

Measurement Plan

Aim

To increase the proportion of patients on inpatient mental health wards, who smoke, who undertake meaningful tobacco treatment.

After a period of baseline data collection, we will set a more specific programme level aim. Project teams will also be supported to set their own aim, such as: To increase the proportion of patients on the ward, who smoke, who undertake meaningful tobacco treatment by x% by October 2024.

Outcome measures

1) Smoking status screened (monthly)

- The percentage of patients screened for a recorded smoking status on admission.

2) Patients engaged with a tobacco dependency treatment service (monthly)

- Percentage of patients who smoke who are engaged with a tobacco dependency treatment service.

3) Patients have quit tobacco use (monthly)

- Percentage of patients engaged with a tobacco dependency treatment service who have quit tobacco use after 28 days.

4) The support provided by tobacco dependency treatment service is meaningful (monthly)

- A survey to measure patient experience, collected at discharge. This includes 4 questions in total: the first 3 will generate quantitative data and will be inputted onto LifeQI. LifeQI is an online platform you will use to collect and visualise your data. Your QI Coach will introduce you to LifeQI as part of the collaborative. The final question is an open text box for patients to provide further context and information should they wish. This qualitative data will not be logged onto LifeQI but provides additional improvement data for services.

Data collection plan

Collecting your data

The four outcome measures set out in this measurement plan will be the primary way in which you will know whether your changes are leading to an increase in patients undertaking tobacco treatment and that the treatment is meaningful.

Outcome measures one to three will be the same data you enter into the NHS Digital Tobacco Dependency dataset. Outcome measure four will be collected via the patient feedback questionnaire upon discharge. We will provide access to and support you to submit this data onto [LifeQI](#).

Data should be submitted at the end of every month and the date of data entry on LifeQI will always correspond to the last day of the month. This will be the same for all teams across the collaborative, so that we are able to aggregate the data. Your project teams will also have access to this platform where you will be able to track overall project progress (including viewing data, adapting your driver diagram and adding change ideas).

If for any reason, you think your team will not be able to collect data through the NHS Digital Tobacco Dependency dataset and submit onto LifeQI, please speak with your QI Coach.

Monthly measures

1) Smoking status screened

The first outcome measure is the 'percentage of patients screened for a recorded smoking status on admission' and uses the following data point in the **NHS Digital Tobacco Dependency dataset** to collect this data:

What is the patient's smoking status on admission?	
<p>Count (numerator) - All admissions during the month for whom smoking status was screened and recorded which can include the following responses:</p> <ul style="list-style-type: none">• Smoker / Current smoker• Ex-smoker• Never smoked• Smoker undertaking a current supported quit attempt• E-cigarette user only• Not stated (patient asked but declined to provide a response) <p><u>Please note, the following options are not included in the count:</u></p> <ul style="list-style-type: none">• Unknown (Not recorded)	<p>Total (denominator)</p> <p>Total number of admissions to the ward(s) in the month</p> <p><i>i.e. if entering data for March, the total would be the number of new admissions to the ward(s) you are working with on our QuITT project between March 1st and March 31st</i></p>

N.B upon entering the count and the total, the percentage will be generated by LifeQI.

2) Patients engaged with a tobacco dependency treatment service

The second outcome measure is the ‘percentage of patients who smoke, who are meaningfully engaged with a tobacco dependency treatment service’ and uses the following data point in the **NHS Digital Tobacco Dependency dataset** to collect this data:

What intervention was provided by the Tobacco Treatment Adviser to the smoker:	
<p>Count (numerator) - <i>all patients for whom one of the below responses was recorded</i></p> <ul style="list-style-type: none"> • Smoking reduction (a supported attempt to reduce the number of cigarettes smoked, with or without the use of nicotine) • Supported temporary abstinence (supported to remain smoke free whilst in hospital, no follow-up care) • Quit attempt with behavioural intervention and licensed medication – recommended NHS intervention • Quit attempt with behavioural intervention and unlicensed nicotine containing products • Quit attempt with behavioural intervention and without pharmacotherapy <p><i>Please note, the following options are not included in the count:</i></p> <ul style="list-style-type: none"> • Unsupported temporary abstinence • Unsupported quit attempt without nicotine • Unsupported quit attempt with nicotine • Very Brief Advice (VBA) only (refusal of opt-out offer of treatment) • No care plan (VBA or treatment) provided – unable to provide VBA due to medical or other condition • No care plan (VBA or treatment) provided – other 	<p>Total (denominator)</p> <p><i>Total number of people who smoke on the ward(s)</i></p>

N.B upon entering the count and the total, the percentage will be generated by LifeQI.

3) Quitting tobacco use

The third outcome measure is the 'percentage of patients engaged with a tobacco dependency treatment service who have quit tobacco use at 28 days'. QUITT project teams will collect data in one of two ways, depending on typical length of stay. This distinction has been made to collect data in longer-term environments.

When a patient's 28-day follow up should take place depends on their length of stay:

- For patients with a length of stay of up to and including 28 days, follow up should take place at 28 days after discharge.
- For patients with a length of stay over 28 days, follow up should take place at 28 days after their agreed quit date.

Data for this measure is taken from the following data point in the **NHS Digital Tobacco Dependency dataset**:

Was the patient followed up at 28 days, and what was their tobacco care plan outcome?	
<p>Count (numerator) - all patients for whom one of the below responses was recorded:</p> <ul style="list-style-type: none"> • CO (carbon monoxide) confirmed quit • Self-reported (only) quit. <p><u>Please note, the following options are not included in the count:</u></p> <ul style="list-style-type: none"> • Confirmed current smoker (not quit) • Smoking status unknown (lost to follow up) 	<p>Total (denominator)</p> <p>Total number of patients who were eligible for 28 day follow up in the past month.</p> <p><i>i.e. If entering data for March, the total would be all patients whose 28-day follow up fell between March 1st to March 31st</i></p> <p>Patients that are eligible for follow up are those who have agreed to take part in treatment with tobacco dependency treatment services to either reduce the number of cigarettes smoked or to start a quit attempt.</p> <p>Follow up is not for those on the wards who normally smoke and need NRT in the interim but intend to continue to smoke when they leave hospital.</p>

N.B upon entering the count and the total, the percentage will be generated by LifeQI.

4) The support provided by tobacco dependency treatment service is meaningful

The fourth outcome measure is patients' experience of using a tobacco dependency treatment service, collected via a questionnaire upon discharge:

Question 1. Do you feel able to quit or continue to be smoke free?

Yes No *I don't know*

Question 2. How was your experience of the tobacco treatment service during your admission?

Very bad Quite bad Neither good nor bad Quite good Very good

Not applicable – I was not aware of the service

Not applicable – I did not want the service

Question 3. Do you feel the support to quit smoking was tailored to your needs and preferences (including your ethnicity, disability, sexuality, cultural background, or other personal characteristics)?

Yes No *Not sure*

To calculate your data for this outcome measure, each month you will need to collect the total number of people who responded 'yes' for question 1, 'quite good' or 'very good' for question 2, and 'yes' for question 3 (numerator/the **Count**) and the total number of people who completed the survey (denominator/the **Total**).

Question 4. Please share any other thoughts or feedback on your experience of support around smoking during your admission. This could include how were your needs understood, what was helpful or unhelpful to you or how the service could be improved.

If you did not wish to receive support from the tobacco dependency treatment service, your feedback on why would be helpful, if you would like to tell us:

Data analysis

LifeQI

All project teams on the collaborative will have access to the online platform called LifeQI, with licences provided. We will set this up for you at a programme level and send invitations for selected project team members to join their own projects. Training and ongoing support will be provided by your allocated QI Coach.

Data champion

We suggest that each team allocate one or two 'data champions' who will ensure the data is collected as per this measurement plan, and that the team are able to make use of the data for learning purposes.