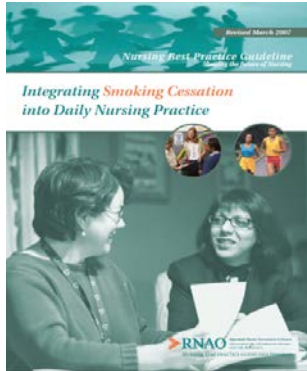


## RNAO Best Practices: Evidence Booster

### Best Practice Guideline Implementation to Reduce Smoking

#### Integrating Smoking Cessation into Daily Nursing Practice, 2007 (2<sup>nd</sup> Ed.)



The purpose of this guideline is to educate all nurses on identifying the tobacco use status of their clients and to provide support and interventions in a sensitive non-judgmental manner regarding the importance of smoking cessation.

#### Integrating Tobacco Interventions into Daily Practice, 2017 (3<sup>rd</sup> Ed.)



#### Economic Impact:

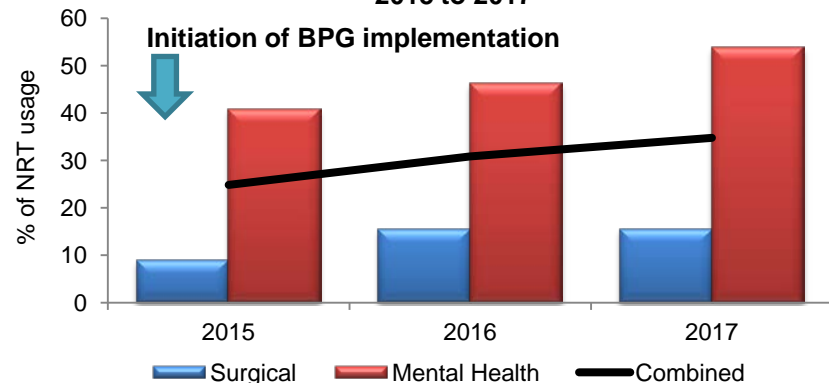
As a known risk factor for cancer, stroke, heart and lung diseases in Canada, the health and economic costs associated with tobacco use are estimated to be \$17 billion annually, including \$4.4 billion in direct health-care costs<sup>1</sup>. In 2015, approximately 3.9 million Canadians, fifteen years of age and older were smokers, and the majority were considering quitting and have made quit attempts<sup>2</sup>. In Ontario alone, about 13,000 people die annually from diseases caused by smoking<sup>3</sup>.

**Aim:** To examine changes in health outcomes associated with the implementation of the RNAO best practice guideline (BPG) *Integrating Smoking Cessation into Daily Nursing Practice, 2007 (2<sup>nd</sup> Ed.)* in one hospital Best Practice Spotlight Organizations<sup>®</sup> (BPSO<sup>®</sup>) and one public health BPSO.

**Measure:** Use indicators from the Nursing Quality Indicators for Reporting and Evaluation<sup>®</sup> (NQUIRE<sup>®</sup>) data system to determine: (a) the percentage of clients with a history of tobacco use in the past seven days who were provided Nicotine Replacement Therapy (NRT) and (b) the percentage of clients with documented assessment of smoking status and smoking history.

**Clinical improvement:** Noted as an increase in NRT usage and an increase in assessment of smoking status and history.

**Figure 1: Average NRT usage in two units of an Ontario hospital BPSO, 2015 to 2017**



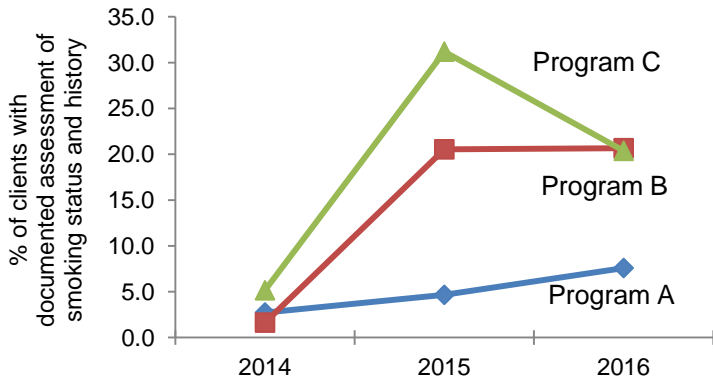
**Impact:** NRT usage in mental health unit increased by 13.18 percentage points resulting in a relative increase of 32.3 per cent (40.76 to 53.94). For the surgical unit, usage increased by 6.67 percentage points resulting in a relative increase of 74 per cent (8.95 to 15.62) from 2015 to 2017.

#### Practice Changes

The hospital BPSO initiated BPG implementation in 2012 and NRT was implemented in 2013. Implementation strategies involved training staff to provide patients (in-patient, out-patient) with minimal tobacco intervention 4A's (Ask, Advice, Assist & Arrange protocol). Organized workshops and RNAO e-Learning modules were utilized by members of the interprofessional team. Electronic documentation was modified to include teach-back methodology when conducting patient assessments on admission. Since 2015, all newly hired nurses and other health workers are provided education on tobacco cessation using teach-back. This hospital is committed to sustaining best practices by continuously reviewing documentation compliance and coaching nurses to support clients to consider smoking cessation.

## RNAO Best Practices: Evidence Booster

**Figure 2: Average level of assessment of smoking status and smoking history in an Ontario public health BPSO, 2014 to 2016**



**Impact:** An overall relative increase in each program was observed from 2014 to 2016 in this Ontario public health BPSO (see Figure 2 and Table 1 above).

**Table 1: Overall increase across three units of an Ontario public health BPSO, 2014 to 2016**

Programs	A	B	C
Relative % increase	64%	92%	75%
Percentage points increase	4.9 (2.7 to 7.6)	18.4 (1.6 to 20)	15.2 (5.2 to 20.4)

### Practice Changes

This public health BPSO educated staff to regularly intervene and document smoking cessation efforts. Best Practice Champions have trained staff in the minimum tobacco intervention and smoking cessation issues related to specific populations such as Indigenous Peoples, those with mental illness and members of the lesbian, gay, bisexual, transgendered, and queer (LGBTQ) community. Resources provided to nurses and clients included the Smoker's Helpline and different strategies such as "deep breathe, delay, drink water, do something different and discuss with a buddy."

**Conclusion:** This analysis demonstrates an increase in the percentage of clients using nicotine replacement therapy and an increase in the number of assessments of clients' smoking status and history for two BPSOs that implemented RNAO's best practice guideline, *Integrating Smoking Cessation into Daily Nursing Practice, 2007* (2<sup>nd</sup> Ed.).



RNAO launched the BPG Program in 1999<sup>4</sup> with funding from the Ministry of Health and Long-Term Care in Ontario, Canada. The 53 evidence-based BPGs developed to date are transforming nursing care and interprofessional work environments in all sectors in health systems worldwide. BPSOs are health-care and academic organizations that implement BPGs and evaluate the impact of their efforts, using NQuIRE and other data systems. Currently, there are 109 BPSOs across Canada and around the globe, representing more than 550 implementation sites.

**NQuIRE**<sup>6</sup>, a unique nursing data system housed in the International Affairs & Best Practice Guideline Centre, allows BPSOs to measure the impact of BPG implementation by BPSOs worldwide. The NQuIRE data system collects, compares, and reports data on human resource structure, guideline-based nursing-sensitive process, and outcome indicators.

### References

- Government of Canada. (2016). *Smoking and tobacco use data*. Retrieved from <http://www.healthycanadians.gc.ca/healthy-living-vie-saine/tobacco-tabac/smoking-facts-faits-tabagisme/index-eng.php>.
- Reid, J. L., Hammond, D., Rynard, V. L., Madill, C.L., & Burkhalter, R. (2017). *Tobacco use in Canada: Patterns and trends, 2017 Edition*. Waterloo, ON: Propel Centre for Population Health Impact, University of Waterloo.
- Ontario Ministry of Health and Long-Term Care (2017). *Smoke-Free Ontario Modernization: Report of the Executive Steering Committee*. Retrieved from [http://www.health.gov.on.ca/en/common/ministry/publications/reports/sfo\\_modernization\\_esc\\_2017/](http://www.health.gov.on.ca/en/common/ministry/publications/reports/sfo_modernization_esc_2017/)
- Grinspun, D., Virani, T., & Bajnok, I. (2002). Nursing best practice guidelines: The Registered Nurses' Association of Ontario project. *Hospital Quarterly*, 5(2), 56-60.
- VanDeVelde-Coke, S., Doran, D., Grinspun, D., Hayes, L., Sutherland Boal, A., Velji, K., White, P., Bajnok, I., Hannah, K. (2012). Measuring outcomes of nursing care, improving the health of Canadians: NNQR(C), C-HOBIC and NQuIRE. *Nursing Leadership*, 25(2): 26-37.

To learn more about RNAO's IABPG Centre, please visit [RNAO.ca/bpg](http://RNAO.ca/bpg). This work is funded by the Ontario Ministry of Health and Long-Term Care. All work produced by the RNAO is editorially independent from its funding source. Contact [nquire@RNAO.ca](mailto:nquire@RNAO.ca) for more details.

**NQuIRE**<sup>®</sup>