# Importance of Smoking Cessation During Cancer Treatment

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## **ECU HEALTH**



### BACKGROUND

- Some patients continue smoking after their cancer diagnosis, often due to a longstanding habit that has endured for more than half of their lives.
- Continuing to smoke after being diagnosed with cancer heightens the chances of dying from cancer or from other health issues like heart disease, lung conditions not related to cancer, and strokes.
- > The primary challenge is that patients continue smoking throughout their treatment, and currently patients are referred to an outside facility for smoking cessation counseling as there currently was not a program available at the center.

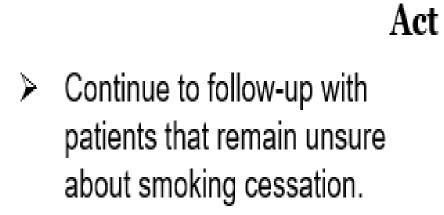
### PROJECT AIM

- > The objective of this project is to provide support in smoking cessation among current patients by offering them, counseling, pharmacotherapy, or a combination of both.
- > To assist as many patients as possible as it significantly hampers their recovery and over all health.
- The center aimed to implement a smoking cessation program internally rather than referring patients out, as this approach facilitates the monitoring of patient participation in treatment.

### PROJECT DESIGN/STRATEGY

- A comprehensive chart review was conducted for all patients identified as current smokers.
- Each patient was contacted individually to obtain their consent for a discussion regarding smoking cessation.
- > The patient was educated on the advantages of cessation and provided with two questionnaires for further assessment.
- The patient was subsequently provided with options for smoking cessation, including counseling, pharmacotherapy, or a combination of the two.
- > If the patient declined, a follow-up appointment was offered and arranged with the patient's consent.

### **CHANGES MADE (PDSA CYCLES)**



- Maintain ongoing chart audits to ensure the target population is screened.
- Assess the existing screening tools and educational materials to confirm that all information is up-to-date.
- Continue to perform and monitor data.

## Study

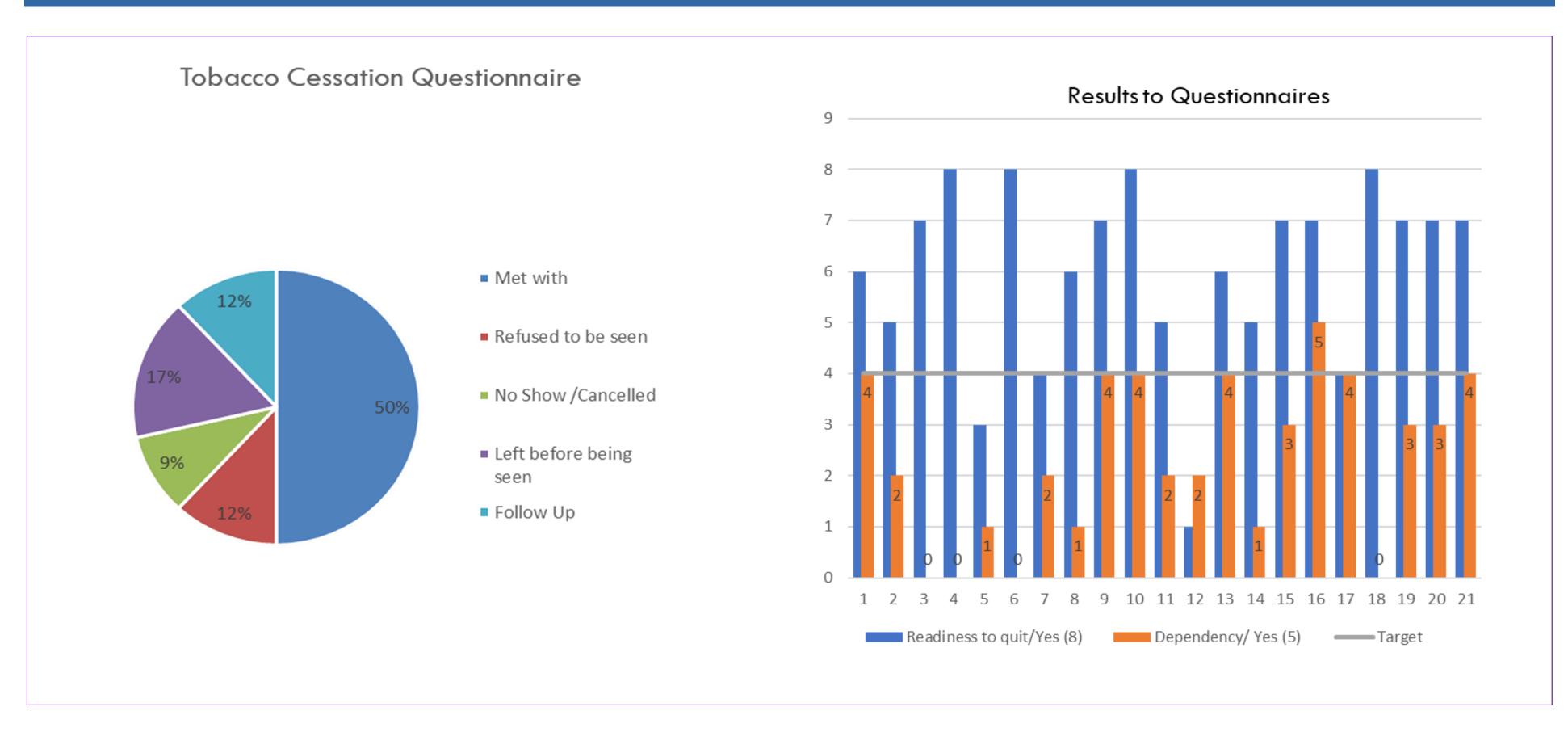
- Analyze feedback from patients that reported barriers to cessation and develop strategies to support them in overcoming these challenges.
- Monitor the process of the patients who consented to smoking cessation to support them in overcoming any challenges encountered throughout the process
- Maximize feedback from staff.

- Review journal articles to identify the most up-to-date evidence-based practices.
- Formulate a comprehensive screening protocol to provide smoking cessation counseling, pharmacotherapy, or a combination of both.
- Collaborate with the Freedom from Smoking Facilitator for the most current screening tools.
- Promote education.

- Conduct chart audits to quantify the number of patients currently smoking.
- Conduct patient screenings to educate patients on the risks associated with smoking during treatment and assess their willingness to quit.
- Engage stakeholders in and implement necessary

- meetings to provide updates adjustments.

### RESULTS/OUTCOMES



**PDSA** 

### LESSONS LEARNED

- > Even though only four patients agreed to smoking cessation counseling or pharmacotherapy, we deemed the project a success, recognizing the challenges associated with quitting smoking after many years.
- > The project fostered beneficial outcomes for both patients and the center by enabling the provision of counseling services within the facility.
- > The project faced multiple barriers, as some patients felt singled out for being smokers while others expressed a desire to quit, hindered by their current circumstances. Patient medical records were sometimes outdated, as some individuals interviewed reported having ceased smoking, yet their records still classified them as current smokers. For the project's success, it is essential that all team members exhibit a vested interest. The primary reason for not updating smoking status during appointment check-ins was the constraints imposed by workload limitations.

### **NEXT STEPS**

- > Continue chart reviews of existing patients while initiating assessments for new patients.
- Continue to follow up with those that initially declined but agreed to a follow up.
- > Continue staff education on the significance of patient screening and the timely updating of patient records.

### ACKNOWLEDGEMENTS

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