**PRESENTED AT THE 2011 DNP CONFERENCE**

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**Abstract Category:** DNP in Clinical Leadership

**Title:** On Changing a Culture Through Integrative Care

**Purpose:** Smoking Cessation is difficult and at times requires several approaches including social support to augment medication. An integrative clinician in a supportive healthcare facility can optimally meet the needs of people with readiness to cease a nicotine habit. This presentation discusses the innovative way an organization and a dually certified APRN with a practice doctorate designed, initiated, designed and operationalized a program in a region largely dependent upon the local tobacco crop.

**Objective 1:** Participants will be able to discuss the link between mission and vision of an organization and how it can effect a culture.

**Objective 2:** Participants will be able to discuss the benefits of dual certification and what it can bring to a practice and its targeted population

**Objective 3:** Participants will discuss reimbursement and its effects on care with respect to proposed changes in Health Care reform for target populations

**Abstract:**

The state of Tennessee has a prodigious history of producing a substantial tobacco (burley) crop; and many smokers. Many smokers have been unfortunately resistant to new smoke free environment changes accepted by the larger culture. With non-smokers rights becoming more commonplace, there continues to be resistance to smoking cessation.

One local city hospital in Middle Tennessee, with a mission to keep its employees optimally healthy went smoke free in 2010. To be in keeping with accreditation agencies, a program to support self-selected and ready smoking employees to quit was accepted as a direction to go to. With one Full Time ANP and 2 nurses serving 1800 employees; a PT NP was sought to design, and operationalize the program to assist employees to quit smoking. The hospital identified a dually certified FNP and PMHNP to provide this service and to be founded upon evidence based healthcare. That NP could provide care for smoking cessation as well as the management of PMH issues often co-existing. A doctorally prepared APN was able to obtain a needs assessment though a survey posted online, design the protocols, work with Human Resources and Marketing as well as all department heads to move the program in a direction of an enthusiastic program launch. She went on to operationalize individual care as well as teach the supportive educational classes provided weekly to any employee willing to show up.

Through the Employee Health Wellness Program, HR offered benefits which were a distinct incentive to quit. A meager payroll deduction was charged and medications are also payroll deducted, at half the
hospital cost. Wellness program incentives also prevailed with a monetary reward for success by year's end. This program intends to be a longstanding commitment of the hospital, spreading already to all city employees and their families; increasing the numbers of those self-selected to quit smoking. From hospital employees to the city employees, the next step is the community at large. There are plans to extend the smoking cessation program to the region which sweeps up from Chattanooga and includes a few counties in Southern KY; is this is the region the hospital serves.

Incentives, a mission to improve the health of the region, a well defined and targeted population with a skilled provider that has essential skills to launch and see through a well planned program are the earmarks of a program that is growing and successful. The program success is largely dependent upon the skillsets of the practice doctorate APN.

Programs such as this one catch attention, and attention causes people to think and accept the good changes resulting from health care choices made by people and supported by an institution committed to optimizing health of the people in its locale. No doubt that due to the unconventional non-insurance payment structure, facilitation of the support of the dually certified NP was helped. Future programs like this will need to consider limits in current healthcare reimbursement and the changes proposed in the new HCR law as they emerge to be enacted. Model programs provide precedent as successes.