include counseling and medications.
- Develop innovative tobacco cessation curricula (didactic content & clinical practicum) to prepare students to deliver evidence-based interventions.
- Other (Create your own): \_\_\_\_\_

The application's proposal section included the following:

1. Describe your proposed change project.
  - A. What is your project idea? Describe the main activities that comprise your project. *(maximum 250 words)*
  - B. Whom will your project serve? *(maximum 250 words)*
  - C. How will you achieve this change, and if relevant, when, where, and how often will it take place? *(maximum 250 words)*
2. Describe the anticipated impact of your project. *(maximum 500 words)*
3. Describe who will make this project happen and how you will measure your impact.
  - A. Who will lead this project and who will participate in making it happen? *(maximum 150 words)*
  - B. What partnerships with other organizations or individuals will help this project succeed? *(maximum 150 words)*
    - i. Letter of support from participating organization(s) *(document upload)*
  - C. How will you measure the impact of your change? *(maximum 250 words)*

Additionally, applicants committed to participate in one of the Orientation Conference Calls, the Champions e-community, the APNA Annual Conference (if possible), and in collecting requested evaluation data.

## **Process**

The application was developed through coordination with APNA program staff and Program Leader Daryl Sharp and created in an online format. Pages were then created on the APNA website ([www.apna.org/VirtualNursingAcademy](http://www.apna.org/VirtualNursingAcademy)) to explain the program & anticipated timeline/commitments. The Call for Applications announcement was made on October 29, 2013 via multiple APNA dissemination channels.

Throughout November and early December, reviewers were contacted and secured by the Program Leader. Application reviewers were formally invited the week of December 9, 2013. A scoring sheet was established and created in an online format using the American Psychiatric Nursing Foundation Research Grant review form as a model.

Twenty one applications were received, each of which was reviewed by 2 APNA member experts in tobacco dependence (all applications were reviewed by Daryl Sharp as well as one additional reviewer). Reviewer assignments were made both randomly and by expertise area. Applications were sent to reviewers along with a link to the online review / scoring form on December 24, 2013 or December 30, 2013 with a deadline of January 13, 2014.

Review data was tabulated, analyzed, and discussed via phone call with Program Leader Daryl Sharp, and APNA program staff Lisa Nguyen and Pat Black. Fourteen (14) Champions were selected, and all applicants were notified (congratulations or regrets) on January 17, 2014.

Two orientation calls took place on January 23-24, 2014, where the agenda included introductions, information about the webinars, the first of which would take place in March, discussion about the Member Bridge community and how it could be used, honorarium & logistics, and upcoming deadlines for the letter of support and baseline data collection. A summary of the orientation was sent to all Champions, including educational information discussed on the call – links to a JAMA article and SCLC webinars.

Applicants were required to submit a letter of support from their organization (if not included in the original application) by January 31, 2014. The letter of support was required for each Champion because we felt that support from the administrative leadership was crucial for success in implementing their project.

When all letters of support were received (February 10, 2014), the Member Bridge Community for Virtual Nursing Academy Champions was created and the first welcome message posted on February 10, 2014.

To collect the evaluation data, an online survey was created which included the following questions:

1. Number of clients served
2. Number of nurses (generalist and advanced practice) delivering cessation interventions)
3. Number and types of providers (other than generalist and/or advance practice nurses)
4. Number of organizations involved in the initiative
5. Number of units within the organization involved in the initiative

Collection of this baseline data began on February 3, 2014.

In late February, one of our Champions communicated with APNA program staff that she had been experiencing difficulty in proceeding with the program (no buy-in from the nurses on staff to participate). She had decided to withdraw from the Virtual Nursing Academy Program, leaving us with 13 Champions.

One to one calls with Daryl Sharp and the Champions to discuss their projects were scheduled in February and took place the first week of March 2014.

Our first webinar took place on March 19th. *Please see the webinars report for a summary, attendance information, and evaluation data.*

After the webinar, slides and other resources provided by the SCLC presenters were posted in the VNA Member Bridge Community.

In order to process the \$1,000 honorarium amounts, APNA required a W-9 to be completed by each Champion (or their agency / organization). These forms were sent out to the Champions via email and collected throughout April and May.

Our second webinar took place on May 21st. *Please see the webinars report for a summary, attendance information, and evaluation data.*

Prior to the webinar, an email invitation was sent to the Tobacco Dependence Council Steering Committee to participate as mentors for our Champions.

Progress reports were collected from the Champions May 14-30, 2014 to inform the APNA progress report to SCLC. Most champions were underway with their projects and working to expand their clients served.

In mid-June, the Champions were sent instructions for securing their complimentary registration and one night's hotel stay for the APNA 28th Annual Conference.

Registration instructions for August webinar sent on July 23, 2014. As a part of this communication, Champions were asked to indicate the type of presentation they planned to give as a part of the Tobacco Dependence Council Interactive Panel at the APNA 28th Annual Conference. The options were to give a brief podium presentation or to produce a poster that would display in the session room during the panel.

Our third webinar took place on August 13th. *Please see the webinars report for a summary, attendance information, and evaluation data.*

After the webinar, slides and information for conference presentation and final report were posted in the VNA Member Bridge Community.

A detailed outline for the Champions' final reports and the conference presentations (including the ppt presentation theme) were sent on September 2, 2014 with a deadline of September 22, 2014.

Champions worked directly with APNA Nurse Planners to ensure that all presentations for the Interactive Panel met standards for continuing nursing education programs.

11 Champions presented their projects at the APNA 28th Annual Conference in Indianapolis, Indiana on October 23, 2014. The information generated lively discussion with session participants. One audience member followed up by posting positive comments on the APNA national discussion board and indicated her intent to duplicate one Champion's project in her practice setting.

### **Program Promotion / Information Dissemination**

APNA has built an infrastructure for communication with mental health nurses across the country. 42 chapters reach nurses on a local and regional level and our Member Bridge e-communities connect more than 9,500 nurses on a daily basis who share rich dialogue related to psychiatric-mental health nursing administration, education, practice, and research. APNA provides education to nurses through its chapters, live national conferences, and eLearning opportunities. For the Virtual Nursing Academy, APNA utilized our local and national network to promote the program and disseminate the project outcomes. Additionally, a summary of the projects presented at the APNA 28th Annual Conference will

be published in *Conference Express*, a publication which offers peer-reviewed highlights of high-impact presentations from live conferences.

Among other general APNA promotions and marketing, the following Virtual Nursing Academy program-specific activities occurred:

- Program was announced at the APNA 27th Annual Conference in San Antonio, Texas – October 9-12, 2013. A flyer was distributed to all attendees and discussion occurred in the Tobacco Dependence Council Interactive Panel.
- Email announcement to all APNA members – Call for Applications was sent on October 29, 2013 with an application deadline of December 16, 2013.
- Application information was included in *APNA News: The Psychiatric Nursing Voice* monthly e-newsletter on October 30, 2013 and on November 20, 2013.
- Social media posts on Facebook & Twitter throughout November 2013.
- Email invitation to APNA members via Chapter Presidents on November 19-20, 2013.
- Press Release via PRweb on November 25, 2013.
- Email invitation to members who indicated an interest in the Tobacco Dependence Council on December 2, 2013.
- Email invitation to all members on December 12, 2013.
- Featured in print newsletter *APNA News: The Psychiatric Nursing Voice*, which arrived at members' addresses during the week of December 2, 2013.
- Email announcement sent to all APNA members congratulating the Champions on February 11, 2014.
- Press Release via PRweb on February 12, 2014.
- Social media posts on Facebook and Twitter on February 12, 2014.
- Champion presentations during the APNA 28th Annual Conference as a part of the Tobacco Dependence Council Interactive Panel. Handouts of the presentation slides were made available to all registered attendees through the Annual Conference Registration Site.
- Coming: The audio recording of the Interactive Panel session is currently in editing and will be posted on the APNA website. Additionally, slide handouts will be posted and accessible through the Council webpage. Both will offer the opportunity for further dissemination and encourages duplication of projects.

## **Process Measures**

### *Webinars*

Please see the webinars report for a summary, attendance information, and evaluation data.

### *APNA e-Community*

The Member Bridge community specifically for our Virtual Nursing Academy Champions for Smoking Cessation was created on February 10, 2014. This community includes discussion postings, a resource library, blogs, and quick links. To date, there have been 28 discussions and 3 library postings. The most replies in a threaded discussion was 6. These were in response to a post by one of the Champions with an update on her project and a request for advice.

The majority of technical assistance was provided to Champions through personal email communications with APNA project staff and/or Project Leader Daryl Sharp. Daryl answered a lot of questions individually, and provided a sounding board for ideas related to barriers our Champions might have been experiencing. This type of dialogue frequently occurred during the webinars as well.

### *APNA 28th Annual Conference*

Eleven (11) out of our 13 Champions presented their projects during the Tobacco Dependence Interactive Panel at the APNA 28th Annual Conference on October 23, 2014. Originally, 4 Champions indicated they planned to do a poster presentation. However, in the end, all 11 Champions presented their outcomes at the podium.

Conference Attendance: 1,504

Interactive Panel Attendance: 76

Number of attendees with access to ppt handouts: 1,300

Evaluation Data: Session received 5.6 out of 6.0 average score. 55.3% of attendees indicated they intended on making changes to their practice after attending the session.

Please see the full APNA 28th Annual Conference Evaluation Report for detailed ratings and comments on the Tobacco Dependence Interactive Panel.

### **Champions' Projects and Highlighted Results**

Please see separate report for summaries on each Champion's project, as well as highlighted evaluation results, including lessons learned.

### **Conclusions**

The Virtual Nursing Academy was highly successful in mobilizing and supporting APNA members to address tobacco dependence across a number of clinical and academic settings. The projects were generally small in scale but impactful locally. As a collective academy, the project's success is reflected in the fact that it served to catalyze APNA members' renewed and strengthened interest and efforts in treating tobacco dependence among those living with psychiatric illnesses.

Although nearly all projects were worthwhile, several are noteworthy. One champion (Okoli) used the project findings to support an application to the NIH designed to explore tailored approaches to treating tobacco dependence in those with schizophrenia. His project caught the attention of APNA's research council. He was invited to join that group and to explore with them how the council might support him in advancing his research agenda. Another champion (Vest) built her project on the results of a published study examining the effects of a tobacco education program with veterans (Vest et al, 2014); she significantly increased the number of consults to the VA's Tobacco Treatment Team, which served nearly 1000 clients over the life of the project. Other champions (Rozek-Brodrick, Green, & Powers) addressed the issue of educating nursing students to consistently intervene with patients who use tobacco. Taken collectively, their efforts are important because integrating tobacco content into nursing

curricula has been a longstanding goal of APNA's Tobacco Dependence Council. Prior to the VNA, we had experienced limited success in meeting this goal yet thanks to the Academy, we now have a cadre of APNA members who have connected around this common interest and are collaborating to integrate tobacco dependence into curricula at their respective academic institutions. From a clinical perspective, several champions (Abram, Armentrout, Blacher, Bridges, Farwick) established intervention programs in clinical or community-based programs that prior to the Academy had either not existed or were minimally present. Thus, the VNA addressed all 3 areas (research-education-clinical) of the Tobacco Dependence strategic plan while revitalizing (by mobilizing the grassroots) the emphasis and commitment of APNA's members to consistently address tobacco use among those we serve. In short, the VNA helped strengthen the organization's focus on tobacco as an essential priority area, which is commendable given the diverse interests and competing demands of our membership.

Most of the projects will continue in some form and all of our champions, regardless of project success, remain highly committed to addressing tobacco dependence in the population served by psychiatric nurses. It is important, however, that we find ways to continue to nourish the energy and important efforts of our champions as well as to find other ways we might expand this work at the grassroots level. We are committed to doing so and have made such recommendations to the new leaders guiding APNA's tobacco dependence agenda. Effective January 1st, the Council structurally joined the Addictions Council, which is led by Matthew Tierney. Dr. Carol Essenmacher, a longstanding member of the Tobacco Dependence Council and the Tobacco Cessation Coordinator at the VA Medical Center in Battle Creek, MI, will work collaboratively with Mr. Tierney to oversee the continued implementation of the tobacco dependence strategic plan. The success of the Virtual Nursing Academy will be used as a blueprint for guiding ongoing work in addressing tobacco dependence as well as other addictions that challenge the population served by APNA's members. Finally, our partnership with the Smoking Cessation Leadership Center has been essential to our successes thus far. Continuing this partnership is a cornerstone in our strategic efforts and will be vital to substantive progress in the years ahead.

## APNA Virtual Nursing Academy Webinars

### *Purpose*

Along with providing the champions with continuing education regarding best practices in tobacco dependence treatment and education, the purpose of the webinars was to offer the Virtual Nursing Academy a forum for brainstorming and problem solving about their respective projects.

### **March 19, 2014**

Smoking Cessation Leadership Center (SCLC) partners Catherine Saucedo (Deputy Director) and Christine Cheng (Partner Relations Director) joined us for our first webinar. Catherine and Christine provided an overview of the SCLC as well as information/resources regarding the use of Varenicline for those living with behavioral health disorders and evidence regarding e-Cigarettes.

Consistent with the grassroots mission of the Virtual Nursing Academy (VNA), champions addressed the following about their projects:

- Overview
- What had been learned thus far (from conceptualization to implementation)
- Barriers and/or surprised encountered. Response and problem-solving with fellow champions

It was an informative webinar (resources were shared on our Member Bridge community as well), including an energizing discussion of development and implementation successes and challenges.

### **DATA**

Attendance: 17 participants, including staff, presenters, and Champions

Usefulness: **100%** rated 4 or 5 (excellent)

Relevance: **100%** rated 4 or 5 (excellent)

Interest level: **100%** rated 4 or 5 (excellent)

Quality (organization, pacing, clarity): **100%** rated 4 or 5 (excellent)

Did this webinar influence you to change anything about your project or your practice?

**50%** Yes, **50%** No

Comments:

- I am continuing to stress the importance of incorporating tobacco education into undergraduate and graduate curriculum
- Learned more resources that can be utilized

### **May 21, 2014**

Dr. Rhonda Schwindt, Clinical Assistant Professor of Nursing from Indiana University School of Nursing, presented for the first portion of the webinar regarding her work in developing and implementing tobacco dependence curricula for nursing students. More specifically, she addressed the results of her



DNP capstone project in which she evaluated a theory-based education program to motivate student nurses to intervene with clients who live with psychiatric disorders and use tobacco.

The following portion of the webinar included project updates by our champions and general discussion. Several champions addressed issues encountered to date and discussion centered on ideas and possible solutions for the barriers mentioned.

### **DATA**

Attendance: 17 participants, including staff, presenters, and Champions

Usefulness: **83.3%** rated 4 or 5 (excellent)

Relevance: **83.3%** rated 4 or 5 (excellent)

Interest level: **83.3%** rated 4 or 5 (excellent)

Quality (organization, pacing, clarity): **100%** rated 4 or 5 (excellent)

Did this webinar influence you to change anything about your project or your practice?

**50%** Yes, 50% No

Comments:

- Good to connect with Rhonda and the work she is doing
- Able to utilize this to motivate nursing students

### **August 13, 2014**

Tony Klein, MPA, CASAC, NCACII, a national leader in helping substance abuse treatment systems integrate tobacco dependence interventions into their care delivery models, kicked off the webinar with a presentation / Q&A.

The second half of the webinar was used to discuss the champions' projects and the process for presenting them during the interactive panel at the APNA 28th Annual Conference. Again successes and barriers were discussed, followed by brainstorming ideas and possibilities for future development and implementation. Project overviews and outlines were addressed for presentations during the Tobacco Dependence Council Interactive Panel at the Annual Conference in October.

### **DATA**

Attendance: 15 participants, including staff, presenters, and Champions

Usefulness: **100%** rated 4 or 5 (excellent)

Relevance: **100%** rated 4 or 5 (excellent)

Interest level: **100%** rated 4 or 5 (excellent)

Quality (organization, pacing, clarity): **100%** rated 4 or 5 (excellent)

Did this webinar influence you to change anything about your project or your practice?

**80%** Yes, 20% No

Comments:

- Able to learn integration in care with smoking cessation and substance abuse treatment

- Will include much more M.I. techniques
- The information was very well presented and very interesting

### *Conclusion*

Overall, the webinars served an important function in both disseminating information to support project implementation as well as serving as a think tank for problem-solving and discussion of challenges champions encountered along the way. The webinars also helped provide a way of keeping the champions connected to one another and with the project leaders. Thus, they were essential to supporting the Academy's structure and seemed quite valuable to the champions as evidenced by their evaluation data.

## Champions' Projects and Highlighted Results

**Marissa Abram, RN, CASAC-T**

***Lights Out Phoenix House***

Phoenix House - Hauppaug, New York

Summary:

Project included guardian education group at program initiation, peer-led groups, staff-led seminars, and tobacco screening, cessation education, & medical assistance at physical and psychiatric exams and follow-ups at adult and adolescent male facilities.

Highlighted Results:

- 456 adult & adolescent clients served vs. 125 at baseline
- 45 guardians received education (not listed at baseline)
- Number & types of providers: 6 nurses, 3 MDs, & 2 LPNs vs. 4 nurses, 2 MDs, & 2 LPNs at baseline
- Additional 28 program staff (not listed at baseline)
- *Conclusions / Lessons learned:* Continued checking & support is important and essential to address differences in belief systems & to correct misinformation.

**Jennifer Armentrout, BSN, RN, PHN**

***Living Well***

Sharp Mesa Vista Hospital - San Diego, California

Summary:

Project included groups & Nicotine Anonymous, incorporation of tobacco cessation into existing recovery model, and surveys on intervention confidence/importance in a tobacco-free hospital.

Highlighted Results:

- 300 patients served vs. 140 at baseline
- Number & types of providers: 70 nurses and other providers (not listed at baseline)
- 50% indicated a desire to reduce/quit use upon admission, and 90% maintained this desire at discharge
- *Conclusions / Lessons learned:* Culture change is difficult, coping strategies are important and essential to target the emotional & physical discomfort experienced by patients (which was reported as the greatest barrier).

**Suzan Blacher, MSN, RN, CARN, CCIT**

***An Adolescent Tobacco Dependence Intervention and Cessation Program***

Family Recovery Specialists - Miami, Florida

Summary:

Project included several tobacco dependence screening measures and assessment questionnaires used in sessions with clients at a private outpatient substance abuse treatment program. Goal was to offer adolescents education for prevention, health promotion, and cessation, as well as strategies and/or treatments for quitting that are based on the unique needs of adolescents.

Highlighted Results:

- 24 clients (ages 15-26) seen during 89 sessions vs. 0 at baseline
- Number & types of providers: 1 nurse, 3 LMHC vs. 0 at baseline
- Anecdotal reports of clients self-reporting occasional use becoming tobacco free; 2 specific clients reduced/quit use
- *Conclusions / Lessons learned:* Inconsistent attendance at sessions and broad age range of clients was not optimal. Create separate groups for those seeking information and for those trying to quit.

**Janick Bridges, RN, FNP-C**

***Stop Smoking – Quit Choking***

Healthcare for the Homeless-Houston - Houston, Texas

Summary:

Project included NRT and support groups to homeless participants who desired assistance with smoking cessation, as well as educational information to providers to increase knowledge and referrals to smoking cessation treatment. Additionally, nursing students were invited to participate in the support groups to enhance their knowledge of smoking cessation resources and treatment options.

Highlighted Results:

- 30 patients served vs. 20 at baseline
- Number & types of providers: 7 nurses, 2 family physicians, 1 psychiatrist, 10 case managers, 2 counselors, 5 medical assistants vs. 3 nurses, 5 MDs at baseline
- 2 organizations involved vs 1 at baseline
- 1 patient quit smoking, 29 decreased to 2-5 cigarettes/day
- Awareness increased in providers & patients; increased use of PAP program for prescribing Chantix & Bupropion by providers; 3 providers making referrals
- *Conclusions / Lessons learned:* Exposure & involvement are key to motivate providers and so is making time.

**Nicole Rozek-Brodrick, APRN, RN, NP, CNS, DNP**

***Teaching Tobacco Cessation to Undergraduate Nursing Students in a Psychiatric Clinical Rotation***

University of Colorado Colorado Springs School of Nursing - Colorado Springs, Colorado

Summary:

Project included curriculum on tobacco cessation which integrated concepts of motivational interviewing geared to specific populations, information on community resources, and other educational resources in the classroom and post-conference settings. Assessment surveys on overall knowledge base given at beginning and end of class/clinical.

Highlighted Results:

- 44 total undergraduate & graduate students served in 3 cohorts vs. 15 students at baseline
- Increase in agreement with assessment statements regarding knowledge of tobacco cessation in general, medication treatment options, harm reduction strategies, and community resources.

- *Conclusions / Lessons learned:* Learners were receptive, though 2 of the 3 cohorts had a limited timeframe. Champion left the university and was not able to continue the research but continues to advocate for inclusion of tobacco dependence content in nursing curricula in new position at another university.

**Sarah Farwick, BSN, RN**

***No Smoking! No Butts About It!***

Chicago Lakeshore Hospital - Chicago, Illinois

Summary:

Project implemented a smoking cessation program with education and materials for patients at a hospital with 42 beds on an adult acute inpatient psychiatric unit and 32 beds on a general adult unit. The program included posters in dayrooms, weekly groups (12 sessions) with educational toolkit, inclusion of tobacco dependence in multidisciplinary treatment plan, and a “cravings box”.

Highlighted Results:

- 60 patients served vs. 40 at baseline
- Number & types of providers: 2 nurses, 6 psychiatrists, 1 medical physician participated in the program → provided only nicotine patches prior to project (providers not listed at baseline)
- 2 units involved: Adult Acute Inpatient Psychiatric Unit, General Adult Unit
- Average number of patients in Smoking Cessation Groups: 5
- 19 total surveys returned completed – All 19 stated that they found the program useful.
- 17 of the patients indicated that they would remain smoke-free post-discharge, one was unsure and one did not respond to that question.
- *Conclusions / Lessons learned:* Groups and patient engagement were particularly difficult on the acute unit. Motivational interviewing may be a better approach to engaging patients, which would require a different format for delivery of care. Changes in administration during the project did not allow for a smoke free campus policy.

**Constance Green, RN, MS, NPP**

***Let's Quit Together***

Suffolk County Community College - Selden, New York

Hands Across Long Island (HALI)

Summary:

Project included agency cigarette counts, a smoking cessation support table, “Ask me how I quit” buttons, and reward/incentive tokens at an outpatient mental health agency where smoking was prevalent. The goals were to reduce the number of cigarettes smoked by both clients and employees, create an environment that encourages no smoking, and encourage nursing students to be more comfortable conducting smoking cessation programs.

Highlighted Results:

- 270 clients served vs. 0 at baseline
- 38 visits to the support table
- Number & types of providers: 20 student nurses, 1 APRN vs. 1 DO at baseline
- 8 clients completed the post-project survey. All 8 wanted to see the program continue.

- *Conclusions / Lessons learned:* Follow-through was difficult with providers only present once/week, people were hesitant to report the number of cigarettes smoked. Use of team approach crucial to increase non-judgmental discussion of tobacco cessation.

**Erica Joseph, FNP-C**

***The Importance of Tobacco Cessation Classes in Conjunction with Pharmacological Interventions***

Southeast Louisiana Veterans Healthcare System - Baton Rouge, Louisiana

Summary:

The project included face-to-face onsite tobacco cessation classes in conjunction with drug interventions in veterans at a veterans healthcare system community outpatient clinic. The goal was to offer classes close to home to those who were ready to stop smoking by discussing and developing an action plan and to develop mental coping and behavioral strategies.

Highlighted Results:

- 12 participants were served vs. 0 at baseline
- 20 referrals were made to the program
- 2 veterans quit smoking, 1 reduced from 2 packs/day to 1 pack/day, 6 reduced from 1 pack/day to a half pack/day, and 3 reduced to 1-2 cigarettes/day.
- *Conclusions / Lessons learned:* Follow-up phone calls to program dropouts and monthly follow-up or support sessions to program completers were recommended.

**Jeanette Lee, MS, NPP**

***Smoking Cessation Program for Clients with Mental Illness***

Broome County Mental Health - Binghamton, New York

Summary:

The project included individual and small group counseling sessions utilizing the Five As and the 'Intensive Tobacco Dependence Intervention with Persons Challenged by Mental Illness: Manual for Nurses' at a mental health facility.

Highlighted Results:

- Project was unable to be completed during the program period due to changes with policy and clinic restructuring in the community.
- Plans to complete the project at a new facility are underway.
- *Conclusions / Lessons learned:* Anything can happen before the conclusion of a project! It's important to educate not only clients but also staff and providers about smoking cessation.

**Chizimuzo Okoli, PhD, MSN, MPH, RN**

***Developing a Tailored Tobacco Treatment Program for Individuals with Schizophrenia***

University of Kentucky - Lexington, Kentucky

Summary:

The purpose of this project was to develop a tailored tobacco treatment program focused on the specific cessation needs of smokers with schizophrenia. The goal was to adapt, tailor, and test the

effectiveness of an evidence-based tobacco treatment approach specific to individuals with schizophrenia. Individual and key information interviews about the approach were conducted and transcribed.

Highlighted Results:

- 6 key informant interviews with tobacco treatment specialists (2 physicians, 2 counselors, 2 nurses)
- 2 interviews with current smokers with schizophrenia
- 4 organizations involved
- Preliminary results were used to apply for an NIH grant & the study remains ongoing with recruitment.
- No direct health care delivery or tobacco treatment outcomes resulted from this project, but the linkages made between organizations and institutions were a valuable outcome.
- *Conclusions / Lessons learned:* Involving consumers (both providers & individuals with mental illness) in the design of tobacco treatment interventions is an important patient-centered approach that can result in feasible, applicable, and acceptable tailored interventions.

**Leigh Powers, DNP, APRN, PMHNP-BC**

***Educating Clinicians for Successful Implementation of a Tobacco Cessation Program***

East Tennessee State University - Johnson City, Tennessee

Summary:

The project included an educational module through an online course program with advanced practice psychiatric nursing students. Materials included text readings, powerpoints, links, video vignettes, and teaching/record keeping tools. Toolkits were also provided for use when educating their patients about smoking cessation.

Highlighted Results:

- 89 encounters with patients were recorded vs. 0 at baseline
- Initial pilot included only 2 DNP students
- Average scores on pre-test: 63%; average scores on post-test: 83%
- *Conclusions / Lessons learned:* Obtaining buy-in from one clinic required a change in strategy and the study.

**Joseph Schatz, MSN, CRNP, PHRN**

***Smoking Cessation: Addressing the Unique Needs of Single Mothers in an Urban Community***

ChesPenn Health Services - Coatesville, Pennsylvania

Summary:

The project included a hybrid six week smoking cessation curriculum which focused both on smoking cessation via motivational interviewing and on addressing the stressors associated with being a single mother. The curriculum was presented collaboratively with the Certified Tobacco Treatment Specialist leading the psychoeducation related to smoking cessation and the APRN providing the clinical interventions related to parenting skills, coping strategies, and self-care. The realistic hope was that the group would be cohesive and members would provide more informal support to each other outside of the sessions.

Highlighted Results:  
*Final report pending*

**Bridgette Vest, DNP, RN, PMHNP, GNP**  
***Tobacco Cessation for Veterans***  
Veterans Affairs Medical Center - Salem, Virginia

Summary:

The project monitored the number of consults to the Tobacco Cessation Clinic using tracking reports, screening data, interventions and outcomes following the intervention. The goal was to improve access to tobacco use screening and treatment by educating nurses in the use of the clinical reminder system for tobacco use screening and referrals to treatment.

Highlighted Results:

- 977 clients served
- Number & types of providers: 62 nurses vs. 3 nurses at baseline
- Additional providers included physicians, physician assistants, psychologists, social workers, and case managers
- 15 units within the organization were involved in the initiative vs. 3 at baseline
- Access to tobacco treatment for veterans was increased. Many nurses and other employees quit smoking as a result of the project.
- *Conclusions / Lessons learned:* The workload for the Tobacco Treatment Team (prescribers and telephone clinic nurse) increased dramatically as more units participated, becoming overwhelming at times. Unable to track outcomes or conduct follow-ups as desired due to lack of manpower. The project empowered nurses!