THE MEDICAL MANAGEMENT OF INPATIENTS WITH TOBACCO DEPENDENCY

Supplementary material 3: Setting up a Tobacco Dependency Treatment Service in an acute care NHS Hospital

Given the growing evidence base for the treatment of tobacco dependency in acute care trusts and the national funding to deliver this treatment in England, there is a sharp focus on the implementation of hospital-based tobacco dependency treatment services in the UK. Hospital clinicians, including respiratory physicians, are being asked to provide clinical leadership and operational / strategic oversight for these new services.

Ensuring an effective implementation of a hospital-based treatment service requires a number fundamental elements and pillars for success (Figure 1 [1)]); the systematic screening of all hospital admissions for smoking status, an opt-out referral to an in-house team of tobacco dependency advisors (TDAs), initiation of NRT at the point of admission by the front line clinical staff according to a standardised hospital protocol, a specialist consultation with a TDA to agree a treatment plan and ongoing support after discharge and a discharge pathway to ensure ongoing treatment and support is readily accessed. The optimal discharge pathway is likely to be one that flexes to the needs of the patient and could include ongoing follow-up with the hospital-based TDAs, referral to a community stop smoking service and referring to a community pharmacy service.

Setting this pathway up requires broad stakeholder engagement across IT system support, pharmacy & medicines management, Human Resources (HR), education & training, communications department & local authority / community pharmacy stop smoking services. At the head of this sits a critical leadership triumvirate of a clinical lead, an executive lead and project manager. This triumvirate keeps progress moving and supports changing the culture across the hospital system to recognise the disease of tobacco dependency as the responsibility of all hospital clinicians to recognise and treat. Measuring the effectiveness of the locally implemented tobacco dependency treatment service can be a valuable tool to apply quality improvement methodology. A series of recommendations are provided below to support service implementation:

- Set up a programme Task & Finish Group, co-chaired by the clinical and executive leads, supported by the project manager. Ensure all stakeholders across the treatment pathway are represented at this group.

- Ensure the hospital's electronic patient record (EPR) system has in-built workflows to record the smoking status for all patients admitted to the hospital and automate the referral to the TDAs when a current smoker is identified

- Ensure tobacco dependency can be recorded as a coded diagnosis for patients that smoke admitted to hospital and is included in all communication about hospital stay.

- Ensure an agreed prescribing protocol for nicotine replacement therapy has been agreed by the hospital's Medicines Management Group. Consider automated electronic 'pop-up' prompts when a patient is identified as a current smoker to support and record the provision of Very Brief Advice and to link to electronic prescribing of NRT

- Ensure electronic systems support the recording of the outcome of a TDA assessment during a hospital admission which is communicated with the patients general practitioner (GP)

- Ensure efficient and reliable referral mechanisms for ongoing treatment and support after discharge. Electronic referral system will support the capture of data and the return of outcome data to help evaluate service performance.

- Electronic workflows will ensure accurate data collection for performance monitoring of the service.

- Learning from teams experienced in treating tobacco dependence is that feedback on outcomes is an important motivator in engaging and sustaining clinician involvement in the diagnosis and treatment of tobacco dependence

For more resources to support the development, delivery and improvement of tobacco dependency services, please see the Respiratory Futures Tobacco Dependency Programme page found here:
https://www.respiratoryfutures.org.uk/programmes-pages/delivery-of-care/tobacco-dependency-project/

Figure 1: The pillars of success of a hospital-based tobacco dependency treatment service (Taken from the CURE Project, one example of an acute care tobacco dependency service (1))
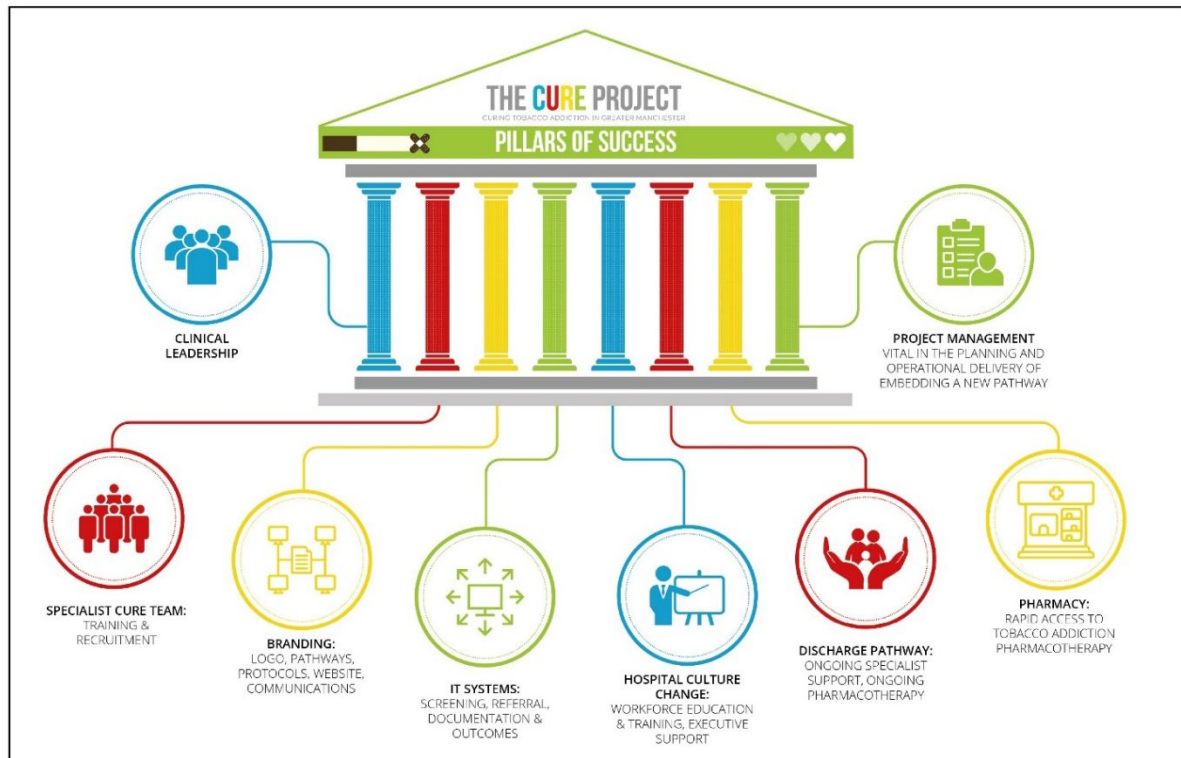
References

1.   Agrawal S, Mangera Z, Murray RL, Howle F, Evison M. Successes and Challenges of Implementing Tobacco Dependency Treatment in Health Care Institutions in England. Curr Oncol. 2022;29(5):3738-47.