There's No Smoke Without Fire – An audit to assess if we are doing enough as clinicians to prevent smoking on acute inpatient mental health wards

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Aims:

To identify whether the Smoking Cessation guidelines set out by the Trust as directed by NICE were being met – Targets were 100% compliance with standards:

1) Was smoking status obtained on the patient's admission to the ward?
2) Were any members of clinical staff giving brief intervention and advice to the patient's who do smoke during their inpatient admission?
3) Were Doctors organising Nicotine Replacement Therapy (NRT) prescription for all smokers who accepted ideally within 30 minutes of admission or at any point throughout the patients' hospitalisation?

We have re-audited this data 1 year later to assess for any changes in the conformity to these guidelines, also taking into consideration the recent rapid increase in e-cigarette use on the inpatient wards.

Background:

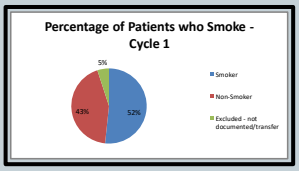
In October 2017, SWLSTG became a completely smoke free trust[1] and we wanted to see whether the guidelines set out by the trust as guided by the NICE guidelines[2] were being met[3].
Smoking is a large problem within our cohort of patients. Public Health England state that nationally, 33% of people with mental health problems smoke compared to 18.7% of the general population and this rate is increased to 64% of service users in mental health hospitals[4].
The World Health Organisation recognise that patients with severe mental health disorders have a 10-25 year reduced life expectancy compared to the general population and that the vast majority of these deaths are secondary to cardiometabolic disease for which smoking is a major risk factor[5].
There is also evidence that people who smoke often require higher doses of psychotropic medication due to the effect that smoking has on increased drug metabolism and this is estimated to cost the NHS an extra £40 million per year[4].
Help with smoking cessation is the clinical responsibility of all clinical members of staff[1,2].

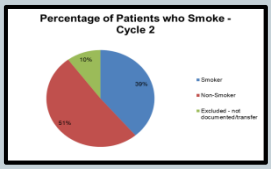
Method:

This is a complete audit cycle. Data is cross-sectional and was collected retrospectively over a 3 month period (60 patients) in 2018.
We selected all patients who had had an admission to Lilacs ward (acute mixed general adult ward) and were discharged between the time period selected.
We excluded patients who:
- Were currently non-smokers
- Nothing documented at all throughout admission with regards to smoking
- Transfer from a non SWLSTG trust/still an inpatient

The data was collected by the project leads reviewing the patient clinical notes system (RIO) for evidence of documentation.

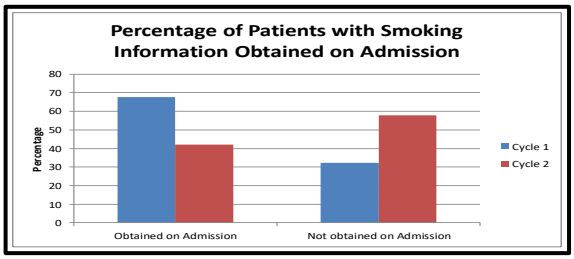
We re-audited the data exactly 1 year later in 2019 (49 patients) using the same methodology in response to recommendations made: raising ward awareness by posters and local teaching, results highlighted to the smoking cessation steering committee, and inclusion of smoking cessation documentation as part of admission criteria.





Results:

1)



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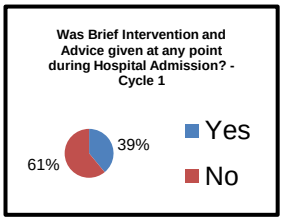

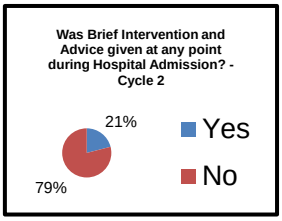

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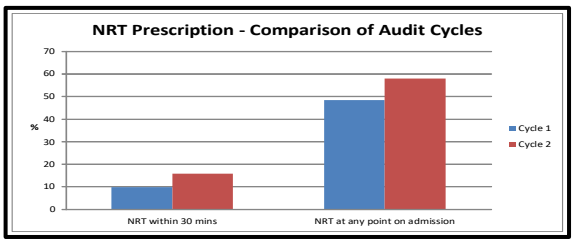

Conclusions:

From this audit, it is evident that the ward were not meeting the 100% trust target for obtaining smoking status on admission, offering NRT at any point during admission or giving brief intervention and advice to smokers. However, compliance did improve on the second audit cycle in some aspects, although still not meeting the trust target of 100%.
Since interventions made after the first audit cycle (as outlined above) there have been minor improvements in the proportion of patients prescribed NRT (6% increase within 30 minutes and 9% increase at any point during admission). There has however been a reduction in the proportion of patients who had smoking information obtained and recorded on admission (reduction by 25%). There has also been a decrease in the proportion of smokers receiving brief intervention and advice at any point during admission (decrease by 18%).

Limitations:

- The sample size was small
- The audit focused on only one ward in the trust which may limit the external validity of the findings
- It is likely that staff are not documenting discussions surrounding brief intervention and advice given that NRT prescription has increased in the second audit cycle despite a reduction in brief intervention and advice being reported.

Of note, since the introduction of e-cigarettes over the past couple of years, this is likely to have significantly impacted the use and prescription of NRT on the inpatient wards. Patients are able to use e-cigarettes on the ward which we theorise may not be prompting staff in the same way to offer smoking cessation advice.

Recommendations:

- To update the Trust Smoke Free policy to include 'vaping' as part of smoking status recording / brief intervention.
- Present data at next Trust Audit Meeting in 2020/1 (date TBC) to raise awareness with junior doctors in the trust
- Guidelines now included as part of the Trust Junior Doctor induction package
- We would advise any further audit cycles to look at the use of e-cigarettes within the trust as these seem to be overtaking the use of NRT

References:
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