

ASSESSING THE EFFECTS OF A HOSPITAL INPATIENT BRIEF INTERVENTION TOOL FOR SMOKING CESSATION



A SUMMARY OF 3 STUDIES

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Evaluating the utility of a Smoking Cessation Clinical Pathway tool to promote nicotine prescribing and use among inpatients of a tertiary hospital in Brisbane, Australia (2020). *Journal of Smoking Cessation.*

Keshia De Guzman (1), Centaine Snoswell (1), Cheneal Puljević (2), & Deepali Gupta (3)

Smoking status on subsequent readmission to hospital: The impact of inpatient brief interventions for smokers (2021). *Tobacco Prevention & Cessation.*

Kathryn Vitangcol (1), Cheneal Puljević (2), Deepali Gupta (3) & Centaine Snoswell (1)

Assessing the Effect of an Inpatient Smoking Cessation Brief Intervention Tool on Long-Term Smoking Cessation Rates and Patient Interest for Nicotine Replacement Therapy: A Retrospective Analysis (2023). *European Addiction Research.*

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BACKGROUND

Queensland's public hospitals have mandated smoke-free policies. Smoking cessation among hospital inpatients is essential to reduce risk of surgical complications and all-cause mortality. To promote smoking cessation, the Smoking Cessation Clinical Pathway (SCCP), a brief intervention tool, has been used by clinical staff in Queensland's public hospitals to uniformly support patients to quit smoking since 2015. The SCCP is a form that guides clinicians through screening patients' smoking behaviours, prescribing NRT, and referring to Quitline.

METHODS



2020

A retrospective review of electronic patient records from the Princess Alexandra Hospital was conducted to examine SCCP responses and NRT offering, prescribing and use. Data were analysed using chi-squared and Fisher's exact tests.



2021

A retrospective review of electronic patient records from the Princess Alexandra Hospital was conducted to examine smoking status upon readmission for patients re-admitted within a year of first admission. Data were analysed descriptively.



2023

A retrospective review of electronic patient records from the Princess Alexandra Hospital was conducted to examine smoking status upon readmission for patients re-admitted within two year of first admission. Data were analysed using chi-squared tests and a multinomial logistic regression.

2020

2021

2023

EVALUATING THE UTILITY OF A SMOKING CESSATION CLINICAL PATHWAY TOOL TO PROMOTE NICOTINE PRESCRIBING AND USE AMONG INPATIENTS OF A TERTIARY HOSPITAL IN BRISBANE, AUSTRALIA

To investigate the impact of completed SCCP on nicotine replacement therapy (NRT) prescribing and use, and to explore clinician involvement in smoking cessation interventions.

SMOKING STATUS ON SUBSEQUENT READMISSION TO HOSPITAL: THE IMPACT OF INPATIENT BRIEF INTERVENTIONS FOR SMOKERS

To evaluate the effect of the SCCP on long-term smoking cessation rates one year post admission

ASSESSING THE EFFECT OF AN INPATIENT SMOKING CESSATION BRIEF INTERVENTION TOOL ON LONG-TERM SMOKING CESSATION RATES AND PATIENT INTEREST FOR NICOTINE REPLACEMENT THERAPY: A RETROSPECTIVE ANALYSIS

To assess the effect of the SCCP on smoking cessation rates two years post admission and whether SCCP affects inpatients' interest in NRT during admission and after discharge.

RESULTS

NRT prescribing on admission ($p=0.001$) and discharge ($p=0.027$) was significantly higher in patients with a completed SCCP. Intention to quit had no effect on whether NRT was offered ($p=0.276$). NRT acceptance was higher for patients who intended to quit smoking ($p<0.0001$).

Of 504 patients included in analyses, 166 (33%) had quit smoking at their first readmission. Of these, 129 (78%) remained abstinent by their final admission. Overall, 26% of patients who completed an SCCP had quit smoking by a subsequent readmission to hospital.

Patients with a completed SCCP were 1.8 times (RRR: 1.825, $p=0.030$) more likely to quit smoking at any point in the two-year study period, and twice as likely to have quit at the end of the two-year study period (RRR: 2.064, $p=0.044$).

DISCUSSION & CONCLUSIONS

Our findings suggest that the SCCP is effective at promoting NRT use and smoking cessation among hospital inpatients in Brisbane, Australia. These findings support the implementation of the SCCP as part of routine care for all people admitted to hospital who report current tobacco smoking.

Replication of this study in other hospitals, both in Australia and globally, is required to confirm the generalisability of our findings, and to clarify the impacts of other factors (e.g., NRT acceptability, adherence to hospital policies) on smoking outcomes.

TAKE HOME MESSAGE

A brief intervention tool that guides clinicians through prescribing NRT for hospital inpatients who smoke is effective at promoting smoking cessation up to two years post admission

