
# The impact of smoking cessation program on referrals in a cardio-respiratory admissions unit

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## Aims & Objectives

NICE guidelines (November 2020) recommend that all patients above 12 years of age who smoke should receive smoking cessation advice and interventions.
Our aim is to improve the number of assessments to ensure that the majority of the smokers presenting to the Clinical Decision Unit (CDU), which is a Cardio-Respiratory admissions unit, have been offered smoking cessation advice and referral to stop smoking services.

## Method

We retrospectively collected data for patients admitted in December 2020 in the first cycle and July 2021, in the second cycle. Data source was department database. The interventions were offered by the staff in CDU as well as members of the CURE team, our local smoking cessation team.
The key interventions from **the staff** were: assessing the smoking status, delivering verbal brief advice, prescribing nicotine replacement therapy (NRT) and referring to the CURE team.
The key interventions from **the CURE team** were: bedside consultations by the Tobacco Dependency Advisors, reviewing NRT prescribed, behavioural support, then offering a direct referral to the community Stop Smoking service on discharge, creating and distributing communication materials to staff and patients such as prescribing advice, medication leaflets, stop smoking contact details, delivering staff training on a rolling monthly basis.

## Results

In the first cycle, 974 patients were admitted in December 2020. Of these, 346 (36%) were assessed for their smoking status and 628 (64%) were not assessed. Of the 346 assessed patients, 55 (16%) were current smokers while 291 (84%) were either non-smokers or ex-smokers. Of the 55 current smokers, 40 (73%) were offered but declined referral to Stop smoking services and for 15 (27%) there is no documentation that they were offered verbal brief advice.
In the second cycle, 1895 patients were admitted in July 2021. Of these, 1673 (88%) were assessed for their smoking status and 222 (12%) were not assessed. Of the 1673, 275 (16%) were current smokers while 1398 (84%) were either non-smokers or ex-smokers. All the 275 current smokers (100%) were offered referral to stop smoking services but only 53 patients (19%) agreed whilst 222 (81%) declined referral.
In the second cycle, there was a 52% increase in assessments and 27% increase in the smoking cessation referrals compared to the first one.

## Conclusions

Despite the significant enhancement of the number of assessed patients, there is still room for improvement and ideally more than 90% patients should be assessed. In the unique CDU environment, there are irreversible factors that are contributing to a limited number of assessments such as: patients who self-discharge before the smoking assessment is carried out, drowsy or unconscious patients, patients who will be moved immediately to ITU or catheterisation lab, extremely busy unit where, due to COVID-19 pandemic restrictions, patients have to be moved out of the unit very quickly to prevent overcrowding.