

Assessing the effects of an inpatient brief intervention tool for smoking cessation

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Introduction: Smoking cessation among hospital inpatients is essential to reduce risk of surgical complications and mortality. In Queensland, the Smoking Cessation Clinical Pathway (SCCP), a brief intervention tool, is used in public hospitals to support smoking cessation. This presentation collates findings from three studies to assess the SCCP's impact on nicotine replacement therapy (NRT) use and smoking cessation.

Method: In three studies, we conducted a retrospective review of records from Brisbane's Princess Alexandra Hospital to examine: 1) NRT prescribing and use; 2) smoking cessation upon readmission within a 12-month timeframe; and 3) smoking cessation upon readmission within a two-year timeframe. For all three studies, we extracted data from the hospital's integrated electronic medical record on hospital admission/discharge, NRT prescription/use, SCCP completion, and smoking history. Data were analysed with descriptive statistics, chi-squared and Fisher's exact tests. For study 3, we conducted a multinomial logistic regression to investigate the impact of SCCP completion on smoking status at final readmission.

Results: Study 1 found that NRT prescribing on admission and discharge was higher in patients with a completed SCCP ($p=0.001$; $p=0.027$). Study 2 found that 26% of 504 patients who completed a SCCP had quit smoking by a subsequent readmission. Study 3 found that patients with a completed SCCP were 1.8 times ($p=0.030$) more likely to quit smoking at any point in the 2-year study period, and twice as likely to have quit at the end of the study period ($p=0.044$).

Discussions and Conclusions: The SCCP may be effective at promoting NRT use and smoking cessation.

Implications for Practice or Policy: The SCCP can be used by doctors, nurses or allied health clinicians to encourage smoking cessation among inpatients. The tool's acceptability and brevity have led to broad implementation across Queensland hospitals, and our findings suggest benefit from its implementation across other jurisdictions.

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