Cigarette smoking has been definitively linked to urologic disease. Evidence has shown that smoking cessation improves disease outcomes and perioperative complications. Additionally, data suggest that peri-operative smoking cessation interventions may result in higher cessation rates. Despite this, smoking cessation counseling is not routinely performed or facilitated by urologists.

**Quality Improvement (QI) Objective:**
- Elicit the smoking status of 80% of patients undergoing inpatient urologic surgery in 3 out of 4 quarters in 2013-2014
- Obtain inpatient smoking cessation consults for smokers

**Introduction**

**Limitations**
- Pilot study
- Unable to assess all patient-related characteristics (demographics, quantification of tobacco use, prior quit attempts, etc)
- No information on efficacy of intervention

**Future Work – Randomized Controlled Trial**
- Assess full complement of patient characteristics
- Evaluate patients’ beliefs and understanding about the impact of tobacco on urologic disease and surgical recovery
- Assess efficacy of perioperative consult on longer-term smoking cessation, surgical complication rates
- Evaluate factors that increase likelihood of cessation among urology patients
  - Length of hospital stay, prior quit attempts, readiness to quit, consult outcome

**Key Questions**
- How to continue this trend without the financial incentive?
- How to expand to outpatient surgery and clinic patients?
- How to make urologists better screeners and referrers?

**Methods**

Residents designed a REDCap survey to be completed for every patient undergoing inpatient urologic surgery at UCSF
- To-date analysis from 8/1/2013 to 4/1/2014
- Survey collected basic disease and demographic details
- EMR (APeX) query used to identify the total number of eligible patients to evaluate adherence rates

**Team Buy-In**
A resident representative met with the inpatient smoking cessation group to design the intervention process
- Obtain respiratory therapy team buy-in and participation
- Determine best way to facilitate consults

**Significant contribution for enrollment, survey completion from inpatient Nurse Practitioners**

**Hospital based $400 financial incentive for attaining goal**

**UCSF Smoking Cessation Consult**
- Performed by trained respiratory therapists
- Consists of education, medication recommendations, outpatient referral and advice on local resources

**Results**

**Table 1: Patient Characteristics by Tobacco Use**

<table>
<thead>
<tr>
<th>Patient Characteristics</th>
<th>All</th>
<th>Never Tobacco User</th>
<th>P-value</th>
<th>Ever Tobacco User</th>
<th>P-value</th>
<th>Current Tobacco User</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>N (% of total)</td>
<td>809</td>
<td>363 (45.1%)</td>
<td>0.001</td>
<td>212 (26.2%)</td>
<td>0.001</td>
<td>234 (29.0%)</td>
<td>0.001</td>
</tr>
<tr>
<td>Male (%)</td>
<td>48.7</td>
<td>53.5%</td>
<td></td>
<td>45.2%</td>
<td></td>
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</tr>
<tr>
<td>Female (%)</td>
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<td>46.5%</td>
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<td>49.0%</td>
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<tr>
<td>Age (years)</td>
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<tr>
<td>Current Tobacco Diagnos</td>
<td>57.4</td>
<td>56.9%</td>
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**Figure 1: REDCap Survey**

**Figure 2: QI Attainment & Consult Rate over Time**

Overall, 88% of patients were assessed and 82% of patients underwent smoking cessation consults
- Lack of consult was a result of patient refusal rather than lack of consult completion
- There were no predictors of consult refusal in univariate or logistic regression multivariate analysis

**Figure 3: Patients Receiving In-Hospital Nicotine-Replacement Therapy**

81% of patients with consults were discharged with nicotine-replacement therapy

**Discussion**

**Limitations**
- Pilot study
- Unable to assess all patient-related characteristics (demographics, quantification of tobacco use, prior quit attempts, etc)
- No information on efficacy of intervention
- Limited to UCSF inpatient surgery population

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**Conclusions**

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*Special thanks to Mark Bridge for APeX/EMR support*