Standard 4.1 – Prevention Program

Need Identified: Smoking Cessation

According to the 2014 Community Needs Assessment, approximately 20% of the adult residents in the counties served by Bellin Health are smokers. Bellin Health has greater than 4,300 active smokers in their patient population. There are efforts to maintain an accurate smoking status and history in the electronic medical record and this number may be understated.

It is well known that there is a link between smoking and cancers. Smoking has a negative impact on an individual’s immune system, bones, heart, lungs, and even vision. Also impactful, is increasing evidence of increased risk of surgical complications for a smoker. A patient who is a smoker has increased risk of heart and lung problems during anesthesia and recovery, and extended wounds healing time.

Prevention Activities:

1. Bellin has chosen the avenue of referring all candidates for elective surgery for smoking cessation. This pathway is initiated in the newly created Surgery Prepare Team clinic. The expectation is that prior to an elective surgery, a patient will be tobacco abstinent for four to six weeks to prevent pulmonary and perioperative complications.

2. Within the Bellin Health System, additional individuals have been trained in the delivery of smoking cessation information to patients. Smoking cessation information is available in all Bellin Medical Group clinics, Employer Clinics, and now in the Surgery Prepare Team clinic. The trained personnel inquire about a patient’s readiness and motivation to stop smoking. A referral is available in the electronic medical record. Staff then provide information and secure the nicotine supplements when appropriate. It is the hope that the patient’s desire to have an elective surgery will be the motivating factor to help them quit smoking.

3. Lastly, there was information and counseling provided at a public event.

Effectiveness:

Within the Surgery Prepare Team project, a pathway was created (see Attachment A). There had been discussion and agreement with surgeons that the goal would be for all candidates for elective surgery to be tobacco abstinent for four to six weeks. This was shared with the patient by their physician and again at the Surgery Prepare Team visit.

When the patient arrives for their smoking cessation counseling, Beat the Pack materials are provided. These appointments will be done as one-to-one meetings, or in groups, per a patient’s preference. These materials focus on the reason for quitting, offer suggestions, tools, suggested social media connections, reputable resources, and more. Beyond the smoking cessation appointment, there is follow up to ensure that the patient is moving successfully toward the goal, in order that they can have their elective surgery.

Further measures of success will be based on smoking cessation and reduction in postoperative complications.
In addition, those trained in the delivery of smoking cessation counseled 731 patients on the benefits of smoking cessation, using the Beat the Pack materials.

At a public event to promote smoking cessation, many expressed interest for “someone I know,” and three individuals chose to schedule an appointment to pursue smoking cessation counseling to improve their personal health. Though pleased that three individuals signed up, this may not have been the ideal audience. The event booths were in partnership with the Northeastern Wisconsin African American Association tended to be solicited primarily by women and children, most of which were nonsmokers.