

Current state: Where are we now?

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Supporting Patients to be Smokefree Forum

AlfredHealth



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

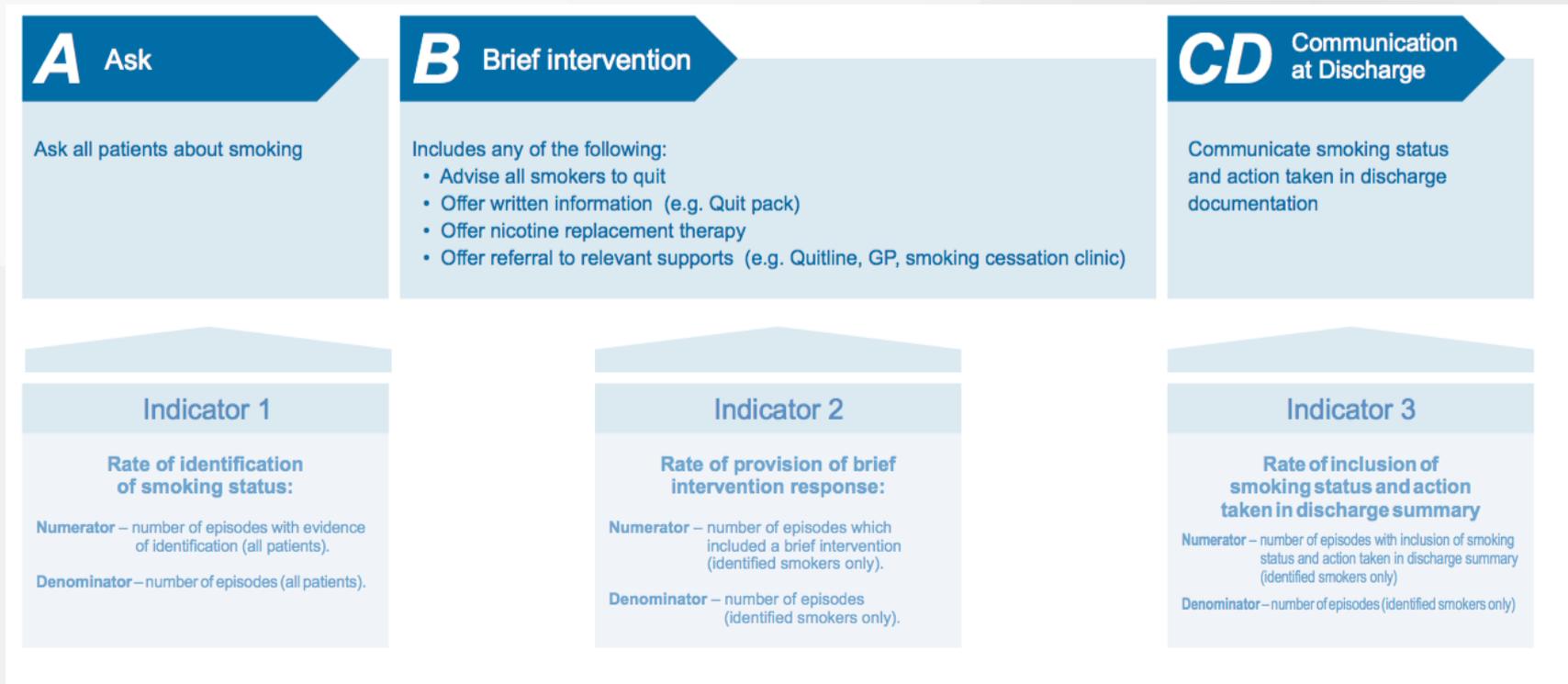
Only 3 have all formulations of nicotine replacement therapy

....but widespread commitment to improvement!

Sector-leadership role

DHHS engaged Alfred Health as sector lead

Development of ABCD model



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

A problem - A legal challenge

Smoking ban in hospitals: 'a violation of human rights'

Yahoo7 on July 21, 2011, 4:16 pm

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

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



**ALFRED HEALTH IS PROUD
TO BE TOTALLY SMOKEFREE**

As a leading health service, we want patients, residents, visitors, volunteers and staff to enjoy a safe, healthy and comfortable environment. That's why we're proud to be totally smokefree.

It's just one of the ways we care for each other and the environment we work in.

totallysmokefree
a smooch of fresh air

stop before the op

Stopping smoking before your operation greatly improves your chances of having a trouble free anaesthetic and the best outcome after surgery. This might also lead you to stopping smoking permanently which would improve your future health even further.

The Alfred Health team wants you to have the best possible operation so we are providing you with the latest facts about smoking and surgery.

All Alfred Health sites are totally smokefree. This means that smoking is not permitted in any indoor or outdoor areas within our property boundaries.

When should I stop?

The more smokefree time you have before surgery, the greater the benefits.

If you can stop smoking up to 6-8 weeks before your surgery, your lungs have a chance to clear, making chest infections and more serious complications less likely.

Even stopping smoking a few days before your surgery can have positive benefits for your blood pressure and heart.

Why should I stop?

By stopping smoking, you can improve your health and reduce the length of time needed for recovery and healing. This will help you leave the hospital sooner and get back to your normal life more quickly.

How can I stop?

Call Quitline 13 QUIT (137848). Ask to have a Quit Pack posted to you, or speak to a trained counsellor who can provide information and support to help you. Quitline is confidential, free and is available from 8:00 am to 8:00 pm, Monday to Friday from anywhere in Australia.

Talk to your general practitioner, pharmacist or any other health professional.

Quitline 13 7848

All forms of NRT – we've become liberal over time



NRT in ward imprest rooms



Offer support for inpatients - >95% of the time



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



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

**start the
conversation**

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