~WELCOME ~

The presentation will begin at 6:15 pm

Thank you to our participating hospitals!

Advocate Christ Medical Center

Advocate Condell Medical Center

Advocate Illinois Masonic Medical Center

Advocate Lutheran General Hospital

Advocate Sherman Hospital

Advocate Good Samaritan Hospital

Amita Alexian Brothers Medical Center

Holy Cross Hospital

MacNeal Hospital

MetroSouth Medical Center

Mount Sinai Hospital

Northwest Community Hospital

Northwestern Medicine Lake Forest Hospital

NM Central DuPage Hospital

Northwestern Medicine Delnor Hospital

Rush Copley Medical Center

Rush Oak Park Hospital

Rush University Medical Center

UChicago Medicine

UI Health Hospital & Clinics

METRO CHICAGO SMOKING CESSATION PILOT PROJECT

Best Practice Learning Collaborative

Renee Sednew, MPH
Senior Director, Quality & Systems Improvement
American Heart Association

This Quality Improvement Project funded thanks to the support and sponsorship of Pfizer, Inc.

TONIGHT'S PROGRAM

- PROJECT OVERVIEW
  - Purpose, Components, Activities, Insights
- HOSPITAL PANEL
  - Northwestern Medicine – Delnor Hospital
  - Rush Oak Park Hospital
- BEST PRACTICE SHARING
  - Respiratory Health Association®
- WRAP-UP & NEXT STEPS

This Quality Improvement Project funded thanks to the support and sponsorship of Pfizer, Inc.

American Heart Association.

Our Mission

To be a relentless force for a world of longer, healthier lives.

American Heart Association.

MAKING AN IMPACT

- Build an Equitable, Sustainable Culture of Health
- Engage Communities Through Events
- **Accelerate Scientific Knowledge – Bridging Guidelines and Practice**

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Focus On Quality

Patient outcomes improve when medical professionals follow the most up-to-date evidence-based treatment guidelines.

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QUALITY & SYSTEMS IMPROVEMENT

- Get With The Guidelines®
- Accreditation/Certification
- Mission: Lifeline®
- Professional Resources
- Educational Events
- Patient and Community Education & support networks
- **Regional Quality Improvement Projects**

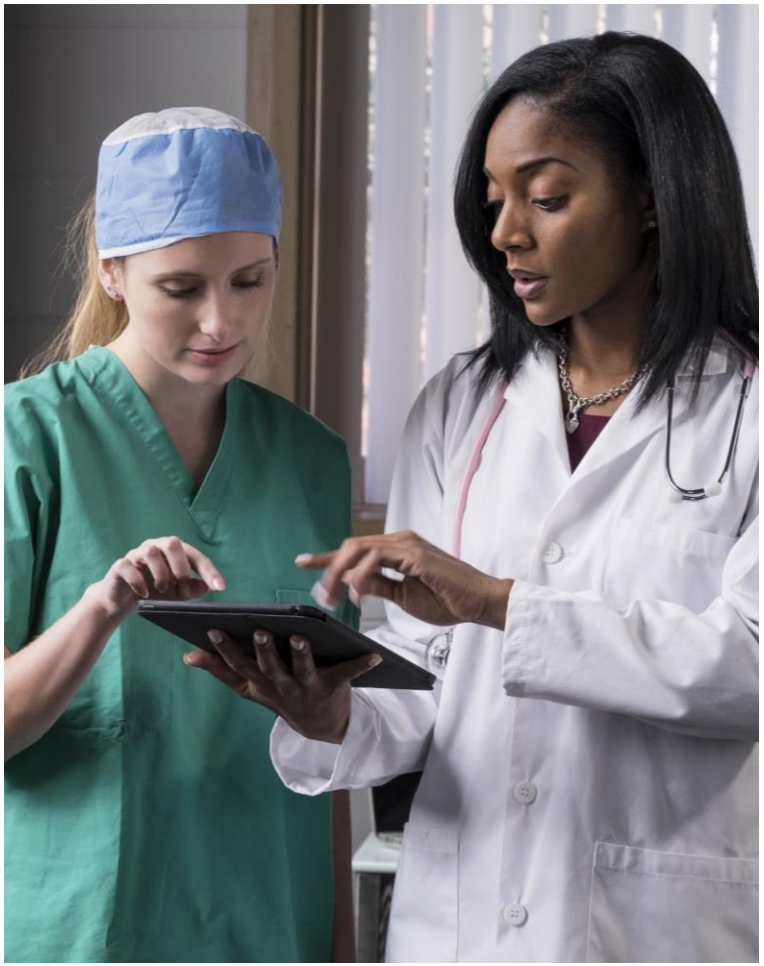
American Heart Association.

GET WITH THE GUIDELINES®

WE PARTNER WITH NEARLY HALF OF U.S. HOSPITALS TO ENSURE THE BEST POSSIBLE CARE FOR ALL

MISSION: LIFELINE

BEST CARE FOR PATIENTS WITH TIME-SENSITIVE EMERGENCIES, FROM EMERGENCY ONSET TO SECONDARY CARE.



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QUALITY & SYSTEMS IMPROVEMENT – METRO CHICAGO TEAM

Kathleen O'Neill , MHA Vice President , Midwest Affiliate			
Renee Sednew, MPH Senior Director Illinois Stroke & Atrial Fibrillation	**Sarah Donnelly, MSN, RN** Director Illinois Mission: Lifeline & GWTG-CAD	**Art Miller, RN/EMT-P** Director GWTG Resuscitation – Midwest Affiliate	**Jacqueline Tomei, MS** National Center Quality Programs Manager, 3-Market Heart Failure Initiative
Sheila Giovanni Operations Manager	**Cristin Mathew** Administrative Associate		**Tina Steinway** Health Strategies Specialist

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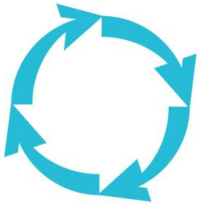

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Get with the Guidelines®

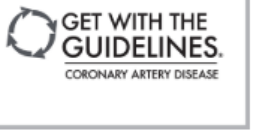
Stroke

Get With The Guidelines - Stroke

Get With The Guidelines - Heart Failure

Get With The Guidelines - Resuscitation

Get With The Guidelines - AFIB



Get With The Guidelines - Coronary Artery Disease

Hospital - Accreditation & Certification

Mission: Lifeline

Target: Heart Failure

Target: Stroke

HEART.ORG/QUALITY

ACUTE ISCHEMIC STROKE GUIDELINES

SMOKING CESSATION INTERVENTION

6.10. Smoking Cessation Intervention	COR	LOE	New, Revised, or Unchanged
1. Healthcare providers should strongly advise every patient with AIS who has smoked in the past year to quit.	I	C-EO	Recommendation reworded for clarity from 2014 Secondary Prevention. Class unchanged. LOE amended to conform with ACC/AHA 2015 Recommendation Classification System. See Table LXXXIII in online Data Supplement 1 for original wording.
2. Counseling, nicotine products, and oral smoking cessation medications are effective in helping smokers to quit.	I	A	Recommendation, Class, and LOE unchanged from 2014 Secondary Prevention.
3. For smokers with an AIS, in-hospital initiation of high-intensity behavioral therapies is reasonable.	IIa	B-R	New recommendation.
4. For smokers with an AIS, in-hospital initiation of varenicline might be considered.	IIb	B-R	New recommendation.
5. For smokers with an AIS, in-hospital initiation of interventions that incorporate both pharmacotherapy and behavioral support might be considered.	IIb	B-R	New recommendation.
A meta-analysis by the Cochrane group indicates that (1) high-intensity behavioral interventions that begin during an index hospitalization and include at least 1 month of supportive contact after discharge promote smoking cessation among hospitalized patients, regardless of the patients' admitting diagnoses,[331] and (2) interventions that incorporate both pharmacotherapy and behavioral support enhance smoking cessation success compared with minimal intervention or usual care.[332,333] There are limited data on the efficacy of the various smoking cessation strategies and when they should be implemented after the occurrence of an acute atherosclerotic event. A multicenter, double-blind, randomized, placebo-controlled trial in which 302 smokers hospitalized with an acute coronary syndrome were randomized to varenicline or placebo for 12 weeks showed that at 24 weeks abstinence rates were 47.3% in the varenicline group versus 32.5% in the placebo group and continuous abstinence rates were 35.8% in the varenicline group versus 25.8% in the placebo group.[334] Patients in both groups received low-intensity counseling. A study of Korean smokers with AIS assessed a timely intervention strategy versus conventional counseling.[335] Timely intervention comprised a certified nurse providing comprehensive education during admission and additional counseling after discharge. Timely intervention was associated with greater odds of sustained smoking cessation for 12 months.			See Table LXXXI and LXXXII in online Data Supplement 1.
6. It is reasonable to advise patients after ischemic stroke to avoid second-hand (passive) tobacco smoke.	IIa	B-NR	Recommendation reworded for clarity from 2014 Secondary Prevention. Class unchanged. LOE amended to conform with ACC/AHA 2015 Recommendation Classification System. See Table LXXXIII in online Data Supplement 1 for original wording.

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2019 PREVENTION GUIDELINES

TREATMENT OF TOBACCO USE

2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease

A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines

Donna K. Arnett, Roger S. Blumenthal, Michelle A. Albert, Andrew B. Buroker, Zachary D. Goldberger, Ellen J. Hahn, Cheryl D. Himmelfarb, Amit Khera, ... Show all Authors

Originally published 17 Mar 2019 | https://doi.org/10.1161/CIR.0000000000000678 | Circulation. 2019;0

Arnett et al.
2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease

2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease

A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines

Endorsed by the American Association of Cardiovascular and Pulmonary Rehabilitation, the American Geriatrics Society, the American Society of Preventive Cardiology, and the Preventive Cardiovascular Nurses Association

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AHA'S SMOKING CESSATION PILOT PROJECT

Pilot Area: Metro Chicago

- ✓ 20 Participating Hospitals
- ✓ Get With The Guidelines® - Stroke
- ✓ ~6600 Patients Discharged With A Stroke Related Diagnosis*/Year
- ✓ 17% - 21% History of Previous Stroke*
- ✓ 10% - 13% History of Smoking*
- ✓ 98% Adherence to Smoking Cessation Achievement measure

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**Based on 2016 – 2018 YTD data from Get With The Guidelines® Stroke*

METRO CHICAGO SMOKING CESSATION PROJECT

OBJECTIVES

- Improve understanding of smoking cessation resources, education, and therapies provided at discharge
- Measure smoking use and cessation post discharge
- Share best practices and identify opportunities for improvement
- Develop best practice toolkit

IMPACT

- Improve smoking cessation rates for stroke patients
- Standardize practice
- Distribute best practices nationally

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PROJECT STRUCTURE & COMPONENTS

- September 1, 2018 – September 30, 2019
- **Learning Collaborative Model**
- Pre and Post Project Questionnaire
- Stroke Patient Population
- Types of Smoking Cessation Therapies Provided
- Post-Discharge Calls to Stroke Patients
- Webinars – Model Sharing, Discussion, Aggregate Data Review
- Toolkit

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LEARNING COLLABORATIVE MODEL

"ALL TEACH, ALL LEARN" PHILOSOPHY

- Chicago "Quality Enhancements for Speedy Thrombolysis for Stroke "
- Twin Cities Heart Failure Initiative
- Get With The Guidelines® 360
- Indiana Atrial Fibrillation Accelerator Initiative
- Chicago Atrial Fibrillation Performance Improvement Initiative

EP Initiatives

Quality Initiative in Indiana Focuses on Evidence-Based Guidelines for AFib Treatment

EPLAB DIGEST

Circulation
Cardiovascular Quality and Outcomes

American Heart Association

Regional Learning Collaboratives Produce Rapid and Sustainable Improvements in Stroke Thrombolysis Times

Shyam Prabhakaran, Jungwha Lee and Kathleen O'Neill

Circ Cardiovasc Qual Outcomes. published online September 13, 2016;
Circulation: Cardiovascular Quality and Outcomes is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
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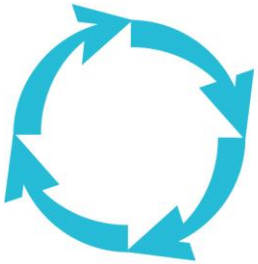
Print ISSN: 1941-7705. Online ISSN: 1941-7713

PARTICIPATION BENEFITS & DELIVERABLES

- Participation Incentive
- Shared Best Practices and Resources
- Quarterly Interactive Webinars
- Data Collection on Types of Interventions at Discharge
- Follow-up Phone Calls with Stroke Patients



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Get with the Guidelines®
Stroke

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THANK YOU TO OUR PARTICIPATING HOSPITALS

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Rush Copley Medical Center

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UI Health Hospital & Clinics

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PROJECT ACTIVITIES

ACTIVITIES COMPLETED TO DATE

- Pre-Launch "Interviews" with Potential Participant Hospitals
- Pre-Survey
- Kickoff Meeting, Welcome Webinar, Quarterly Best Practice Sharing Webinars
- Get With The Guidelines® - Stroke Data Collection
- Post-Discharge Follow-up Calls
- Toolkit Development

FUTURE ACTIVITIES

- Finalize Toolkit
- Quarterly Best Practice Sharing Webinars
- Continue Data Collection & Patient Follow-Up
- Opportunities for Distribution at the National Level
- Post-Survey

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PRE-SURVEY TOPICS AND RESPONSE TRENDS

Topic	Response Trend
Current process for identifying stroke patients who have a history of smoking	Consistency in intake and admission screening process Variation when it comes to frequency and type of provider conducting the screening
Current smoking cessation counseling, advice or other therapies provided during in-patient stay and/or discharge	Most common forms of therapies include direct discussion with patient, smoking cessation aid, and educational brochures
Current post-discharge communication with stroke patients (criteria, timeframe)	Almost all hospitals conduct some form of follow-up with stroke patients, however timeframe and inclusion criteria vary
Inclusion of smoking cessation during post-discharge communication	**1/3 of hospitals include smoking cessation topics in their follow-up** (smoking cessation status, risk factors for stroke, and quit resources) Very few hospitals collect data on smoking cessation status & attempts

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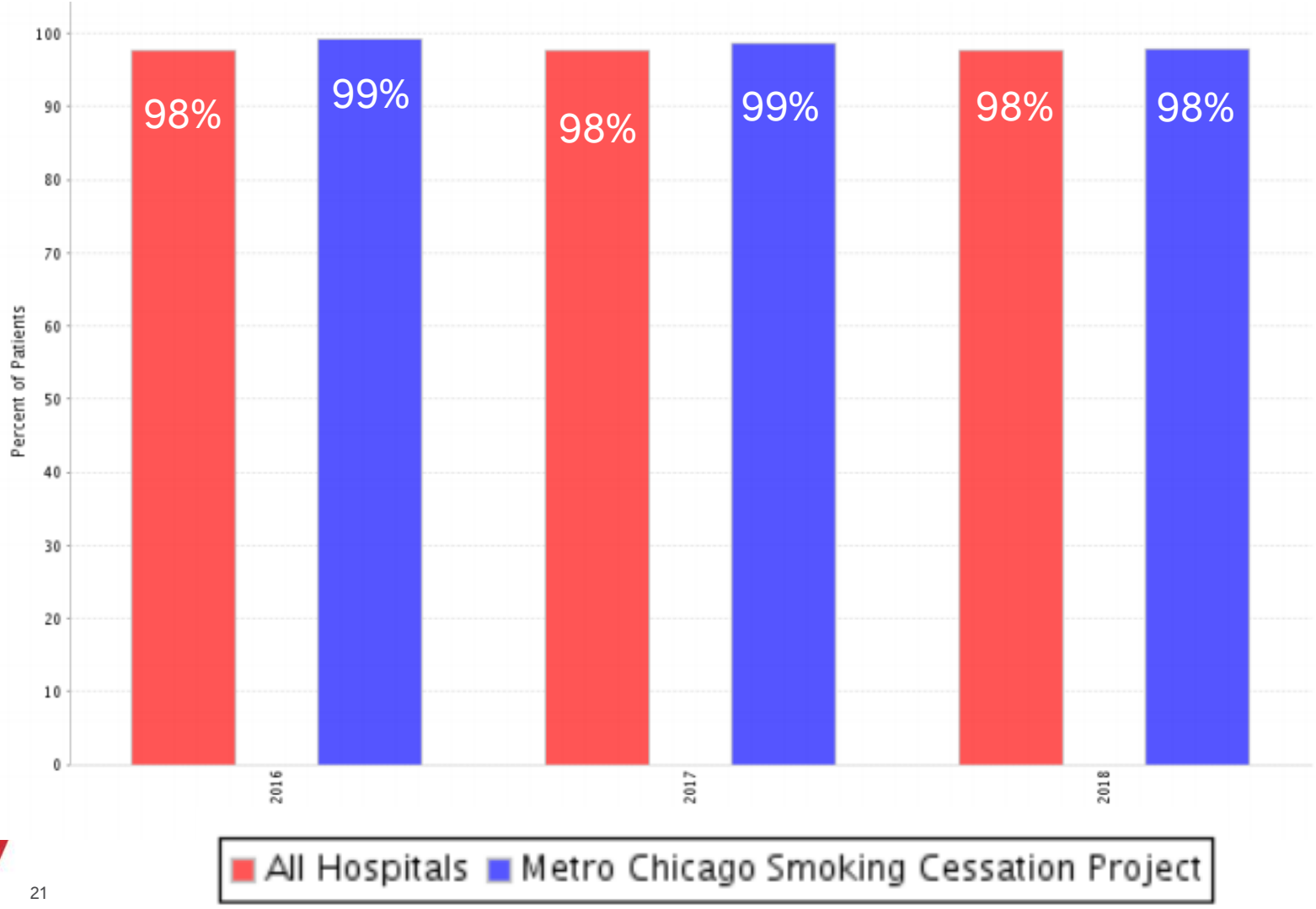
SMOKING CESSATION – ACHIEVEMENT MEASURE

Percent of patients with ischemic or hemorrhagic stroke, or TIA with a history of smoking cigarettes, who are, or whose caregivers are, given smoking cessation advice or counseling during hospital stay



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GET WITH THE GUIDELINES® STROKE DATA COLLECTION

AT DISCHARGE

- *SMOKING CESSATION THERAPIES PRESCRIBED?*
  - *Counseling*
  - *Over the Counter Nicotine Replacement Therapy*
  - *Prescription Medications*
  - *Other*
  - *Treatment Not Specified*

PHONE CALLS POST-DISCHARGE

- *Tobacco Use Since Discharge*
- *Use of Medication to Stop Tobacco Use*
- *Frequency of Tobacco Use Since Discharge*
- *Quit Attempts Since Discharge*

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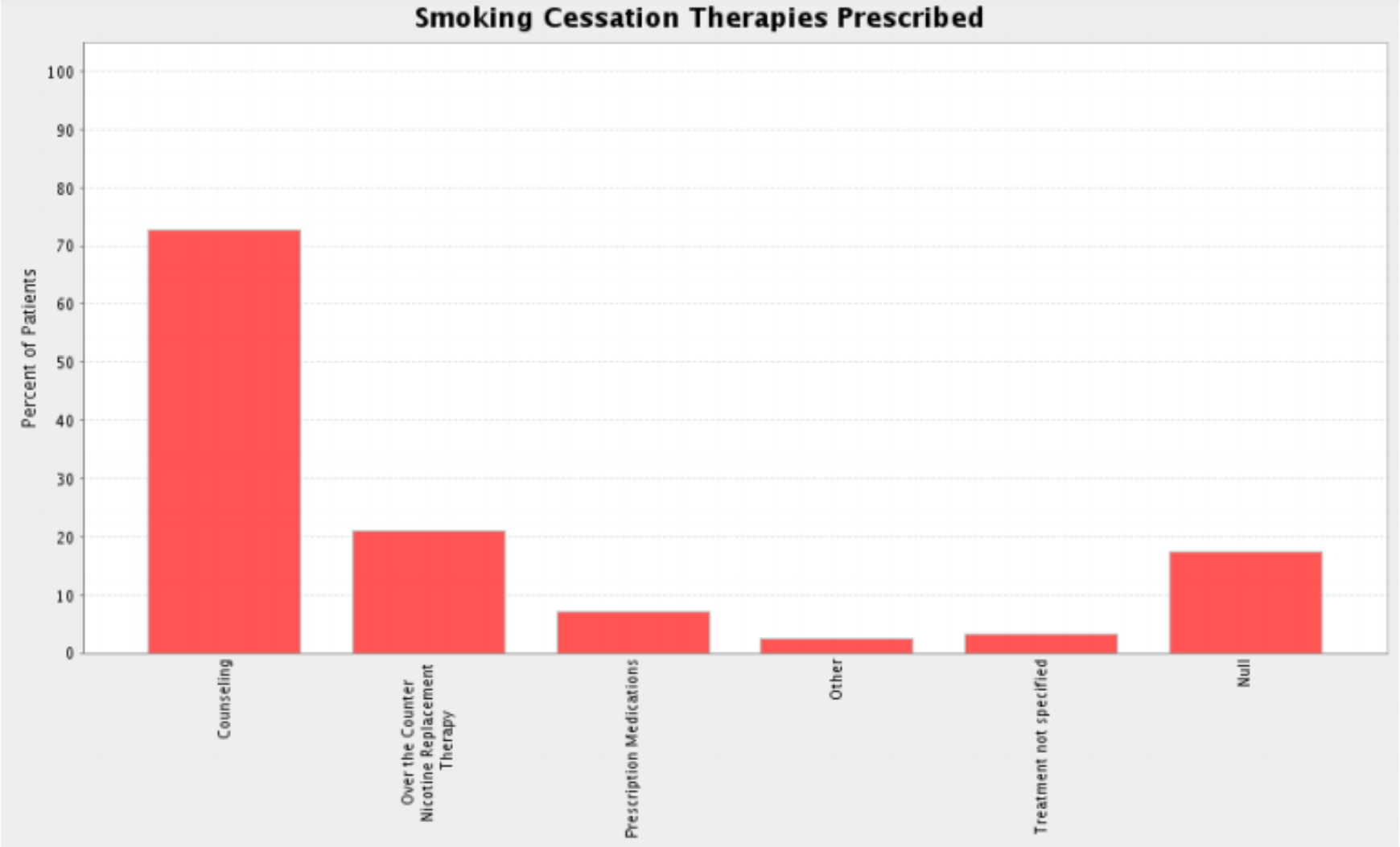
Smoking Cessation Therapies Prescribed								
Benchmark Group	**Time Period**	**Counseling**	**Over the Counter Nicotine Replacement Therapy**	**Prescription Medications**	**Other**	**Treatment not specified**	**Null**	**Total**
Metro Chicago Smoking Cessation Project	08/01/2018 - 01/31/2019	326 (72.6%)	94 (20.9%)	32 (7.1%)	11 (2.4%)	14 (3.1%)	78 (17.4%)	449



PHONE CALLS POST-DISCHARGE TRENDS

- 40% Reported "No" to Smoking Since Hospital Discharge
- 40% Reported "Yes" to Smoking Since Hospital Discharge
  - 34% Reported Smoking Daily
- 20% Unknown
- 23% Report Use of Prescription Medication for Smoking Cessation

*NOTE: Snapshot Only/Incomplete Data

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WEBINARS & MEETINGS

- WELCOME & RESOURCES WEBINARS
  - Kick-off July, 2018
  - Project Overview, Deliverables, Instructions, FAQs
- QUARTERLY BEST PRACTICE SHARING WEBINARS
  - December 2018: Collaborating with Pharmacy Teams
  - February 2019: E-Cigarettes & Smoking Cessation
- EXTERNAL WEBINARS
  - Collaborated with Telligen®
    - Motivational Interviewing
    - AHA Smoking Cessation Project Overview

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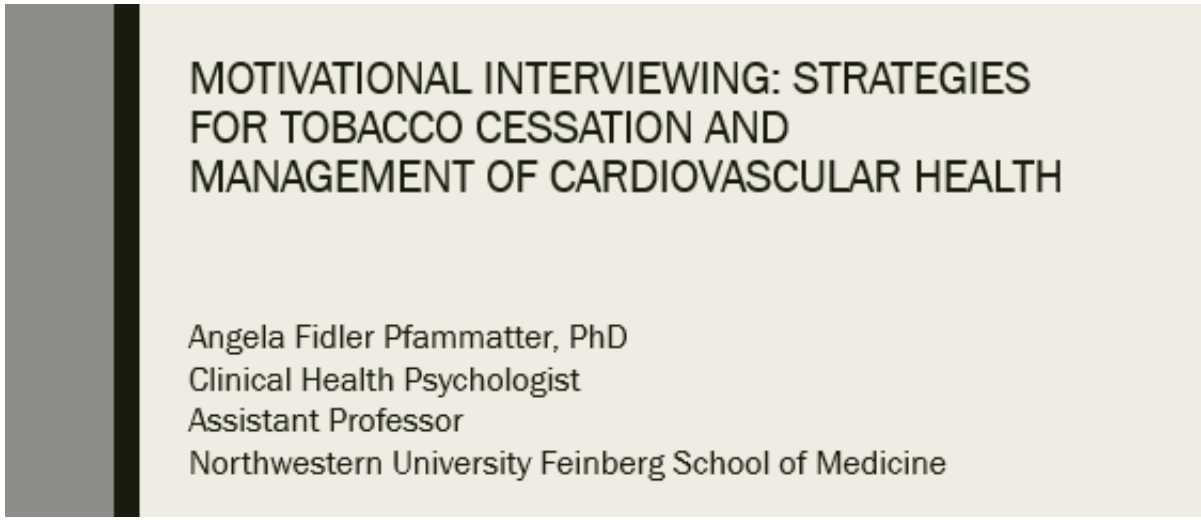
MOTIVATIONAL INTERVIEWING



QUARTERLY BEST PRACTICE SHARING WEBINAR
DECEMBER, 2018

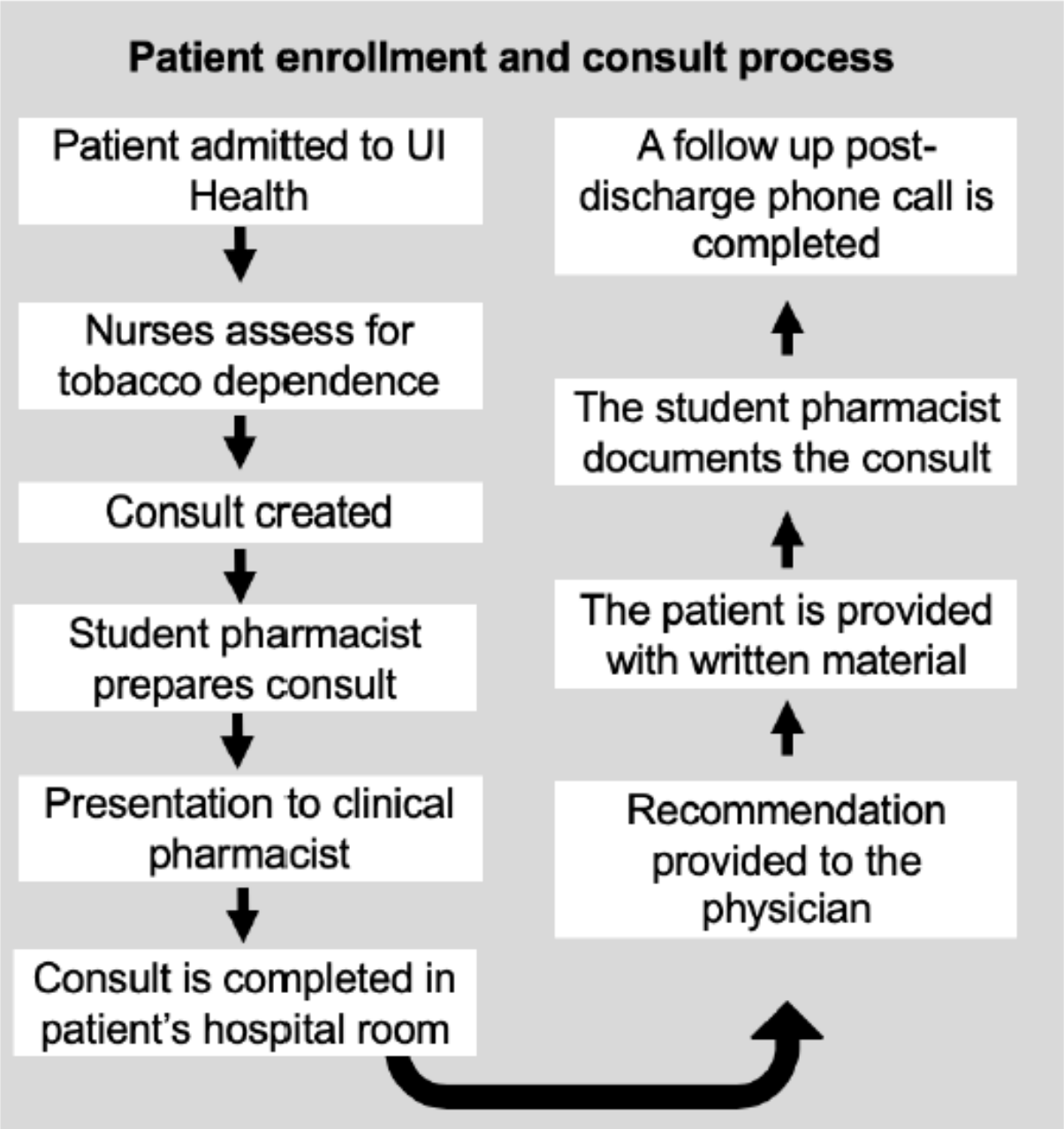
UNIVERSITY OF ILLINOIS HOSPITAL & HEALTH SCIENCES SYSTEMS

Maureen Hillman, RN

Stroke Program, Stroke Clinical Research Trials

Lori Wilken, PharmD

Pharmacy Practice, Ambulatory Pharmacy Services



WEBINAR

ARGE AND

g Cessation

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QUARTERLY BEST PRACTICE SHARING WEBINAR
FEBRUARY, 2019

JUUL, "VAPING" AND THE TRANSFORMATION OF THE E-CIG INDUSTRY

Jeffrey Willett, PhD
Senior VP, Health Strategies
AHA Midwest Affiliate

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QUARTERLY BEST PRACTICE SHARING WEBINAR
E-CIGARETTES

- E-CIGARETTE HEALTH EFFECTS – *WHAT WE KNOW*
- PUBLIC HEALTH CONSEQUENCES
- USE OF E-CIGARETTES AND JUUL TO QUIT SMOKING

VIEWPOINT

Potential Benefits and Risks of High-Nicotine e-Cigarettes

Robin Koval, MBA
Truth Initiative,
Washington, DC.

Jeffrey Willett, PhD
Schroeder Institute at
Truth Initiative,
Washington, DC.

Jodie Briggs, MA
Schroeder Institute at
Truth Initiative,
Washington, DC.

The substantial reduction in smoking in the United States represents one of the most important public health advances of the last 50 years. Among children and adolescents this progress has been particularly encouraging, with smoking rates declining among 8th-, 10th-, and 12th-grade students from 28.3% in 1997 to 5.4% in 2017.[1] These positive trends suggest that the powerful appeal of tobacco and nicotine has been reduced in younger generations. However, emerging products such as JUUL, Suorin Air, Envii FITT, and MYLE, high-tech e-cigarettes capable of delivering nicotine at levels comparable to cigarettes, have the potential to undo years of progress if a new generation of young people becomes addicted to nicotine. An expert committee of the National Academy of Sciences, Engineering, Medicine presented e-cigarettes as a safer alternative to cigarettes in a 2018 report, concluding, "There is conclusive evidence that completely substituting e-cigarettes for combustible tobacco cigarettes reduces users' exposure to numerous toxicants and carcinogens present in combustible tobacco cigarettes."[2]

livery of these products means that along with the potential as a harm reduction tool for adults is the concern of use among young people. While these products can potentially support adults who want to quit smoking, they also require regulatory actions to protect children.

Introduced in 2015, JUUL devices quickly overtook the e-cigarette market and accounted for more than 65% of e-cigarette sales in June 2018, with estimated retail sales of more than $650 million in the first 6 months of 2018.[4] With such a new product, accurate prevalence measures are difficult to determine, but one study of 1012 adolescents and young adults (aged 15-24 years) found that 25% recognized JUUL devices and 10% had tried them.[5] Although these data are limited, they suggest that many teenagers recognize the product. In addition, the practice of using the device has been described as "JUULing," implying it is no mere e-cigarette but a unique device whose use is worthy of its own branding.

Several features make this product distinct and a

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Admission Info and History Adult (Part 2) - TEST, ABN

*Performed on: 02/25/2019 0907 CST

Valuables/Belong
Problem History
Advance Directiv
Obstructive Sleep
General Info
Braden
Social History
Immunizations
VTE Risk Assess
Procedure History
Subjective
Pain History Revi
Past Medical Hist
Family History
Acute Suicide Ris
Suicide Risk Leve

Social History

Has the Tobacco Use been Reviewed?

- Yes
- No

Tobacco Use Counseling

- Recognize danger situations
- Develop coping skills
- Provide information on quitting
- Declined treatment/counseling
- Refused Tobacco Cessation Education
- Refused Outpatient Tobacco Cessation Counseling
- Other:

Note: See Tobacco and Home/Environment/Abuse sections to address REQUIRED documentation i.e. Tobacco Use 30 Days Prior to Admission, Tobacco Use, and Injuries/Abuse/Neglect.

Mark all as Reviewed

Social

Add Modify Display: Active Unable to Obtain

Category	Details	Last Review
* Tobacco		

Tobacco

***Tobacco use status 30 days prior to admisison:**

***Tobacco use**

- 4 or less cigarettes average volume per day (< ¼ pack
- 5 or more cigarettes avg volume per day (=>1/4 pack)
- Cigars or Pipes daily
- Cigars or Pipes but not daily
- No tobacco use of any form
- Not screened due to cognitive impairment
- Refused tobacco use screen
- Smokeless tobacco products used

2. A task is sent to respiratory' s MultiPatient Task list if the patient is a documented

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TOOLKIT DEVELOPMENT

- Motivational Interviewing Talking Points
- Strategies for Identifying Health Behavior Barriers for Patients
- Follow-Up Call and Voicemail Scripts
- Tools for Caregivers and Other Support System
- Materials in Multiple Languages
- E-cigarette Guidelines for Healthcare Providers (e.g. chart with different products & nicotine levels)
- List of Local Community Resources, Groups, Classes

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AHA ADVOCACY EFFORTS

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You're the Cure

Log In
or
Sign Up

About Us | Key Issues | Advocate Stories | The Pulse | Action Center | Log In

The Tobacco Endgame is here: Take the pledge

612 Signatures

Enter your information and take the pledge now!

Full Name *

Zip * city and state not required

Phone

Email *

YouretheCure.org

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AHA PATIENT AND PROFESSIONAL RESOURCES

- HEART.ORG/TOBACCOENDGAME
  - Savings Calculator
  - Health Effects of E-Cigarettes & Vaping
  - Resources for Friends and Family
  - “5 Steps to Quit Smoking”
  - Links to Quit Resources
  - More…
- PATIENT RESOURCES THROUGH GET WITH THE GUIDELINES

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INSIGHTS

PATIENT PERSPECTIVE

- Deeper understanding of smoking cessation strategies and approaches, not "just the known challenges that are part of quitting smoking"
- Professional support for quitting smoking and guidance on medication side effects and information about alternative treatments
- Clarity when it comes to e-cigarettes as a cessation method – *patients report mixed messaging*
- Patients need resources in multiple languages, not just English and Spanish

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INSIGHTS

HOSPITAL PERSPECTIVE

- Lack of consistent collaboration between team members and departments
- Need to standardized referral and/or follow-up practices for patients who have a history of smoking
- Opportunity for standardized talking points - latest smoking cessation medications, nicotine replacement therapy, and e-cigarettes
- Difficult to reach and/or engage patients post-discharge
- Time for making the follow-up calls - often, multiple attempts are required
- Smoking History/Use is Self Reported

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HOSPITAL PANEL DISCUSSION

Northwestern Medicine Delnor Hospital

Kari Cotton, BSN, RN, PCCN, SCRN
Stroke Program Coordinator, Patient Care Services

Rush Oak Park Hospital

Joyce Nowak, RRT
Registered Respiratory Therapist
Pulmonary Rehabilitation Services

Ashley Phelps, LCSW
Social Worker

Becki Zobel, RN
Stroke Nurse Liaison
Rush Mobile Stroke Nurse

WELCOME, RESPIRATORY HEALTH ASSOCIATION!

Lainie Kast
Senior Program Manager

Leslie Vaughan, MSPH
Senior Program Coordinator

Again, thank you to our participating hospitals!

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Advocate Illinois Masonic Medical Center

Advocate Lutheran General Hospital

Advocate Sherman Hospital

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Renee Sednew, MPH

Senior Director, Quality & Systems Improvement

American Heart Association

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