



TOBACCO FREE FUTURES

guidelines

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CHAPTER 16

Specific Care Settings: Home Care



ADDRESSING TOBACCO USE IN HOME CARE SETTINGS

Delivery of professional and support services in the home is an important alternative in the continuum of care provided by health authorities such as Alberta Health Services. Caring for clients in the home and community helps to reduce strain on inpatient facilities and to decrease health system costs. More than that, delivery of home care provides an opportunity to support the health, safety, comfort and, in many cases, independent living of clients in their preferred environment. Home care caseloads include clients of all ages and stages of life, including those who

- need minimal assistance for a short time (e.g., post-surgical wound care)
- have chronic illness and require ongoing assistance to maintain health and independence (e.g., diabetes, cardiovascular and chronic obstructive pulmonary disease (COPD))
- are at the end of life and require palliative care¹

Tobacco use, and specifically smoking, is known to have a negative impact on the healing of wounds by temporarily decreasing tissue perfusion and oxygenation, weakening both inflammatory and reparative cell functions. Smoking cessation has the ability to reverse some of these processes within hours and weeks; however, there seems to be a longer term impact for those who are former tobacco users. Improvement in the inflammatory response after cessation does lead to reduction in wound infections post-cessation. Studies suggest that nicotine replacement therapy has no effect on wound healing.²

Chronic conditions, including cancer, cardiovascular disease, COPD, diabetes and asthma, are highly affected and exacerbated by tobacco use. Tobacco users who are living with these conditions will see their health benefit significantly from cessation.³ In the case of COPD, supporting tobacco cessation is the single most effective intervention for preventing the condition and the only intervention known to slow declining lung function for those who already have COPD.⁴ It is important to note that, for those receiving treatment for cancer (whether it includes radiation, chemotherapy and/or surgery), tobacco use has been found to decrease treatment effectiveness, exacerbate side effects and interfere with wound healing.⁵

“Within the first hour after a cigarette is put out, blood flow, tissue oxygen and metabolism return to normal.”²

Palliative clients often continue using tobacco products, although declining health, restricted mobility and reduced access to tobacco products may affect their ability to meet their nicotine needs. Nicotine withdrawal has been identified as a cause of delirium and terminal restlessness in palliative clients who were heavy tobacco users but are not currently able to smoke. Studies have identified a high prevalence of depression, sleep problems and anxiety in those with advanced cancer, all of which may also be affected by nicotine withdrawal. Identifying tobacco use and treating nicotine withdrawal is an important component of palliative care.⁵



Tobacco Free Futures model in home care

Health professionals working in home care settings have an important opportunity to identify tobacco use and provide advice and supportive care to their clients. Home care visits provide a window of opportunity or teachable moments, especially when a client is being treated for diseases and conditions that are related to and significantly affected by tobacco use.³ For example, it is not surprising that research shows that motivation and interest in tobacco cessation increases after as user receives a diagnosis of cancer, particularly for those whose cancers have a strong relationship to tobacco, such as head, neck and lung.⁵

The brief intervention model outlined in Chapter 7 (“Brief Intervention”) has been modified for application in the home care setting and is presented in Figure 16.1. Table 16.1 then outlines potential considerations for implementation of the model in the home care setting.

See appendices:

Appendix 16(a) AHS Meditech Community Brief Tobacco Intervention Assessment & Protocol (2012)

Figure 16.1: *Tobacco Free Futures: A Home Care Setting Treatment Model*

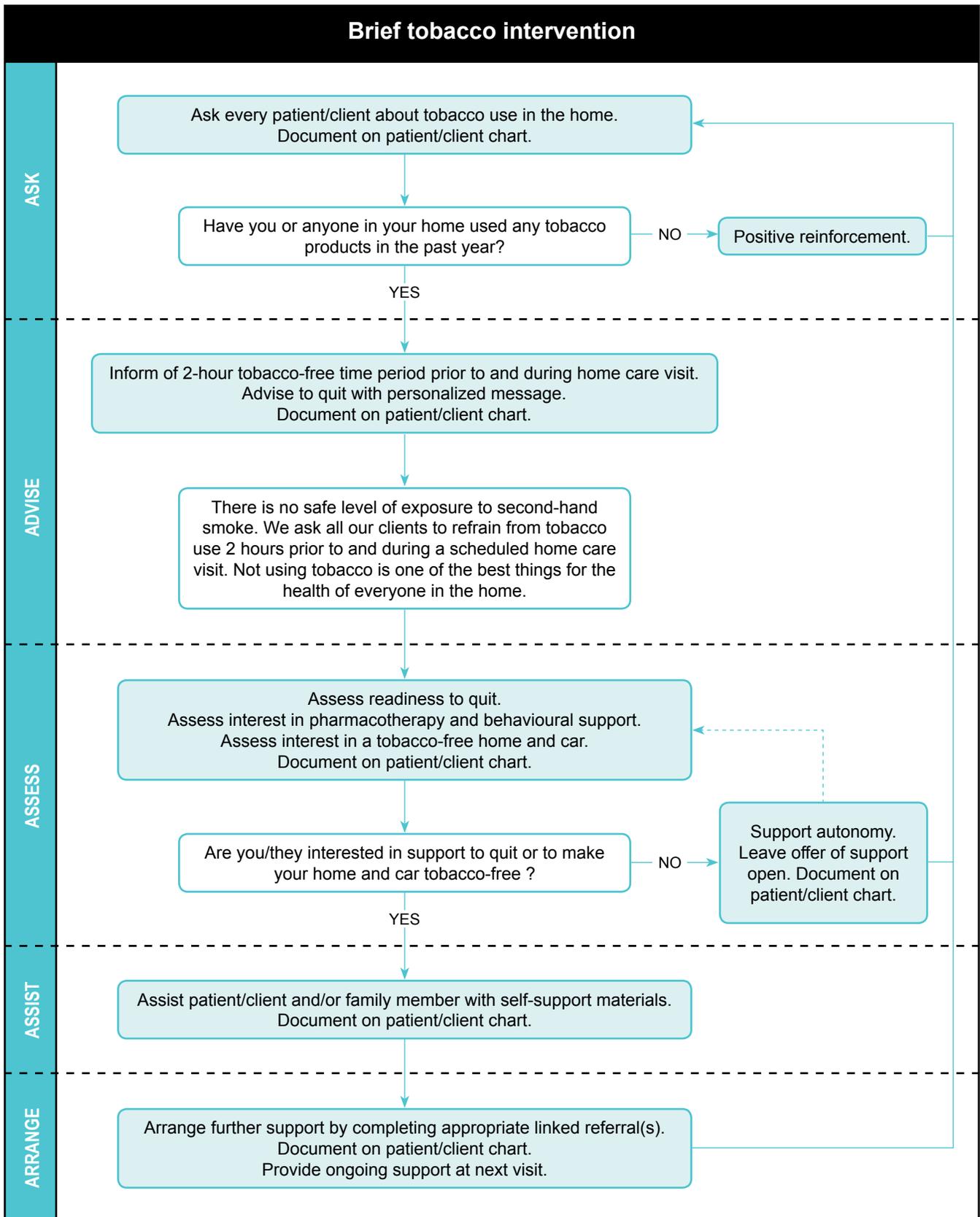




Table 16.1: Treatment Model: Considerations for Home Care Settings

	MODEL COMPONENT	CONSIDERATIONS
ASK	<p>ASK all clients if they or their family members have used tobacco in the past year.</p> <p>ASK about pattern of use.</p> <p>ASK about exposure to second-hand smoke</p>	<ul style="list-style-type: none"> All tobacco users should be identified during initial visits. Tobacco use by household members and exposure to second-hand smoke should be identified. Electronic or paper-based forms used in home care should be modified to document tobacco use status. <i>Appendices 7(a) and 16(a)</i>
ADVISE	<p>ADVISE current tobacco users to stop using tobacco. Personalize message.</p> <p>ADVISE client and household members that there is no safe level of exposure to second-hand smoke.</p> <p>ADVISE of policy, as applicable.</p>	<ul style="list-style-type: none"> Integrate brief tobacco intervention into routine practice in the home care environment to maintain continuity of care. Approaching tobacco use in the home must be done respectfully, recognizing that health care providers may be viewed as guests in the client's home. Community health professionals should request that clients and household members refrain from using tobacco for two hours prior and during a scheduled home visit. Electronic or paper-based forms used in home care should be modified to document advice. <i>Appendix 7(a)</i>
ASSESS	<p>ASSESS readiness to quit.</p> <p>ASSESS interest in support for relief of withdrawal.</p> <p>ASSESS interest in making home and car tobacco-free.</p>	<ul style="list-style-type: none"> Assessing readiness to quit and interest in tobacco-free homes and cars is appropriate for all clients who use tobacco. Assess interest in withdrawal relief through pharmacotherapy for those who are interested in quitting or reducing tobacco use. Short-term relief may be of interest to those who have mobility issues. Electronic or paper-based forms used in home care should be modified to document assessment. <i>Appendices 7(a) and 16(a)</i>
ASSIST	<p>ASSIST the patient who is <i>not</i> interested in support with brief information.</p> <p>ASSIST the patient who is interested with link to prescriber pharmacotherapy support and/or behavioural support.</p>	<ul style="list-style-type: none"> Identified self-help resource for clients who are not interested and interested should be readily available to distribute to clients (www.tobaccofreefutures.ca). Communication between inpatient units and home care staff will facilitate continuity of care for clients who have been receiving treatment before discharge. Consider building into referral process. Pharmacotherapy is recommended for all clients who are interested except in the case of direct contraindications. Clients with conditions such as oral cancers may be unable to use short-acting NRT products (e.g., gum, sprays, inhalers or lozenges). Instead, products such as the patch, bupropion or varenicline may be appropriate.³ Electronic or paper-based forms used in home care should be modified as necessary to document assistance. <i>Appendices 7(a) and 16(a)</i>
ARRANGE	<p>ARRANGE follow-up and link to further behavioural support.</p>	<ul style="list-style-type: none"> Link to community behavioural support, preferably by fax referral. <i>Appendix 7(b)</i>

REFERENCES

1. Alberta Health Services. (2012). *Home living*. Edmonton, AB: Author. Retrieved from <http://insite.albertahealthservices.ca/6088.asp>
2. Sorensen, L. (2012). Wound healing and infection in surgery: the pathophysiological impact of smoking, smoking cessation and nicotine replacement therapy. A systematic review. *Annals of Surgery*, 255(6), 1069–1079.
3. Fiore, M., Bailey, W., Cohen, S., et al. (2008). *Treating tobacco use and dependence*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service.
4. O'Donnell, D., Hernandez, P., Kaplan, A., et al. (2008). Canadian Thoracic Society recommendations for management of chronic obstructive pulmonary disease—Update 2008—Highlights for primary care. *Canadian Respiratory Journal*, 15(Suppl A), 1A–8A.
5. Gritz, E., Fingeret, M., Vidrine, D., Laze, A., Mehta, N., & Reece, G. (2006). Successes and failures of the teachable moment: Smoking cessation in cancer patients. *Cancer*, 106(1), 17–27.
6. Quibell, R., & Baker, L. (2005). Nicotine withdrawal and nicotine replacement in the palliative care setting. *Journal of Pain and Symptom Management*, 30(3), 205–207.



APPENDICES

Appendix 16(a) AHS Meditech Community Brief Tobacco Intervention Assessment & Protocol
(2012)

Appendix 16(a) AHS Meditech Community Brief Tobacco Intervention Assessment & Protocol (2012) (page 1)



Assessment Name: Tobacco Cessation Community	Intervention Number: 1252503
Mnemonic: PCZTOBACCODEP01	Protocol: ZTOBDEP
Acuity/ACCIS: 20; Prof Health; Face-Face	Move Date: 30/08/12

View Tobacco Cessation Community

ASK

Client Used Tobacco Products in Last Year	<input type="radio"/> Yes <input type="radio"/> No Comment: <input type="text"/>
Type of Tobacco	<input type="checkbox"/> Cigarette <input type="checkbox"/> Cigar/Cigarillo <input type="checkbox"/> Chew/Spit <input type="checkbox"/> Pipe <input type="checkbox"/> Waterpipe (Hookah)
Other Type of Tobacco	<input type="text"/> Specify: <input type="text"/>
Tobacco Amount	<input type="text"/> e.g. cigarettes/day
Years of Tobacco Use	<input type="text"/> (years)
Last Use of Tobacco	<input type="text"/>
Household Member Currently Uses Tobacco Products	<input type="radio"/> Yes <input type="radio"/> No Comment: <input type="text"/> If No for both household member and client, refer to protocol and end intervention.

ADVISE

Requested Client/Household to Refrain From Smoking	<input type="radio"/> Yes <input type="radio"/> No Comment: <input type="text"/> If no, specify reason: <input type="text"/>
Client Advised to Quit	<input type="radio"/> Yes <input type="radio"/> No Comment: <input type="text"/> If no, specify reason. If currently not using tobacco products but household member is using tobacco products, refer to protocol and continue intervention. If currently using tobacco products, refer to protocol and continue intervention.

ASSESS

Readiness to Quit	<input type="text"/> "On a scale of 1-10, how important is it for you to stop using tobacco right now?" (1 = least, 10 = most)
Interested in Support to Quit / Manage Nicotine Withdrawal	<input type="radio"/> Yes <input type="radio"/> No
Interested in Support to Make Home/Vehicle Tobacco Free	<input type="radio"/> Yes <input type="radio"/> No If no interest in support, refer to protocol and end intervention. If interested in support, refer to protocol and continue intervention.

Appendix 16(a) AHS Meditech Community Brief Tobacco Intervention Assessment & Protocol (2012) (page 2)

ASSIST	
Provided Information	<input type="checkbox"/> Quit Kit <input type="checkbox"/> Pharmacotherapy <input type="checkbox"/> Behavioural Counselling
Other Assistance	<input type="text"/>
	Specify
ARRANGE	
Interested in Referrals/Information	<input type="radio"/> Yes <input type="radio"/> No
Referral/Information Provided	<input type="checkbox"/> AlbertaQuits Helpline Ref <input type="checkbox"/> AlbertaQuits Groups <input type="checkbox"/> AlbertaQuits Online <input type="checkbox"/> Primary Care Network AlbertaQuits Groups 1-866-710-7848 AlbertaQuits Helpline Fax Referral #09973 AlbertaQuits Online www.albertaquits.ca
Other Referral/Information Provided	<input type="text"/>
COMMENT	
Tobacco Dependence and Cessation Brief Intervention Comment	<input type="text"/>

Appendix 16(a) AHS Meditech Community Brief Tobacco Intervention Assessment & Protocol (2012) (page 3)

PROTOCOL

Tobacco Dependence and Cessation Brief Intervention Community Protocol

Developed: May 2012

Revision:

ASK

- About tobacco use by client or other household members.

If YES for client: Complete the type of tobacco, amount, years of use and last use questions.

If NO for client AND household members: INTERVENTION STOPS HERE

ADVISE

If CLIENT AND/OR HOUSEHOLD MEMBERS DO USE tobacco products:

- Advise that there is no safe level of exposure to environmental tobacco use and that a tobacco free environment is in the best interests of their health or everyone in the home. Personalize message as appropriate; example link to respiratory condition.

- Request that client and/or household members refrain from smoking for 2 hours prior to and during a scheduled home care visit.

If CLIENT DOES USE tobacco:

- ALSO give personalized advice to quit using a non-judgmental approach: is most effective when personalized to the individual and their condition e.g. impact on wound healing. CONTINUE WITH THE INTERVENTION

ASSESS

- Readiness to quit: using a scale of 1 - 10 (1 = least, 10 = most)

- Interest in support to quit or manage short term nicotine withdrawal.

- Interest in support to make home and/or vehicle tobacco free.

If NO

Respect choice and leave offer of support open - Give appropriate self help information tailored to client who is not ready to quit. INTERVENTION STOPS HERE

If YES, CONTINUE INTERVENTION

ASSIST

- Provide self help information tailored to client who is ready to quit and/or how to make your home and/or vehicle tobacco free.

- Provide information on available pharmacotherapy and link to prescriber.

- Provide information on behavioural counselling and availability in community.

- Other (specify)

CONTINUE WITH THE INTERVENTION

Appendix 16(a) AHS Meditech Community Brief Tobacco Intervention Assessment & Protocol (2012) (page 4)

ARRANGE

Arrange further support by completing appropriate community linked referral
If NO, INTERVENTION STOPS HERE

If YES, Referral/Information provided and/or fax referral to:

- AlbertaQuits (1.866.710.7848) - Helpline, Groups
- AlbertaQuits.ca - online
- Primary Care Network
- Other, specify

REFERENCES (All available at tobaccofreefutures.ca)

- Tobacco Free Futures Guidelines
 - Tobacco Free Futures Training for Brief Tobacco Intervention in Healthcare Settings
 - Creating a Tobacco Free Future: A Brief Intervention Pocket Guide for Health Professionals
 - AHS Tobacco and Smoke Free Environments Policy
- <http://insite.albertahealthservices.ca/3548.asp>