OUTPATIENT (Level I) & INPATIENT (level II) SMOKING CESSATION INTERVENTIONS IN A HOSPITAL SETTING

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Description:

Level I & Level II smoking cessation pathways rely on collaborative working between Primary Care & Hospital Trusts; the aim is to provide a means of identifying patients that smoke (Level I) and also a method of assessing in-patients for immediate smoking cessation assistance (Level II). This involves providing motivational support alongside pharmacotherapy; importantly care and support is continued in the primary care setting after discharge.

The service was established after identifying a lack of standardised procedures in the acute setting regarding questioning, documenting and referring patients for smoking cessation services. There was also a lack of practical support for inpatients who wanted to stop smoking whilst in hospital.

Patients are able to use their hospital stay, (away from their usual cues and triggers to smoke) as an opportunity to attempt to guit

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Level 1 is a Brief Intervention. This has been developed using current guidelines and reccomendations encompassing the 4 A's*, in this case also using a specific smoking cessation sticker to attach to the inside cover of a patient's secondary care notes.

THIS PATIENT RECORDED AS A SMOKER OR EX SMOKER 0-12 months)
Age started Age nove: Date stopped:
Average number per day:
Averag

The use of these stickers has ensured that standardised questions are asked and there is now a recognised method of recording responses and interventions. Prior to the use of the stickers, guidance for clinical staff was limited; levels of information gathered and methods of recording the information differed in each clinical area making audit of practice meaningless. The use of the sticker ensures that patients who smoke can be easily identified and any interventions are documented appropriately, providing evidence that a health care worker has attempted to address the issue and provided advice and this signposted to Specialist Services.

The sticker was initially designed as an interim measure until hospital wide record collecting includes gathering standardized information on smoking. The information gathered to date can be easily copied to any new system, thereby limiting loss of important data on smokers using the hospital. It also ensures that the practice of delivering brief interventions is embedded into hospital practice.

Staff attend a three-hour training session with the Smoking Cessation Service prior to using level 1 stickers, during this training, staff are given advice regarding what literature to give to patients and when a patient should be referred to the smoking cessation service, using a standardized referral form (See below. illustration 1).

Level 2 of the service is an intermediate assessment so that patients can receive Nicotine Replacement Therapy (NRT) whilst an in-patient. Patients identified from a Brief Intervention or by other means as smokers who wish to attempt smoking are assessed for dependence to nicotine, motivation to quit or symptom relief. After level II assessment and following their hospital discharge, these patients are then discharged to the Smoking Cessation Service for continued support or follow up.

The assessment form can only be completed by Level II trained staff. Level II trained staff who are qualified prescribers can then prescribe NRT. If the Level II assessor is not qualified to prescribe, the assessment form can be used as a recommendation to prescribe. Patients can only be prescribed NRT on completion of a Level II assessment. This ensures that some level of motivational support is offered as well as supplying medication. Hospital staff do not have to be qualified nursing or medical staff to be eliquible for training.

The assessment form (See below, illustration 2 - 5) is divided into 2 sections, after completion, the first section remains in the patients' notes; the second perforated & detachable section is sent immediately to the smoking cessation team; The patient's hospital status can be monitored through the usual hospital patient management system on computer until they are discharged.

The smoking cessation team forwards a copy of the discharge form to the patient's G.P. in order to assist the patient in continuing to receive prescriptions for NRT. All patients undergoing a Level II assessment receive at least one follow-up phone call from the Smoking Cessation Service after discharge, additional support being delivered as agreed between the cessation service and the patient. The patient can accept or decline continued support after discharge but they will receive at least one follow up call, four weeks after their recorded quit date.

Staff attend both the 3 hour Level I training session and a 5.5 hour Level II training session prior to becoming qualified and registered Level II assessors. Staff receive certificates for both levels and names added to an electronic database.

It is hoped that each area of the hospital will train a number of staff up to Level II, so that wards/deptartments have good availability of Level II trained assessors.

Implementation:

Approximately twelve Level I and six Level II training sessions are delivered per year for hospital staff.

Staff from the Acute Trust receive training from the Smoking Cessation Hospital Specialists for level one and level two interventions.

Level 1 and 2 has been piloted across the following areas within the acute Trust: pre operative clinics, cardiology, respiratory, diabetes, stroke and maternity care.

In the first 12 months of implementation 172 Level 2 assessments were undertaken; the majority being from cardiology and respiratory ward areas; the 4-week quit rate amongst those assessed is approximately 49% - 55%. Average number of Level 1 referrals is 600 per year.

Some of the patients who only initially required symptom relief have also gone on to quit successfully.

Outcome

Whilst there is no service specific data available in relation to reduced cancelled operations, post-operative complications or reduced re-admissions as a result of the introduction of this service, it is felt, that based on widely accepted benefits of smoking cessation, we should see some measurable improvement in these areas.

In terms of cardiovascular and respiratory benefit, smoking cessation is usually the biggest modifiable risk and significantly improves morbidity, mortality and treatment outcomes.

Other benefits:

The Hospital setting is included in wider public health and health promotion initiatives including surveillance and health promoting interventions.

It supports the White Paper 'Choosing Health' regarding the introduction of smoke free hospitals.

Improving advice & care for smoking cessation is known to significantly improve health, especially involving cardiovascular disease, coronary heart disease, respiratory disease, diabetes and in pregnancy amongst many others. Smoking cessation is also of benefit in reducing peri-operative and post-operative complications, cancelled operations and length of hospital stay.

Staff recieve specific training & development, to ensure that they have the knowledge, skills and confidence to provide smoking cessation advice to their patients. This training also contributes to personal work related development which should support KSF requirements.

Resources:

Knowledge, experience and the positive benefits of this service innovation can be discussed with Gary Bickerstaffe, Smoking Cessation Specialist – Hospitals, Bolton PCT. Tel: 01204 462361 or email: qary, bickerstaffe@bolton.nhs.uk.

Resources available on request are:
Brief Intervention sticker (electronic version)
Level I (Brief Intervention) referral form
Level II inpatient assessment form
Level I training (powerpoint presentation)
Level II training (powerpoint presentation)
Level II Smoking Cessation Service protocol
Level I and Level II training attendance certificates templates

* The Four A's; Ask, Advise, Assist, Arrange

Current Data:











