



**Intervening to Help Smoking Parents of
Inpatients Reduce Exposure**

Manual of Operations

Updated September 4, 2019

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Welcome

Congratulations! We are excited to see your organization taking an additional step in helping family members of hospitalized children reduce overall secondhand smoke exposure (SHSe). INSPIRE is the culmination of clinical research studies and evidence based practice methods helping individuals obtain their personalized smoking cessation and exposure reduction goals.

This manual of operations is designed to provide the user with the necessary information and tools to implement and maintain INSPIRE at their organization. Find explanations, how-tos, and recommendations the whole program, start to finish. INSPIRE is an excellent step in helping your families effectively reduce their child's exposure to SHS and even become smoke free.

If you have any questions or feedback feel free to contact the INSPIRE team.

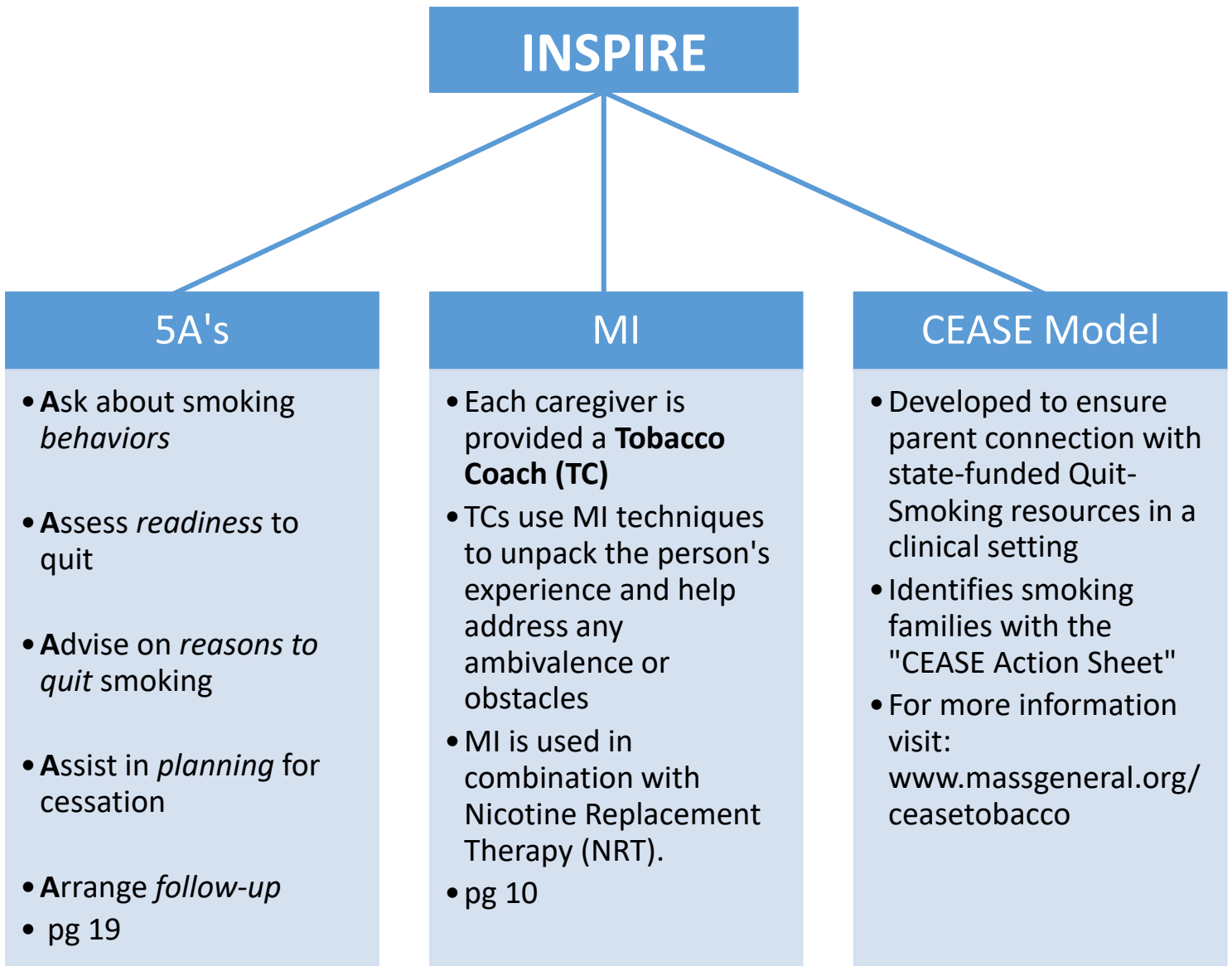
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Background

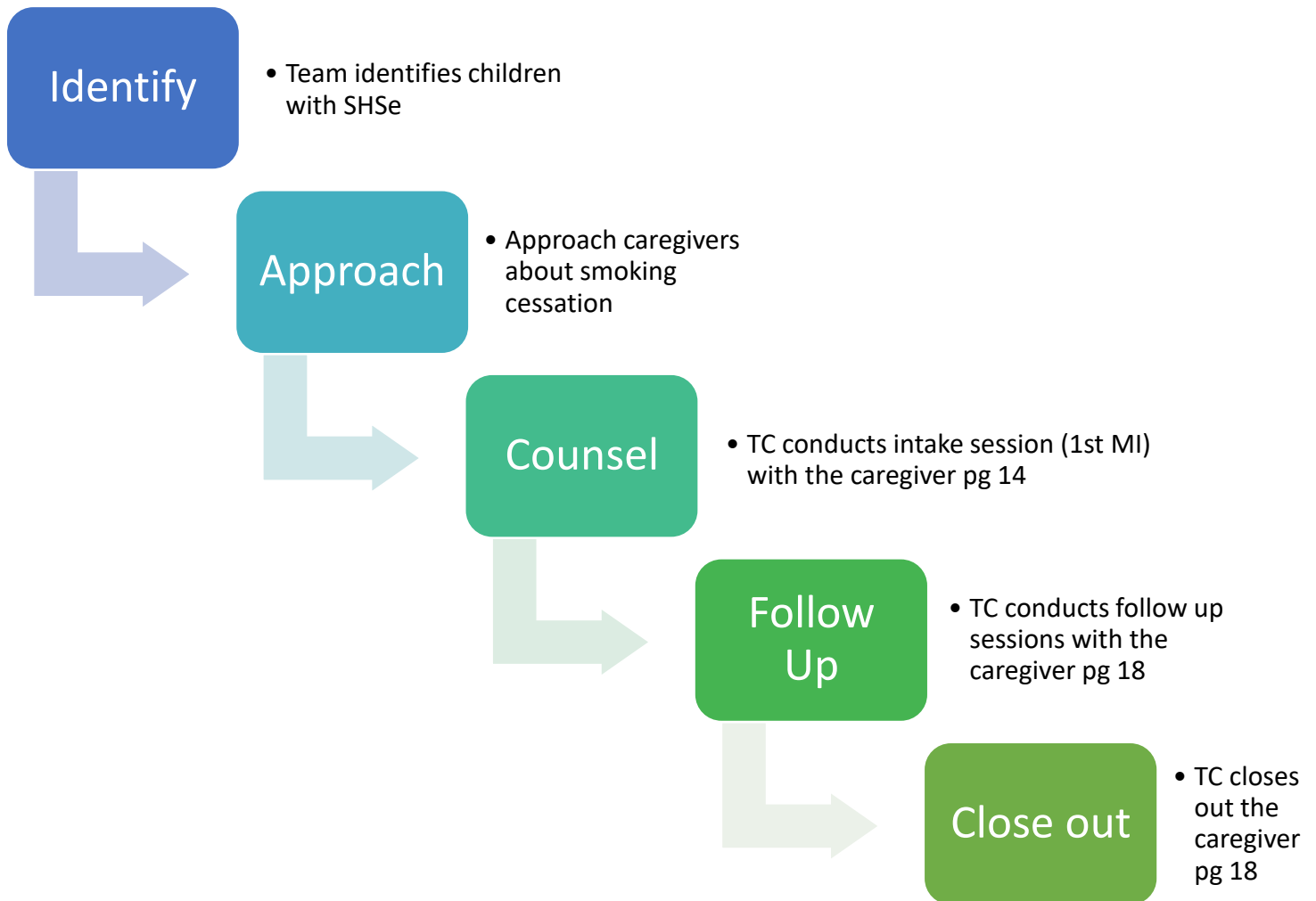
INSPIRE is a SHSe reduction tool designed to assist caregivers who wish to reduce or quit smoking. INSPIRE utilizes components of the CEASE model, 5As, and Motivational Interviewing (MI) to assist caregivers in developing their own unique plan to quit or reduce smoking.



Program Design and Methods

Path of a Patient

Here is a basic overview of the steps a caregiver follows in INSPIRE. The following sections will be taking closer looks at how to operationalize these steps at a hospital.



Feasibility

Implementing a new system-wide program requires buy-in from many stakeholders at different levels of your organization. We have broken down INSPIRE into three main sections. Each section touches on the different areas of INSPIRE that you will need to evaluate in order to effectively implement this program.

Set-Up and Maintenance Costs

Set-Up is the ground work your hospital will need to consider as you move forward with the implementation process. On the next page, find outlines of the key stakeholders, their role in INSPIRE, any potential steps needed to get the program up and running, and potential costs.

Program Personnel

Program Personnel defines and outlines the recommended personnel to operationalize and maintain INSPIRE at your hospital, along with each person's responsibilities and their impact on the program.

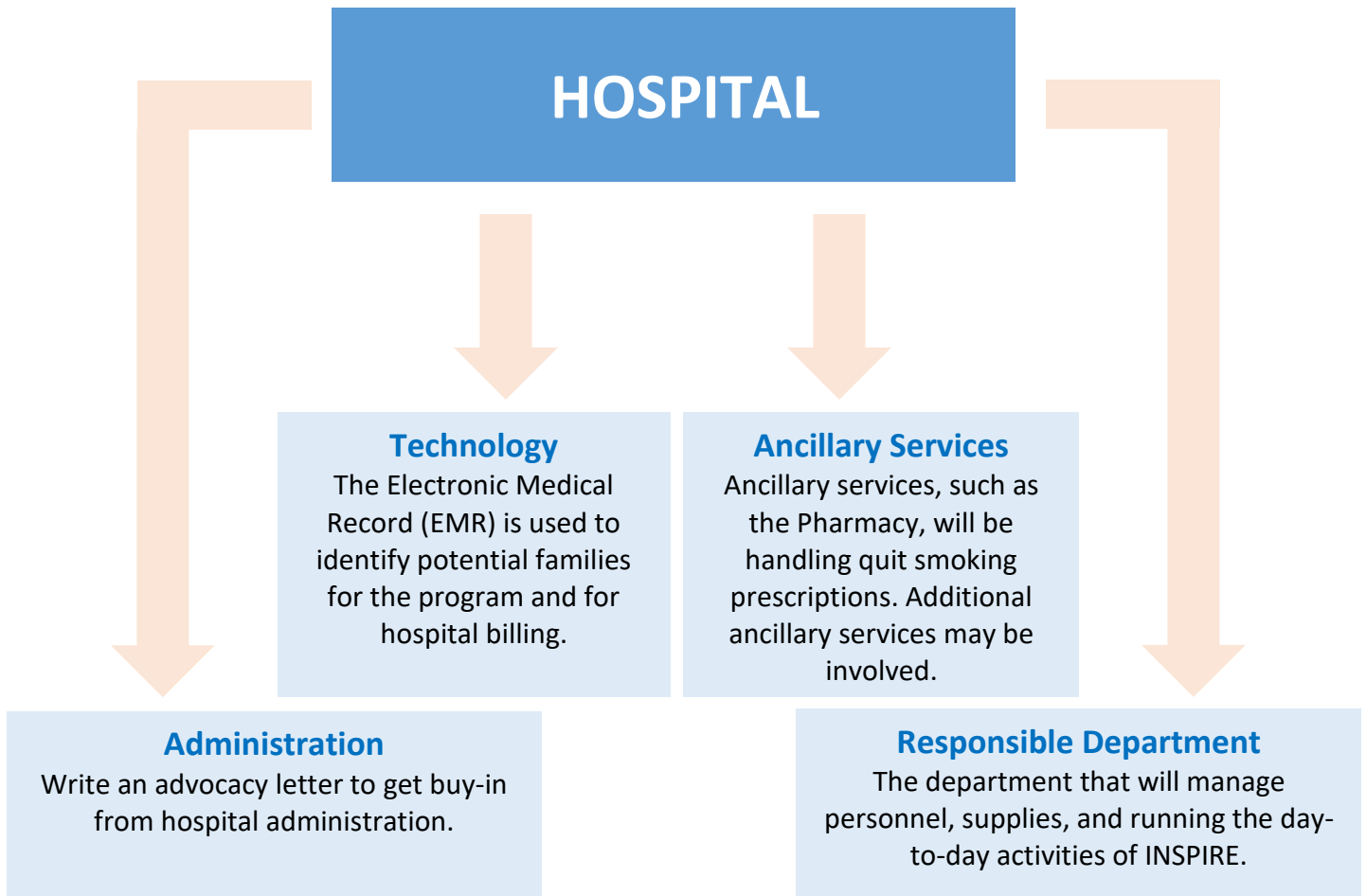
Supplies and Tools

Supplies and Tools will cover recommended supplies needed to implement INSPIRE at your hospital. A comprehensive list and explanation of supplies and tools is located on page 24.

Set Up and Maintenance Costs

There are many key stakeholders with various roles to implementing INSPIRE. Below is a list of those who may be related to program set up and execution.

All hospitals are different, and your own list may vary from this.



Set Up & Maintenance Costs (continued)

INSPIRE will also require institution start-up and program maintenance costs.

The table below is a list of potential startup and maintenance costs to keep in mind. Look up the price of each at your institution and fill in the planner below. Please note this is not an exhaustive list and there may be other costs your institution may need to consider.

Start Up	Cost
MI Training	
Personnel Training	
Creating a Screening Mechanism	
Maintenance	Cost
Personnel Salary	
Nicotine replacement therapy (NRT)	
Starter Kit Supplies	
MI Packet Resources	
Other	Cost

Program Personnel & Supplies and Tools:

The chart below outlines the responsibilities of key personnel and their day-to-day duties for INSPIRE.

Personnel	Responsibility	Program Impact
Tobacco Coach (TC)	<p>Approach and assesses family interest.</p> <p>Provides MI sessions and follow-up visits.</p>	<p>The TC works with the smoking caregiver from the first point-of-contact until close out. They assess the caregiver’s interest in the program and work closely with the medical staff caring for the family.</p> <p>When the family begins the MI stage, the TC will work one-on-one with the caregiver to provide MI sessions. The TC may also be in charge of getting NRT from the pharmacy for the family.</p> <p>When the family goes home, a big portion of this role is to follow-up with the caregiver.</p>
Pharmacy	<p>Dispenses Nicotine Replacement Therapy (NRT)</p>	<p>The hospital pharmacy will be responsible for ordering, storing, and distributing all NRT.</p> <p>NRT can include Nicotine Gum, Nicotine Lozenges, and Nicotine Patches. Your hospital may have access to additional quit smoking medications or resources.</p>

Helpful Tip:

TCs can be social workers, respiratory therapists, lactation consultants, medical assistants, or another role that has a lot of contact with families. Any clinician can be trained in MI and can easily integrate MI into many patient interactions.

It is important to understand the clinical bandwidth the TC position will take within your organization and ensure that there is adequate time and support.

Motivational Interviewing

Intervention Overview

INSPIRE’s intervention is Motivational Interviewing, or MI. MI is a type of counseling that helps empower participants to create behavioral changes in their lives through finding internal motivation.

MI counseling sessions are usually brief, the first one only being 15 to 30 minutes. It also involves fewer follow up appointments than typical addiction programs.¹

The ACCE acronym below represents the cornerstone of MI techniques.

A utonomy	Putting the patient in control of the agenda and process of change, letting the patient make decisions for their own health, thus supporting self-efficacy
C ollaborative	Being on the same side as the patients, rolling with resistance , avoiding arguments, trying to be at the same level as the patient in terms of hierarchy rather than in a one-up/one-down power relationship
C ompassionate	Valuing the patient’s best interest more than your own agenda or goals; wanting and expecting the best for patients
E vocative	Using an “ elicit-provide-elicit ” education method where you ask permission before giving education, asking open-ended questions , always looking for the patient’s perspective

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¹ Burke, B. L., Arkowitz, H., & Menchola, M. (2003). The efficacy of motivational interviewing: a meta-analysis of controlled clinical trials. *Journal of Consulting and Clinical Psychology, 71*, 843-861.

² Miller, R. W., Rollnick, S., (2013). *Motivational Interviewing: Helping People Change*. New York: Guilford Press

Motivational Interviewing Training

There are multiple ways a person can be MI trained and certified. Below is a list of online courses. There may also be local courses a TC could attend.

Online Courses

Name	Link	Details
Motivational Interviewing for Healthcare Professionals	https://www.regonline.com/builder/site/default.aspx?EventID=1264069	<p>This course is offered through the University of Colorado Denver - College of Nursing. This course is:</p> <ul style="list-style-type: none"> • Entirely Online • Self-paced • There are several different levels of courses offered - depending on the course, the participant has 30 to 90 days to complete the material.
Motivational Interviewing Training (MINT)	https://motivationalinterviewing.org/motivational-interviewing-training	<p>MINT offers multiple types of classes:</p> <ul style="list-style-type: none"> • Both in person and online training • <u>Online</u> classes are 5-weeks and can be self-paced or live session • <u>In person</u> classes are offered around the United States and the United Kingdom

Motivational Interviewing Set Up

The MI process is broken up into 4 parts: **identification, intake, follow-up, and closure.**

These are the 4 primary areas you will need to prepare for as you to implement INSPIRE.

Below is a description of each section.

1. IDENTIFICATION

There are many ways to identify potential family:

- An **automated report through the EMR**
- **Best-Practice-Advisory (BPA)** pop-up when cigarette smoke exposure is noted in the EMR (pictured on pg 22)
- **Provide education to medical staff to place orders** when they are treating smoke-exposed patients.

Your Medical Record/Data Informatics department may be a good place to start.

2. INTAKE

Intake is the **first MI session** that the TC and caregiver will have. This is often the longest session and contains the most information and planning.

It can be helpful to set up a system for how intakes will work at your hospital.

- Will the TC come to the patient's room?
- Will they meet in a different part of the hospital?

Read in depth about the different stages of MI within this project on page 14

3. FOLLOW-UP

Follow-up occurs once the caregiver has completed intake. Follow-up can be tracked using a variety of different methods.

- **Excel spread sheet**
- Combination of **electronic and paper charts** to record MI visit information and plan for the next follow-up

4. CLOSURE

Closure is the last MI session the TC will have with the caregiver. At this point the individual will have their own plan on how they will work towards their goal.

The TC may provide outside cessation resources to the family such as:

- **Quitline** referral
- **Community cessation resources**

Motivational Interviewing How To

This section will describe how a TC can set up and conduct the intake, follow-up, and closure parts of the MI session.

Helpful Tip:

When conducting MI sessions with families it is important to remain open and flexible.

Every person begins INSPIRE with a unique set of experiences and expectations on what it means for them to reduce exposure and/or to quit smoking. Often, people have had some level of shame and guilt for their behavior. A key component to being helpful is to express sensitivity and empathy towards this process.

Most adult smokers have a sound understanding of the negative impact smoking has on their health. If you lead with information about the negative effects of smoking, you may deter the TC from having a meaningful conversation with the individual about their behavior. In some cases, if you present negative information immediately you may put the individual on the defense, and reestablishing a helpful conversation can be a challenge.

However, many of the individuals do request more education about the effects SHS and third-hand smoke exposure on their child's health. Many families have never heard of third-hand smoke and are unaware of the potential negative effects it has on a growing child. Third-hand smoke is a great place for a TC to begin the conversation.

MI Part One: Intake

Intake is the “get to know you” stage of MI. TCs will gather a lot of information about the caregiver that may or may not be used. This includes their past smoking habits, their current smoking habits, and their future goals. Asking open ended questions and using reflective listening are the most important parts of this stage.

It is useful to break up the intake session into five sections: **past**, **present**, **future goals**, **strategies** to obtain those goals, and **summary** of the plan. This allows TCs to give structure to the session and form a comprehensive view of the person’s history as a smoker.

Below is an example outline that a TC can follow during most intake sessions, along with opened ended questions to encourage a conversation.

PAST

Ask about their past as a smoker.

Understanding why a person started smoking can help a TC understand some of the current barriers they may be facing. Use the following questions for guidance.

- When did you start smoking?
- How did you start smoking?
- What kept you smoking?
- Have you ever tried to make any changes to your smoking habits in the past?
 - What worked?
 - What didn’t work?

PRESENT

Ask about their present as a smoker.

By asking about their smoking routine, a TC can get a sense if a person smokes out of habit (smoking a cigarette every morning, after every meal, etc.) or if they have a trigger driven addiction. Use the following questions for guidance.

- How many cigarettes do you usually smoke?
- What is your smoking like now?
- What is your routine like?
 - Do you have one?

- What do you like about smoking?
- What do you not like about smoking?

GOALS

Talk about goals for this attempt.

Discover things the person is aiming to achieve by taking these steps to help keep them on task. Use the following questions for guidance.

- What are your goals for this attempt?
- What are you hoping to change about your smoking? (i.e. reduce or quit)
- Do you have a date in mind for when you would like to reach this goal? (i.e. quit date)
- What do you hope to gain from this?

STRATEGIES

Use open-ended questions to encourage an individual to think about strategies that will work for them personally. The goal is to help the individual create their own strategies instead of telling them what may work.

Strategies may differ if the individual's goal is to either quit or reduce. Find examples below of open ended questions for specific situations: reduction or quit.

General Strategies:

- How do you envision achieving this goal?
- How can we support your goal?
- What do you think might be good things to try?
- What strategies would be good strategies to help you obtain your goal?

Strategies for an individual who wants to QUIT:

- Are you the type of person that prefers to stop doing something all at once or slowly reduce?
- What would be the easiest cigarette in your day to cut out (for someone who wants to slowly reduce to quit)?

Strategies for an individual who wants to REDUCE:

Assist the individual in unpacking their smoking routine. Primarily focus on **time** and **place**. Have the individual articulate and walk through a normal day, specifically exploring when and where the individual is most likely to smoke. Have the individual describe the physical and social locations they are most likely to smoke in to help establish awareness as to whom or what is being exposed.

- What would be the easiest cigarette for you to cut out of your day?

Suggestions when a person is stuck	
Barrier	Action
For someone worried about losing their alone time (i.e. “me time”)	Replace smoking a cigarette with another quick activity like walking around the block or reading.
For someone whose nicotine addiction is focused on hand to mouth motion	Use gum, candies, or breathing through cut up straws as a distraction
For someone who doesn’t want to gain weight:	Snack on vegetables, replace smoking with exercise, chew toothpicks, or play a game on your phone (like a quit guide phone application)
General solution	Use appropriate NRT

SUMMARIZE

Once the patient has a plan in place and the TC is ready to end the intake stage, summarize the patient's plan and goals. Always schedule for the next meeting time.

Discharge Summary: The TC completes a discharge summary at the end of the child's hospital stay to briefly describe the interventions delivered to the caregiver, any provision of NRT, the follow-up plan, and a quit date if set. Copies of the summary are provided to the caregiver for themselves, the child's pediatrician, and the caregiver's primary care physician (PCP).

Helpful Tip:

Two important parts of learning MI are practice and getting constructive feedback.

If there is a provider at the hospital who already knows MI and uses the technique in their daily practice, it can be very useful to have them shadow the TC and provide feedback. They can even role play with the TC for practice.

MI Part Two: Follow-Up

The follow-up stage is the part of the intervention where people implement the strategies that they developed during intake.

Follow-up sessions with the caregivers can occur in many ways. If the caregiver's child is still be admitted to the hospital after Intake, the TC can keep meeting in-person with the family as little or as often as they like. Once the family has discharged, follow-up sessions may be conducted via phone call or video-call.

A TC can aim to complete 3 to 4 brief follow-up sessions with the caregiver once the family has discharged, however the amount may be flexible to bandwidth and need. These sessions provide ongoing motivation and counseling around that arise when the family returns home. If the strategies an individual had hoped to use are not working, it is okay to brainstorm new strategies.

MI Part Three: Closure

Closure happens during the last follow-up MI session.

An important part about the Closure session is to discuss next steps. Many people have not yet reached their goals at this point, and so it is a good time to talk about what the next phase may look like. If the caregiver feels that they need more support, refer them to appropriate resources.

Some helpful resources to be familiar with are:

- State Quitline: what they offer and how to refer people to them
- Local cessation programs
- Common insurances such as Medicaid and what smoking cessation programs they support
- Your own hospital's insurance counselors, who can give more in depth information on how a family's insurance coverage works

5As Theory Applied to INSPIRE and MI

ASK	about smoking behaviors
ASSESS	readiness to quit
ADVISE	on reasons to quit smoking
ASSIST	in planning for cessation
ARRANGE	follow-up

Each section below briefly covers the basis of the 5As and how INSPIRE uses them.

ASK

Ask families about smoking habits around the child.

Depending on a hospital's intake processes, this question may get asked routinely at admission by a nurse or physician. In other cases, the first person to ask may be the TC themselves. No matter the role, it is important to introduce the subject with an open and positive attitude that fosters conversation.

Try these phrases:

“What is your smoking like?”

“What is your smoking routine?”

ASSESS

Asses a family member's readiness to quit or reduce the child's exposure.

Use this information to evaluate a person's outlook on the topic. For example, if someone is more open to speaking about their experiences they may be more open to INSPIRE. Alternatively, a family may use this time to express that they are too stressed by the hospital situation or that they are not interested in making a change at this time.

Try these phrases:

“Tell me about where you are at with your smoking”

“What kind of changes have you made in the past?”

ADVISE

Advise the parent on reasons to quit smoking or reduce their child’s exposure.

It is helpful to reiterate any reasons the parents express as important to them, such as their child’s health or saving money.

It is important to provide a consistent message to your families and therefore education should also be provided your care providers on best practices for providing advice on smoking cessation and exposure reduction.

ASSIST

Assist in planning for cessation or exposure reduction.

INSPIRE utilizes motivational interview techniques and provides optional NRT, along with a Smoking Cessation/Exposure Reduction Starter Kit to provide assistance in this task.

ARRANGE

Arrange for the follow-up portion of the intervention.

Post-discharge follow-up counseling has been found to be a critical part of any long term cessation program.

Using Data to Track your Progress

When providing a service such as INSPIRE it can be helpful to collect “exit data” to evaluate if the service is working appropriately or what improvements can be made. One of the best sources of feedback are the participating families.

Feedback can be gathered from a few brief questions at the last MI session. These data points can also be excellent supporting information when reapplying for funding or attempting to grow or alter the program.

Below are some example questions to ask at the last MI session to measure how beneficial the coaching sessions are and what changes should be made. Please note these questions should be adjusted to fit the needs of the hospital using them.

Exit Questions

1. Would you have preferred more time to meet with the coach in person? Yes No
2. Did you find the coaching session informative and beneficial? Yes No
3. Did the coaching sessions help you feel more motivated to change your smoking behavior? Yes No
4. Do you have suggestions that would make coaching sessions more effective? _____

Documentation

All interactions with the patient and their family should be documented appropriately in the patient EMR. The details required vary, so it is important to check your institution policy about documentation. On the other hand, for privacy concerns some institutions may be more cautious about the amount of detail regarding smoking cessation that is put in a patient's medical record.

Child EMR Documentation

Orders and BPA

If your institution is utilizing orders and BPAs as a way to screen families for positive SHS, then they will be recorded in the patient's EMR. This information can be very useful for an approaching TC.

It is helpful to train providers the TC will be working with, such as the general medicine team, to include several of the relevant details below in their orders or notes:

- Who is the smoker?
- What is their smoking status?
 - Are they trying to quit?
- Does the patient live with the smoker?
- Did the smoker request cessation help?

Approach

The TC may record a brief progress note in the patient chart about their patient interaction or their attempt to contact the family. The progress note should answer some of the following questions:

- What is the TC responding to?
 - "Patient screened positive for second hand smoke exposure."
 - "TC answering order for smoking cessation services."
- Any new information the TC discovered?
 - Who the smoker is and their smoking status.
- What information was presented?
 - Record if any education, resources, or handouts were provided, including INSPIRE.

Motivational Interviewing

Due to HIPAA and privacy concerns, the TC must limit details from the actual MI sessions with the caregiver that are recorded in the patient's chart. This is so caregiver PHI is not made available to all those who can see the patient's EMR.

Depending on the institution, MI documentation may not be required in the patient's chart. If MI documentation with the caregiver *is* required in the patient chart, a brief note providing an overview of the session should be recorded. Focus on the type of interaction (phone call, in-person appointment) and any resources that were given to the family, such as NRT.

Caregiver EMR Documentation

It is important to document caregiver interactions as well as patient interactions. The TC should request an EMR in the caregiver's name. The process for doing this should be worked through with the Medical Record/Data Informatics department at the institution, as it may vary.

Orders and BPA

This does not need to be recorded in the caregiver EMR.

Approach

The TC can document a brief overview of the caregiver's agreement to INSPRIRE. They do not need to include intimate details.

Motivational Interviewing

MI interactions should be recorded in the caregiver's EMR. Include any of the following relevant details:

- How the MI session was conducted (telephone, in person, video)
- How long the session lasted
- If any resources, including NRT, were provided to the family
- If any referrals, such as to the Quitline, were made on the family's behalf

Supplies and Tools

Motivational Interviewing Tools

Templates for the following forms can be found in the INSPIRE supplies link. All templates can be adapted or changed to fit the specific needs of each hospital.

Smoking Cessation & Reduction Goal/ Plan Form

Designed to outline the individual's overall goals, strategies, and rewards for quitting smoking. Use the matching side for if the individual would prefer to work on reducing or quitting.

Motivational Interview Session: Intake

The initial assessment tool to help break-down the person's current smoking behavior and assess readiness to change.

This form is intended to help unpack the person's experience with smoking, their smoking triggers, and translate them into tangible goals, objectives, and strategies to successfully quit or reduce smoking.

Motivational Interview Session: Follow-Up

This form is a maintenance tool to track progress through INSPIRE.

It is used to reflect upon previous experiences in the program and address things that have worked and barriers. It also helps the person tackle new and creative ways to reach their goals.

Discharge Summary

A snapshot capturing the person when they started INSPIRE.

This form outlines the immediate and long term smoking goals of the patient and what strategies the patient will be using to work towards them. This tool is very similar to *Motivational Interview Session – Intake* as it is drafted during, or shortly after, the intake conversation with the family and mailed or emailed to them after intake is completed.

Letter for Primary Care Physician (PCP)

This letter bridges the gap from the hospital to the individual's PCP.

This is a formal communication outlining the goals and resources offered by INSPIRE for the PCP. This form is most useful when paired with the Discharge Summary above. These two tools help the individual's PCP to provide follow-up support and education once the person has left the hospital.

Assessment Confidence Scale Questions (found within the MI intake form)

This is a Likert scale ranging from 0-10 with 0 as *Not at all confident* and 10 as *Extremely Confident* in the individual's ***confidence to quit smoking*** and ***confidence to reduce SHS/THS exposure***. The tool uses a MI technique to provide a clear assessment of the person's self-confidence.

This tool also can be used as a guide to start the conversation between the individual and the TC. The TC can gain more insight into why someone chose the number they did and inquire about why they did not pick a lower or higher number on the scale. This can be an invaluable process to elicit change-behavior language and ideas from the individual.

Assessment Importance Scale Questions (found within the MI intake form)

This is a Likert scale ranging from zero to ten with zero representing *Not at all important* and ten representing *Extremely important* in the ***value*** placed by the person to ***quit smoking*** and ***reduce SHS/THS exposure***. The tool uses a MI technique to provide a clear assessment of the person's perception of importance and start conversation.

INSPIRE SHS and Children Packet

This packet is a psychoeducational tool providing information on how SHS exposure impacts the health of children, what a person can do to reduce exposure, steps a person can take to quit, symptoms of nicotine withdrawal, and benefits of a smoke free lifestyle.

Estimated Cost per Day

This is a cost comparison chart looking at the cost difference between 6 common pharmacotherapy interventions and what it costs to smoke a minimum of a pack a day. This information can be useful when a person has financial concerns due to smoking, and is looking to establish a reward for accomplishing their own program goals and objectives.

Tobacco Use Log

This log helps identify patterns of smoking behavior. This can be helpful when the TC believes the individual is struggling to identify triggers (social, emotional, temporal, and spatial). Once a pattern is seen with their smoking behavior, the TC can assist the person to translate the log data into unique strategies to help them reach their overall goals.

Pharmacotherapy

Nicotine Replacement Therapy (NRT)

INSPIRE recommends providing 2 weeks of NRT, free of charge, to all appropriate participants. This includes Nicotine gum, nicotine lozenges, and nicotine patches. Use standard guidance on NRT from the package insert.

Work with the pharmacy to order and maintain the following stock of NRT:

- Nicotine Patch 24hr: 21 mg and 14 mg
- Nicotine Lozenge: 2 mg and 4 mg
- Nicotine Gum (various flavors): 2 mg and 4 mg

NRT Request Form

This tool is used to help individuals interested in utilizing a pharmacotherapy approach to quitting identify the proper dosage and type of NRT available for your program.

Pharmacotherapy Treatments: Tobacco Cessation Medication Classification and Dosages

This chart is a list of 7 forms of pharmacotherapy interventions, recommended dosage, duration of use, and anticipated side effects. This tool can be helpful for people interested in a pharmacotherapy approach to reduce or eliminate cravings.

Supplemental Resources

Starter Kit

The starter kit offers a combination of candies and tools to help reduce the individual's desire for habitual oral stimulation. The INSPIRE Starter-Kit may include the following: Candy suckers, mints, gum, toothpicks, a lanyard, a stress ball, and a "Reasons for Quitting" card.

Reasons for Quitting Card

The Reasons for Quitting Card can be given with the starter kit, and can be used to outline a goal or reminder. The card can be stored helpful places such as on the refrigerator, in a bag or wallet, or with a pack of cigarettes.

National Network of Tobacco Cessation Quitline (1-800-QUIT-NOW)

Use the state Quitline for continued support after MI sessions are completed, such as continued NRT or check-ins.

The nation-wide Quitline is a telephone-based tobacco cessation service available at no cost to U.S. residents in each state, the District of Columbia, and U.S. Territories including the Pacific Islands. The Quitline is designed to help tobacco users quit with individual counseling, practical information on how to quit, referral to other cessation resources, mailed self-help materials, information on FDA-approved cessation medications, and in some cases free or discounted cessation medications.

1-800-QUIT-NOW is a toll-free number operated by the National Cancer Institute (NCI) that connects people directly to their state's tobacco quitline. The number serves as a national portal to link callers to their state quitline based on their area code.

Quit Smoking Resources Brochure

The Quit Smoking Resources Brochure is a compilation of SHS and THS information and effects, specifically on children. In addition, it lists general resources that are not related to INSPIRE and can be accessed by anyone. This is a great resource to use for extended family members, as well as those families who do not feel they can commit to INSPIRE at this time.

The Quit Smoking Resources Brochure lists contact and other important information about each program, as well as helpful insurance tips, informative websites, and useful apps. The brochure is written at below an eighth grade reading level to reach a wide audience.