Current state: Where are we now?

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Supporting Patients to be Smokefree Forum
Overall- Statewide view

Current smoking rates- CBRC
13.7% regular smokers (Melbourne) vs. 15.1% (Regional Victoria)
59.3% never smokers (Melbourne) vs. 52.1% (Regional Victoria)
7.7% recent sustained quit attempts (Melbourne) vs. 4.8% (Regional Victoria)

High support for smokefree environments (92% Victorian health services)

Variable clinical management of nicotine dependency

Low levels of integration with primary care upon discharge
Clinical guidelines - Statewide view

86 Victorian Health Services

Only 28 have clinical guidelines for managing nicotine dependency

Very few are based on best available evidence

Only 3 have all formulations of nicotine replacement therapy

…but widespread commitment to improvement!
Sector-leadership role

DHHS engaged Alfred Health as sector lead

Development of ABCD model

**A** Ask

- Ask all patients about smoking

**B** Brief intervention

- Includes any of the following:
  - Advise all smokers to quit
  - Offer written information (e.g., Quit pack)
  - Offer nicotine replacement therapy
  - Offer referral to relevant supports (e.g., Quitline, GP, smoking cessation clinic)

**C** Communication at Discharge

- Communicate smoking status and action taken in discharge documentation

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**Indicator 1**

Rate of identification of smoking status:

- **Numerator** – number of episodes with evidence of identification (all patients).
- **Denominator** – number of episodes (all patients).

**Indicator 2**

Rate of provision of brief intervention response:

- **Numerator** – number of episodes which included a brief intervention (identified smokers only).
- **Denominator** – number of episodes (identified smokers only).

**Indicator 3**

Rate of inclusion of smoking status and action taken in discharge summary:

- **Numerator** – number of episodes with inclusion of smoking status and action taken in discharge summary (identified smokers only).
- **Denominator** – number of episodes (identified smokers only).
Collaboration with VicHealth- NRT Scoping Project

**Aims:**

To investigate the structural, policy, guideline and clinical practice limitations regarding the use of NRT

To improve access to and use of NRT, particularly combination therapy, higher doses and longer durations

**Findings:**

There is evidence to support the use of NRT beyond existing TGA indications

Clinical practice in smoking cessation and use of NRT is highly variable

Clinical guidelines are highly influential in informing health professional practice; if suboptimal, clinical practice also suboptimal

There is a demand for clinical guidelines that are reflective of best available evidence for smoking cessation and NRT
Alfred Health - Our transition to Totally Smokefree – May 2008

Rapid transition – within three months

Objectives:
To reduce exposure to passive smoke
To demonstrate public leadership

Actions:
Policy change
Communication strategies
Signage

Impact:
High awareness
Mixed compliance
Unchanged clinical practice
A new approach

**Refresh and relaunch**

**Objectives:**
To reduce exposure to passive smoke
To demonstrate public leadership
To facilitate smoking cessation (and manage temporary abstinence)
To denormalise smoking (prevent uptake and reduce the risk of relapse)

**Actions:**
Refreshed communication strategies
Clinical management of nicotine dependency – clinical guideline

**Impact:**
High awareness
Increased compliance (but less of a focus on compliance!)
Achievement of best practice clinical management
Reduced smoking around campus perimeter

*Alfred Health*
A Melbourne woman is taking legal action to fight for her right to smoke in hospital.

Self-confessed smoker Indigo Daya insists the Alfred Hospital's 100 per cent smoke-free policy is a breach of her human rights.

She is not exceptionally proud of her habit and refused to smoke on camera while being filmed for an exclusive report by 7News Melbourne because she does not want to promote it.

But she does want to light up on hospital grounds, and she's fighting the Alfred Hospital in VCAT to win that right.

She is arguing it is a human rights' violation for the hospital to ban mentally-ill people from smoking in courtyards when they are involuntarily committed.

"I think it creates an enhanced level of desperation in people who are already feeling desperate," Indigo said.

"That's not to say that quitting cigarettes is not a good thing, but there's a time and a place for everything. And when you're in the midst of a crisis, I would say that's not the right time."

Many patients are suicidal and Indigo says that is exactly how she felt.
Clinical Leadership

**Clearly defined clinical leadership**
Everyone’s responsibility can be no one’s responsibility

**Integrated within existing practice**
Without major resource injection

**Systematic**
Every person
Every time
Especially in those areas with greatest challenges

**Measure performance**
Normalise practice
Emotionally compel health professionals
Clinical management of nicotine dependency

Clinical leadership by pharmacy
Pharmacist initiation of NRT (within agreed treatment algorithm)

All forms of NRT available
DTC approval

Expanding to nurse initiation of NRT
In targeted areas and becoming global

Following discharge

Prior to planned admissions
Stop before the op
NRT via pre admission clinic (research trial)

Smokefree outpatient clinic

AlfredHealth
All forms of NRT – we’ve become liberal over time
NRT in ward imprest rooms
Offer support for inpatients - >95% of the time
Perimeter based smoking

Thank you for supporting totally smoke free a breath
Reduction in perimeter based smoking

Since we started supporting patients to quit:

Average no. of patients observed smoking around the perimeter each day

We started supporting patients to quit

More than ↓85%
Include all tobacco related products
Review of Clinical Aggression

Systematic audit and analysis of code greys (1700 over a one year period)
Identify determinants of aggression (including smoking/withdrawal)
Consider aggression prevention strategies

A little under half way...
70% code greys involved a patient who smokes
Among those with high nicotine dependency:

- NRT is recommended in 87% of cases
- NRT is taken up in 30% of cases
- Nicotine withdrawal experienced in 75% of cases

Improve clinical outcomes

Minimise occupational risk
Enablers

Organisational leadership

Clinical leadership
  Commit to best practice clinical guidelines
  Allocate resources – people and pharmaceutical

Continuous improvement
  Innovate – test new approaches

Consistency
  Between staff and between departments
  Making an exception can be a cause of aggression

Influencing clinical practice
  A little bit of evidence
  Plenty of emotion
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