

Tobacco Use Affects Surgical Outcomes – I Didn't Know! New Findings and Approaches from the Stop Smoking Before Surgery Initiative

Dr. Cherisse Seaton, Research Coordinator, Harmonization Project

University of British Columbia, Kelowna, BC

Nancy Viney, Population Health - Tobacco Reduction

Northern Health, Prince George, BC

Kerensa Medhurst, Regional Health Promotion Coordinator

Canadian Cancer Society, BC and Yukon Division

Feb 27, 2014

The Harmonization Partners



Working Together

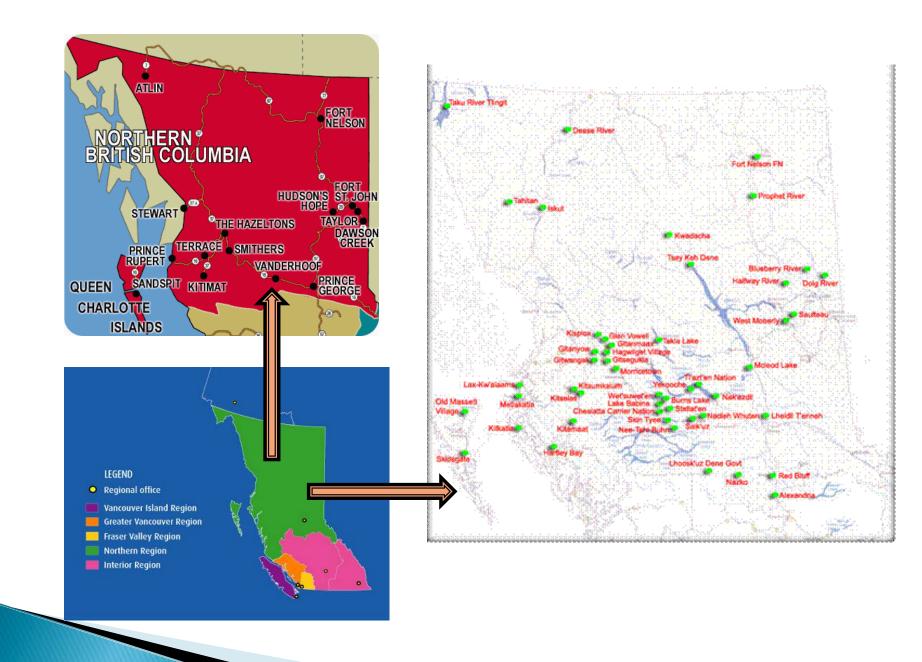
Partners

- Canadian Cancer Society
- BC Cancer Agency
- Northern Health



Collection Action = Collective Impact





Northern Communities

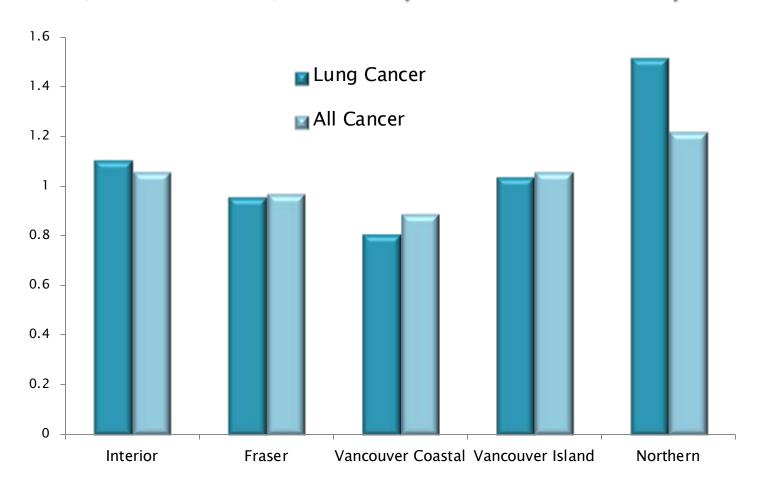




Prince George

Prince Rupert

Standardized Mortality Ratio Due to Lung Cancer (2007–2011) in BC by Health Authority



Source: British Columbia Vital Statistics Agency. (2011). Summary Statistics by Health Authority, British Columbia, 2007–2011 In Selected Vital Statistics and Health Status Indicators: One Hundred and Fortieth Annual Report.

Northern BC



- Smoking rate 24% (13% in BC)
- 70% of tobacco users do want to quit in the next 6 months



- Surgery provides incentive and a timeline to quit
- Smoking cessation before any type of surgery:
 - reduces the risk of complications
 - decreases health care costs

Stop Smoking Before Surgery (SSBS)

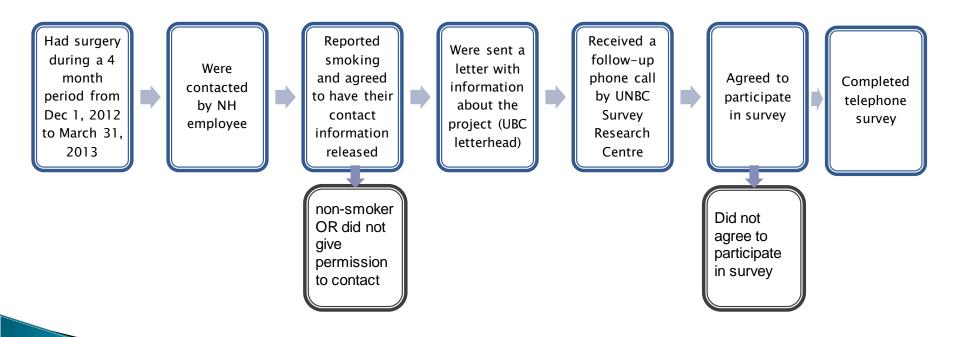
Baseline Patient Data Collection

Objectives

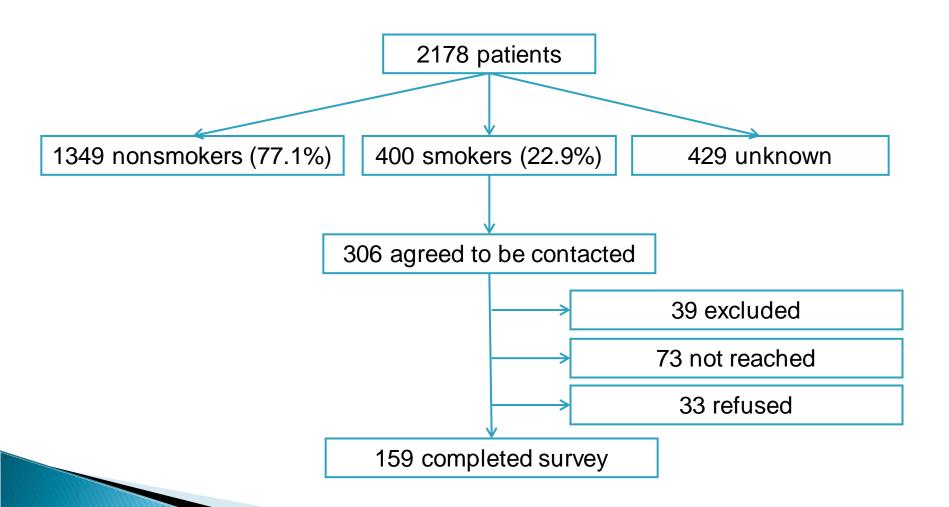
- Describe the proportion of patients who report quitting before surgery.
- Describe patients' baseline knowledge and use of programs available to support smoking cessation in northern BC
- Use findings to guide efforts to support patients in stopping smoking before surgery



Participant Recruitment Flow Chart



SSBS Data Collection Process



Telephone Survey

- Data collection included:
 - demographic information
 - surgery and health information
 - tobacco use
 - resources/aids used to reduce or quit smoking



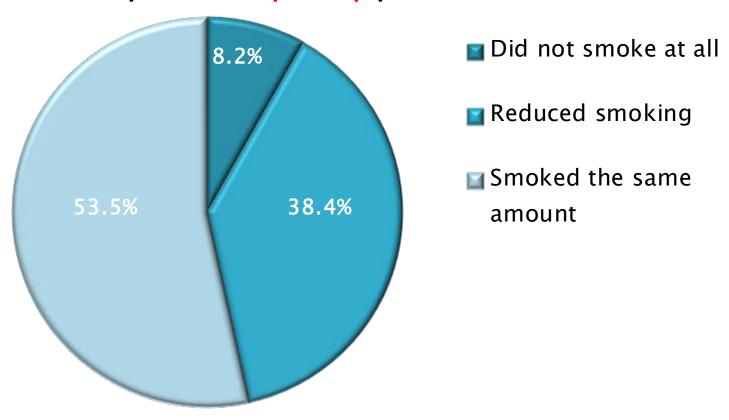
Characteristics of the SSBS patient sample (N = 159)

	Proportion of Sample
Gender	100/
Male	40%
Female	60%
Age 25 years	1.50/
20 – 35 years	15%
36 – 50 years	27%
51 - 65 years	39%
66 – 78 years	19%
Ethnicity	
First nation/Metis	20%
Caucasian	77%
Asian	1%
Other	2%
Marital Status	
Single	18%
Married or common-law	58%
Separated/divorced	18%
Widowed	6%

	Proportion
	of Sample
Highest level of education	
Some high school or less	26%
High school	25%
Trades certification/some college	29%
Community college degree	7%
Some University	5%
University undergraduate degree	7%
University Graduate degree	1%
Employment Status	
Full-time	47%
Part-time	11%
Not employed	21%
Retired	21%
Annual Household Income	
\$20K or less	18%
\$20-40K	24%
\$40-60K	13%
\$60-80K	16%
\$80-100K	13%
More than \$100K	16%

In the 8 weeks prior to surgery:

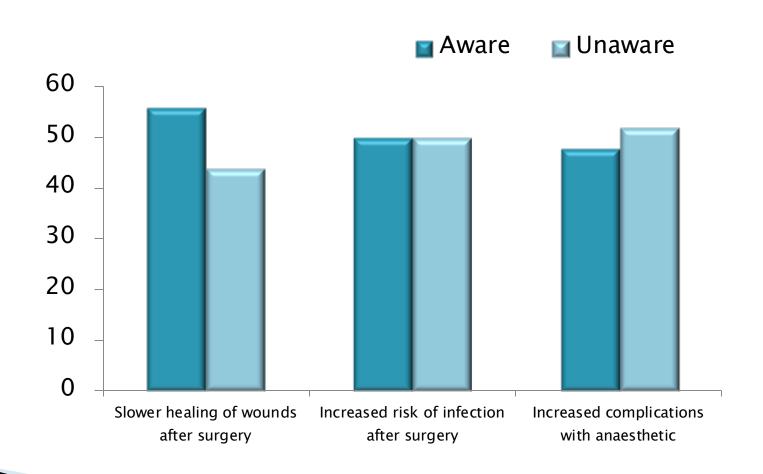
Proportion of pre-op patients who:



What these patients told us:

- 53% of patients were advised to quit in the two months prior to their surgery by a health care provider
 - 33% were given specific resources
- When they were in the Hospital:
 - 48% were asked about their smoking
 - 16% were given specific help or information to quit smoking or stay smoke free

Patient awareness of the surgical complications associated with smoking



Patient use of SC Resources

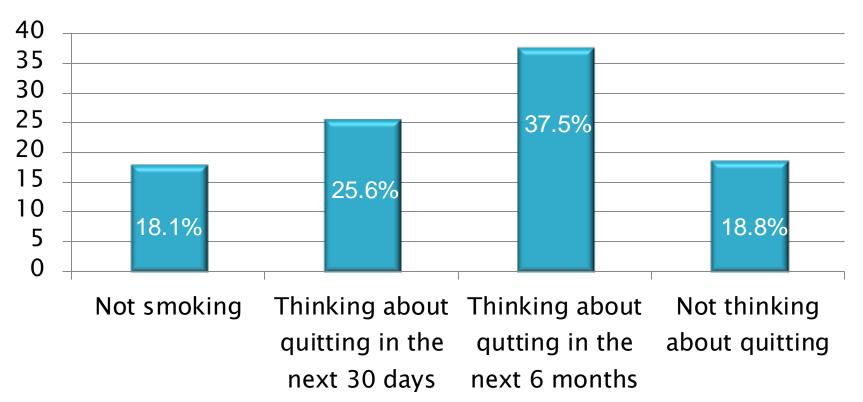
QuitNow

Offers cessation support by phone, text, or web.

Accessed QuitNow:	N	%
Website	8	5%
Phone	10	6%
Text	0	0%

At the time of the survey:

The proportion of post-op patients who were:



Current awareness of SC aids

HealthLink BC

 Residents can receive 12 weeks of NRT (gum or patch) free through the BC government's smoking cessation program (smoking cessation medications are partially covered).

HealthLink BC	N	%
Aware of program	96	60
Received SC aids through program	36	23

Patient Story

- I smoked for 50 years and was smoking up to three packs a day before I finally quit. I don't know what it was about my surgery that led me to quit. Two weeks before I remember hearing a radio announcer say that nicotine was so addictive and difficult to quit that even hospitalized smokers would hang on their IVs outside in the blistering cold to have a cigarette. I wondered how I would be able to go without smoking for a whole day in the hospital. I was offered a nicotine patch the day after my surgery and I accepted it. My one day in the hospital ended up being 2 days and I did not smoke at all. After I left the hospital I stayed on the patch for 10 weeks and then switched to the gum. The gum has worked well for me because it replaces the habit of smoking.
- I would encourage others to quit sooner rather than later. Don't wait to quit. Find what works for you and just do it.
 - Northern BC resident

Key points to guide SSBS initiative

- Overall, about 1/2 of the patients surveyed reported that they were advised to quit
- 2/3 of patients were thinking about quitting smoking
- Relatively few patients were using provincial smoking cessation resources
- As many as 1/2 of the patients were not aware of the perioperative complications associated with smoking

SSBS: Aims

- Enable all HCPs who see surgical patients to provide support for SC
- Increase awareness about and access to cessation resources
- Assist in the development of sustainable systems to encourage brief intervention as a standard of care

SSBS: Sharing the idea.....



Stop Smoking Before Surgery Program Components

- 1. Clinic resources for quitting smoking
- New QuitNow resources and promoting QuitNow
- 3. Hospital-based cessation support
- 4. Raising public awareness

Clinic Resources





- SSBS rack card/posters
- BC Ministry rack card
- QuitNow smart steps booklet
- QuitNow smart steps booklet for aboriginal populations
- QuitNow fax referral form
- NRT samples



Contact us Healthcare providers







Tools & Resources

Helping Others Quit My Community

Overview

Reasons for quitting

Quitting resources

Choose your quit date

Quit methods

Know your triggers

Conquer your cravings

Manage withdrawal

Build your social support

Control your environment

Surviving quit day

Stop Smoking Before Surgery

Quitting medications

Staying quit resources

E-Cigarettes

Take the addictions quiz

Calculate your savings

Additional resources

Local help directory

Stop Smoking Before Surgery

Get in shape and butt out before your surgery!

If you use tobacco and will be facing surgery in the next 6 - 8 weeks, your best chance at a speedy recovery depends on you quitting smoking.

If you guit now, you will:

- Heal faster
- · Face fewer complications
- · Improve your breathing
- · Reduce your risk of infection
- · Improve blood flow to your heart and other areas of the body
- · Reduce stress on your heart
- · Speed up bone fusion (healing) time
- · Shorten your hospital stay

Turn your back on tobacco!

Quitting before surgery could increase your chances of guitting for good.







Preparing for surgery takes careful thought, planning, support and courage... a perfect time to stop smoking.

Dr Nadine Caron. Academic Surgeon. University Hospital of Northern BC.



Quitting smoking before surgery is an important part of cancer prevention and plays a key role in health outcomes.

Margaret Jones Bricker. Regional Director. Northern Region. Canadian Cancer Society.



Guys – want to speed up your recovery and get your strength back sooner? Quitting before surgery is the right time.

Brandon Grant. Men's Health Coordinator. Northern Health



Are you looking for a reason to quit?
Here's a good one - you'll decrease your risks during and after surgery

Nancy Viney. Tobacco Reduction. Population Health Northern Health.

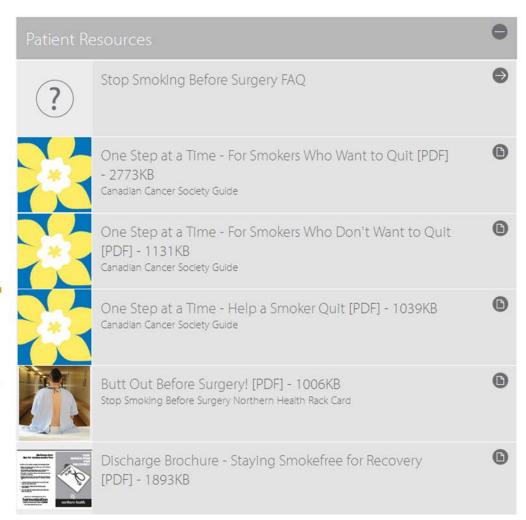


QuitNow resources



66 I see patients recover from surgery faster when they are smoke-free. They say it's not easy to stop-but worth it.

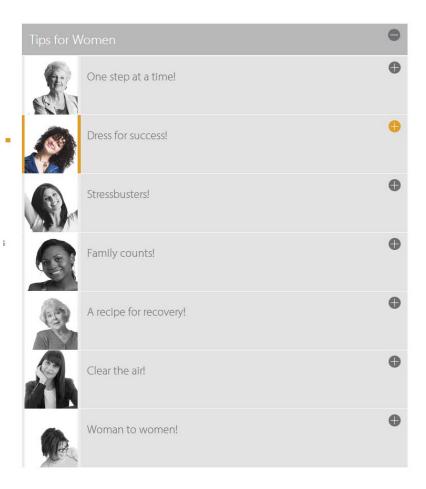
Ryan Dirnback RN. Northern Health.







Tips for N	len	•
	Ask for directions!	•
	Working it out!	•
	Now I can do it!	•
	I'm the boss	•
9	Family matters!	•
	Quitting is tough	•









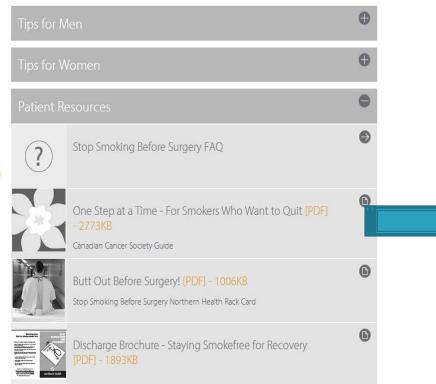
quitnow@



Stopping smoking before surgery reduces risk. Allow your body time to heal after surgery as well by staying tobacco free.

66

Jim Coyle. Tobacoo Cessation Coordinator. Northern Health.







Stop Smoking Before Surgery

Overview

What works

Overview

Phone support

Text support

Community support

Stop Smoking Before Surgery

Referral program

Continuing Education

Video gallery

Download materials

Order materials

Friends & family

Employers

Studies have shown conclusively that patients who stop smoking before surgery have fewer complications and heal faster than those who continue to smoke.

A number of studies examining the effects of quitting before surgery have been done, and all of them have found that smokers who quit before surgery face better outcomes.



Smoking and surgical complications

2012 systematic review concludes smokers who gult before surgery have fewer complications



Smoking and wound healing

2012 systematic review concludes smoking delays healing in surgical patients



Smoking cessation before surgery

2012 systematic review demonstrates cessation interventions are effective for surgical patients



Smoking and surgical outcomes

2011 study finds increased mortality among surgical patients who smoke



Surgery as a teachable moment 2010 study finds surgical patients are willing to quit.











Goal:

 Advice/support for smoking cessation– standard of care for surgical patients



- Presentations to medical & nursing staff
- Brief intervention online training
 - Less than 18 mins
- Clinical Tobacco Intervention Program www.tobaccoed.org



Lanyard Tags





Hospital-based cessation

Forms and documentation

- Is there a question about tobacco use on OR booking forms, intake forms, etc.?
- Are smokers advised to quit and is it documented?
- Is information about support for smoking cessation provided to surgical patients who smoke?

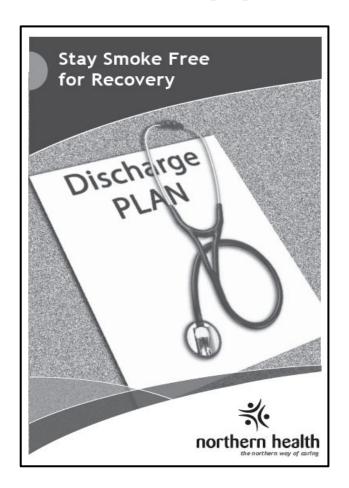
Stress balls



Discharge Brochure

Includes:

- Benefits of staying smoke free
- How to link to B.C. Smoking Cessation Program
- How to link to QuitNow for follow-up services
- Management of cravings, etc.



- To promote:
 - Benefits of quitting for surgery
 - Provincial resources







Prince George Citizen article on SSBS Nov 25, 2013

SSBS promotions at northern hospitals



University Hospital of Northern BC – Prince George

On TV screens in northern hospitals





www.haromonization.ok.ubc.ca

Evaluating SSBS

Compare # patients who report quitting for surgery before & after introduction of SSBS.

Describe health care providers' views of the SSBS program.

Develop recommendations for strengthening implementation of the SSBS program across the north.



Building a Harmonization Model





Lessons from the field...

- Creating opportunities for new routes to SC for northern people
- Getting everyone on board to go the distance
- More miles to travel to reach our goal



Acknowledgments

- The SSBS Team
 - Lucy Beck, Principal Investigator (Northern Health)
 - Sonia Lamont (BCCA)
 - Joan Bottorff (UBC, Okanagan Campus)
 - Cathy Adair (CCS BCY)
 - Nancy Viney (Northern Health)
 - Sherri Tillotson (Northern Health)
 - Kelsey Yarmish (Northern Health)
 - Kerensa Medhurst (CCS)
 - El Taylor (BCCA)
 - Cherisse Seaton (UBC, Okanagan Campus)
- Funding
 - Canadian Cancer Society Research Institute (grant #701259-00).
- Collaborating partner
 - QuitNow

For more information:

http://harmonization.ok.ubc.ca/

- Assistance from:
 - CCS volunteers, UNBC Student Nurses, Ryan Dirnback (RA, 2013)





Thank you

This research is funded by the Canadian Cancer Society (grant #701259-00).