

## Pediatric Healthcare Improvement Initiative for Tennessee Newborn Tobacco Exposure Reduction Project Description

Both clinicians and the public tend to underestimate the effects of tobacco use and exposure on pregnancy and human development, though the science is now clear. Pre-term and underweight births are more likely to result from tobacco use than alcohol, marijuana or harder drugs.<sup>1</sup> We also know that 20% of children have at least one smoking parent.<sup>2</sup> Tobacco use by caregivers represents a major modifiable risk factor for multiple poor health outcomes. We know that pregnancy and the immediate post-partum period are a time of high motivation to alter tobacco use. This project will assist your practice in identifying, implementing and maintaining simple steps to assess newborns tobacco exposure and increase the rate of caregivers that decrease tobacco exposure to improve health outcomes of their children.

### PROJECT AIM STATEMENT

Increase the number of children screened for tobacco exposure at the newborn visit to 90% and decrease the tobacco exposure rate at 2 months by 10% over the 12 months of the project

### PROJECT RESOURCES

- Quality Improvement consulting from PHiIT staff and faculty
- Assistance with Practice QI Team Development
- Practice Quality and Design Tools and coaching
- Training and coaching on data collection through online web portal
- Monthly calls with PHiIT team and other practice to share ideas and solutions
- Access to other practices design ideas
- Data reports on practice performance with correlation to state aggregate data for other practices
- Direct feedback with continued development of a culture of continual practice improvement in your office

### PROJECT TIMELINE

- **Participate in the Continuing Medical Education (CME) Video Training**  
<https://cme.mc.vanderbilt.edu/online-education>  
Scroll down to Pediatric Health Improvement Initiative for Tennessee QI Videos
  - **Quality Improvement Science (45 minutes)**
    - Building QI Teams; Data Analysis; Developing an AIM statement; Using the Plan, Do, Study, Act Cycle  
(If this video has been completed in other projects, does not need to be repeated)
  - **Smoking Cessation (45 minutes)**
    - CEASE Model, Importance of identifying Smokers, How to Talk about Quitting, Empowering Families to Utilize Resources
  - **Billing For Breastfeeding and Smoking Cessation Support (30 minutes)**  
Optional

- **Baseline Data Set Collection:**
  - Twenty 2 month well child visits during the last 12 months
  - Tobacco exposure assessment at newborn, 2-4 month and 2 month visits; and documentation of intervention for children with positive exposure
- **Quarterly Follow-up Data Collection:**
  - Ten 2 month well child visits during the last three months
- **Implement 2 Process Changes from these options**
  - Adopt, review and post a formal Office Smoking Policy
  - Develop and complete “Office Education Plan”
  - Provide tobacco exposure anticipatory guidance at each well visit
- **Use Suggested Interventions to reduce tobacco exposure**
  - Advise establishing smoke free home and car and give brochure
  - Advise to quit smoking
  - Provide Quitline card and explain service
  - Provide CEASE brochure
  - Discuss and set quit date
- Form and meet regularly with in office QI Team
- Document process changes and PDSA cycles
- Participate in monthly support calls over the course of the project
- Practices present experience at PHiIT Learning Collaborative after data collection complete.

## FACULTY

Paula Collier, M.S., Tobacco Prevention Coordinator, Chattanooga-Hamilton County Health Department

Janie Burley, MPH, CHES, Tobacco Settlement Fund Coordinator, Chattanooga-Hamilton County Health Department

Francis Rushton, M.D., Medical Director, South Carolina Medicaid Quality through Technology and Innovation in Pediatrics (QTIP)

Janet Smith, Coding Educator, CPC, RHIT, AHIMA Approved ICD-10-CM Trainer, Coding Educator, TNAAP

This program is **free of charge** and is conducted over a twelve-month period.



### Maximum 2.0 CME hours and 25 PART IV MOC credit hours possible

<sup>1</sup>Bailey, B. A., & Byrom, A. R. (2007). Factors predicting birth weight in a low-risk sample: the role of modifiable pregnancy health behaviors. *Maternal and Child Health Journal, 11*(2), 173-179.

<sup>2</sup>U.S. Department of Health and Human Services. *Children and Secondhand Smoke Exposure. Excerpts from The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2007.