Introduction

This presentation provides an overview of the changes that have been made to the Smoking Cessation Clinical Pathway
The Statewide Smoking Cessation Clinical Pathway is an initiative of the Statewide Respiratory Clinical Network. Version 1 of the clinical pathway was completed in 2012.

The clinical pathway is used for screening smoking behaviour of all patients in acute, community and mental health settings. From July 1 2016, this will also include patients receiving a course of dental care.

The Clinical Pathway:
- Provides an evidence based decision support tool for clinicians to use at point of care
- Supports Quality Improvement Payment – a purchasing initiative to incentivise clinician-led cessation interventions

The expected benefits are:
- Support smoking cessation for clients especially the hard to treat
- Reduce the health risks associated with smoking
- Support awareness of smoking cessation responsibilities of all health professionals
- Enables opportunistic risk assessment
Review process

The 2016 biennial review of the clinical pathway was undertaken to update clinical content to:

‣ Reflect current Evidence Based Guidelines  
‣ Complies with Department of Health documentation Style Guidelines and Australian Standards for clinical records  
‣ Include broad consultation with stakeholders including clinicians representative of a wide range of health facilities, consumers, general partitioners, consumer, Quitline representatives and Physicians and Preventive Health.

In addition, the latest review process has undergone format changes to streamline clinical content into a more succinct and user-friendly documents.
Overall Governance is through the Statewide Respiratory Clinical Network. The diagram to the right shows the process of the review.
Clinical Expert Group

- An Expression of Interest was sought from members of the Statewide Respiratory Clinical Network (SRCN) to form a clinical expert group to review the SSCP content.
- A Chair was nominated by the SRCN.
- Members included pharmacy, general practitioner, smoking cessation coordinators, public health, registered nurses, physician, consumer, and clinical pathways team members.
- Specialist advice was sought from Medical Records Administrators.
- Meetings were held over several months to review evidence and formulate new content.
- Once consensus was reached the clinical pathway was presented to the SRCN for endorsement.
- The final version (version 5) was endorsed by the Statewide Respiratory Clinical Network in July 2016.
Old vs New Versions

This document is no longer available

New Version 5.0 – showing page 1
Changes

- Over 140 change requests received and discussed
- Major changes page 1.

**Disclaimer:** This tool is for screening smoking behaviour and to guide support for those who temporarily cannot smoke or wish to reduce/quit smoking – the word for all patients has been removed to make the section easier to follow.

**Ask:**
- Q1 Changes to “have you smoked tobacco in the last 30 days?”. This change was required in the Electronic Medical Record to differentiate this assessment from other substance use assessments that are conducted.
- Included wording for patient/clients where pathway may not be possible “If you are unable to complete this pathway, document the reason in the comment section below” with a check box see comment.
- Q2. This was previous question 5 and has been moved to Q2 to facilitate open ended discussion. The question now reads Do you want quit smoking yes and no with a prompt to offer inpatients NRT to manage withdrawals of they answered No.
Changes (continued)

Assess:
- This section has been revised to include an additional Q for assessment of nicotine dependence. Nicotine Dependence.
- Fagerstrom Test for Nicotine Dependence has been amended to make the assessment process simpler and still maintain the integrity of the assessment. Question 2/3/4 have been amalgamated. Revised to include an additional Question for assessment of nicotine dependence “do you have a history of withdrawals…smoking.” This is to be in line with the RACGP guidelines. This is to ensure that the SCCP can continue to improve the coding of nicotine dependence which historically was poorly documented.
- Q4 has been added Is the patient nicotine dependent remains. With yes no and scoring has been removed.
- Q5 Electronic cigarettes has been added to trigger that they may also contain nicotine and thus patients should be offered NRT.
Advise:

- Wording essentially the same small changes to suit the SCCP in outpatients i.e. NRT is available from most retail stores, however patches and medications are cheaper if PBS prescribed by a Health Professional.

- Additional statements added to include Outpatients e.g. replacing notation to hospital and including using NRT and behavioural support considerably increases our long term success in quitting and a comment about the availability of NRT.
Changes (continued)

Assist:

- The Assist section is separated for inpatients and outpatients.
- Inpatients only section has been initiated – as prescribing NRT for withdrawals may not be relevant to outpatients.
- Q7 Consider NRT precautions heading changed to “Special Consideration” keeping in mind that these special considerations can be linked to an alternate treatment algorithm in the future.
- Q8 Re-wording of Question 8 to make the statements action focused.
- Nurse initiated, Pharmacist initiated and Doctor initiated tick boxes removed and replaced by one line “NRT” can be initiated by a medical officer, nurse or pharmacist according to your local policy.
- An option question for patients who are unable to be offered NRT for various reasons.
- Q9 A PBS section added – which is more relevant to outpatients and discharge.
Changes (continued)

Arrange Follow up:

- Page 3 in previous version Quitline Referral Form has been removed – Page 1 can be faxed to referral with an Queensland Health cover sheet
- Two signature logs allowed as the process may be reviewed by more than one clinician
- Check box for feedback from Quitline
- Q 11. An area to add the patient phone number has been added so that is readily available to Quitline.
Tick box at the top of the page removed - this was underutilised; replaced by just the heading.
- Note changes in the combination algorithm to:
  - Facilitate combination therapy of patches and fast acting NRT forms.
  - Clear options provided for prescribing two patches

**Combination Nicotine Replacement Therapy (NRT) Algorithm:**
- refined and removed duplication
- Referencing amended for Algorithm
- References included for evidence for Nicotine Replacement Therapy including Cochrane Review and RACGP including website information
- **Product Information:** includes information on other forms of oral NRT as being utilised by some sites in Queensland e.g. Inhaler
Page 2 changes (continued)

- **NRT PBS Prescribing**: Discharge authority scripting updated in line with PBS Changes

- **Professional development and further information**: updated to include where users can seek assistance, Statewide Respiratory Clinical Network, Smoke-free Healthcare Information, Clinical Pathways and Quitline.

- **A QR code** has been added to allow for patients to download “MyQuitBuddy” app to embark on their journey. This would be an added feature on new paper forms.
## How to Order

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<th>OM Code</th>
<th>FMN</th>
<th>SW Number</th>
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<th>Title</th>
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<td><a href="mailto:Denise.Curran@health.qld.gov.au">Denise.Curran@health.qld.gov.au</a></td>
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