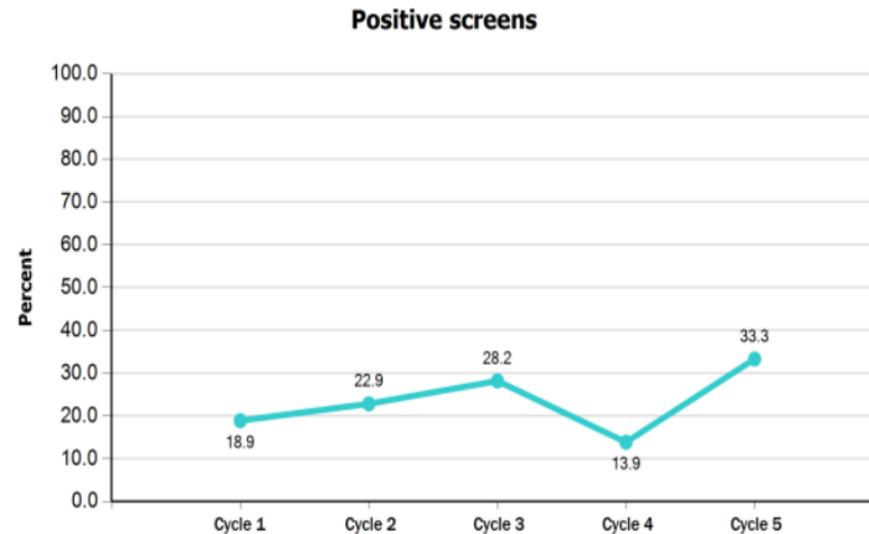
A thin vertical black line is positioned to the left of the text, extending from the top of the text area to the bottom.

2019 Tobacco Cessation Project

Our Project by the numbers

- Total charts = 206
- Total positive screens = 43 or 20%
 - Cycle 1 = 19% positives
 - Cycle 5 = 33% positives



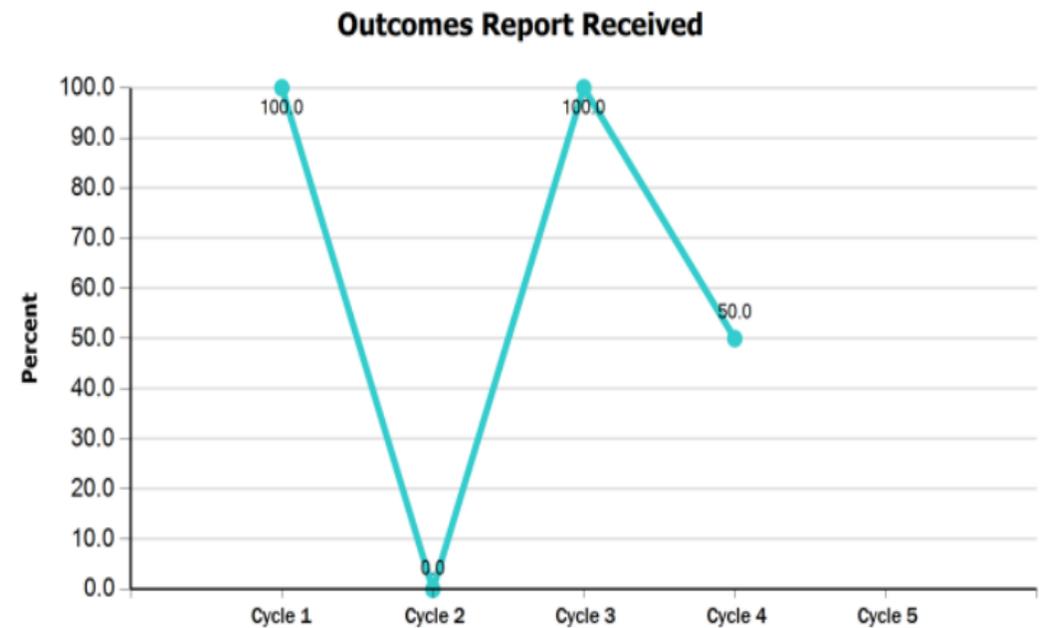
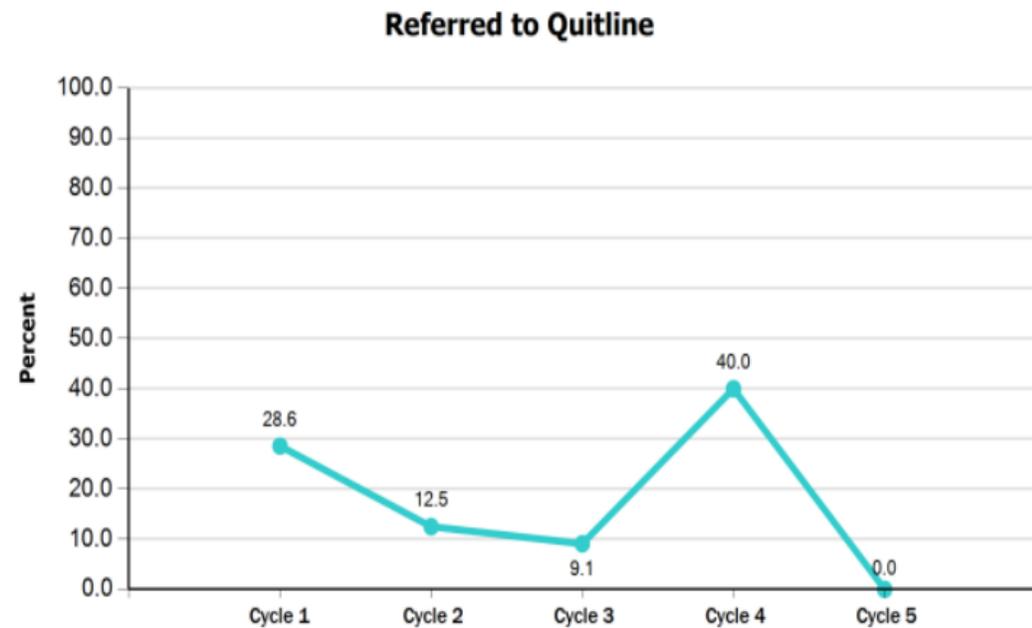
Giving anticipatory guidance on the dangers of tobacco exposure

- 16/43 positive charts
- Most of you focused on getting truthful answers from families and we did a really great job!...this is the next step in the process.



Quitline Referral and Outcomes Report

- 7/43 charts were referred to the Quitline
- 4/7 charts received an outcomes report



Aim	Our practice will work on obtaining truthful answers when screening patients + their families for tobacco use / exposure for 75% of our newborn parents by the end of the next 6 wks.			
Measures	Conduct random chart audits			
Cycle	Plan	Do	Study	Act
1	We will utilize data that will be audited from two providers from each office for our results, by staff continuing to ask question the way they usually ask.	Conducted chart audits only had 7 total	did not have enough newborns to audit	After conducting chart audits, it was noted that we did not have enough newborns to screen, therefore on week 2 we plan to change our age group from newborn - 10 months.
2	Utilize data that will be audited from 2 providers from each office. However, we changed our age group from newborns - 6 months, and continued to ask the question the same.	conducted 10 chart audits 5 from each office.	Had a more effective study b/c we had enough patients in the biggest population group.	will give paper questionnaire to staff to give to parents to see how written responses change the way parents respond.
3	utilized data from 2 providers in each office, Ages newborn - 6 months. Staff will give paper handout to parent on exposure to smoke/tobacco products.	Conducted 10 chart audits 5 from each office.	Noted that adding vaping to our paper questionnaire there were more positive screenings than when simply asking exposure to smoke.	Next we will go back to a standardized verbal questionnaire to see if the way a question is worded changes parent's responses.
4	utilized data from 2 providers in each office (same ages). Added laminated questions to computers in rooms for staff to read statement "word for word" so everyone was asking the same way.	Conducted 10 chart audits 5 from each office.	There was a large decrease in the amount of positive screens.	Since we are still seeing a high number of negative screens we will add in our question does anyone vape since some people do not consider it a tobacco product.
5	utilized data from 2 providers in each office (same ages) changed wording on laminated sheets on computers for staff to refer to. Added does anyone in the household smoke or vape?	Conducted 10 chart audits 5 from each office.	After adding vaping into our statement we did see an increase in positive screen.	To continue to make improvements on patient responses regarding exposure to smoke/tobacco in the home.

CareSouth

We found in this process that in surveillance across all ages, we had many positives in the younger age range as we have recently had several newborns.

We did receive information for the QUIT line and have started handing out the information and phone # to interested parents/families.

- By 6-20, in pts 3-6 yrs old, we will ~~not~~ accurately assess tobacco cessation & ↑ pos. answers by 15%

Aim	By 6-20, in pts 3-6 yrs old, we will not accurately assess tobacco exposure & ↑ pos. answers by 15%			
Measures				
Cycle	Plan	Do	Study	Act
5110 5117 1	parents not honest when asked about smoking	pulled data cycles 1-3, average @ 15% Doing SEEK on paper form as of 5/13/19,	as of 5/16 - 0 out of 3 Still have to ask? on risk factors, asking twice (also on SEEK)	will standardize? to ask & cont. to do paper seek
5117 2	asking? standardized - nurse & provider & doing paper SEEK	paper SEEK; asking? differently	have received quit line script pads & brochures; beginning discussion about quit line no smoking in 3-6 yr olds as of Thurs 5/23	5117 0/15 @ for 3-6 yr old; still will cont. plan next week, if no @ will log group to babies
5124 3	Continuation of using? formulation & SEEK	all visits quit line info received	still 8 positives, (-1 pos on 5/30)	Continue plan - handing out info. on quit line; most @ in baby age range
5131 4	cont.? / using SEEK	won't @ age range as of yet	1 positive	↑ surveillance across all ages
6/17 5	Does anyone in child's life use tobacco products - getting @s now	surveillance of office visits 3-6 yrs	cycle 5, 1 positive	goal: ↑ @ by 15% to 2 of last 3 cycles - goal achieved

Carolina Pediatrics

Aim: Our practice will provide information about smoking cessation and/or refer to the Quitline for 75% of tobacco using caregivers of 3-6 year olds by the end of the next 6 weeks

- **Cycle 1 (5/10-5/16)**

Plan- we will identify tobacco using caregivers through the SEEK questionnaire, nurse asking about smoke exposure and provider asking about smoke exposure in a clinical encounter for sick or well visit.

Do- we looked at 5 patients between ages of 3-6 years and did not identify any with smoke exposure in or outside the home.

Study – The data shows that we may need to ask questions in a different way.

Act – We will try to ask broader questions such as “Is your child around any caregivers that smoke inside or outside the home? (including grandparents, extended relatives)

- **Cycle 2 (5/17-5/23)**

Plan – We will attempt to identify at least 1 out of 5 of 3-6 year old patients this week with a caregiver that smokes by asking broader questions. (this would correlate with 1/5 adults in South Carolina that smoke)

Do - We looked at 5 patients and identified 2 out of the 5 that had caregivers that smoked.

Study – One patient was a well visit where the Seek reported no smokers but when provider talked with mother during the visit it was discovered that grandmother smokes outside and the family with 4 small children including a newborn spends large amounts of time with grandmother. Grandmother was not present at the visit. Provider discussed dangers of any cigarette smoke with mother, especially to the newborn. Provider also gave information about the Quitline that mother could share with grandmother. Referral to quitline was offered for grandmother but mother declined. Also, provider offered to talk to grandmother about NRT and write a prescription for NRT if she would be interested.

The second patient was a 4 year old whose mother smoked outside and not in the car. The patient came in for a sick visit for cough. Examiner congratulated mother on committing to smoke free house and car. Provider asked if mother had interest in quitting. She expressed interest in quitting next month after dental surgery. Date set for mother to quit. Quitline discussed and NRT discussed. Provider offered to make referral to quitline and mother declined at this time. Mother did ask if provider would write for NRT for her when she was ready to quit, provider gladly agreed. Follow up appointment was made for patient's check up in a few weeks.

Act – Will continue to ask broad questions, provide positive reinforcement for parents that are taking the step towards smoke free cars and homes, and continue to promote the quitline program.

Palmetto Pediatrics

Cycle	Plan	Do	Study	Act
Aim	Our practice's Special Needs Care Coordinator will provide counseling about smoke-free homes + cars to 100% of families seen for care coordination over the next 5 weeks.			
Measures	Families will be screened at Care Coordination Visits to see if anyone who has contact with the patient smokes, vapes or uses other tobacco products			
1	Question list put together. Will use @ all Care Coordination Visits x 1 wk	Families screened at Visits - Are open to Discussion	Goal Met	Very small scale - went well - will add questions to encounter for better flow.
2	Screen families @ Care Coordination Visits x 1 wk - No change to question list.	Interesting to see the kids "tell on" the parents	Goal Met 1 st referral to Quit Line! 😊	Didn't give parent copy of Quit line referral - Need to do so in future
3	Same as Cycle 2		Goal Met	Screening going well - Need to order handouts from the Quit Line.
4	Same as Cycle 2		Goal Met 2nd referral to Quit Line! 😊	Haven't ordered any materials from Quit line, but still going well.
5	Same as Cycle 2		Goal Met Referrals Outcome reports take > 1 wk. to come back.	Still need handouts. Excellent opportunity for education + discussion would recommend expanding to all MD Visits. Will continue to screen all visits.

Pediatrics of Newberry

Plan:

I chose 5 different ways to ask about tobacco product use in home of newborn patients (different question each week). I had very low numbers for this study so expanded the first week of study to newborn/2 week old patients and still didn't meet my quota of 5/week.

1 Anyone in your baby's household smoke?

2 Anyone in your car or house smoke?

3 Does anyone in your child's household use tobacco products?

4 Does anyone in your child's household smoke or vape?

5 Is your baby exposed to any smoke from tobacco or any other kind of smoke?

Do:

Asked every family coming in for each visit-whether well/sick-about smoke exposure in newborn to 2 week olds according to questions listed above and recorded answers

Study:

Realized each week my families were responding no to survey question about tobacco exposure and actually believed all but last one because I know grandmother smokes but mother to baby was new to me and she just moved to SC so didn't want to rock boat by probing. I truly believed mother didn't smoke but was unsure of her living situation.

Act:

repeat cycle following week w/different question

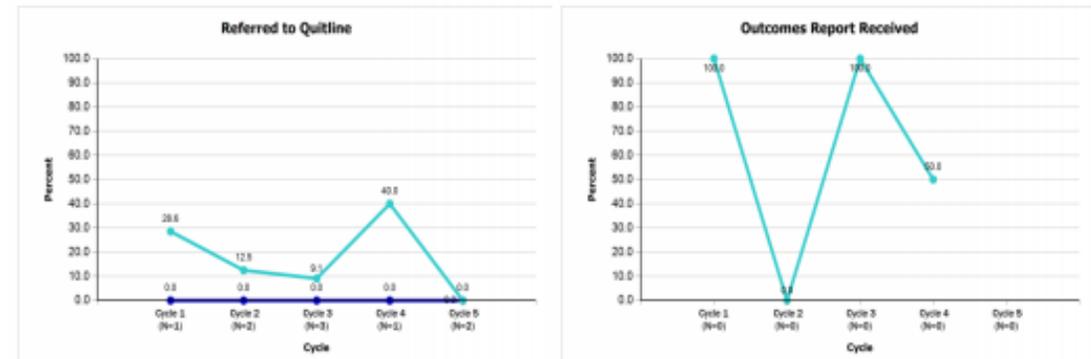
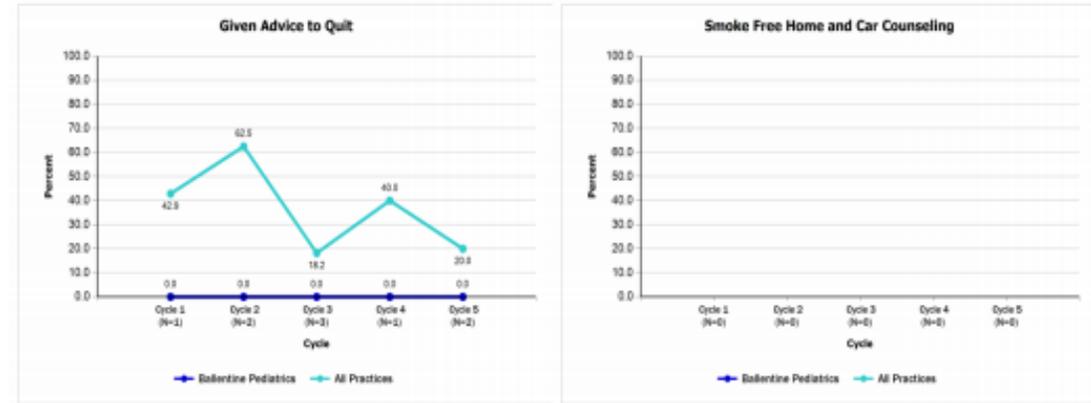
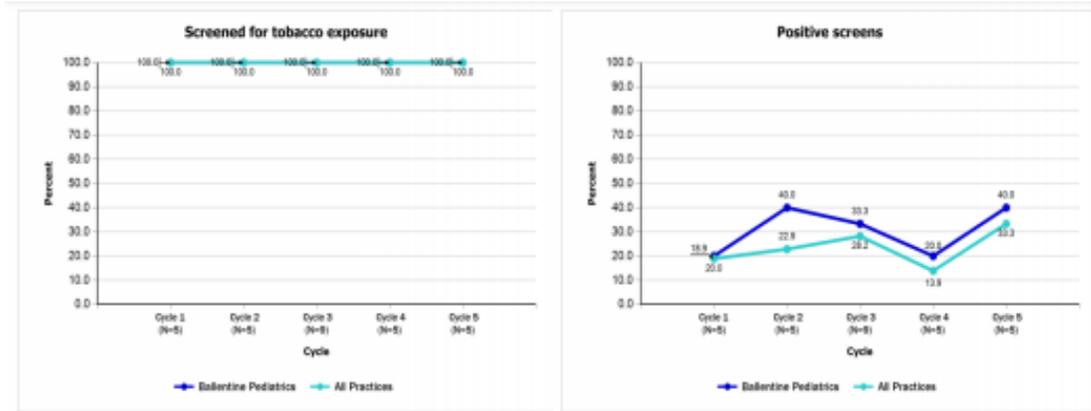
Sandhills Pediatrics WC



Aim	Our practice will ^{work to} obtain truthful answers regarding tobacco use/exposure in parents of children 12m+under at home ^{and increase our percent of positive screenings to 17% at the end of six weeks.}
Measures	

Cycle	Plan	Do	Study	Act
5/18-5/17	Ask parents about tobacco exposure at home every visit for children 12m+under.	Advise appropriate clinical staff to ask as planned at every visit 12m and under.	Review 5 charts of children 12m and younger @ WCC	Change wording of the way we ask to ^{any environment}
5/20-5/24	Rephrase question to ask about any tobacco exposure in any environment.	Review changes to appropriate clinical staff in wording of question.	Review 5 charts of children 12m and younger @ WCC	A wording to include vaping + smoke
5/27-5/31	Rephrase question to include tobacco and vape exposure in home and other environments.	Review changes to appropriate wording of question again.	Review 5 random charts @ well visits for children 12m and under.	Try SWYC to screen for exposure to see if better response
6/3-6/7	Review SWYC @ well well visits 12m + ^{down} for response to smoke exposure question	Give SWYC at 1m, 9m, and 12m well visits ^{Review 12 staff}	Review SWYC responses @ WCC of 4, 9, + 12m olds	Ask verbally + give SWYC
6/10-6/14	Review ^{Ask about smoking} verbally ^{smoke exposure} + SWYC responses ^{screening}	Give SWYC @ 1m 9m + 12m WCC ^{Review question with staff}	Review SWYC responses + verbal responses of children @ 4, 9, + 12m WCC	

Ballentine Pediatrics



Lynn Martin, LMSW
SCDHHS QTIP Project
Director
803-898-0093
martinly@scdhhs.gov

Laura Brandon, MHP
SCDHHS QTIP Quality
Improvement Coordinator:
803-898-2128
laura.brandon@scdhhs.gov

Clinical

Lochrane Grant, MD
Prisma Health - Center for
Pediatric Medicine
LGrant@ghs.org



Sharon Biggers, MPH, CHES
Director, Division of Tobacco
Prevention and Control-SCDHEC
BIGGERSR@dhec.sc.gov
(803) 898-2286

Katy L. Wynne, Ed.D. MSW,
SC DHEC, SC Tobacco Quitline
Manager/Cessation Coordinator
WYNNEKL@dhec.sc.gov
803.898.2285

Dan Kilpatrick, PhD. MPH, CEPR
SCDHEC Surveillance and
Evaluation Director
Tobacco Prevention and Control
(803) 898-2281
kilpatdj@dhec.sc.gov