How to Initiate Clinic Systems Change

Tobacco Cessation Clinic Enhancement Program Toolkit Series

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How to Initiate Clinic Systems Change

Health clinics and systems should consider a comprehensive intervention strategy to address their patients' tobacco use behaviors. When a health system increases awareness of available resources with every tobacco user, at every visit, it can significantly increase patients' tobacco cessation attempts. Unfortunately, tobacco cessation interventions are not always implemented at every patient visit.

A strategic and comprehensive systems change approach should include activities that address policy, education and cessation services.

- Policy change can take form in a variety of ways, but research encourages a strong tobacco-free campus policy.
- Education to patients is important, but education for staff on how to intervene when patients share that they use tobacco products is as important.
- Enhancing cessation services not only includes the patient interaction in the exam room but other areas of the clinic such as the waiting room, pharmacy, and integration with the electronic medical records system (EMR).

Clinic systems change activities for a comprehensive approach

Here are a few key steps to ensure a collaborative effort among employees in your clinic as you implement clinic systems change in your health center:

1. Create a task force
Encourage employees to join a tobacco-free task force. Include people who are former or current smokers as well as those who do not use tobacco. This committee will facilitate the many activities needed to implement and sustain your intervention strategies. Be sure to include representatives from different departments, for example, clinic managers, pharmacists, nurses, community outreach team members, information technology staff (IT), public relations/ communication specialists, human resources staff and any team members from recognized employee organizations.

2. Select a Clinic Champion
A Clinic Champion plays a critical role in the leadership of all clinical efforts towards comprehensive change in your clinic. Ideally, this individual should be passionate about reducing tobacco use rates and willing to serve as a point-person for all staff and patient questions.

3. Complete a baseline assessment
From the time patients enter your clinic until they leave, there are many opportunities to increase awareness of tobacco use and cessation services. Before starting any activities, a baseline assessment should be conducted to understand current clinic processes and treatment numbers.

4. Develop a plan
Once the baseline assessment is complete, the task force should review the results and identify areas for improvement. Next set clinic goals to create a tobacco-free environment. Create a chart (see example table below) to help develop a plan to implement these activities in your clinic. This is intended to provide a basic checklist and should not limit the development of a tobacco-free system for your health campus.

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5. Execute your plan with activities that focus on policy, education and cessation services

Example policy-related activities

i. **Develop, update or implement tobacco-free policy.** A comprehensive, tobacco-free policy contains important components, including the definition and clarification of:

  a. Prohibiting tobacco or tobacco-like product use on campus.

  b. Employees, visitors and patients must comply with the policy.

  c. Specify the campus property/grounds where the policy is applied.

  d. Other information, such as when the policy will be effective, procedures regarding implementation, enforcement, compliance, violations and cessation services that will be offered to employees and patients.

Example educational activities

ii. **Use staff meetings and other communication methods.** Increase staff awareness of clinic protocols, tobacco use risks, the benefits for an individual to quit and resources available for patients, staff and their family members who may currently smoke.

iii. **Incorporate of prominent signage and visuals throughout the clinic.** Signage and visuals are a great way to enforce the clinic policy and make patients and visitors aware of the treatment services available at your clinic. Use information gathered from the baseline assessment and place signage, brochures and other visual ques in areas that will be seen by patients and visitors.

PATIENT-CLINIC FLOW CHART

01 Patient Checks In: Pre-appointment paperwork is filled out by the patient either online or in person, which should include tobacco use assessment.

- Exterior signage
- Staff lapel pin
- Brochures / pens
- Tent and / or cards

02 Patient Sits in Waiting Room: Welcome staff informs nurse / clinician of patient arrival. Welcome staff may confirm chart information with patient.

- Posters
- TV visuals
- Brochures / pens
- Table tents / cards

03 Patient is Brought to Exam Room: Vital signs are assessed by nurse/mudical assistant, including confirmation of tobacco use using EHR/EMR prompts.

- Exam room posters
- Vinyl mirror stickers
- Laminated cabinet sheets
- Lapel pin
- Pens
- Brochures

04 Patient Meets with Clinician: Clinician assesses, advises and refers patient to a quit plan, which may include a pharmacotherapy method, reference to a quitline or other cessation support. Depending on clinic protocol, patient may also meet with a separate counselor or health educator to discuss cessation action plan.

- Exam room posters
- Vinyl mirror stickers
- Laminated cabinet sheets
- Lapel pin
- Pens
- Related handouts / brochures

05 Patient Stops at Billing / Scheduling Area: Office staff schedule follow-up appointment.

- Table tent / cards
- Staff lapel pins
- Posters

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Example cessation-related activities

iv. **Integrate the electronic health record system**
Create a tobacco use screening and referral process within the electronic health record system via prompts. This ensures every patient will be asked about their tobacco-use history. Clinics that use a paper chart system can also integrate this step as a question during vital signs assessment.

v. **Texas eTobacco Protocol Project**
The University of Texas at Austin Tobacco Research and Evaluation Team, funded by the Texas Department of State Health Services, provides consultation and support to health care systems who would like to integrate an electronic tobacco cessation referral for patients who are ready to quit. This referral integration, called the eTobacco Protocol, allows providers to refer patients to the Texas Quitline with the click of a button in the EMR system. Email uttobacco@utexas.edu to discuss options for adding the eTobacco Protocol to your EMR.

vi. **Availability of nicotine replacement therapy**
Some patients may encounter an urge to use tobacco products while on campus. Nicotine replacement therapy could be provided to these patients while at the clinic to support any tobacco-free campus policy. This helps protect non-smokers from secondhand and thirdhand smoke and satisfies the patient's urge to smoke. Use of NRT in this way should be considered when placing your NRT order.

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Use the task chart below to help coordinate the implementation of tobacco-free policy and cessation practices in your clinic

TASK	PERSON RESPONSIBLE	DATE TO BE COMPLETED	CHECK WHEN COMPLETE
Create and maintain a Tobacco-Free Campus Task Force.			
POLICY ACTIVITIES			
Create or strengthen a tobacco-free campus policy.			
Create and install signage to bring awareness to the tobacco-free campus policy			
EDUCATION ACTIVITIES			
Educate all clinic staff on treatment strategies			
Provide specialized training in tobacco treatment			
Provide educational materials for patients / clients			
Create, adapt or incorporate promotional materials for in house tobacco treatment services or the Quitline			
TREATMENT PROCESS			
Adopt EHR eTobacco protocols			
Establish or update a treatment or referral process			
Educate funding source and process for ordering NRTs			
Create sustainability plan for tobacco treatment referral strategies			