

It's time hospital pharmacists collaborate to Close the Gap on Indigenous smoking

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BACKGROUND

Tobacco smoking amongst Aboriginal & Torres Strait Islander identified population group remains the single most preventable cause of ill health and death, contributing to more drug-related hospitalisations and deaths than alcohol and illicit drug use combined (Figure 1).¹ Tobacco smoking is a major risk factor for coronary heart disease, stroke, peripheral vascular disease and cancer.^{2,3} Nicotine replacement therapy (NRT) has shown to double the quit rates and empowers people to quit smoking.⁴

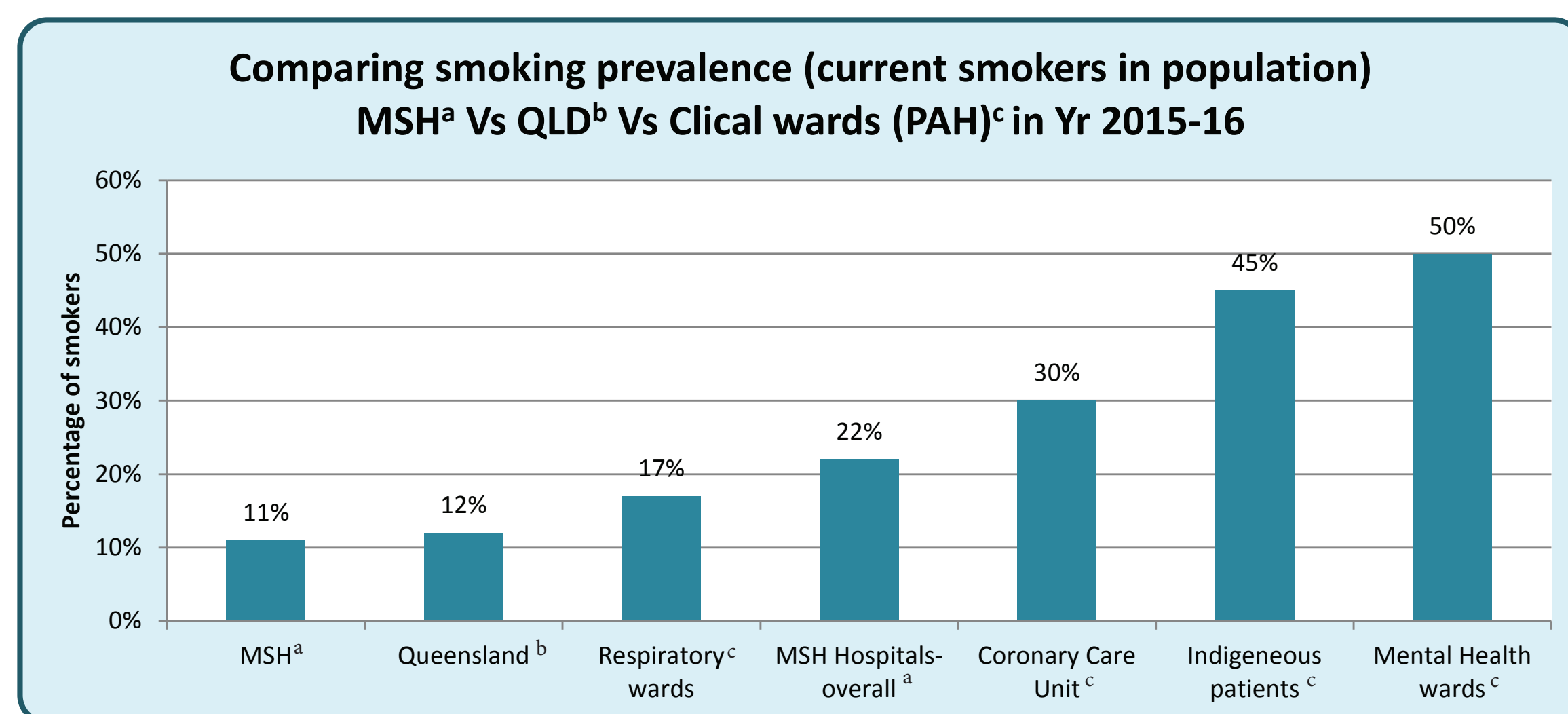


Figure 1: Comparison of smoking prevalence across Metro South Hospital and Health Service (MSH HHS) Vs QLD Vs Clinical area (year 2015-16)⁵

AIM

Smoking cessation pharmacy team initiated collaboration with Aboriginal & Torres Strait Islander patient liaison officers at Princess Alexandra Hospital (PAH) in May 2017 as a way of helping improve NRT acceptance rates and NRT utilisation amongst inpatient Aboriginal & Torres Strait Islander Identified population.

METHODS

Smoking Cessation specialist pharmacist provided education and resources to the Aboriginal & Torres Strait Islander patient liaison officers (PLOs) to initiate the discussion in patients and refer those who continued to smoke, requested more information or refused NRT in hospital, to the pharmacist.

Smoking cessation specialist pharmacist role encompassed systemic identification of patients, information provision regarding hospital's smoke-free policy, options for managing nicotine withdrawal, charting and NRT supply, and support after discharge. Patient progress with respect to NRT usage was followed up in close collaboration with PLOs, ward pharmacists and ward nurses with aim to evaluate the effectiveness of collaboration.

Additional resources were facilitated as needed, for example early in the process a treatment gap was identified which led to smoking cessation clinical pathway (SCCP) project team applying for and obtaining a hospital wide approval for use of nicotine inhalers as an added NRT option in this patient population.

EVALUATION

A retrospective chart review was conducted for 350 Aboriginal & Torres Strait Islander Identified patients who were smokers and admitted to PAH in the period Jan-17 until Aug-17 to evaluate the effectiveness of collaboration that was initiated in May 2017. Following outcomes were compared before and after May 2017 :

- Smoking Cessation Clinical Pathway completion rates (SCCP completion indicates provision of brief intervention to quit),
- NRT charting (indicates prescribing of NRT during admission),
- NRT acceptance (indicates patients utilising NRT in hospital) rates and
- NRT product use.

ACKNOWLEDGMENTS

Sue Cummings, Director-Social Work Department; Tanya Kitchener, Aboriginal & Torres Strait Islander Hospital Liaison Officer; Gary Cowburn, Indigenous Health Worker; Better Cardiac Care Project Team, PAH; Karl Winkel, Education and Training Pharmacist, PAH.

REFERENCES

- (1) Australian Bureau of Statistics. Causes of Death, Australia
- (2) Australian Institute of Health and Welfare 2017
- (3) Australian Bureau of Statistics. Australian Social Trends, 2007
- (4) Winstanley, MH & Greenhalgh, EM. 3.0 Introduction. In Scollo, MM and Winstanley, MH [editors]. *Tobacco in Australia: Facts and issues*. Melbourne: Cancer Council Victoria; 2015 Chapter 7
- (5) Metro South Smoking Cessation Clinical Pathway Project. QSAS data 2009-2016 and MSHS QIP Data 2014-2016 (Data on file).

RESULTS & OUTCOMES

SCCP completion rates remained the same in both groups (patients admitted before May-17 and after May-17) at 73% (Figure 2).

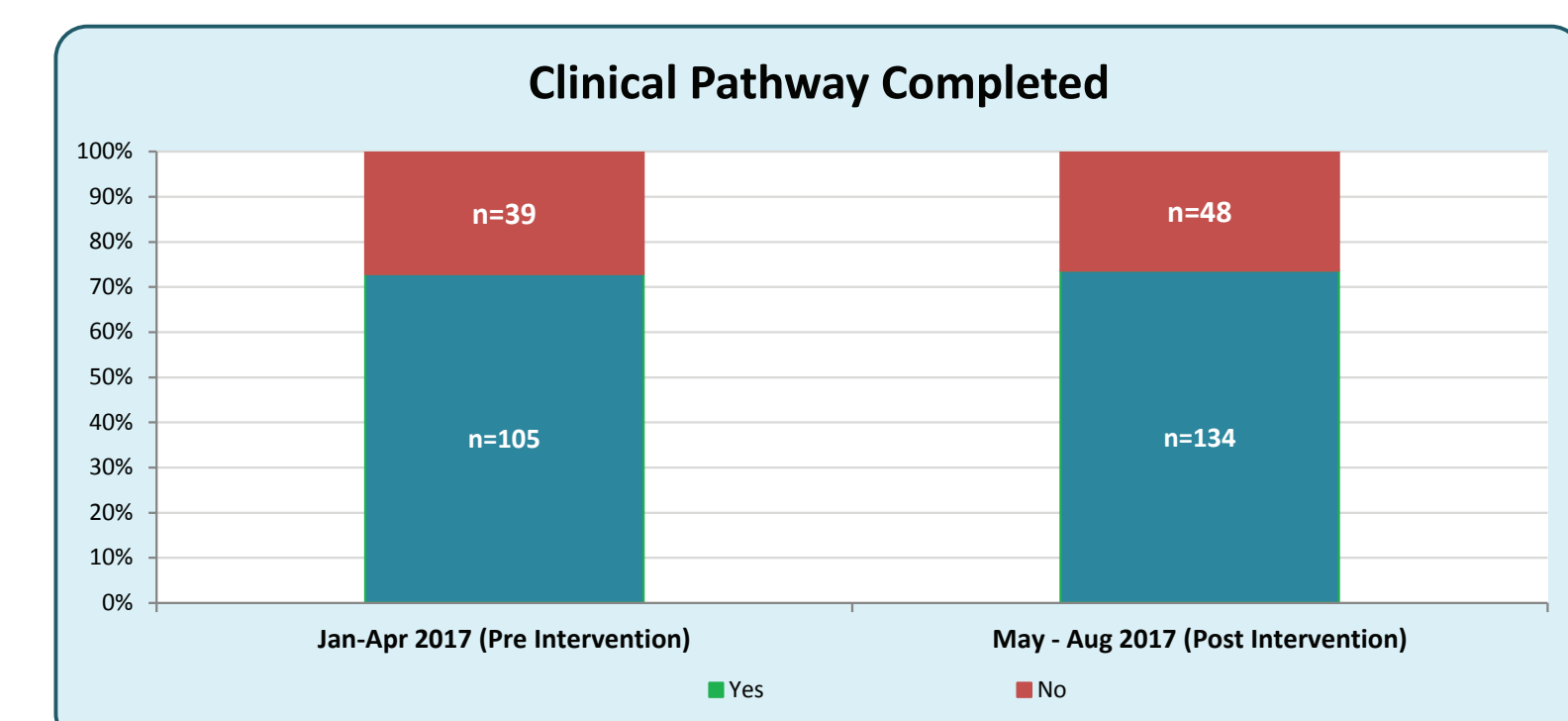


Figure 2: Smoking Cessation Clinical Pathway completion rates pre-/post- collaboration

NRT acceptance rates more than doubled from 14% in the pre-intervention group (admitted before May-17) to 37% in the post-intervention group (admitted after May-17) (Figure 3).

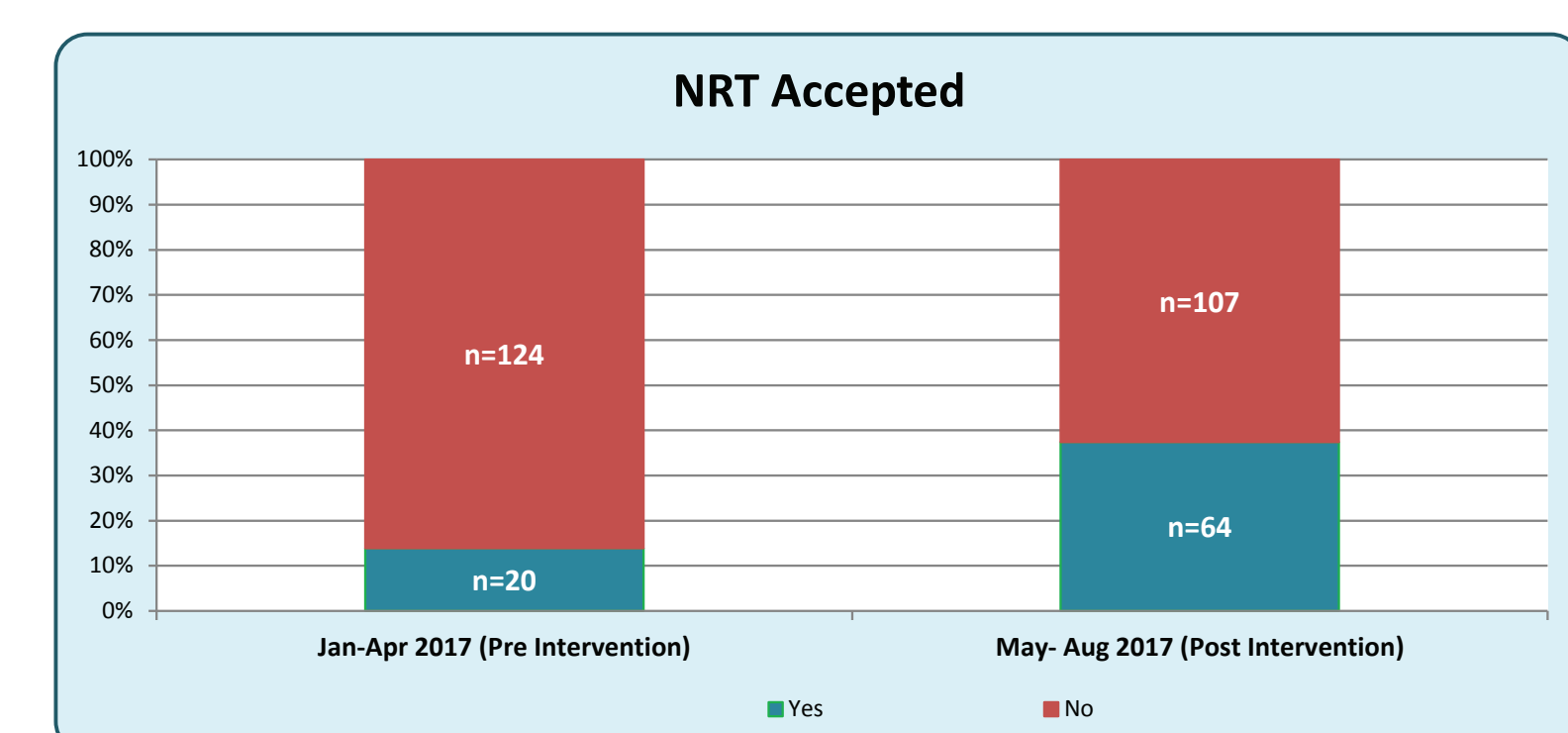


Figure 3: NRT acceptance rates pre-/post- collaboration

The NRT charting rates increased from 7% in the pre-intervention group (admitted before May-17) to 35% (admitted after May-17) in the post-intervention group (Figure 4).

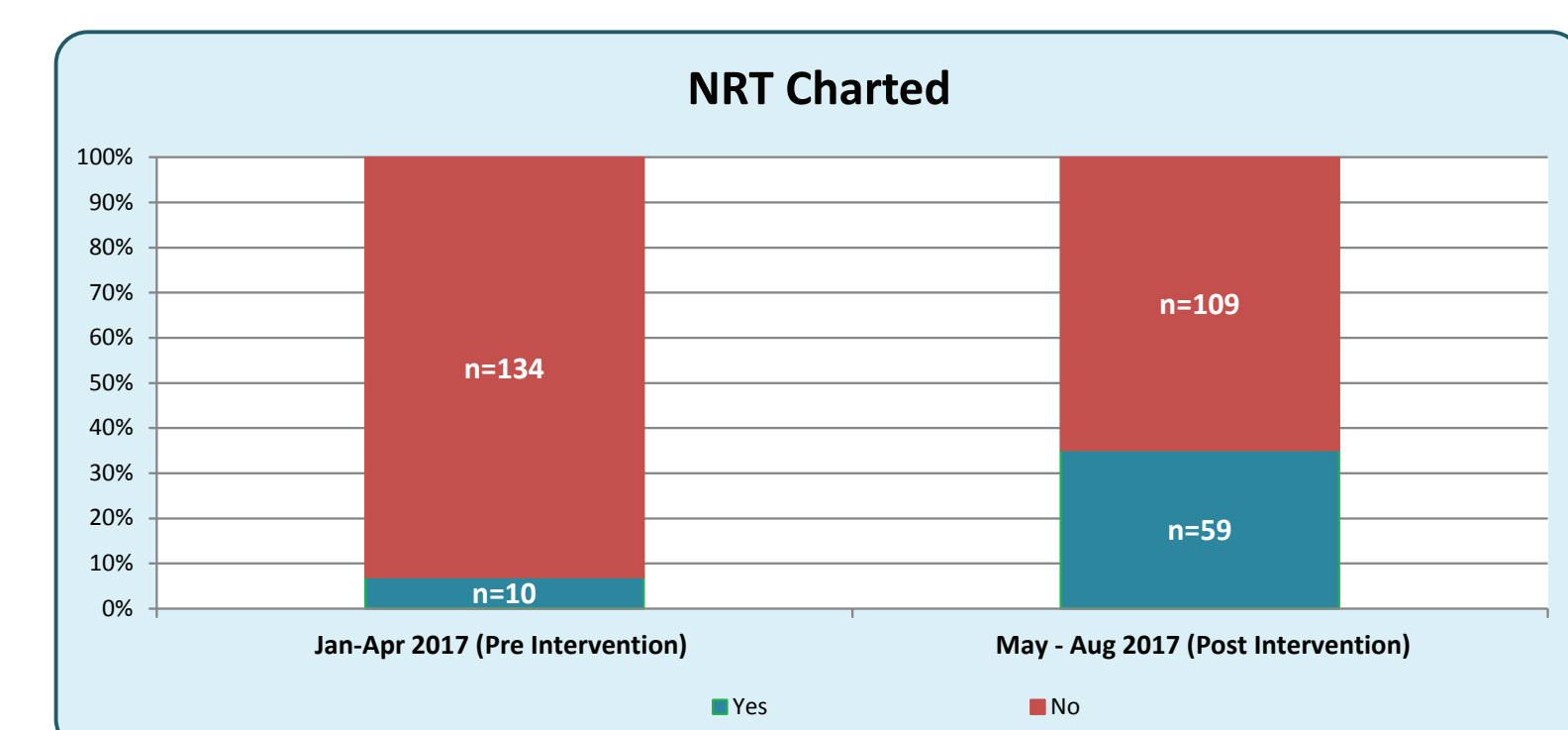


Figure 4: NRT charting rates pre-/post- collaboration

NRT utilisation improved by 21% following smoking cessation pharmacist involvement and review of Aboriginal & Torres Strait Islander inpatient smokers initiated in May-17 i.e. NRT use by patients increased from 5% in patients admitted before May-17 to 26% in the patients admitted after May-17 (Figure 5).

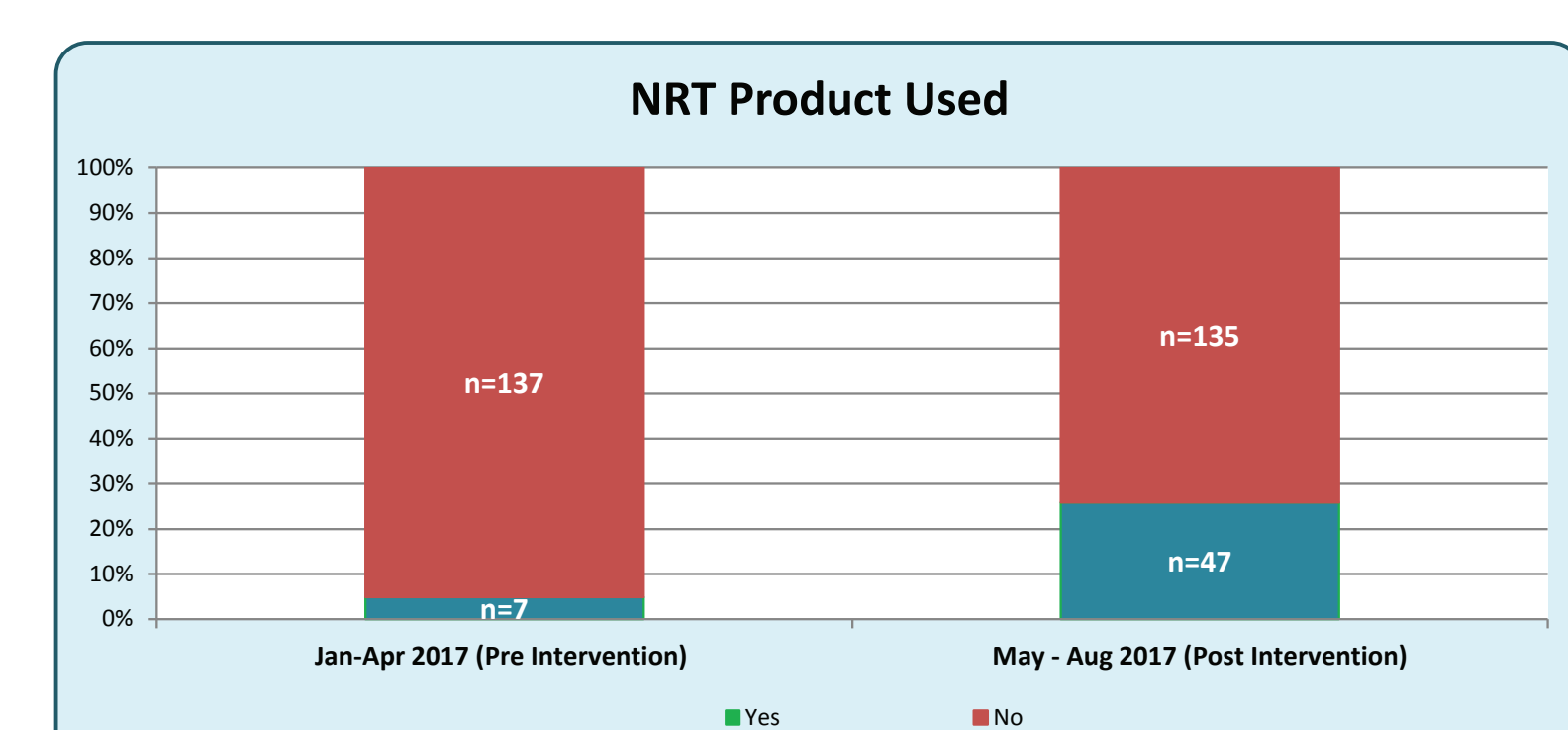


Figure 5: NRT product utilisation rates pre-/post- collaboration

CONCLUSION & RECOMMENDATIONS

SCCP is an evidence-based decision support tool used for screening smoking behavior for all Queensland Health (QH) hospital inpatients and offering suitable NRT to assist the patients to stop smoking.

The collaborative initiative demonstrated an improvement in smoking cessation acceptance rates, NRT charting and utilisation for Aboriginal & Torres Strait Islander Identified inpatients and is expected to have a significant effect on patient care.

Continuation of this collaboration will provide insight into how to further implement effective smoking cessation intervention amongst Aboriginal and Torres Strait Islander identified people.

Poster produced by Patient Safety & Quality Unit, Princess Alexandra Hospital, 2018