Screening & Counseling for Second Hand Smoke exposure (SHSE)
A QI Project in Pediatric Inpatients

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The Problem
- Secondhand smoke exposure (SHSE) is responsible for 7,500-15,000 hospital admissions per year among US children aged 18 months and younger
- There are no current guidelines to screen and provide counseling for SHSE in the pediatric inpatient setting

Results
- Significant improvement in screening for SHSE compared to baseline data
- Screening goals met for Q1 and Q2
- 3/5 adolescents endorsing smoking referred to adolescent service
- Referral goals not met

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<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
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</thead>
<tbody>
<tr>
<td>% Screened</td>
<td>26%</td>
<td>86%</td>
<td>87%</td>
</tr>
<tr>
<td>% Screened positive</td>
<td>3%</td>
<td>14%</td>
<td>23%</td>
</tr>
<tr>
<td>% Referred</td>
<td>0%</td>
<td>22%</td>
<td>15%</td>
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Lessons Learned
- There is hospital wide commitment to improve support for families with SHSE
- Need for continued resident education on action items in QI project
  - Team restructuring with move to Mission Bay may have contributed to lower screening rates in Quarter 3
  - Need for improved streamlined communication among multidisciplinary team members
    - Currently working to adapt adult RT work flow for smoking cessation counseling to the pediatric setting

Moving Forward
- Continue screening pediatric inpatients with goal of expanding screening to all pediatric services
- Incorporate screening for e-cigarettes in teen populations
- Create streamlined Apex order sets and documentation work flow
- Incorporate nursing smoking assessment
- Incorporate pharmacologic intervention to offer smoking families nicotine replacement therapy during their stay and afterward

Project Goal
- For Pediatric Residents to screen at least 80% of pediatric primary inpatient admissions and refer 100% of those with SHSE to respiratory therapy for counseling or place referrals to adolescent medicine if patient endorses smoking

Project Plan
- Resident education about screening and referring patients provided guidelines for:
  - Standardization of smoke exposure documentation
  - Referral to Pediatric Respiratory Therapy (RT) through an Apex order for patients with SHSE
  - Referral to Adolescent Medicine Service for adolescent patients endorsing smoking
  - Screening patients admitted to the hospitalist and DOTS services for smoke exposure prior to discharge
- Obtain data for analysis through Apex generated reports