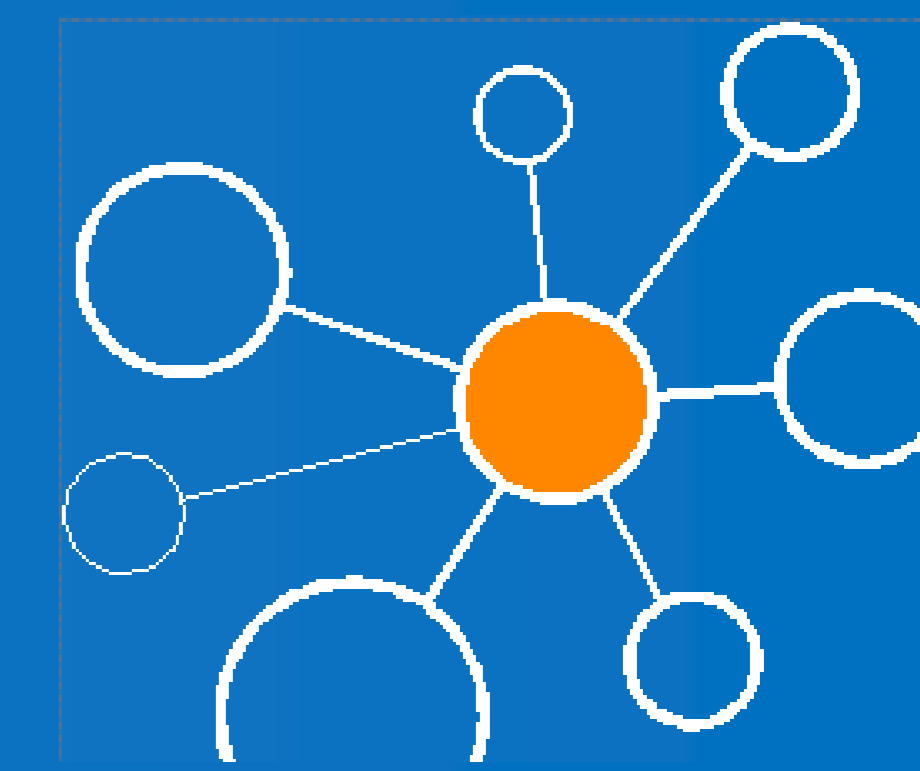


Tackling tobacco dependency – increasing the number of patients with their smoking status entered into EPR

Zoe Stoneley, Marc Palmer, Sheema Rahman, Tom Lane



Background

The Tobacco Free Team are commissioned by the ICB to deliver an acute inpatient Tackling Tobacco Dependency (TTD) service. Our pilot project commenced in December 2022 on the Respiratory Unit (GRH) and our patient group is **admitted** patients who use tobacco, including smoking and chewing. Upon admission, the clerking nurse and/or medic should deliver Very Brief Advice (VBA) and record the patients' smoking status on EPR under the Social History tab. The Tobacco Free Team are then able to identify these patients using a bespoke dashboard and deliver a person-centred bedside intervention. However, our data showed a high number of patients do not have their smoking status entered and therefore there are inequalities in service provision.

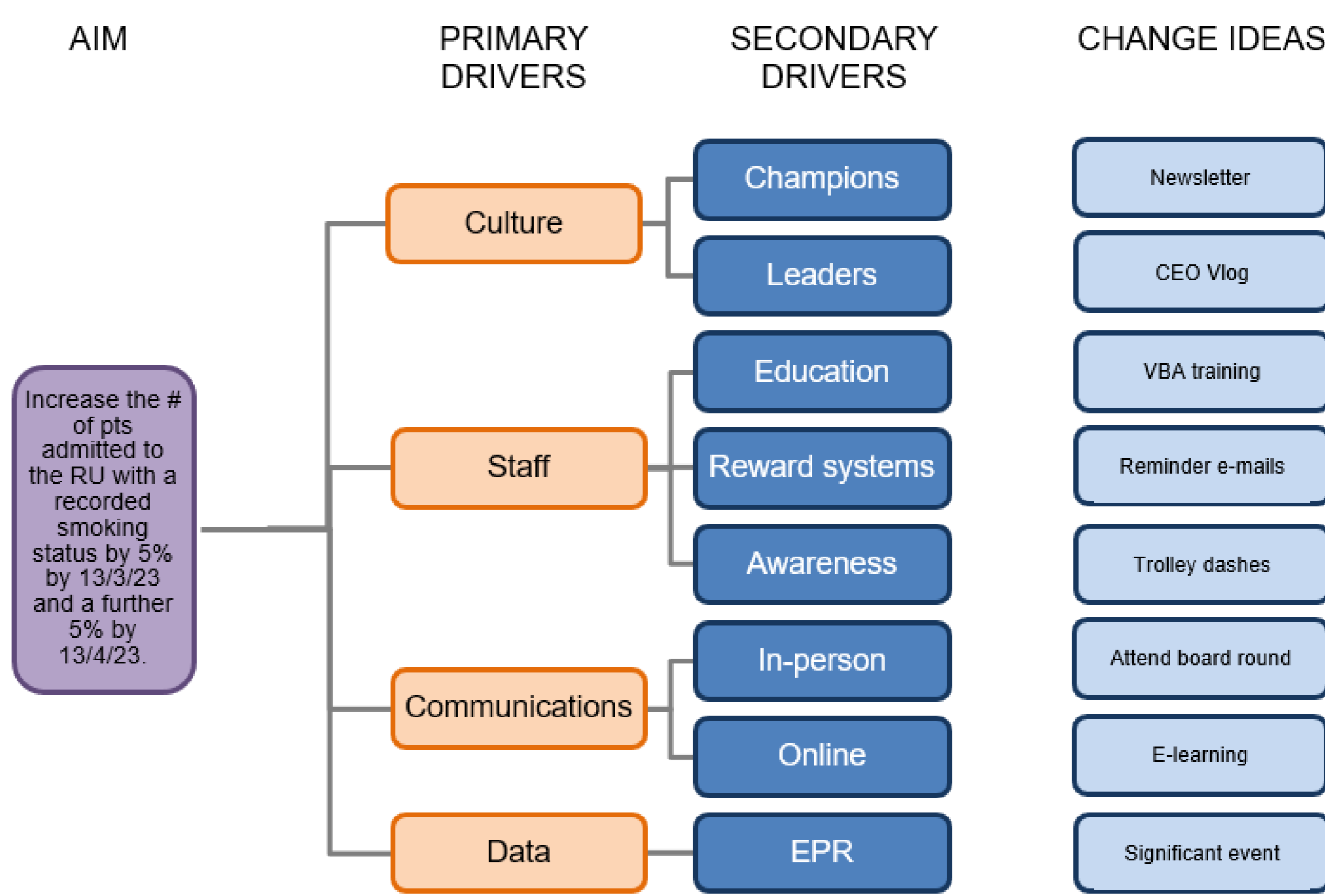
Aim

- S-** To increase the # of patients admitted with their smoking status recorded on EPR.
- M** - Data collection using EPR supported by BI.
- A-** Achievable through a pilot ward (RU, GRH, and later Cardiology, GRH) with learning rolled out across other wards at GRH/CGH.
- R-** Having the pilot ward(s) allowed data sets to be achieved and any interventions monitored.
- T** – Improvement of 5% by 13th March 2023 and a further 5% by 13th April 2023 on the RU.

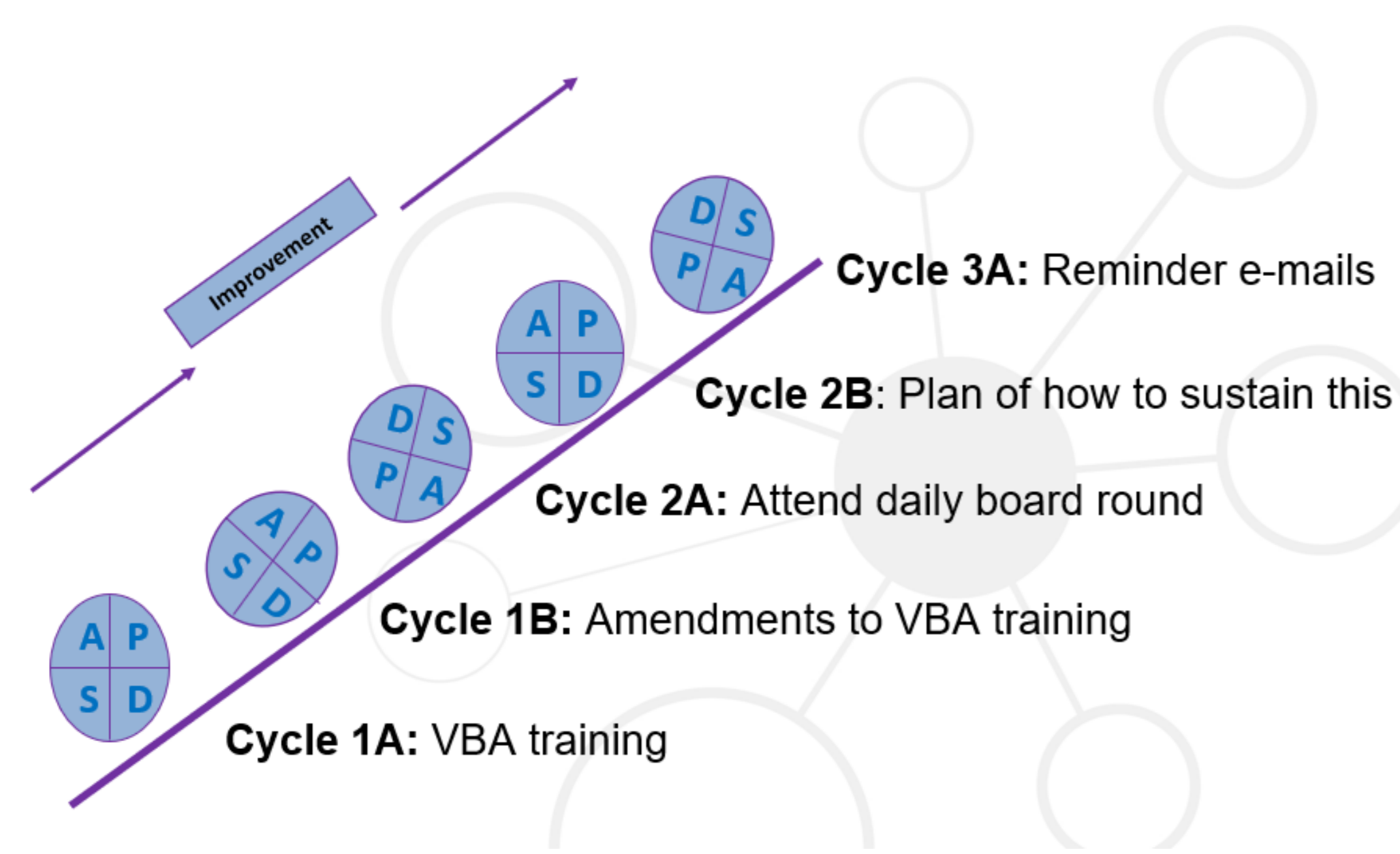
Method

- Delivered regular VBA training sessions on RU (considering time, day and duration to suit ward staff). Added how to input smoking status with a screenshot – also added this to the Trust Intranet page. All members of the team able to deliver VBA training.
- Attended RU morning board round daily to increase visibility and remind staff of our service/inputting smoking status.
- Sent weekly reminder e-mails to ward management teams with lists of patients without their smoking status inputted and requesting for this to be actioned.
- Facilitated a 'trolley dash' at GRH with on-the-spot VBA training. Asked staff to 'pledge' to smoke-free environments and entering smoking status on EPR. Provided branded materials/goodies.
- Team lead attended ward managers' meetings for visibility.
- Made changes to EPR form based on feedback from clinicians.
- Regular Comms updates with positive patient stories.
- Gathered data from BI, including before any changes were made, when we implemented the changes to the ward, and the time period afterwards.
- Discussed our project at Q&P, with the Board and a CEO Vlog.

Driver Diagram



PDSA



Other Feedback/comments

“What do you think has made the difference in recording smoking status of your patients?”

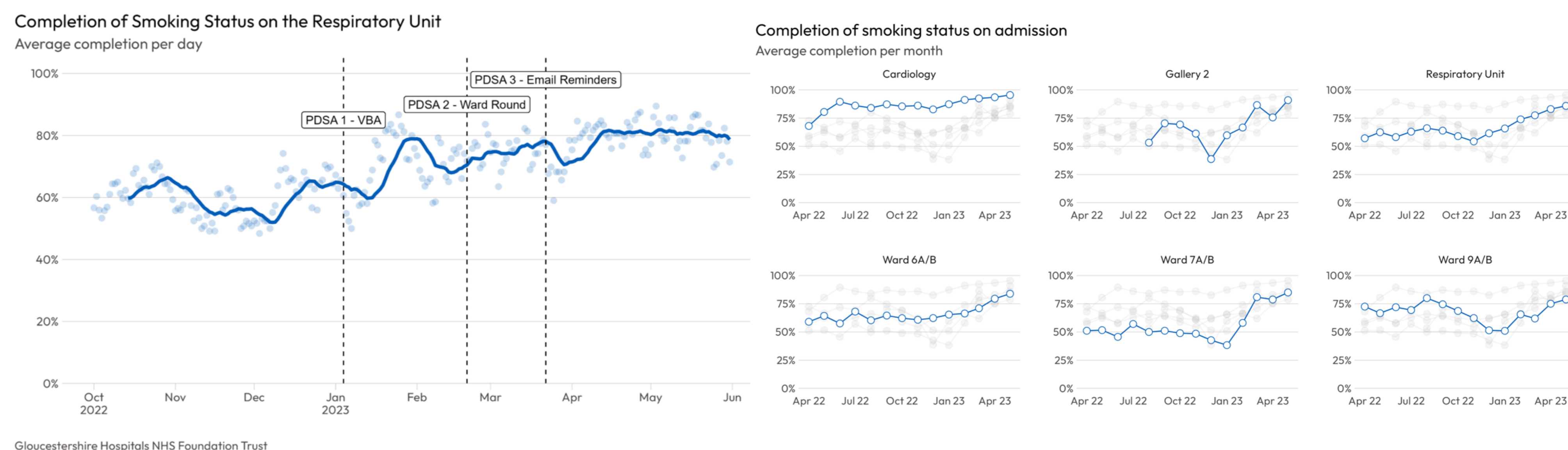
“Having input from the team, EPR triggering the team to offer help, automatic referrals, increased smoking cessation advice”

“Your team are very welcome, and we’ve noted how committed and enthusiastic you all are. The team are very approachable. We believe that your service is very useful to our patients, and your work is much appreciated as we think that you improve our patients’ health and experience on the ward.” – *Respiratory Unit Manager*

“The availability of the service has been transformative to improve knowledge and confidence amongst the junior doctor (and consultant) workforce for treatment of tobacco dependency. I have seen its benefits for patients who have successfully quit when seen several months after their admission. A hugely valuable resource (and we should have done this years ago!!!)” – *Consultant in Respiratory Medicine*

Measurement & Key Results

Preliminary data from BI showed that our RU at GRH is not recording patients' smoking status consistently. Before starting our PDSA cycles, approximately 55-65% of patients had their smoking status recorded.



Data specifically for the RU shows that compliance was 65% when we started our first PDSA cycle, and **by April compliance was 80%**. This showed **an improvement of 15%**. The second chart shows the other wards we also engaged with as part of our Trust-wide roll-out. Likewise, an **improvement in compliance was seen across all of the wards** with the exception of 9A/9B where compliance remained the same.

Next Steps

- Review VBA training package and E-learning
- Explore what is working on the wards that have shown greatest improvement
- Add our VBA training to mandatory Fire training
- Consider how to train Bank/night shift staff
- Collect further qualitative feedback from staff and patients
- Share more positive patient stories
- Attend RU board round routinely
- Further 'trolley dashes' at GRH and CGH (link to Stoptober)
- Automatic reminder e-mails for ward management teams (to increase sustainability)
- Recruit Tobacco Free Champions in different areas
- Trust screensaver as a reminder

