



Smoking Cessation in Newberry,  
S.C.

By

Alan J. Paysinger, Jr., MSIII

March 2002



## Special Thanks to:

- Renee' Martin, TIPS Coordinator
- Staff of Newberry Family Health Center
- Laurie Patenaude of Mid-Carolina AHEC
- Timothy W. Hutchison, MD
- Michael J. Bernardo, MD



## Tobacco Impact in Newberry County

- 23% of Newberry County residents are smokers compared with 25% of S.C. (DHEC 1998)
- In 1998, lung cancer alone accounted for 33 hospitalizations, 26 deaths, and a cost of \$625,773 in Newberry (DHEC 1998)



## Tobacco Impact in Newberry County

- Environmental Tobacco Smoke (ETS) has been directly linked to the following pediatric illnesses: asthma, otitis media, pneumonia, bronchitis, and SIDS (ALA)
- OM and Asthma were among the top ten reasons for pediatric ER visits at NCMH



# Aims

- To identify and increase the number of smokers in the TIPS database and make them available for follow-up.
- To contact other primary care physicians in Newberry to complete a smoking survey for TIPS and attempt to recruit their practices to participate as a referral source for the TIPS cessation program.



# Measures

- Number of patients identified for the TIPS database.
- Number of physicians that complete a smoking survey and how many are recruited as a referral source for the cessation program.
- Number of patients that receive follow-up.

# Possible changes to Accomplish Aims

## Sticker Questionnaire

### • Drivers

- Improve community health
- Willingness of NFHC physicians to participate
- Willingness of staff to participate
- Willingness of TIPS Coordinator for follow-up
- Willingness of AHEC office to help wherever possible (ie. Logistics, advice, etc.)

### • Barriers

- Addictive nature of smoking
- Very busy practice
- Limited time
- Making the stickers part of routine
- Lack of immediate results
- Education level of patients



## PDSA Cycle: Plan

- Review previous projects by medical students in Newberry
- Assess the greatest current need for TIPS to move forward
- Determine the most effective to accommodate this need

# PDSA Cycle: DO

- Meet with Renee' Martin of TIPS and Laurie Patenaude of AHEC to discuss project ideas how my participation would be most effective
- Meet with primary care physicians in the community for completion of surveys and discuss their participation as a TIPS referral source
- Meet with physicians and staff of NFHC to discuss implementation of sticker questionnaires
- Analyze results of physician surveys and sticker questionnaires

# PDSA Cycle: Study

## Physician Survey(7 surveys completed)

- #1 Preventable Cause = 42.8%
- How often tobacco addressed = 85.7% every visit
- Documented in chart = 100%
- Tobacco use as a diagnosis = 42.8%
- Education & Rx provided = 71.4%
- Time spent = 85.7%
- Second hand smoke = 85.7%
- ETS documented = 57.1%
- Referral source = 57.1%



# PDSA Cycle: Study

## Sticker questionnaires

- Approximately 250 stickers placed
- 11 primary smokers
- 14 former smokers
- 36 exposed to ETS





## PDSA Cycle: ACT

- TIPS Coordinator will periodically collect logbook from NFHC and follow-up with patients
- Follow-up to be conducted with other practices interested in becoming TIPS referral center



# Lessons Learned

- Physicians can have a great impact on smoking cessation
- If staff truly believes in the cause, implementation runs much smoother
- It is difficult to make changes in the staff's routine
- For a very busy practice, one more task to perform can be frustrating