Measuring the Effectiveness of Educating Healthcare Professionals to Provide Brief Interventions for Smoking Cessation to Patients in a Comprehensive Cancer Centre

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Background

- Globally, tobacco use kills nearly 6 million people annually
- Smoking increases risk of developing a multitude of cancers
- Tobacco use during cancer treatments increases risk of complications, may reduce the effectiveness of treatment

Smoking and Surgery

ORIGINAL ARTICLE

The Impact of Perioperative Risk, Tumor Pathology and Surgical Complications on Disease Recurrence Following Potentially Curative Resection of Colorectal Cancer

Colin H. Richards, MRCS, Jonathan J. Platt, MRCS, John H. Anderson, MD, Ruth F. McEve, MD, Paul G. Burgan, MD, and Donald C. McMillan, MD

Ann Sur 2011

SYSTEMATIC REVIEW

Wound Healing and Infection in Surgery: The Pathophysiological Impact of Smoking, Smoking Cessation, and Nicotine Replacement Therapy

A Systematic Review

Lars Y. Sorensen, MD

Ann Sur 2012
Smoking and Radiation Therapy

INFLUENCE OF CIGARETTE SMOKING ON THE EFFICACY OF RADIATION THERAPY IN HEAD AND NECK CANCER

George P. Brown, M.D., Gene Wong, M.D., Ian Hudis, M.D., Jinka Satya, M.D., Rosemary Russell, R.N., Lisa McAplance, R.T., Peter Skingley, and Mark N. Levine, M.D.

NEJM, 1993

Smoking and Chemotherapy

Tobacco Smoking During Radiation Therapy for Head-And-Neck Cancer is Associated with Unfavorable Outcome

Alden M. Chen, M.D.,* Leong M. Chen, M.D.,* Andrew Vaughan, Ph.D.,* Radhika Sreeharana, B.A.,* D. Gregory Farwell, M.D.,† Quang Luu, M.D.,† Berk H. Lau, M.D., Ph.D.,‡ Kerri Stewart, R.N.,* James A. Poray, Ph.D.,* and Sridharan Vishvakarma, M.D.,*
Impact of Smoking on Recurrence and Survival

BMJ 2010

RESEARCH

Influence of smoking cessation after diagnosis of early stage lung cancer on prognosis: systematic review of observational studies with meta-analysis

A Parsons, research fellow,1 A Cartey, senior lecturer, NIHR career scientist,2 R Begh, research associate,1 P Aveyard, clinical reader, NIHR career scientist1

A Paradigm Shift is Needed in Cancer Centres

From:
• Primary focus on treating cancer
• Viewing tobacco use as a “bad habit” rather than an addiction

To:
• Smoking cessation is a part of quality cancer care
• The best cancer treatment outcomes will only be achieved if smoking cessation is incorporated into the care of patients
A New Model

• 2012: Odette Cancer Centre Interprofessional Smoking Cessation Team
  • Integrate best practice guidelines into daily clinical care
  • Minimize additional workload for health care team members
  • Interprofessional
  • All points of care, across the continuum
  • Build capacity to ensure sustainability
  • Incorporate group based patient education within the program
  • Collaborate with external partners to maximize sustainability: Cancer Care Ontario, Canadian Cancer Society, Toronto Public Health and Centre for Addictions and Mental Health
  • Provide leadership in translating this model to all programs within Sunnybrook

Our Goal is to …

Establish smoking cessation as standard of care for all health care professionals:

- Identify smokers
- Provide minimal cessation intervention
- Document interventions for continuity of care
• Interprofessional team created to implement and integrate smoking cessation best practices into daily clinical care
  • Oncology nurse
  • Occupational therapist
  • Radiation therapist

• Health care professionals (HCP) provided with peer to peer and just-in-time training
  • Brief interventions of smoking cessation to patients
  • 90% trained to provide brief interventions to their patients

**Objective**

• What is the effectiveness of peer to peer teaching provided to staff through the interprofessional team for smoking cessation?
Methods

Survey development
- Development of 3 survey domains + open-ended comment
- Responses rated using 4-point Likert Scale
- Respondents asked to self-assess knowledge

Pilot
- Survey distributed to research team members for face validity
- Piloted with a small group of stakeholders prior to finalization

Distribution
- Anonymized electronic survey sent to all health care providers who received training in the brief intervention for smoking cessation

Methods - Survey

Survey divided into three domains:
- Confidence
- Comfort
- Knowledge

Open-ended comment question
Methods - Data Analysis

Simple descriptive statistics used to analyze data

Open-ended questions reviewed for emerging content themes

Thematic content analysis included review by individual team members followed by a consensus exercise for agreement

Results

• Response rate of 30% (N=61 out of possible 200)
• Demographics
  • Confidence (% agree/disagree)
  • Comfort (% agree/disagree)
  • Knowledge (% agree/disagree)
  • Comments
Role and Experience

- 47% Radiation Therapists
- 41% Nurses
- 12%
  - Physio/Occupational Therapists
  - Physician
  - Pharmacist
  - Social Worker
  - Registered Dietician

- 72% had more than 10 years experience
- 8% had less than 3 years experience

Importance

My professional plays an important role in supporting patients for their Smoking Cessation

83%
Impact

I can have an impact in my patients' smoking cessation attempts

- **88%** Strongly agree
- **32%** Agree
- **7%** Disagree
- **3%** Strongly disagree

Influence

I have an influence on my patients' decisions regarding Smoking Cessation

- **73%** Strongly agree
- **45%** Agree
- **21%** Disagree
- **3%** Strongly disagree
Opportunities

I see many opportunities in my daily practice to support smoking cessation with my patients.

Communication

I communicate the importance of smoking cessation to my patients.
Confidence

I am confident in my abilities to support patients in their efforts for Smoking Cessation

Comfort

I am comfortable providing smoking cessation support for my patients
As a member of my patient’s healthcare team my role in smoking cessation is to provide the following: (Check all that apply)

- Minimal intervention <3 minutes
- Referral to Smokers’ Helpline
- Self Help materials
- Referral to SC certified pharmacist
- Referral to SC group education classes
- Referral to CAMH Nicotine Dependence Clinic

Are you experiencing any challenges?

Please describe what those challenges are:

- Insufficient time
- Unclear documentation requirements
- Management Support
- Knowledge of resources
- Availability of materials & resources
More Challenges

Seems to all fall to RNs no expectations followed through with NPs, MDs

I do not have sufficient experience talking to patients about this to confidently answer the question- I do know that the resources exist
Patient Reaction

Patient’s reaction to smoking questions, ie don’t understand why we have to ask, if they had wanted to stop smoking they would have by now, being put on the spot about their choice to smoke and being made to feel bad/guilty about continuing to smoke by asking these questions. Most of the patients who smoke get offended and get aggressive when asked if they want to quit, information packages are often refused or if they are given, the patient leaves it in the room or change room.

New Cancer Diagnosis

Patients’ readiness as new cancer pts

Patients are feeling bad enough about having cancer, now we make them feel bad about smoking as well. Makes me feel uncomfortable.
HCP Perspectives

PATIENTS HAVE THE RIGHT TO CHOOSE THE NECESSARY SUPPORT THAT THEY WANT AND NOT WHAT WE WANT JUST TO HAVE NUMBERS ON PAPER THAT ARE IRRELEVANT

Need a Trigger

Smoking cessation is not always top of mind during interactions with a patient. Unless the patient mentions smoking, smells like smoke or it is a routine time to address smoking cessation (e.g. new patient teaching), I really don't think about it.
Discussion

• HCPs play an important role:
  – Impact
  – Influence

• Interprofessional framework

• Need to build confidence & comfort level in providing this service

Discussion

• Workload is a challenge (perceived?)

• Patient responsiveness and other co-morbidities are a barrier (perceived?)

• Not seen as part of the care plan and/or treatment plan (shift in thinking?)
When we want your opinion……

“No worries, when we want your opinion, we’ll give it to you”

Our patients want us to ask …

• Complementary Study: Exploring Tobacco Use and Smoking Cessation Best Practices from the Perspectives of Individuals with Lung Cancer and Health Care Professionals

• One of the themes that arose from focus groups - importance of HCP addressing tobacco use

I think if they’re still a smoker while they’re on treatment or before they start treatment that there should be a conversation initiated to show them what the benefits of stopping are. They may think “What’s the point of quitting? I’ve got cancer. It’s not going to change anything.” It can. It changed for me.
Take home message

• Cultural shift
• More training in topics that are sensitive (perception?)
• Constantly reinforcing

• Clinical staff who have received training in minimal interventions for smoking cessation are able to support patients who are interested in quitting or reducing their tobacco intake.
• This form of harm reduction has the potential to provide cancer patients with better long term outcomes through:
  – increased Quality of Life
  – decreased relapse
  – increased survivorship.

Questions and Discussion Welcome

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