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Project #36: Increasing 2 out of 3 Smoking Cessation Interventions for Vascular Surgery Patients

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HENRY FORD HEALTH

Increasing 2 out of 3 Smoking Cessation Interventions for Vascular **Surgery Patients**

AIM

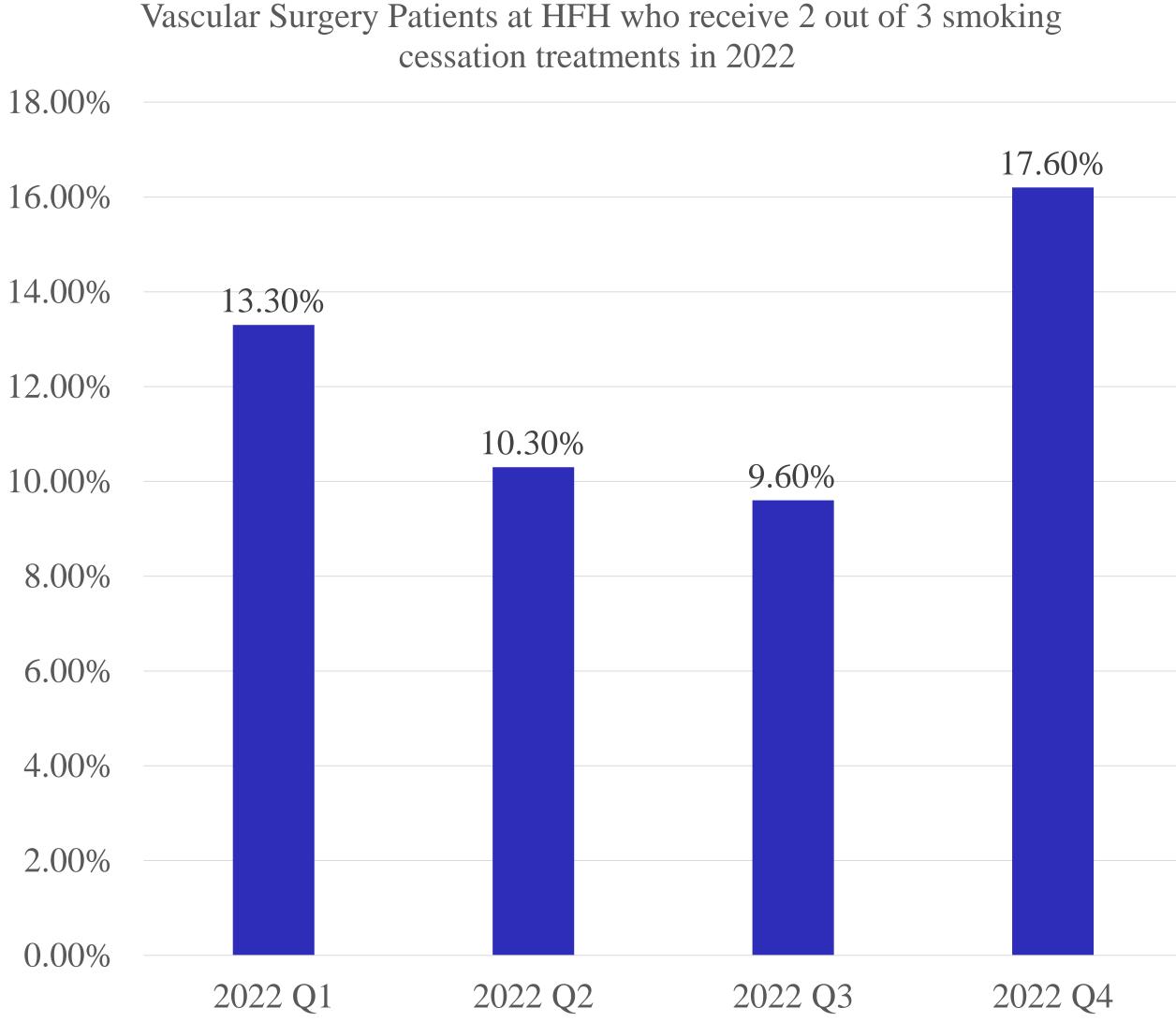
By December 31, 2024, ≥25% of tobacco smoker patients of HFH Detroit vascular surgery will receive 2 out of 3 smoking cessation interventions.

- 1. Physician delivered advice
- 2. Nicotine Replacement Therapy
- 3. Referral to smoking counseling services

PLAN: CURRENT STATE

In 2022 the most common smoking cessation practice was through physician delivering advice to stop smoking. However, physician advice alone will not count towards the Smoking Cessation Vascular Surgery goals for 2023 which is multipronged. Per Blue Cross Blue Shield of Michigan Cardiovascular Consortium (BMC2) Vascular Surgery Report, as of 2022 Q4, Henry Ford Hospital Detroit's smoking cessation interventions 2 out of 3 provided were at 17.60%. This was below the current goal of ≥25%. Out of 83% vascular surgery patients who ever smoke, 34.7% are current smokers. Physician delivered advice to stop smoking is at 45.6% with 25.8% refusal. Nicotine replacement therapy prescription is at 16.2% with 9.1% refusal. A total of 10.3% were referred to Counseling Services with 0% refusal. Without a doubt, vascular surgeons play a significant role in vascular patients' education about smoking cessation, nicotine replacement therapy and referral to smoking cessation program. HFH Vascular surgery team will work on a goal of decreasing vascular patients risk factors by one through smoking cessation. Thereby decreasing the likelihood of claudication, amputation, stroke, abdominal aortic aneurysm and failure of vascular reconstruction.

This project includes the following elective cases: Carotid Artery Stent, Carotid Endarterectomy, Endovascular Aneurysm Repair, Open Abdominal Aneurysm Repair and Open Bypass Surgeries. The department involve are Vascular Surgery and IR Neuro. Cardiology was added in 2024 due to CAS performed by one provider.



Team Members: Paul Corcoran MD, Vascular Surgery – HFH Vascular Surgery Team, IR Neuro Team; Cardiovascular Team; Millanie Villareal, BSN RN, Clinical Quality Facilitator II, Amanda Holm, MPH, TTS Project Manager

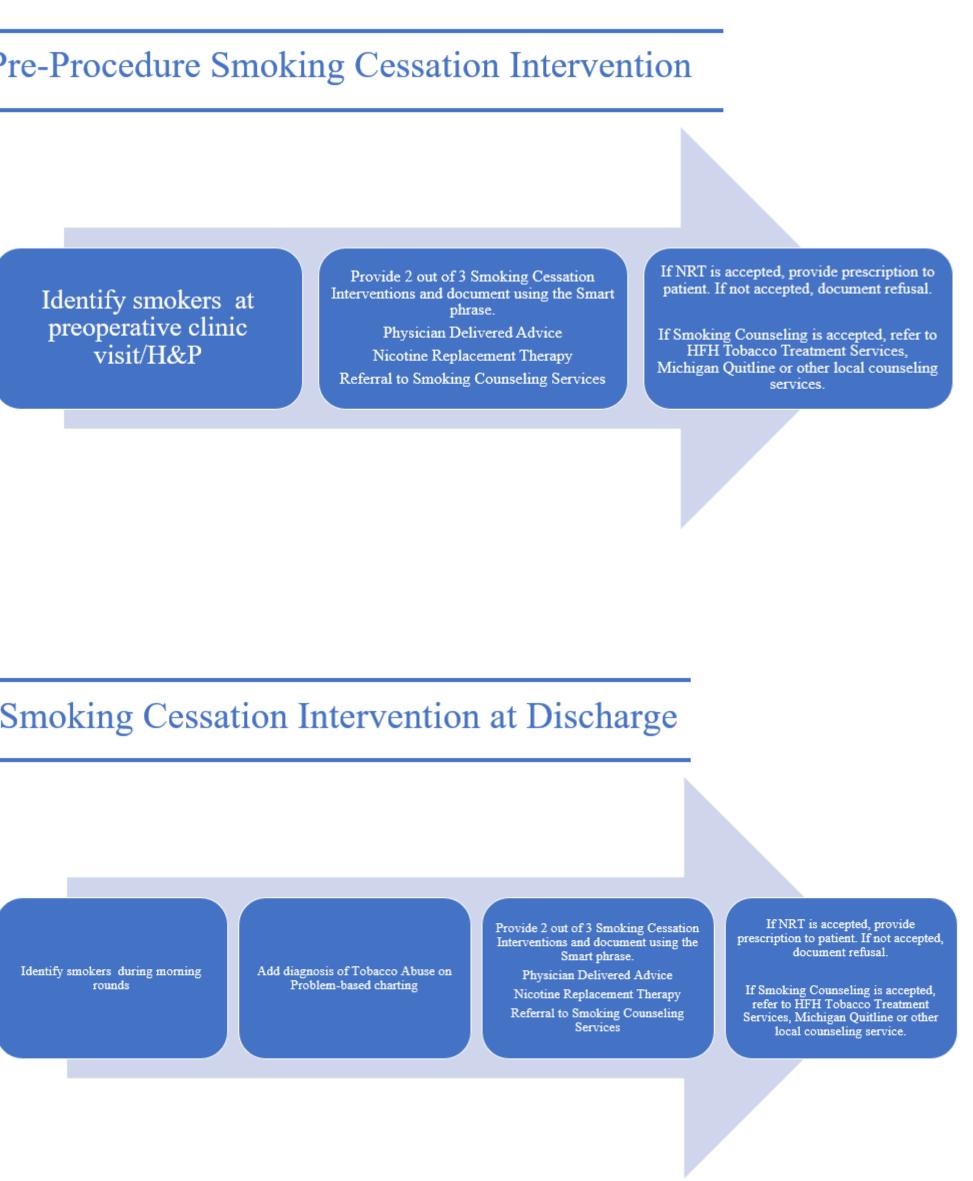
DO: CORRECTIVE ACTIONS/INTERVENTIONS

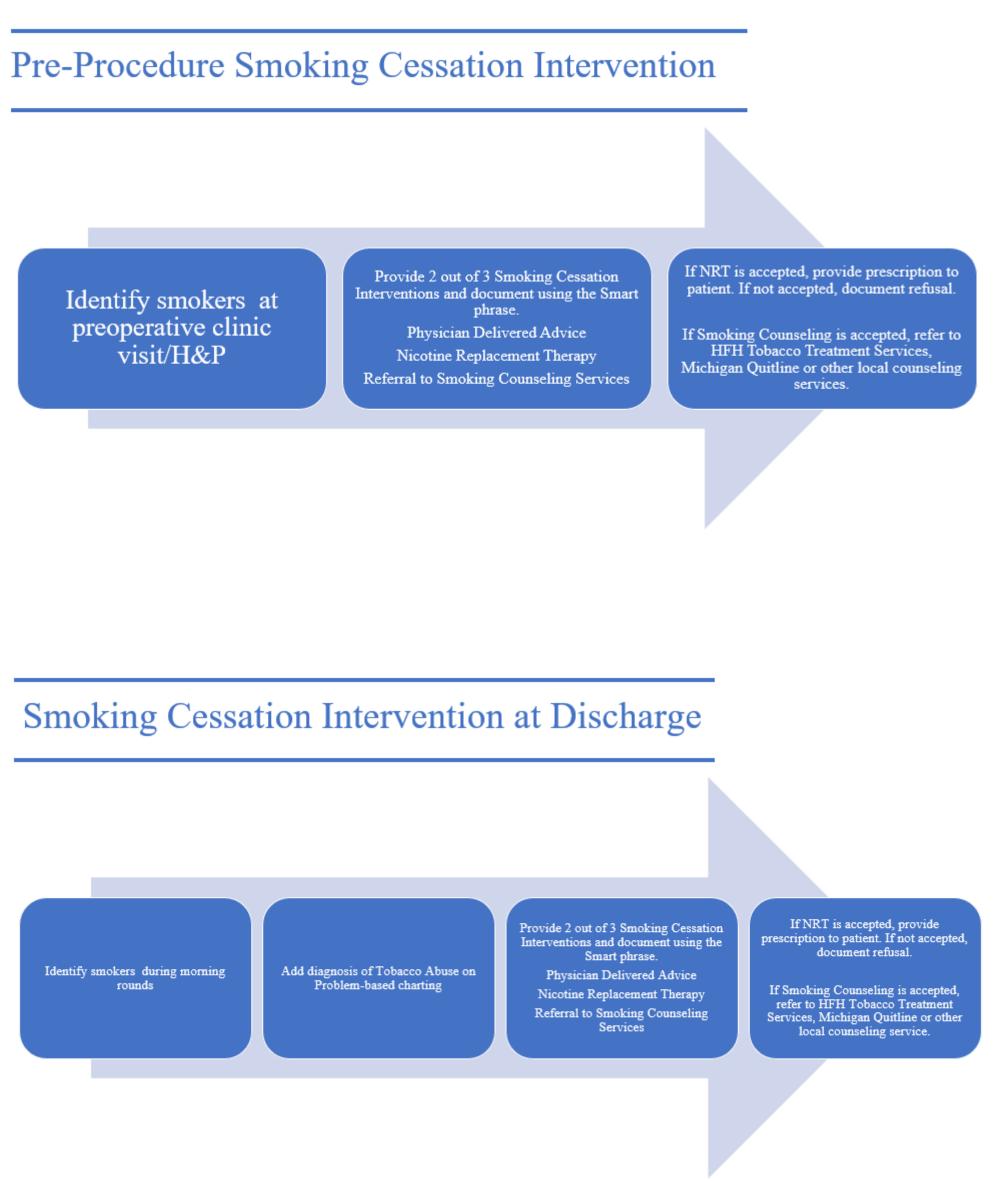
- Problem Analysis: Data Analysis and physician meeting held to understand current practices with smoking cessation interventions.
- In January 2023, Vascular Surgery and IR Neuro provider education was done and agreements were made that two out of the three Smoking Cessation interventions will be provided and documented during preoperative clinic visits or at discharge:
- The team also reviewed a presentation done by HFH TTS in prior years to aid with NRT and referrals.
- In the first quarter of 2024, a new process was implemented with real time tracking. It also includes the use of Smoking Cessation Smart Phrase.

CHECK (EVALUATION OF CHANGES)

Data was tracked with BMC2 Quarterly report. Measurements included pre procedure and at discharge smoking cessation interventions 2 out of 3

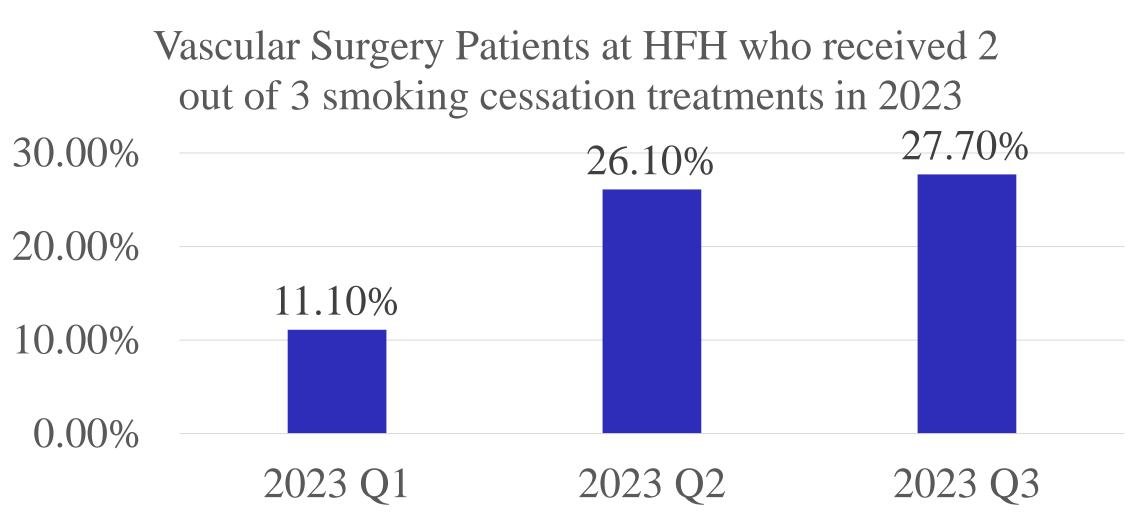
- Project was initiated the first quarter of 2023 with initial trends showing that the goal was met by September 2023. Out of 79.6% vascular surgery patients who ever smoke, 30.9% are current smokers. Physician delivered advice to stop smoking at 63.8% with 43.3% refusal. Nicotine replacement therapy prescription is at 23.4% with 18.2% refusal. A total of 14.9% were referred to Counseling Services with 42.9% refusal.
- Though the goal was met. HFH Detroit performance is lower than BMC2 Vascular Collaborative. It was also challenging to locate smoking cessation documentations. There is no consistent 2 out of three interventions. Hence, during the first quarter of 2024, in an attempt to standardized the practice, the team agreed to document their smoking cessation interventions in their preoperative clinic visit/H&P and discharge summary for ease of capture. We also added a Smart Phrase and pre procedure and at discharge processes to follow. Real time tracking was also added to alert providers if there is an oversight which can be addressed while patient is still at the hospital. The team is also exploring the possibility of developing an order set addressing smoking cessation interventions upon admission. This project is ongoing.

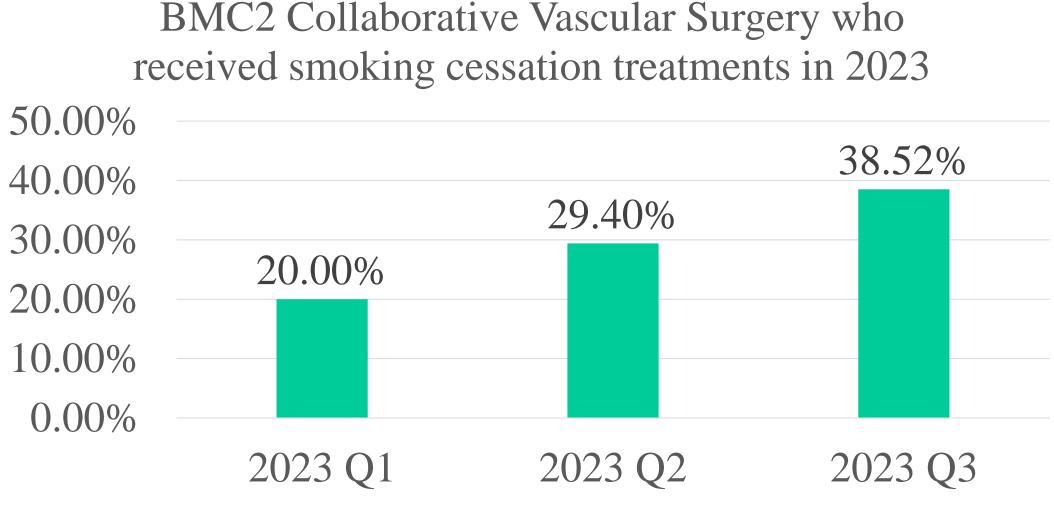






For meeting the performance target of $\geq 25\%$ on the smoking cessation additional measures for BCBM BMC2, practitioners are eligible to receive up to 105% of the Standard Fee Schedule for the year 2023 and 2024.





ACT: SUSTAIN AND SPREAD

SUSTAIN

- Continue with Smoking Cessation Interventions

- providers

SPREAD

- disciplines.

KEYS TO SUCCESS/LESSONS LEARNED

- Education is key to changes.
- Provide baseline status and reasons for needed changes
- Provide regular feedback as a useful reminder to implement process change
- Incorporate Smoking Cessation Training to New Staff
- Multidisciplinary partnership with Vascular Surgery Team is key to implementing smoking cessation interventions.

MEASURES

• Data tracking using BMC2 Vascular Surgery Report and real time tracking • Continue tracking real time smoking cessation interventions

• Disseminate and review BMC 2 Vascular quarterly performance report to

Ongoing project currently involves the Vascular Surgery and IR Neuro and Cardiovascular surgeon who performs Carotid Artery Stenting

Systemic Education to share data and successes with Smoking Cessation

Interventions once established within the participating departments

• Future initiative includes creation of smart phrase, smoking cessation order sets and system wide provider education on smoking cessation documentation for all