

Katherine Riddle
RRT, CTTS, Whidbey General Hospital (Washington State)
Email: riddlk@whidbeygen.org

“Tobacco Free for Good”

Since 2004, Whidbey General Hospital (WGH), in partnership with the Island County Health Department has been offering free tobacco cessation classes. We have been offering vouchers at the end of the classes for 2 weeks free Nicotine Replacement Therapy (NRT) patches during this time in partnership with the WGH Cancer Care Committee and the WGH Foundation. In 2010 we included NRT gum as an alternative for those who cannot use the NRT patches. In February of 2006 we developed an in-patient system for indentifying those who have used tobacco in the last year, providing short interventions, and performing follow-up phone calls for those who expressed interest in resources for quitting. In 2008 we developed a similar system for the Emergency Department patients. In October of 2010 WGH became a tobacco free campus. This was preceded by one year of planning, which entailed a multidisciplinary committee developing the policy, training, publicity and implementation. We have been doing community outreach since 2006, presenting tobacco prevention/cessation messages to school groups, nursing students, return to work classes, health fairs, juvenile detention groups, jail inmates, and drug rehabilitation groups. We offer information/support sessions to the community 7 months out of the year. The free resources offered are Washington State Quitline, the National Quitnet, The American Lung Association, the American Cancer Society, The American Heart Association, local tobacco cessation classes and information/support sessions.

Increasing Tobacco Use Cessation: Reducing Client Out-of-Pocket Costs for Cessation Therapies:

1. Increasing use of the effective therapy
2. Increasing the total number of tobacco-using clients who quit

The collaboration of the WGH, Island County Health Department, WGH’s Cancer Care Committee and WGH Foundation has allowed us to increase the community outreach and allowed us to positively impact the health of our community. The free classes and vouchers for free NRT patches/gum have reduced out-of-pocket costs to the participants, but have also ensured that the appropriate psychosocial tools are offered, which improve outcomes with the therapy. This is reflected in the follow-up phone calls which show a 35-40% quit rate at one year for the participants.

Increasing Tobacco Use Cessation: Multi-component Interventions that Include Telephone Support.

1. Increased patient tobacco cessation
2. Was effective in both clinical settings and when implemented community-wide

The development and implementation of the in-patient and Emergency Department system for identifying tobacco users, doing interventions, and follow-up by telephone have also increased our community outreach and was effective in both clinical settings.

Decreasing Tobacco Use Among Workers: Smoke-Free Policies to Reduce Tobacco Use

1. Implementation of regulations that prohibit smoking in indoor and enclosed work setting and public areas
2. Adopted by companies and organization with multiple worksites

3. Implemented by individual worksites

When WGH became a tobacco free campus, this included our outlying clinics and offices. The same resources that had been offered to the community at large were also available to the employees, patients and visitors. This was aimed at creating a single consistent health care message re: the importance of tobacco cessation on overall health in our community.

These resources were:

1. Tobacco cessation groups
2. Client educational materials or activities
3. Telephone-based cessation support
4. Counseling and assistance from healthcare providers
5. Access to effective pharmacologic therapies

Because we are a rural population with varied needs, the challenge was to reach as many people as possible. By using a collaborative approach and having the local hospital as the hub, we have been able to reach a larger group. Anyone who wishes to widen their outreach to include hospital patient populations, workplace populations, community outreach, or attain improved success with tobacco cessation outcomes could implement similar processes specific to their population needs.

We developed our own in-patient identification/intervention/follow-up system and implemented it into our computer system. The Emergency Department system was developed with the help of the Tobacco Cessation Resource Center (TCRC) Tobacco Cessation Systems Change Project in partnership with the Washington State Department of Health.

Everything that we have done has been collaborative and involved a teamwork approach. This includes the Washington State Department of Health, Island County Health Department, The TCRC, WGH, WGH Foundation, and the WGH Cancer Care Committee.