The impact of a smoking cessation programme on referrals in a cardiorespiratory admissions unit

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Introduction

The National Institute for Health and Care Excellence (NICE) recommends that all patients above 12 years of age who smoke should receive smoking cessation advice and interventions.[1] Our aim is to improve the number of assessments to ensure that the majority of the smokers presenting to the clinical decision unit (CDU), which is a cardiorespiratory admissions unit, have been offered smoking cessation advice and referral to stop smoking services.

Materials and methods

We retrospectively collected data for patients admitted in December 2020 in the first cycle and for patients admitted in July 2021 in the second cycle. The data source was the department database. The interventions were offered by the staff in the CDU as well as members of the CURE team, our local smoking cessation team.

The key interventions from the staff were: assessing smoking status, delivering verbal brief advice, prescribing nicotine replacement therapy (NRT) and referring to the CURE team.

The key interventions from the CURE team were bedside consultations by tobacco dependency advisers, reviewing prescribed NRT, behavioural support, then offering a direct referral to the community Stop Smoking service on discharge, creating and distributing communication materials to staff and patients such as prescribing advice, medication leaflets, Stop Smoking service contact details, delivering staff training on a rolling monthly basis.

Results and discussion

In the first cycle, 974 patients were admitted in December 2020. Of these, 346 (36%) were assessed for their smoking status and 628 (64%) were not assessed. Of the 346 assessed patients, 55 (16%) were current smokers while 291 (84%) were either non-smokers or ex-smokers. Of the 55 current smokers, 40 (73%) were offered referral to Stop Smoking services but declined, and for 15 (27%) there is no documentation that they were offered verbal brief advice.

In the second cycle, 1,895 patients were admitted in July 2021. Of these 1,673 (88%) were assessed for their smoking status and 222 (12%) were not assessed. Of the 1,673 who were assessed, 275 (16%) were current smokers while 1,398 (84%) were either non-smokers or ex-smokers. All the 275 current smokers (100%) were offered referral to Stop Smoking services but only 53 (19%) patients agreed, while 222 (81%) declined referral.

In the second cycle, there was a 52% increase in assessments and 27% increase in the smoking cessation referrals compared with the first cycle.

Conclusion

Despite the significant enhancement of the number of assessed patients, there is still room for improvement and ideally more than 90% of patients should be assessed. In the unique CDU environment, there are irreversible factors that are contributing to a limited number of assessments, such as patients who self-discharge before the smoking assessment is carried out, drowsy or unconscious patients, patients who will be moved immediately to the ITU or catheterisation laboratory, an extremely busy unit where, due to COVID-19 pandemic restrictions, patients have to be moved out of the unit very quickly to prevent overcrowding. ■

Reference

1 National Institute for Health and Care Excellence (NICE). *Smoking cessation*. NICE, 2020. https://cks.nice.org.uk/topics/smoking-cessation [Accessed 10 August 2021].

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