



Smoking Cessation Clinical Pathway

Review 2016

Version 1.0 28/09/2016
For review 2018

Introduction

This presentation provides an overview of the changes that have been made to the Smoking Cessation Clinical Pathway

Background

- ❖ 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:
 - Supports Queensland Government *Tobacco and Other Smoking Products Act 1998* and *Tobacco and Other Smoking Products Regulation 2010*.
 - 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

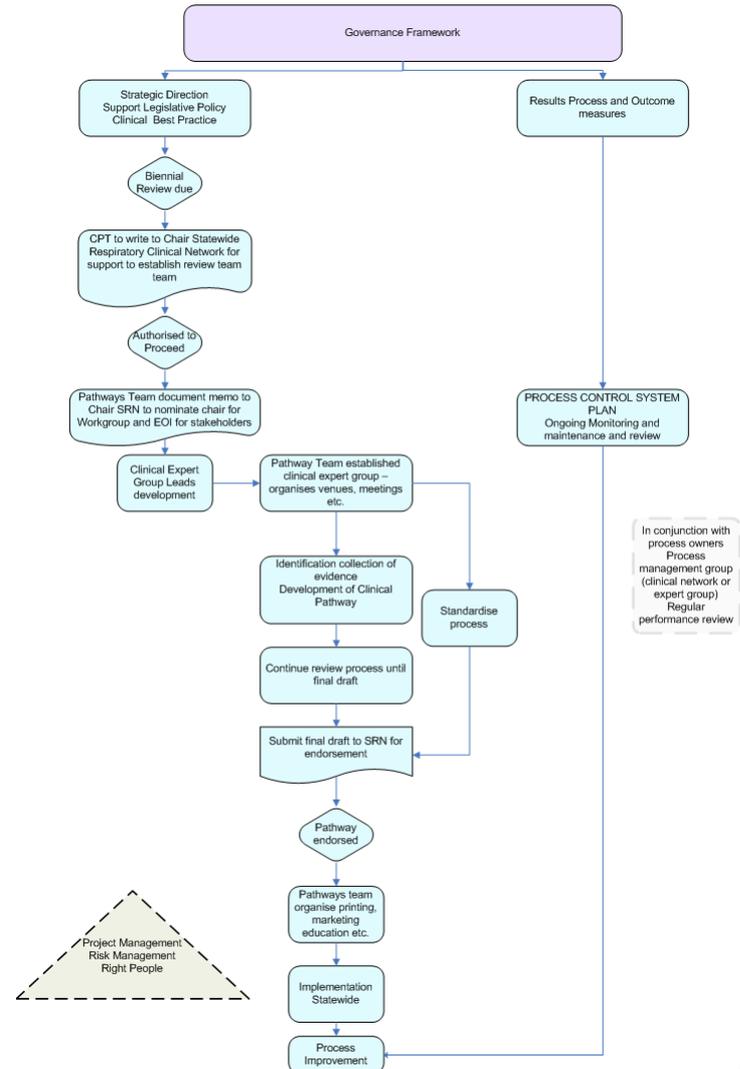
The 2016 biennial review of the clinical pathway was undertaken to update clinical content to:

- › 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 practitioners, 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

Governance

- ❖ 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 (version5) 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

Smoking Cessation Clinical Pathway

Family name:
Given name(s):
Address:
Date of birth: Sex: M F

Facility: _____

This tool is to be used for screening smoking behaviour of all patients and to provide support to those who smoke. Clinical pathways never replace clinical judgement. Care outlined in this pathway must be altered if it is not clinically appropriate for the individual patient.

Category	Date: / /	SCORE
Ask (All patients on admission)	1 Have you smoked in the last 30 days? <input type="checkbox"/> Yes (continue with pathway) <input type="checkbox"/> No (congratulate, sign form, file in patient chart)	
Assess (Nicotine dependence score)	2 How many cigarettes do you smoke on a typical day? <input type="checkbox"/> More than 30 (score = 3) <input type="checkbox"/> 21 to 30 (score = 2) <input type="checkbox"/> 11 to 20 (score = 1) <input type="checkbox"/> 10 or less (score = 0)	
	3 When you wake up in the morning, how long do you smoke your first cigarette? <input type="checkbox"/> Within 5 minutes (score = 3) <input type="checkbox"/> 6 to 30 minutes (score = 2) <input type="checkbox"/> More than 60 mins (score = 1)	
	4 Is the patient likely to succeed with NRT? <input type="checkbox"/> Yes (if total score = 0 or 1) <input type="checkbox"/> No (if total score = 2 or 3) - see page 2 for instructions	TOTAL OF SCORES ABOVE
	5 Do you want to quit smoking now? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, refer to quitline to reduce withdrawals, don't refer to Quitline)	
	6 Are you currently using any of the following? <input type="checkbox"/> Nicotine replacement therapy (NRT) <input type="checkbox"/> Varenicline (Champix®) <input type="checkbox"/> Bupropion (Zyban®) Advise patient/treating team to continue current regimen referring to algorithm on page 2	
Advise	7 Advise all smokers to quit using clear but non- confrontational language: "As a health professional, I strongly recommend you quit smoking." "Giving up smoking now will greatly reduce the health risks to you and your family having cravings or not?" "In hospital we have NRT available to help you with your cravings." (if available)	
Assist (Discuss treatment and other options during hospital stay)	8 Consider NRT to relieve nicotine withdrawal and assist with quitting, if appropriate (NRT depending on unit preference): <input type="checkbox"/> Children <12 years of age <input type="checkbox"/> Pregnant / Lactating <input type="checkbox"/> Recent cardiovascular event (e.g. heart attack, stroke, surgery, finger re-implant, skin grafts etc)	
	Note: Patients who stop smoking with or without NRT may require a medication dose change (e.g. opioids, antipsychotics, benzodiazepine, insulin, warfarin). Seek pharmacist advice.	
	9 NRT is offered to relieve nicotine withdrawal and make the patient more comfortable and/or assist with quitting. It is always safer to use NRT than to continue smoking. NRT should be titrated to achieve effect (see flow chart page 2). <input type="checkbox"/> Patient offered NRT and accepted <input type="checkbox"/> Patient offered NRT and declined (ask again during patient's hospital stay) Patch or gum ordered (see medication chart): <input type="checkbox"/> Nurse initiated <input type="checkbox"/> Medical Officer initiated <input type="checkbox"/> Pharmacist initiated NRT must be prescribed in the medication chart by a Medical Officer within 24 hours per hospital policy.	
	10 Patient advised of the FREE Quitline Service (i.e. given a 'Quit because you can' Booklet) <input type="checkbox"/> Yes <input type="checkbox"/> No	
	11 Was the patient referred to the Quitline Service (i.e. phone / online referral or faxback form) <input type="checkbox"/> Yes (see p.2) <input type="checkbox"/> No	
Arrange follow-up	12 Complete Patient Discharge Referral Date completed: / / Discharge script of NRT as appropriate (streamlined authority codes - see page 2) Date completed: / /	
Comments:		
Signature Log This section is to be signed when page 1 of the pathway has been completed and IMMEDIATELY FILED in patient chart.		
Name (print)	Designation	Signature

Smoking Cessation Clinical Pathway

Family name:
Given name(s):
Address:
Date of birth: Sex: M F

Facility: _____

This tool is for screening smoking behaviour and to guide support for those who temporarily cannot smoke or wish to reduce/stop smoking. Clinical pathways never replace clinical judgement. Care outlined in this pathway must be altered if it is not clinically appropriate for the individual patient.

Category	Date: / /	SCORE
Ask (All patients)	1. Have you smoked tobacco in the last 30 days? <input type="checkbox"/> Yes (continue with pathway) <input type="checkbox"/> No (congratulate, sign and file) Electronic cigarettes may require nicotine replacement therapy (NRT) in hospital. If you are unable to complete this pathway, document the reason in the comments section below. <input type="checkbox"/> See comment	
	2. Do you want to quit smoking? <input type="checkbox"/> Yes <input type="checkbox"/> No (tell offer NRT for inpatients to manage withdrawal)	
Assess	3. Nicotine dependence: a. How many cigarettes do you smoke in a typical day? Is this more than 10 cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Do you smoke your first cigarette within 60 minutes of waking? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Do you have a history of withdrawal symptoms/savings from quitting smoking? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to one or more of the above, then the patient is considered nicotine dependent and should be offered NRT.	
	4. Is the patient nicotine dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	5. Are you currently using any of the following? <input type="checkbox"/> NRT (continue regimen referring to algorithm on page 2) <input type="checkbox"/> Varenicline (Champix®) <input type="checkbox"/> Bupropion (Zyban®) *Subsue treating team to prescribe Champix/Zyban® if not available offer NRT for inpatients only.	
Advise	6. Advise all smokers to quit using clear but non-confrontational language: "As a health professional, the best advice that I can give you is to try to stop smoking." "Giving up smoking is hard, but I will help with (e.g. surgery, healing, medication, finances, health and fitness)" "Using NRT and behavioural support considerably increases your long term success in quitting" "NRT is available from most retail stores, however patches and medications (Champix® and Zyban®) are cheaper on PBS"	
Assist (Discuss treatment and other options)	7. Special considerations (medical approval may be required prior to initiating NRT depending on unit preference): <input type="checkbox"/> Any local precautions/booklets (e.g. microvascular surgery, skin grafts etc) <input type="checkbox"/> Children <12 years of age <input type="checkbox"/> Pregnant/lactating <input type="checkbox"/> Recent cardiovascular event <48 hours <input type="checkbox"/> Cessazine Note: Patients who stop smoking with or without NRT may require a medication dose change (e.g. opioids, antipsychotics, benzodiazepines, insulin and warfarin). Seek Medical Officer advice if any of the above are listed.	
Prescribe/Refer	8. Offer NRT to relieve nicotine withdrawal and/or assist with quitting, if smoking/withdrawals persist, NRT should be titrated to achieve effect (see flow chart page 2). NRT can be initiated by a medical officer, nurse or pharmacist according to your local policy. <input type="checkbox"/> Patient offered NRT and accepted treatment (ensure discharge script is written for ongoing treatment) <input type="checkbox"/> Patient offered NRT and declined treatment (ask again during stay as needed) <input type="checkbox"/> Patient unable to be offered NRT. Refer to Medical Officer (see Q7) or reason: If no, document reason.	
	9. Prescribed pharmacotherapy (NRT patches/Champix®/Zyban®) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Arrange follow-up	10. Patient provided with a copy of "self-help" resource (e.g. 'Quit because You Can' booklet) <input type="checkbox"/> Yes <input type="checkbox"/> No	
	11. Did patient consent to referral to any of these services? (tick all that apply): a. Quitline Service (TQLUT@health.qld.gov.au; Fax: 07 3256 8217; Patient phone: _____) <input type="checkbox"/> Yes <input type="checkbox"/> No b. Local smoking cessation support/tobacco treatment specialist services in the HHS <input type="checkbox"/> Yes <input type="checkbox"/> No c. GP follow up (remind patients of subsidised PBS products - see page 2) For both cover above or just copy with discharge summary after completion to the services/s above.	
Comments:		
Assessment completed by -Name	Designation	Signature
Assessment review completed by (if required) -Name	Designation	Signature

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 ben removed
- ❖ Q5 Electronic cigarettes has been added to trigger that they may also contain nicotine and thus patients should be offered NRT

Changes (continued)

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.

Page 2 changes (continued)

- ❖ 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

OM Code	FMN	SW Number	Version	Title	Description in OfficeMax Catalogue	Custodian Email
4317653	10267567	SW321	v5.00 - 08/2016	Smoking Cessation Clinical Pathway	Smoking Cessation Clinical Pathway v5.00 - SW321 (Pack of 100)	Denise.Curran@health.qld.gov.au

Contact Details

» Clinical_pathways_program@health.qld.gov.au

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- » Henry Marshall, Thoracic Physician, TPCH
- » Phoebe Shields, Nurse Navigator, Complex Chronic Disease
- » Shelley Peardon, A/Executive Director, Health Contact Centre
- » Adrienne Kistellar, Smoking Cessation Project Officer, RBWH
- » Jenny Minchell, Clinical Nurse, Curl Diagnosis Coordinator, Darling Downs Hospital and Health Service
- » Ismail Arbi, Pharmacist, Nambour General Hospital
- » Ron Nightingale, District Director of Pharmacy, Mackay Hospital and Health Service
- » Anna Voloschenko. Consumer
- » Stephanie Nunan, Principal Project Officer, Clinical Pathways, Healthcare Improvement Unit
- » Denise Curran, Manager, Clinical Pathways, Healthcare Improvement Unit