### Significance of the Problem
- Tobacco usage leads to the development of diseases including but not limited to cancer and chronic obstructive lung disease.
- 34.2 million adults in the United States currently smoke cigarettes (Center for Disease Control, 2015).
- Research has shown that evidence-based interventions such as counseling and pharmacotherapy increase smoking cessation rates.

### Synthesis of Evaluation
John Hopkins Nursing Evidenced-Based Practice (JHNEBP) Research Appraisal and Non-Research appraisal Tools were used to level the evidence that were elected for use in this project.

<table>
<thead>
<tr>
<th>Evidence Level</th>
<th>Articles Included</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>8</td>
<td>(2) A; (6) B</td>
</tr>
<tr>
<td>Level 2</td>
<td>1</td>
<td>(1) A</td>
</tr>
<tr>
<td>Level 3</td>
<td>2</td>
<td>(2) B</td>
</tr>
</tbody>
</table>

### Decision To Change Practice
- The out-patient clinic administration observed that referrals to the Healthy Lung Initiative (HLI) for smoking cessation for out-patients were not adequate.
- Healthy lung educators (HLE) for smoking cessation were assigned to the clinic three days a week with only one designated to accommodate daily coverage.
- Clinic daily capacity of 350 patients prevented HLE efficient identification and treatment of out-patient smokers willing to quit.
- Best recommendation as evidenced by research demonstrated that telephone counseling is more effective and accessible than counseling conducted through treatment centers, online and work sites (Li, 2016).
- Telephone counseling is more efficacious for smoking cessation and in disadvantaged populations, high intensity counseling by telephone seems most promising (Li, 2016).

### Review of Literature
Search Engine
- Keywords: “cell phone”, telephone, “mobile phone”, counseling, counselling and “smoking cessation”
- Boolean phrases [AND, OR]
- Inclusion: Publications between January 2014- June 2019
- Restricted to the English language and scholarly peer-reviewed reviews.

### Implementation
- **Model used:** The Stevens Star Model of Knowledge Transformation (Stevens, 2004)
- **Participants:** Twenty-four socioeconomically disadvantaged adult smokers; Six healthy lung counselors
- **Setting:** Urban-based public hospital’s out-patient clinic
- **Strategy:** Smokers who expressed a willingness to quit smoking were referred through an order for telephone counseling by their primary care provider. Follow up calls were made weekly by trained health educators to all referred participants. The content of the included counseling about smoking hazards, benefits of strategies for quitting, encouragement and lifestyle behavior coaching. Smoking cessation was actualized by the smokers’ self-reported weekly cigarette usage.
- **Time interval:** Twelve weeks
- **Intervention:** Facilitation of an electronic medical record order for telephone counseling for smoking cessation to improve access to care and promote better health outcomes.

### Evaluation
The paired t-test was used to compare the pre and post cessation by age group.

#### Table 2: Levels of Evidence

<table>
<thead>
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#### Figure 4.6 Age Group and Cigarettes Smoked/Day

<table>
<thead>
<tr>
<th>Week One</th>
<th>Week Twelve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger than 57 years-old participants reported smoking 6.0 ± 2.83 cigarettes per day.</td>
<td>Younger than 57 years-old participants reported smoking 3.7 ± 2.54 cigarettes per day.</td>
</tr>
<tr>
<td>Older than 57 years-old participants reported smoking 6.0 ± 1.29 cigarettes per day.</td>
<td>Older than 57 years-old reported 4.0 ± 1.29 cigarettes per day.</td>
</tr>
</tbody>
</table>

#### Consclusions and Recommendations
- Telephone counseling increases access to assistance and smoking cessation.
- In disadvantaged populations, high intensity counseling delivered by telephone seems most promising (Li, 2016).
- This strategy, integrated with approaches to encourage its utilization, is an important component of a comprehensive smoking treatment approach.