The Georgia Emergency Room Smoking Project

by Frank Rasler, MD, MPH, Emergency Physician, DeKalb Medical Center

Question: When is a smoker most receptive to advice to quit?
Answer: While lying on an ER stretcher with chest pain, fearing a heart attack.

Smoking is the leading preventable cause of morbidity and mortality, accounting for one out of every five deaths in America. [1, 2] Billions are spent on ER treatment of smoking-related illnesses, yet nothing is spent on prevention. New strategies and effort are urgently needed.

Advertisers dream of the ultimate audience:
- Highly interested or motivated for the information
- Prolonged attention period
- A captive audience

The ER patient has all of these factors – essentially for free! In this era of limited resources and increasing healthcare cost, a low-cost approach to motivate smokers is being tested. The hours spent in an emergency room with cardio-respiratory symptoms and a fear of death is the perfect time for worried smokers to stare at a convincing message to quit. Working with the American Cancer Society, Georgia's hospitals will become the first in the nation to focus on this pivotal time.

Targeting the Ultimate "Teachable Moment"

Smokers from teenage to golden-age come to the ER with a variety of real and imagined symptoms. Accompanying their symptoms is the fear of heart attack, stroke, cancer or death, and a heightened desire to quit.

We have ignored this "teachable moment" in our healthcare system. This is the perfect time to alter the behavior of millions of smokers that present with acute cardiovascular or respiratory symptoms. What other event would provide them more motivation? Concerned by severe chest pain or difficult breathing, ER patients are often scared and seriously wanting to quit their habit. We need to utilize these hours while waiting for treatment and tests. Their own desire to quit is temporarily maximized by fear, pain, depression or anxiety coexisting with their acute illness. This is a pivotal time for worried smokers to stare at a poster and contemplate a compelling message — to motivate them to decide to quit while in the ER. Acute stress or fear makes patients more receptive to health warnings than during a more relaxed office visit or television commercial. For some personality types, these hours of waiting in the ER without a cigarette will be a profound first step in quitting.

A series of ER-specific educational/motivational posters have been designed to address a patient's urgent smoking-related symptoms while respectful of their illness. They will be sent free to every Georgia ER with the intent of hanging them at eye level (or beside the television) in each patient room and waiting area. A project overview, cessation advice and even thumbtacks to hang the posters are included, so minimal effort can complete the task in less than one hour.

A clear message warns that smoking causes these diseases, and that this is their moment to quit. Below the main message of each poster is advice on cessation methods and compelling facts to augment their interest. During their hours in the ER, they will hopefully reread the message a few times. Hospitals can add brief info about their own smoking cessation programs on the poster.

Obviously a poster by itself is not an answer to addic-

tion; it is only one additional device. This intervention needs follow-up as described on the posters. Specifically, the Georgia smoking quit-line: 1-877-270-STOP, is highlighted on the posters. It offers free counseling by a trained specialist, and is funded by the recent tobacco litigation settlement. Our objective is to get smokers (as well as family members and our hospital employees who smoke) to contemplate the risk, use their temporarily heightened desire to quit, and seek counseling.

Georgia will be the first state to use smoking cessation posters specifically designed to motivate ER patients. Posters work as soon as they are hung, with minimal cost and effort. With our current lack of time and resources, how can we accomplish more for disease prevention with one hour?

The Cost of Smoking vs.Free Cessation Advice

Why focus on smoking instead of posters for other heath issues? The list of illnesses related to smoking is enormous, and smoking is undisputedly the leading cause of preventable death and disability. Tobacco causes more deaths annually than the combined effect of motor vehicle accidents, firearms, domestic violence, alcohol and illicit substances. [3]

While U.S. smoking prevalence steadily declined from 42% in 1965 to 25% in 1990, there has been no further decline since. [4] The many difficulties in helping smokers quit are well known to all healthcare providers. Estimates of 5-16% of all hospital charges are attributable to tobacco use. [3] Furthermore, we know that cessation increases life expectancy and slows the progress of established disease. Studies have shown that physicians in all specialties are not thorough in informing patients about the risks of smoking, or in offering treatment advice, despite an obvious relationship to their clinical complaint.

Traditionally the ER is seen only as a location for disease treatment, however, it has recently been identified as an effective site to address many issues of disease prevention. For many patients the ER is their only source of medical care and advice.

The ER setting remains unused and relatively unstudied as a site for smoking intervention, despite a smoking prevalence among patients of 25-40%. [3] One of the few available ER studies found that in smokers presenting with an acute respiratory illness, only one-third were advised to quit, and only one-tenth were offered smoking intervention. [5] A number of barriers interfere with an ER physicians potential to provide counseling, including: a perception of lack of patient interest and the ineffectiveness of cessation advice, a lack of training or physician interest in providing counseling, and a belief that the ER is not an appropriate setting for counseling. In addition, an ER physician's time pressure with multiple patients and lack of reimbursement incentives are recognizable barriers to all physicians. Brief cessation advice, however, has been shown to be successful, and 70% of patients state they would like to quit. [2]

Developing Effective Posters

Developing posters specific to an emergency room is necessary for optimum effectiveness. Because the poster audience is different from that of a physician's office or public setting, the message needs to target urgent symptoms. ER patients suffering severe heart attack pain, or gasping for breath during an emphysema attack know they are close to death; their desire to quit is at maximum. The poster message needs to speak to them in this crisis while they realize the fatal implications of smoking. Some are ready to make a pact with God, their family, or themselves to quit if given a "second chance." Similarly, many younger patients may only think they are having a heart attack or stroke, but their fear and desire to quit at that time is very real. With 90% of smokers beginning use by age 21, and the public awareness of second-hand smoke we have additional reasons for this intervention.

The important concept is to use the average 2-4 hour ER visit with a temporary high emotional state to get some to spontaneously quit at that moment, and others to decide that after their crisis they will use the resources and quit very soon.

An extensive review of public and government internet sites failed to find the right message. There is currently a wealth of excellent posters that utilize celebrity faces, school children's drawings, office-based warnings, teenage "uncool behavior" and photographs of lung disease. They are appropriate for the classroom or waiting room, but not the bedside. The message is not focused at the pivotal moment of crisis existing in the thoughts of many ER patients and their families.

The impact also needs to be respectful of the patient's illness to be acceptable by the hospital. Our dilemma is to convey health information without increasing anxiety, depression or guilt in critical patients. Positive concepts are used: "Now is your chance to quit;" rather than "your years of smoking have caused your disease." We need to sensitively engage the fear that "it will get worse if you don't quit" and explain why.

The message and style of the posters involved input from ER staff and patients, with creativity donated by an Atlanta advertising agency. Evaluation was by Atlanta representatives of the American Cancer Society, Georgia Cancer Coalition and the Georgia Dept of Human Resources. Cost of the project was minimized by using volunteer staff and communication of the project through journals and internet newsletters.

Measuring Success of the Georgia Model

Every smoker who eventually quits must experience sufficient pain or pleasure to defeat their habit. For some patients already wanting to quit, a poster's message combined with the stress of their ER illness, will provide the added impetus to spontaneously quit. Certain personality types (those having an 'internal locus of control') are most receptive to this type of intervention. Those who respond better to external motivation pressures (having an 'external locus of control') will be aided by friend/family pressure and follow-up counseling.

How will the posters facilitate cessation discussion in the ER, at home, and later with their primary physician? Success will occur, but be difficult to measure, in terms of the poster enhancing smoking risk-awareness with patients, family and visitors. Office-based practitioners may also initiate cessation discussion with patients who had a recent ER visit, by asking whether they had seen the poster and what impact it had.

The poster concept can be reproduced in other hospital areas, such as coronary care and outpatient units. In addition, daily viewing of the posters' messages may help the many healthcare and hospital support staff who currently smoke.

Of course "quitting" typically requires several attempts before long-term abstinence is achieved. The CDC will analyze data on short and long term quit rates, follow-up counseling, and ER patient and practitioner feedback about the posters' effectiveness. Success with the Georgia data could lead to an inexpensive reproduction of the project nationally to America's 4,000 emergency rooms, with 100 million annual visits.

Frank Rasler, MD. MPH, is vice-chairman, Department of Emergency Medicine at DeKalb Medical Center in Atlanta, and has twenty years of clinical and teaching experience in large and small emergency rooms.

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