2019 Tobacco Cessation Project
Our Project by the numbers

- Total charts = 206
- Total positive screens = 43 or 20%
  - Cycle 1 = 19% positives
  - Cycle 5 = 33% positives
Giving anticipatory guidance on the dangers of tobacco exposure

• 16/43 positive charts
• Most of you focused on getting truthful answers from families and we did a really great job!...this is the next step in the process.
Quitline Referral and Outcomes Report

- 7/43 charts were referred to the Quitline
- 4/7 charts received an outcomes report
**Aim**
Our practice will work on obtaining mutual answers when screening patients and their families for tobacco use exposure for 15% of all newborns by the end of the next 6 weeks.

**Measures**
Conduct random chart audits

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<tr>
<th>Cycle</th>
<th>Plan</th>
<th>Do</th>
<th>Study</th>
<th>Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>We will unite data that will be audited from two providers from each office for our results by shift, continuing to ask the question the way they usually ask.</td>
<td>Conducted chart audits only had 7 total</td>
<td>Did not have enough newborns to audit</td>
<td>After conducting chart audits, it was noted that we did not have enough newborns to screen, therefore on week 2, we plan to change our age group from newborn to 6 months.</td>
</tr>
<tr>
<td>2</td>
<td>Utilized data that will be audited from 3 providers from each office. However, we changed our age group from newborns to 6 months and continued to ask the question the same.</td>
<td>Conducted 10 chart audits from each office.</td>
<td>Had a more effective study as we had enough patients in the biggest population group.</td>
<td>Will give paper questionnaire to staff to give to parents to see how written responses change the way parents respond.</td>
</tr>
<tr>
<td>3</td>
<td>Utilized data from 2 providers in each office, ages newborn-6 months. Staff will give paper handout to patients on exposure to smoke/tobacco products.</td>
<td>Conducted 10 chart audits 5 from each office.</td>
<td>Noted that adding vaping to our paper questionnaire there were more positive screening than when simply asking exposure to smoking.</td>
<td>Might in week 6, we will go back to a standardized verbal questionnaire to see if the way a question is worded changes a parent’s responses.</td>
</tr>
<tr>
<td>4</td>
<td>Utilized data from 2 providers in each office (same ages) added laminated question to competitors in waiting room. Staff to read statement heard to would so everyone was asking the same way.</td>
<td>Conducted 10 chart audits 5 from each office.</td>
<td>There was a large decrease in the amount of smoking screens.</td>
<td>Since we are still seeing a high number of negative screens, we will add in our question does anyone vape. Since some people do not consider it a tobacco product.</td>
</tr>
<tr>
<td>5</td>
<td>Utilized data from 2 providers in each office (same ages). We added wording on laminated question to computers in waiting room. Staff to refer to added data anyone in the household smokes or vape?</td>
<td>Conducted 10 chart audits 5 from each office.</td>
<td>After adding vaping into our statement we did see an increase in positive screens.</td>
<td>To continue to make improvements can patient responses regarding exposure to smoke/tobacco at the home.</td>
</tr>
</tbody>
</table>
We found in this process that in surveillance across all ages, we had many positives in the younger age range as we have recently had several newborns.

We did receive information for the QUIT line and have started handing out the information and phone # to interested parents/families.
Aim: Our practice will provide information about smoking cessation and/or refer to the Quitline for 75% of tobacco using caregivers of 3-6 year olds by the end of the next 6 weeks

- **Cycle 1 (5/10-5/16)**

  Plan- we will identify tobacco using caregivers through the SEEK questionnaire, nurse asking about smoke exposure and provider asking about smoke exposure in a clinical encounter for sick or well visit.

  Do- we looked at 5 patients between ages of 3-6 years and did not identify any with smoke exposure in or outside the home.

  Study – The data shows that we may need to ask questions in a different way.

  Act – We will try to ask broader questions such as "Is your child around any caregivers that smoke inside or outside the home? (including grandparents, extended relatives)

- **Cycle 2 (5/17-5/23)**

  Plan – We will attempt to identify at least 1 out of 5 of 3-6 year old patients this week with a caregiver that smokes by asking broader questions. (this would correlate with 1/5 adults in South Carolina that smoke)

  Do - We looked at 5 patients and identified 2 out of the 5 that had caregivers that smoked.

  Study – One patient was a well visit were the Seek reported no smokers but when provider talked with mother during the visit it was discovered that grandmother smokes outside and the family with 4 small children including a newborn spends large amounts of time with grandmother. Grandmother was not present at the visit. Provider discussed dangers of any cigarette smoke with mother, especially to the newborn. Provider also gave information about the Quitline that mother could share with grandmother. Referral to quitline was offered for grandmother but mother declined. Also, provider offered to talk to grandmother about NRT and write a prescription for NRT if she would be interested.

  The second patient was a 4 year old whose mother smoked outside and not in the car. The patient came in for a sick visit for cough. Examiner congratulated mother on committing to smoke free house and car. Provider asked if mother had interest in quitting. She expressed interest in quitting next month after dental surgery. Date set for mother to quit. Quitline discussed and NRT discussed. Provider offered to make referral to quitline and mother declined at this time. Mother did ask if provider would write for NRT for her when she was ready to quit, provider gladly agreed. Follow up appointment was made for patient's check up in a few weeks.

  Act – Will continue to ask broad questions, provide positive reinforcement for parents that are taking the step towards smoke free cars and homes, and continue to promote the quitline program.
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<td>1</td>
<td>Question list put together. Walks all care coordinators. Visits x 1 wk.</td>
<td>Families accessed at visits. Aren’t open to discussion</td>
<td>Goal Met</td>
<td>Very small scale - went well - will add questions to another tobacco product.</td>
</tr>
<tr>
<td>2</td>
<td>Screen families for care coordinators. Visits x 1 wk. No change to question list.</td>
<td>Interview to ask the kids “tell me what you know” about smoking</td>
<td>Goal Met</td>
<td>1st referral to Quit Line? No. Need to be done in future.</td>
</tr>
<tr>
<td>3</td>
<td>Same as Cycle 2</td>
<td></td>
<td>Goal Met</td>
<td>Screening going well. Need to order handouts from Quit Line.</td>
</tr>
<tr>
<td>4</td>
<td>Same as Cycle 2</td>
<td></td>
<td>Goal Met</td>
<td>Have ordered any materials from Quit Line, but still going well.</td>
</tr>
<tr>
<td>5</td>
<td>Same as Cycle 2</td>
<td></td>
<td>Goal Met</td>
<td>Referral outcome reports taken x 1 wk. Re came back. Still need handouts. Excellent opportunity for education discussion. Would recommend referring to all MV Link.</td>
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Plan:
I chose 5 different ways to ask about tobacco product use in home of newborn patients (different question each week). I had very low numbers for this study so expanded the first week of study to newborn/2 week old patients and still didn't meet my quota of 5/week.

1 Anyone in your baby's household smoke?
2 Anyone in your car or house smoke?
3 Does anyone in your child's household use tobacco products?
4 Does anyone in your child's household smoke or vape?
5 Is your baby exposed to any smoke from tobacco or any other kind of smoke?

Do:
Asked every family coming in for each visit–whether well/sick–about smoke exposure in newborn to 2 week olds according to questions listed above and recorded answers

Study:
Realized each week my families were responding no to survey question about tobacco exposure and actually believed all but last one because I know grandmother smokes but mother to baby was new to me and she just moved to SC so didn’t want to rock boat by probing. I truly believed mother didn’t smoke but was unsure of her living situation.

Act:
repeat cycle following week w/different question
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<td>1</td>
<td>Ask parents about tobacco exposure at home, mentoring visit for children 12m- under.</td>
<td>Advise appropriate clinical staff to use as planned at every visit 12m and under.</td>
<td>Review charts of children 12m and younger @ WCC.</td>
<td>Change wording of the way we ask about smoke. A wording to include vaping + smoke.</td>
</tr>
<tr>
<td>5/20-5/30</td>
<td>Rephrase question to ask another any tobacco exposure in any environment.</td>
<td>Review changes to appropriate clinical staff in wording of question.</td>
<td>Review charts of children 12m and younger @ WCC.</td>
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</tr>
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<td>5/20-5/30</td>
<td>Rephrase question to include any tobacco and vape exposure in home and other environments.</td>
<td>Review changes to appropriate wording of question once.</td>
<td>Review charts of children 12m and younger @ WCC.</td>
<td>Try SWVC to screen for exposure to see if better response.</td>
</tr>
<tr>
<td>6/5-6/17</td>
<td>Review SWVC @ 12m well visits and 12m + 3 for response to smoke exposure question.</td>
<td>Give SWVC at 1m, 9m, and 12m well visits. Review all staff.</td>
<td>Review SWVC responses to verbal responses of children 12m + 3 m WCC.</td>
<td>Ask verbally + give SWVC.</td>
</tr>
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</table>

**Sandhills Pediatrics WC**

Our practice will obtain truthful answers regarding tobacco exposure in parents of six weeks, and increase our percent of positive screenings to 15% at the end of.
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