Assessing Readiness to Quit Smoking in Vascular Surgery Patients

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BACKGROUND

- Smoking contributes to development of A SCVD and aortic aneurysm disease
- Majority of current smokers desire to quit
- Less than 1/3 receive assistance to quit from healthcare provider
- No standard practice or tool for assessing readiness to quit

AIM

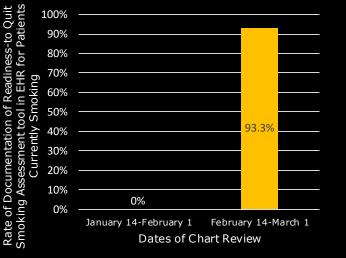
 To increase the number of patients assessed for readiness-to-quit smoking cigarettes from 0% to 50% by over a two week implementation period in vascular surgery specialty clinic patients who currently report smoking cigarettes.

OBJECTIVES Based on search and review of current literature, select an 2. Develop practice process evidence-based tool for change to incorporate tool into assessment of readiness to quit current workflow. smoking based on validity and feasibility of use in practice. Inform and educate office staff Implementsmoking cessation assessment project for nurse on workflow process change and practitioner's patients over a 2 importance of readiness to quit week period assessment tool 5. Analyze and evaluate postimplementation EHR data.

Introducing a standardized assessment tool into provider workflow increases assessment of readiness to quit smoking in vascular surgery patients.

Plan dentify evidence-based smoking readiness to quit tool Hypothesis: Use of a moking cessation tool wi increase assessment of readiness to quit Practice Change: NP to uit tool to patients w smoke Do: ect demographic d Adopt: Keep assessment Primary outcome ool in current workflow and neasure: # of patients ntroduce to other provides **PDSA** with documented readiness-to-quit Adapt: Change assessmen assessment score/total # tool or process to increase completion of assessments of patients self-identifying as current smokers during Abandon: Discard current study period tool and restart with new etrospective cha PDSA cycle Study Descriptive statistics for demographic data Total # of documented score/total # of patients currently smoking= primary outcome measure

Rate of Documentation of Readiness-to-Quit Smoking Assessment Tool in EHR for Patients Currently Smoking



PATIENT DEMOGRAPHICS	
Age	n (%)
50-59	3 (21.4%)
60-69	5 (35.7%)
70-79	5 (35.7%)
80-89	1 (7.1%)
Gender	n (%)
Male	10 (71.4%)
Female	4 (28.6%)
Diagnosis	n (%)
Abdominal	6 (42.9%)
Aortic	
Aneurysm	
Peripheral	6 (42.9%)
Arterial	
Disease	
Carotid Artery	2 (14.3%)
Stenosis	_ (,
	Mean (SD)
Number of Years Smoked	50 (1.84)
	. ,
Number of Cigarettes	n (%)
Smoked Per Day	11 (70)
<10	5 (35.7%)
10-20	9 (64.3%)
10-20	9 (04.3%)
	Madian (IOD)
Number of Breadens Ordit	Median (IQR)
Number of Previous Quit Attempts	1.5 (1-2)
Attempts	

CLINICAL IMPLICATIONS

Providers can increase assessment of readiness to quit smoking by incorporating a standardized assessment tool into daily workflow. Providers may also track scores of assessment tool over time to identify trends and changes in an individual's readiness to quit smoking.

