

Title of Intervention: A Brief Smoking Cessation and Relapse Prevention Program for Hospital Patients

Intervention Strategies: Supportive Relationships, Individual Education

Purpose of the Intervention: To increase smoking cessation and prevent relapse among hospital patients

Population: All hospitalized patients age 18 or older who were smokers

Setting: Bess Kaiser Medical Center and Sunnyside Medical Center in Northwest Kaiser Permanente; health care facility-based

Partners: Hospital administrators

Intervention Description:

- Individual Education: The intervention was provided by smoking counselors. Bedside counseling began by asking participants if they had been smoking since hospitalization and then assessing the participant's readiness to quit smoking. Participants were roughly categorized as either in the pre-contemplation, contemplation or action stage. After briefly discussing motivation to quit, participants were asked to watch a videotape produced especially for hospitalized smokers. The videotape included discussion of the rationale for a smoke-free hospital policy, advantages of quitting smoking during hospitalizations, interviews with participants who had stopped smoking as a result of hospitalization, advice about what to expect upon returning home and tips on how to cope with urges to smoke in the hospital and at home. Participants were provided with a "quit kit," which contained chewing gum, cinnamon sticks and other supportive items. Additional self-help material and six issues of a bi-monthly newsletter were mailed to participants after hospital discharge. The purpose of these mailings was to reinforce stopping smoking and trigger renewed efforts to quit for those who were still smoking. Newsletters included testimonials from those who had stopped smoking, tips on how to quit on one's own and a telephone number to call for further self help information.
- Supportive Relationships: In addition to showing the videotape, counselors spent time with each participant discussing smoking cessation methods. Participants who were not considering permanent cessation were urged to consider hospitalization as a golden opportunity to quit. Those who had not been smoking during their hospital stay and who were contemplating remaining smoke-free were encouraged to consider themselves ex-smokers from this point on and to make a resolution to not smoke when they returned home. The counselors asked the participants to anticipate upcoming difficult situations and then helped them to develop specific action plans to deal with those situations. The focus of this part of the intervention was to prepare participants for coping with urges to smoke that were likely to occur after returning home. In addition, participants received the number of the project's free telephone stop smoking advice service.

Theory: Transtheoretical Stages of Change

Resources Required:

- Staff/Volunteers: Cessation counselors
- Training: Not mentioned
- Technology: Telephone hotline, equipment to watch video
- Space: Not mentioned
- Budget: Not mentioned
- Intervention: Videotape, gum, cinnamon sticks, self-help materials, newsletters
- Evaluation: Questionnaires, equipment for cotinine analysis

Evaluation:

- Design: Randomized controlled trial
- Methods and Measures:
 - Questionnaires assessed participants' smoking behaviors.
 - Collection of saliva samples from all participants who reported not smoking analyzed cotinine levels.

Outcomes:

- Short Term Impact: Not measured
- Long Term Impact: There was a greater increase in smoking abstinence among the intervention group. The odds of quitting increased significantly. The odds of successful abstinence were greater among those who had longer stays at the hospital.

Maintenance: Counselors scheduled a follow-up telephone call with the patient approximately one week after discharge to provide continued support and an opportunity for further advice regarding relapse prevention. A second call was made one to two weeks later to those who reported not smoking at one week.

Lessons Learned: Because most U.S. hospitals are expected to have smoke-free policies in place within a few years, the inclusion of smoking cessation as part of routine care for all patients who smoke would yield substantial cumulative benefits in this high-risk population.

Citation(s):

Stevens, V. J., R. E. Glasgow, et al. (1993). "A smoking-cessation intervention for hospital patients." *Med Care* 31(1): 65-72.