5.16 Improving Smoking Cessation Services in accordance with National Stop Smoking Guideline: A Quality Improvement Pilot Project

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Introduction: Tobacco use is the leading cause of preventable death, disease and disability worldwide. The HSE's Stop Smoking Guideline highlights the importance of documentation, behavioural and pharmacological support. The Manchester CURE Project report identified a lack of provision of tobacco addiction treatment and presented an effective approach to smoking cessation.

Methods: We reviewed inpatient charts across medical and surgical wards. Smoking status documentation, brief advice consultation, NRT prescription and referral to smoking cessation services was reported for each patient. A Smoking Cessation Proforma was introduced on a pilot ward, supported by a poster campaign, nursing education at safety pauses and an opt-out referral to smoking cessation services. The audit was repeated after five weeks to assess improvements.

Results: 19.7% of audited inpatients were active smokers. Following intervention, marked improvement was seen in smoking status documentation (64.4% to 85.4%) (Figure 1). 95.4% of active smokers were referred to smoking cessation services, compared to 13% pre-intervention (p=0.007). During the pilot period, 30.4% of ward admissions, totalling 21 new patients, were referred to smoking cessation services.

Discussion: This data highlights the need for improved smoking cessation practices. Targeted interventions have improved identification, treatment and referral of active smokers. We aim to develop and maintain an effective approach to smoking cessation to target a referral rate of 100%.

References: Department of Health (2022). Stop Smoking (NCEC National Clinical Guideline No. 28)

The authors declare that they have no conflict of interest.

Figure 1: Assessing improvements following implementation of pilot project.

Improvements post implementation of pilot project