**Full Proposal Glendale Adventist Medical Center PACT to Quit**

Section D: Main Section (not to exceed 10 pages)

**1. Impact this project will have on the patients and communities served:**
The overall aim of PACT to Quit will impact physicians, patients and communities served as follows: (a) Enhance and formalize in-patient **cessation counseling for cardiac, stroke, and asthma patients**, and their family members; and, at the time of discharge, provide specific referrals for follow-up cessation counseling; (b) Re-design record-keeping for 'Ask, Advise, Refer' follow-through protocol, for both in-patients and at discharge, for **improved participation and case management;** (c) Develop a communications and training plan between GAMC medical professional staff and GAMC Community Services Tobacco Prevention staff to **improve rates of participation in Freedom From Smoking** (FFS) among discharged patients and their family members; and, (d) Train the 200 medical professionals affiliated with Glendale Healthy Kids, to refer parents/guardians who smoke into FFS, when their **children present with asthma symptoms**.

GAMC is a founding member of Glendale Healthier Community Coalition community-wide collaborative for over 20 years comprised of three area hospitals, Glendale school nurses, community agencies, and clinics. This community health network, of which GAMC is a leading member, conducts a state-mandated Comprehensive Community Needs Assessment every three years. Data from the most recent Assessment provides substantial baseline data and rationale for the PACT to Quit implementation. In implementing PACT to Quit for two years as proposed, GAMC and program partners expect to realize the following **measurable objectives:**

**Objective One:** By 12/31/2014, 80%-100% of cardiac, stroke, and asthma patients will be introduced to, and 40%-50% of patients will accept, 1-2 in-patient smoking cessation visits from a resident, nurse, or Cessation Counselor trained in PACT to Quit's Freedom From Smoking (FFS) curriculum.

GAMC prioritizes and has established a need for this objective because: (a) Heart disease and cardiac patient readmissions at GAMC are at the national average for patient health outcomes, (b) Ask, Advise, Refer (AAR) tracking and follow-through is a best practice but at GAMC it is rarely used to track and advise in-patients, patients at discharge, or at post-discharge follow-up; and, (c) the U.S. News hospital ranking report noted that there were not enough post-discharge cessation counseling numbers to place GAMC for a statistically representative ranking. The Cessation Counselor will track FFS counseling outcomes, as well as train GAMC medical staff and GAMC Tobacco Use Prevention staff in improved coordination of AAR.

*<u>Objective One quantitative measure</u>: PACT to Quit will train 50% of the nurses and resident staff at GAMC in AAR follow-through. Tobacco Use Prevention and medical staff will establish communications and tracking protocol such that post-discharge cessation counseling will increase patients served by 50% each grant year.

*Objective One qualitative measure: GAMC will demonstrate an improvement in U.S. News hospital ranking in the qualitative sector that specifically queries, "At discharge Cardiac and/or Heart Disease patients are provided with smoking cessation counseling."

**Objective Two:** By 9/30/2013, GAMC will host two PACT to Quit AAR trainings for its medical staff, with specific outreach to and participation by Discharge Nursing, Cardiac, Stroke, and Family Practice physicians and residents, resulting in participation by 50%-70% of medical staff.

The need for this objective is as follows: (a) AAR follow-through, strengthened by inter-departmental communications, will enhance the patient continuum of care; (b) While 96% of Discharge Nursing, Cardiac, Stroke, and Family Practice patients received cessation information, the actual quantity of responses (46) from over 300 patients does not provide enough responses for statistical reporting; (c) In 2011, GAMC adopted a 100% smoke-free medical campus, denoting tobacco prevention as a top GAMC priority despite the high rate of smoking among Glendale's 50% foreign-born population. PACT to Quit will create an environment of accountability to guide and support compliance among patients and staff; and, (d) GAMC Community Services Tobacco Prevention currently receives no cessation referrals. AAR will increase referrals by improving patient tracking for cessation support at discharge through increased communication between the cessation counselor and GAMC Community Services. This will be measured by the number of referrals received by the cessation counselor (in hospital) and the number of referrals to Freedom From Smoking offered by the Cessation Counselor.

*Objective Two quantitative outcome: GAMC will improve post discharge cessation counseling follow-through tracking by 50% in the first grant year; by the second grant year, records will indicate in a report (similar or identical to U.S. News rankings) that at least 150 of 300 Cardiac and Heart Disease patients at discharge received cessation advice and counseling referrals. Additionally, the cessation counselor and GAMC Community Services FFS cessation counselor will provide cessation sessions and/or classes to 10 patients per month by 4/2013.

*Objective Two qualitative outcome: GAMC will identify and formalize a communications protocol between the cessation counselor, hospital discharge, and Community Services to systematically support a continuum of care best practice pertaining to smoking cessation follow-through. This specifically addresses a local health leader's observation in the Needs Assessment, which states, "I would assert that the lack of coordination of chronic disease care taxes the healthcare system heavily." [This assertion does not specifically mention GAMC.] PACT to Quit is an innovative strategy by GAMC to address findings of the Comprehensive Community Needs Assessment, which will be updated in 2012.

**Objective Three:** By 12/31/13, train 12-20 practitioners serving Glendale Healthy Kids (GHK) annually in an innovative cessation referral protocol. The protocol will ensure that 75%-80% of the parents and guardians of children receiving asthma referrals by GHK will be asked if they smoke. Of parents and guardians who smoke, 20%-25% will be referred to FFS.

The need for this objective is as follows: (a) The Assessment identified above-average rates of asthma among children and adolescents, and further identified adult smoking prevalence as the number one health concern; (b) GHK refers over 600 children per year to its network of providers, many of whom suffer from asthma. PACT to Quit can meaningfully address this top health concern through an active network of providers and GAMC Tobacco Prevention cessation counselors; and, (c) The Assessment indicates that 83% of current smokers wish to quit smoking. PACT to Quit formalizes an integrated approach to facilitating smoking cessation. This will reduce child and adolescent exposure to second-hand smoke, an asthma trigger.

*Objective Three quantitative outcome: GHK provides excellent referral services and liaises between school nurses and the 200-practitioner network of in-kind medical service providers. Its commitment to children's health and to actively integrating healthcare across community institutions ensures participation in PACT to Quit. Between 20% and 25% of the over 600 referrals GHK makes will be accompanied by FFS information.

*Objective Three qualitative outcome: GHK's network of medical providers will feel supported in their efforts to manage and address chronic health challenges. GHK and Coalition for a Healthier Glendale will be energized by tackling the top health concerns in the community in a collaborative and systematic way.

**Objective Four:** By 12/31/14, twelve collaborating partners per year will be trained in ALA certified Train the Trainer FFS counseling, and six partner agencies or community practices per year will offer PACT to Quit FFS counseling.

The need for this objective is as follows: (a) GAMC is the only facility listed by California Smoker's Helpline as providing no-cost tobacco cessation counseling in the area, and 83% of current smokers in Glendale wish to quit smoking. Therefore, GAMC is poised, with an 18-year history of significant involvement in tobacco prevention and a Community Services Tobacco Prevention Staff including a certified FFS counselor, to train 12 network providers in FFS; and, (b) Greater Glendale, despite high rates of smoking, has no trained low- and no-cost cessation counselors in the area. This objective will create many cessation counselors.

*Objective Four quantitative outcome: This objective will expand by four-fold, locations to obtain no-cost and low-cost FFS counseling in the area. Specifically, Objective Four will train 12 and recruit 6 agencies to offer FFS. Additionally, it serves to expand awareness for the need for sustained use of AAR at the school health, community, health center, family, and community-physician levels. This activity integrates an innovative continuum of patient care, contributes to reducing asthma exacerbations, and educates and enlists medical professionals and practice leaders to AAR, and tracks referrals into PACT to Quit FFS counseling.

*Objective Four qualitative outcome: GAMC will experience an increase in cessation counseling requests and referrals. Building the capacity of network partners to provide cessation counseling is key to sustaining the PACT to Quit best practices across systems and organizations.

**Objective Five:** By 12/31/14, GAMC, its medical staff leadership, and GHK will formalize PACT to Quit FFS AAR protocols as organizational best practices and will disseminate fact sheets and program outcomes to their clinic, hospital, community, and practitioner networks.

The need for this objective is as follows: (a) Formalizing PACT to Quit AAR protocols and sharing them with the medical community will ensure that at the conclusion of two years, our goals and outcomes will be reached.

*Objective Five quantitative outcome: GAMC will develop three to four 'best implementing practice' fact sheets specifically framed for facilitating each major organization's continued use of the best practice model for AAR. GAMC will share these fact sheets with medical staff, (including discharge nurses and cardiac, stroke, and asthma patient physicians), GAMC Community Services, GHK, its 200 medical providers, and the member network hospitals and clinics in the Adventist Health network.

*Objective Five qualitative outcome: PACT to Quit will spearhead an integrated approach to hospital, community practice, and school and community collaboration designed to increase access to and rates of participation in FFS counseling.

**2. Current Assessment of Need in Target Area:**
The quantitative baseline needs for objective one, which calls for introducing GAMC inpatients to FFS counseling, are that (a) The current process and practice is more informal; and (b) AAR data is not tracked or aggregated by the cessation counselor, resident, or designated staff. GAMC will formalize patient referral follow-through and data tracking, and report results, including to hospital rating organizations.

The relevant patient level data used to describe the problem or issue, are *key interviews* and *reporting from U.S. News hospital ranking*. (1) Cardiac Rehab and discharge data is not aggregated to identify smoking cessation counseling follow-through or family member smoking/exposure to second hand smoke for asthma patients. Referral origin is also not tracked systematically; and, an implementation collaboration is needed between medical staff coordination, in-patient cessation, nursing, and GAMC Community Services; hence the need for PACT to Quit funding.

The Project Starting Point information were obtained through key informational interviews with GHK, GAMC Community Services staff, and the cessation counselor. A total of four key informational interviews were analyzed.

The Project Starting Point is to (a) Refine GAMC AAR to include patient follow-through for patients ready to quit, formalize inter-hospital communications to facilitate referral follow through; and, (b) finalize resultant discharge records to ensure that reporting data reflects AAR best practices. The reach of Objective One is within the hospital, involving specialty and family practitioners, nursing medical professionals and GAMC Community Services. Referring

physicians who are members of GHK are also reached effectively by their hospital affiliation, and are encouraged to attend the GAMC PACT to Quit AAR training.

The quantitative baseline needs for Objective Two, which calls for hosting two PACT to Quit AAR trainings in year one and one training in year two, and as-needed departmental follow up meetings, indicate that increased inter-departmental communication regarding cessation counseling follow through is achievable. The office responsible for medical professional communication endorses the initiative and understands its value in terms of addressing the root cause of chronic conditions that lead to hospitalization, and how better tracking of cessation counseling will indicate improvements to AAR protocols which currently exist but do not focus on interdepartmental and intercommunity communication.

The relevant patient level data used to describe the problem is that AAR is not an annual training for specific staff, such as discharge nursing, the U.S. News findings and responses to key information interviews. For the purposes of evaluation, residents will review the charts of 12 (of each) asthma, cardiac, and stroke patients per year, and track cessation counseling and interdepartmental communication protocols to determine program efficacy and adherence. Training outcomes include: Engage 50% of medical professional staff at GAMC in AAR follow-through protocols, with a goal to increase cessation counseling follow-through by 50%-70% in year two.

The project starting point reviews previous trainings in AAR from historic records, coordinates training protocol with medical professional and GAMC Community Services, and with departmental leadership and Residents formalizes the process in achievable ways. This includes training announcements at hospital-wide medical professional standing meetings, or at hour-long events that precede specialty practice trainings. GAMC Community Services will develop and facilitate the training.

The quantitative baseline needs for Objectives Three and Four, which call for training the GHK community practitioner, school, and public health/social service agency partners in PACT to Quit FFS AAR follow-through are derived from GHK data which tracks school age children's referrals to community based providers in response to a host of medical, dental, and vision conditions. Over 660 referrals are made annually.

The relevant patient level data used to describe the problem is derived from the 696 referrals annually, a substantial number are asthma, bronchitis, flu, and pulmonary related conditions. While the primary intervention used by GHK to reduce asthma incidents has been patient education (116 patients per year from 2005 - 2011 consistently), asthma rates continue to rise. The added approach of PACT to Quit identifies and refers cigarette-smoking family members of the GHK-referred patients to FFS cessation counseling, and trains GHK medical providers in AAR follow-through at one training per year.

Data was analyzed by reading GHK annual reports newsletters, by reading the Assessment 2011, and from speaking with a leader in the Armenian Nurses Association regarding smoking

prevalence in the adult Armenian community; 40% of Glendale Unified School District children are of Armenian descent.

The project starting point includes meeting with GHK leadership and preparing a customized training and AAR one month test, integrating the referral protocols into the children's referrals, followed by discussing the initiative *test implementation* at a GHK meeting. Following incorporating adjustments into the AAF training and protocols, GAMC Community Services staff will finalize parent information fact sheets in English, Spanish, and Armenian to be distributed to GHK families, and to network practitioners. PACT to Quit practitioner FFS referral trainings will be conducted by an affiliated nurse, the smoking cessation counselor, and the GAMC Community Services trained staff.

The reach and efficacy of the project are substantial. GHK and its 200-member network of medical providers is an unprecedented community-wide collaboration between schools, hospitals, community practitioners, and social service agencies. Between 80% and 100% of the member medical professionals will be provided with a program description, practice training, and population data, in addition to FFS training highlights. GHK eNewsletter, meetings, and trainings are exceptionally well received in the greater Glendale community. The current practice gap is that GHK and its partners do not ask about smoking in the home of children presenting with asthma. PACT to Quit will institutionalize the practice.

Regarding efficacy, GHK has been implementing innovative public health and access to care initiatives and campaigns since the 1990's and is positioned to maximize the effectiveness of PACT to Quit. GHK has a unique reach into the medical professional, school, hospital, and business communities, and GAMC staff is extremely experienced collaborating on major initiatives with GHK. GAMC takes the lead in this type of collaboration, as evidenced by this funding request, in addition to initiatives such as tri-annual Assessments. At least 80% of the medical community in Glendale will be meaningfully exposed to PACT to Quit trainings, interventions, best practices, and outcomes.

**3. Technical Approach, Intervention Design and Methods:**

PACT to Quit will be constructed to meet the proposed project aim and objectives by hiring a 90% FTE project manager, overseen by project director Martha Rivera at 10% FTE. The initiative is constructed using a 'hub' model. The specific role of each 'hub' organization is to integrate their physician, practitioner, and community capacity to ensure FFS AAR follow-through. The Director of Community Services operates out of the GAMC hospital, and the "hospital hub" team consists of Family Practice physician Jack Yu, M.D., Director of Community Services Bruce Nelson; Director of Medical Staffing Claudia Kanne, and Cessation Counselor Jodi Gillians. This hospital Hub team will receive PACT to Quit implementing fact sheets to edit for residents, Discharge Nursing, and cessation counseling. From December 2012 through February 2013, each department (nursing, Family Medicine, cessation counseling, Cardiac, Medical Staffing) will formalize AAR follow-through interdepartmental communication and information material. From March through April 2013, an in-patient cessation counseling pilot plan will be implemented, which will be evaluated in June and August 2014. In September through February

2014, PACT to Quit interdepartmental implementation involving Cardiac, Stroke, and Asthma patients receiving in-patient cessation counseling and AAR follow-through will be implemented, led by trained Family Practice Residents, with scheduling support by Medical Staffing, and coordinating support from the cessation counselor and the project manager. Evaluation by residents and the project evaluator, including data tracking input from discharge nursing, will take place from March through May 2014. The sustainable 'best practice' will be implemented from June through December 2014.

The second Hub of the project is the GAMC Community Services satellite program located in Highland Park, the location of the tobacco control and prevention team that engages with community partners. This Hub team will coordinate the project and ensure communication among the three project "hubs." The GAMC Community Services Hub team will schedule and plan the project trainings, and is responsible for drafting, editing, and distributing to Hub leaders final material for orientations, trainings and evaluation. This Hub will track the numbers of trainings, attendance and participation, and will offer PACT to Quit FFS counseling by the certified cessation counselor and project manager, who will ensure that from December 2012 through April 2013 that community partner agencies receive one Train the Trainer FFS cessation intensive to increase to three the number of locations for cessation counseling. A second training, in partnership with GHK in August 2013 and February 2014, will occur. The Project Manager will coordinate efforts with GAMC in-hospital referrals to FFS cessation. The Project Manager will also ensure similar communication, information, PACT to Quit trainings and implementation plans are finalized with GHK for a pilot plan to be coordinated from March 2013, through May, 2013. Evaluation will occur from June through August 2013. The GHK component involving its 200 practitioners will then be implemented in full October, 2013 through April, 2014. Data will be analyzed May 2014 through August 2014, and best practices implemented September through December, 2014. The GHK office is the third Hub of the project and will facilitate and track all school asthma referrals with accompanying information to practitioners indicating a need for a parent referral into PACT to Quit FFS cessation counseling. From October through December 2014, the final best practices report will be compiled and disseminated throughout the Adventist Health network, GHK, physician professional organizations, to the Community Needs Assessment team, and to the California Tobacco Control and Prevention networks.

PACT to Quit will be sustained within and among the three hub organizations and concomitant networks because each has a solid commitment to addressing the top health concerns among children and adult populations identified in the Assessment. GAMC will host annual PACT to Quit FFS AAR training per year, will seek additional grant funding through the Institute of Medicine and NHLBI, and will engage the Health Policy Institute to assist in formalizing an evidence-based sustainability plan. Letters of Support demonstrating program feasibility are included herein.

4. Evaluation Design:

| Practice Gap | Metrics | Data Source | Method to collect and analyze data | Target audience engagement | Audience to benefit from outcomes |
|---|---|---|---|---|---|
| Ensure in-patient cessation FFS Ask, Advise, Refer (AAR) to follow-through Post-discharge, for Cardiac, Asthma, & Stroke patients | ♦# in-patients offered; ♦% in-patients given 1-2 sessions ♦# patients tracked at discharge into cessation in community. | ♦Chart Discharge Notes ♦Cessa-tion Sign-in | ♦Resident & Discharge Nurse chart Reviews. ♦Cessation Counselor Sign-in sheet ♦Data given To evaluator | Physicians, Residents, Nurses, Cessation Counselor, Community Services, Medical Staffing, and Patients | Physicians, Residents & Nurses from improved AAR follow-through; Patients for improved continuum of care. |
| ♦Impact rising asthma rates & ♦Increase access to community cessation by ♦Engaging 200 GHK practitioners in AAR for parents who smoke. | ♦Tracking AAR for parents of children with asthma who are referred to a GHK practitioner. ♦# practition-ers trained | ♦GHK referral tracking and ♦3 x year reporting ♦training sign-in sheets | ♦GHK staff & school nurses tracking via existing referral network ♦# of 200 practitioners trained. | ♦GHK staff, school nurses, 200 practitioners & Parents of children with asthma | ♦Children With Asthma, ♦GHK, 200 ♦Practi-tioners ♦Needs Assessment participants |
| ♦Increase cessa-tion networks, ♦Cessation Continuum, & ♦Access to cessation in community | ♦# trainings, ♦#agencies offering cessation, ♦# discharge patients & parents in cessation. | ♦GAMC Training Calendar & report. ♦GHK & ♦Resident Reports. | ♦Training & cessation counseling logs, ♦Referral tracking ♦Chart coding. | ♦GHK, 200 Practitioners, ♦GAMC depart ments & Community Service; and ♦Parents | ♦Parents of Children with asthma ♦GHK, ♦GAMC, ♦CBO's, ♦GHK practi-tioners. |

E. Detailed Work Plan and Deliverables Schedule for GAMC PACT to Quit

| Deliverables | 1st Qtr Jan-Mar 2013 | 2nd Qtr Apr-June 2013 | 3rd Qtr Jul-Sept 2013 | 4th Qtr Oct-Dec 2013 | 5th Qtr Jan-Mar 2014 | 6th Qtr Apr-June 2014 | 7th Qtr Jul-Sept 2014 | 8th Qtr Oct-Dec 2014 | Cost to Implement Deliverable |
|---|---|---|---|---|---|---|---|---|---|
| AAR implementing Fact sheets | XXXXXX | | | XXXXXX | | | XXXXXX | | $5,000 |
| 2 AAR FFS in-patient Counseling trainings for medical staff | XXXXXX 1st | | XXXXXX 2nd | | | | XXXXXX refresher | | $6,000 |
| In-patient FFS Counseling pilot | | XXXXXX | | | | | | | $25,000 |
| Resident Evaluation Of in-patient pilot | | | | | | | | | $7,000 |
| Interdepartmental AAR follow-through protocol plan | | | | | | | | | $10,000 |
| GAMC in-patient **to out-patient FFS** counseling PACT 2 Quit: ongoing sessions | | XXXXXX | | XXXXXX | | XXXXXX | | XXXXXX | $60,000 |
| Cessation counseling to 10 In-patients/mo | XXXXXX | | XXXXXX | | XXXXXX | | XXXXXX | XXXXXX | $50,000 |
| Train 15-25 GHK Practitioners in AAR | XXXXXX | | | XXXXXX | | | | | $15,000 |
| Reach 100 families/yr through AAR from GHK; w/translations | | XXXXXXX | | | XXXXXX | | | XXXXXX | $25,000 |
| Train the trainer for 12 agencies/year | | | XXXXXX | | | | XXXXXX | | $3,000 |
| GHK outreach | XXXXXX | | | XXXXXX | | | | XXXXX | $5,000 |

| Deliverables | 1st Qtr Jan-Mar 2013 | 2nd Qtr Apr-June 2013 | 3rd Qtr Jul-Sept 2013 | 4th Qtr Oct-Dec 2013 | 5th Qtr Jan-Mar 2014 | 6th Qtr Apr-June 2014 | 7th Qtr Jul-Sept 2014 | 8th Qtr Oct-Dec 2014 | Cost to Implement Deliverable |
|---|---|---|---|---|---|---|---|---|---|
| Evaluation by Residents of 36 charts | | | XXXXXX | | | | XXXXXX | | $8,000 |
| Evaluation of GAMC to Community Services satellite FFS sessions | | | | XXXXXX | | | | XXXXXX | $5,000 |
| PACT 2 Quit protocol Best practices Fact sheets & dissemination | | | | | | | | XXXXXX | $15,000 |
| | | | | | | | | | |

E1. Fact sheets will be prepared through meetings between GAMC medical professional and community service staff. Fact sheets that will be used to inform and train GHK network practitioners will be developed through meetings with GAMC and GHK professionals. Fact sheet costs will also be translated into Spanish and Armenian, and costs include translation.

E2. In-patient FFS counseling protocols will be refined with the guidance of Dr. Yu, Family Practice Residents, the cessation counselor, nursing, and GAMC. Each department will provide input into the training to ensure engagement and follow-through with colleagues in their respective departments.

E3. The In-patient FFS pilot program will involve nursing, medical residents, GAMC Community Service, Family Practice, and Cardiology. The pilot allocation will pay for materials, billable hours, and a portion of the cessation counselor's time.

E4. Evaluation of the Pilot by Residents is critical for this in-patient component. They are tasked with tracking 10 patients for the pilot and during the main project, 36 patients.