

Targeting Smokers

Better Help for Smokers to Quit

Our target: 90% of hospitalised smokers will be provided with advice and help to quit by July 2011 and 95% by July 2012.

Better



Diabetes and
Cardiovascular
Services

Shorter
stays in



Emergency
Departments

Improved
access to



Elective Surgery

Shorter
waits for



Cancer Treatment

Increased



Immunisation

Better
help for



Smokers to Quit



Providing better help for smokers to quit

Better help for smokers to quit is a Government health target

Smoking is the single largest cause of preventable death worldwide. It kills an estimated 5000 people in New Zealand every year and affects the quality of life for thousands more.

The cost to the health system that can be directly attributed to smoking has been estimated to be at least \$1.9 billion a year.

There are about 650,000 smokers in New Zealand – and of those, 80 percent wish they had never started and about 65 percent have tried to quit in the past five years.

Smoking increases the risk of developing heart disease, lower respiratory infections, tuberculosis and lung diseases, including cancer. Breathing in other people's tobacco smoke (second-hand smoke) is linked to a range of health problems, including chest illnesses in children, asthma, sudden unexplained death in infancy, glue ear, upper respiratory tract irritation, lung cancer and ischaemic heart disease.

In July 2009, the Government showed its commitment to helping smokers to quit by introducing a health target of "Better Help for Smokers to Quit".

The health target requires district health boards (DHBs), which run the country's public hospitals, to ensure that:

90% of hospitalised smokers will be provided with advice and help to quit by July 2011 and 95% by July 2012.

The success of this approach will also be extended to primary health care with 80% of patients who visit their GP, and identify as smokers, being provided with advice and help to quit by July 2011.

Unlike the other health targets, this measure started from scratch as provision of advice and help to smokers was not recorded previously nor even offered routinely.

The health target complements the Government's moves to significantly increase tobacco excise and improve the availability of smoking cessation therapy.

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Why this is important

Most smokers want to quit, and there are immediate and long-term health benefits for those who do. The risk of premature death from smoking decreases soon after someone quits smoking and continues to do so for at least 10 to 15 years.

This target is designed to prompt doctors, nurses and other health professionals to routinely ask the people they see whether they smoke. The health professional is then able to provide brief advice and to offer quit support to smokers.

There is strong evidence that brief advice from a health professional is highly effective at encouraging people to try to quit smoking, and to stay smokefree. Research shows that one in every forty smokers will make a quit attempt simply as a result of receiving brief advice.

Most smokers want to quit, they are just not sure how. It is important to ensure that, when someone does decide to quit, they are offered the support they need. The likelihood of people quitting smoking can be further increased by the use of effective quit smoking therapies – such as nicotine replacement therapy (NRT) and telephone or face-to-face support.

What is being done

In this publication we look at how DHBs and their service providers are working to achieve this health target and discuss the real gains that are being made thanks to the commitment, skills and teamwork of those on the frontline and those who provide health services and support in the community.

Tobacco tax encourages many to quit

On 29 April, 2010 the Government introduced the first of three progressive 10 percent increases in the tax placed on tobacco – immediately prompting numbers of spontaneous quit attempts.

The first increase saw the number of callers to Quitline immediately double, with calls from Māori clients being three times the number normally expected. When the second increase followed in January 2011, a record-breaking 9300 people contacted Quitline for support to quit smoking during January alone.

Tracking studies, conducted by The Quit Group, also found an increase in the success rates of those who attempted to quit smoking following the tax increase, with many smokers commenting that although they had been meaning to quit for a number of other reasons, the increase in cost gave them the incentive they needed to act on it.

The evidence strongly supports taxation as an effective mechanism for encouraging more smokers to quit.

What is brief advice?

The nicotine in tobacco is extremely addictive and many smokers find it very difficult to quit. Evidence shows that the majority of smokers want to quit smoking and need help to do so.

In 2007, updated New Zealand Smoking Cessation Guidelines from the Ministry of Health were introduced. The guidelines provide support for all health care workers who have contact with people who smoke.

The guidelines are structured around the 'ABC' approach to smoking cessation (quitting smoking). 'ABC' is a memory aid for health care workers to understand the key steps involved in helping people who smoke. These steps are:

- A. **Ask** all people about their smoking status and document their response.
- B. Provide **Brief** advice to stop smoking to all people who smoke, regardless of their desire or motivation to quit.
- C. Make an offer of, and refer to or provide, evidence-based **Cessation** treatment.

The ABC approach does not replace quit smoking treatment services. Quit smoking workers, such as Quitline staff, Aukati KaiPaipa kaimahi, and other health care workers who have been trained as treatment providers are a key component of the ABC approach.

Better help for smokers to quit: the Ministry of Health's role

Karen Evison, the Ministry of Health's champion for this health target, is passionate about giving smokers the help they need to quit. She sees her role as working to engage the hearts and minds of clinicians about the importance and relevance of supporting people to quit smoking.

'Some illnesses can be hard to prevent, and it is not clear why people get them. This is not the case with smoking-related illnesses – they are completely preventable, which is why helping people to stop smoking is so important.'

'Doctors, nurses and other health professionals see smokers every day and are perfectly placed to talk to them about their smoking and encourage them to quit.'

'This health target is about making sure people who are in hospital are consistently asked whether they smoke and, if they are smokers, offered help and support to quit.'

Mrs Evison says there has been great progress towards meeting the health target, and the entire sector has taken on board the challenge of seeing more people making more quit attempts, more often, with more support.

'The urgency of addressing smoking and the harm it causes clearly resonates with our doctors and nurses – 70 percent of all smokers are now being offered brief advice and support to quit no matter which part of the hospital system they interact with.'

'The total number of hospitalised patients offered brief advice in the 2009/10 year was 37,400. In the first quarter of 2010/11, brief quit support and advice had been offered to 22,000 smokers.'

Mrs Evison adds that, with such outstanding progress made to date, the focus is now on supporting health professionals to reach the remaining smokers in New Zealand hospitals.

'Helping smokers to quit is life changing for family and whānau, as well as for the smokers themselves. We all want to be around to see our children and grandchildren grow up. Sometimes, a little help can make all the difference!'



'The urgency of addressing smoking and the harm it causes clearly resonates with our doctors and nurses.' – Karen Evison

Huge increase in patients getting quit support and advice

The quit smoking health target has focused staff at Hawke's Bay Hospital's perioperative unit and led to amazing results. Widespread staff training in the 'ABC' quit smoking intervention saw the number of patients being offered brief advice increase from 0 percent to 83 percent in just two months.

Project manager and nurse Carleine Receveur says one of the keys to the success has been a flexible, innovative approach to providing ABC training to hospital staff.

'Our training looks at the impact each health professional could have on the life of a person who stopped smoking because of discussions we had with them while they were in hospital. We have learned that the ABC approach is about providing patient care rather than judging patients.'

Ms Receveur says a 'train the trainer' model was introduced because of the number of staff at the hospital (there are over 1500 nurses alone).

'In particular, specially trained nurses who are passionate about smoking cessation will train and support other health professionals.'

'Once staff have been through this part of the training, they are asked to complete an online learning tool, and once they have done this, they qualify as Quit Card providers, which means they can give patients nicotine replacement therapy (NRT).'

Identification of people who smoke has been made easier by a new smokefree questionnaire that staff work through with patients when the patients first enter the hospital.

'The form opens up the conversation about smoking, and patients are encouraged to focus on how being smokefree is the best thing they can do for their health and to get ready for surgery.'

Ms Receveur says the introduction of the health target was behind many of the changes that have been made.

'Having a target motivated the hospital to prioritise smokefree training, introduce better systems to identify those who are not smokefree, and develop resources for staff and patients. The results, in terms of the increase in the number of patients receiving help and advice, have been outstanding.'

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‘We learnt that you don’t need to give patients a lecture about the health effects of smoking. It’s about slotting ABC into other discussions.’
– Gina Woodward

CASE STUDY: Kapiti Health Centre

Kapiti midwives help pregnant smokers to quit

Dedicated training has seen midwives at a Kapiti Health Centre offer quit smoking support and advice to 100 percent of the pregnant women they see, who smoke.

Kapiti Health Centre, which is operated by Capital and Coast DHB, offers a ‘one-stop shop’ for maternity-related services. Charge Midwife Manager Gina Woodward says it can often be the first point of call for pregnant women, who may bypass their GP and come straight to the centre for health care.

‘This means midwives see women who may not often visit a GP or other health services, making it even more vital that we are able to provide quit smoking help and support.’

The health target requires 90 percent of smokers to be given quit smoking help and support. The maternity unit had been performing poorly against this target, giving advice to only 40 or 50 percent of pregnant smokers – until dedicated training was introduced. Following the implementation of the training, the percentage of pregnant women being offered quit advice increased to 100 percent in just one month, and this achievement has been repeated in subsequent months.

The unit’s midwives were given training on the ABC approach – Ask about smoking status; give Brief advice to stop smoking to all smokers and provide evidence-based Cessation support for those who wish to stop smoking.

‘We learnt that you don’t need to give patients a lecture about the health effects of smoking. It’s about slotting ABC into other discussions – whatever your patient is coming to see you about.’

‘There was also a strong focus on how to correctly prescribe nicotine replacement therapy (NRT), which can greatly increase someone’s chances of quitting. There are lots of misconceptions around nicotine patches being unsafe in pregnancy. People don’t recognise that smoking is way more dangerous.’

Gina Woodward says the unit is committed to continuing its strong focus on helping pregnant smokers to quit and continuing to meet and exceed the smoking cessation health target.

‘Talking with a pregnant woman about her smoking early on can make all the difference in the world to her future health, and the health of her baby.’

Auckland Hospital's CCU leads the way

Since the introduction of the smoking cessation health target, Auckland Hospital's Coronary Care Unit (CCU) has led the way for the rest of the hospital, regularly exceeding the previous year's target of 80 percent of patients being offered brief advice to quit.

Clinical charge nurse Stephanie Watts says that helping patients to quit smoking is an absolute priority.

'We view asking about smoking status as being as important as taking blood pressure.'

The first form in every patient file is the smoking assessment record, and this emphasis on smokefree practice is seen across the ward – in the administration systems and in the unique approach staff are taking.

'When a patient is first admitted to the ward, and is identified as a smoker, they are told someone will come back and talk to them about it at a later time. This is important because they

know they will have a conversation about their smoking ... they are prepared for it.'

Stephanie says smoking cessation advice is often given when partners or whānau are present (up to 10 people at a time). 'We educate the whole family if we can. They are encouraged to support the patient's quit attempt and even to consider quitting themselves.'

In addition to formal training, staff are given ongoing support and coaching. 'I tell them to use my stories,' says Stephanie, who draws from her personal history and tells stories of those who were highly addicted but who she managed to help quit. 'Patients love stories; they can relate to them; they think, "Yes, that was me."'

Despite their impressive results, staff are continuing to introduce new systems and ideas. 'There's a culture of continual improvement,' Stephanie explains. 'It's all part of quality patient care.'

'Patients love stories; they can relate to them; they think, "Yes, that was me."' – Stephanie Watts





'This approach has worked extremely well; in one year, we have doubled our referrals from 500 to 1000.' – Karyn Kelly -

CASE STUDY: West Coast DHB

Coasters given benefit from quit smoking support

Following the 2009 introduction of the health target, West Coast DHB has seen a dramatic increase in the percentage of hospitalised smokers being offered quit support and advice (climbing from 19 percent to 71 percent).

Acting Director of Nursing Karyn Kelly says providing this support to smokers will greatly benefit the health of those on the West Coast.

'A high proportion of the West Coast population experience socioeconomic disadvantage, and life expectancy in the region is lower than for New Zealanders generally. Helping people to quit will have a very real impact on the health of many Coasters.'

Ms Kelly says establishing a quit smoking service for the whole region (including, but not limited to smokers in hospital) has been key to the rise in quit smoking support offered.

'The region's specialist cessation service was oversubscribed, and there was a backlog of people waiting for support. Initially there was no cessation service operating from the hospital, and the community-based service wasn't widely available.

'That has been turned around, and smoking cessation services are now provided in the community by trained staff, including practice

nurses, midwives, community pharmacists and rural nurses. As well, specialist services are offered to some smokers, through either the hospital-based service or the Māori quit programme Aukati KaiPaipa.'

Ms Kelly says that inpatients who smoke are identified when they complete their patient registration form.

'If they tick 'current smoker', their smoking is discussed with them, with a view to prescribing nicotine replacement therapy (NRT) and referring them for further quit support.

'By enrolling them in a programme while they're in hospital, they can either be seen by the hospital service or referred to a programme in the community. By having pharmacists, practice nurses and rural nurses trained in smoking cessation, all West Coasters who wish to quit have a choice of using a face-to-face smoking cessation service no matter where they live. This approach has worked extremely well – in one year we have doubled our referrals from 500 to 1000.'

This proactive approach has seen the DHB provide most smokers in its hospitals with quit support and advice and put in place systems to ensure smokers continue to be offered help in the future.

Hospital aims to offer quit support to all patients who smoke

Middlemore Hospital, one of the busiest in New Zealand, has prioritised identifying smoking status for all patients and helping patients who smoke to stop.

Over 85,000 people in the Counties Manukau region smoke; 22 percent, which is higher than the New Zealand average of 20.7 percent. Smoking rates for Māori (46.8 percent) and Pacific peoples (30.3 percent) are higher still.

Programme Manager Smokefree Services Ingrid Minett says the DHB recognises how detrimental smoking is to the health of its population.

‘The introduction of the health target helped raise awareness of the importance of helping patients quit. The hospital’s Quality Improvement Unit got behind the issue and made smoking one of its drivers towards health care for the hospital.’

The hospital set two targets: that 100 percent of patients be screened for smoking status within six hours of coming into hospital and that 100 percent of people identified as ‘currently smoking’ be offered brief advice and provided with support to quit smoking.

To help achieve these targets, all health professionals at Middlemore Hospital have the option of undertaking smokefree training. For nurses, the training became a mandatory component of their annual upgrade requirements. The training covers the Smokefree ABC model, with emphasis on the C, including how nicotine replacement therapy (NRT) and other pharmacotherapy products work, and how to write out Quit Cards.

‘We focus on the need to be positive and non-judgemental,’ says Mrs Minett.

‘The nurses enjoy the course as it provides them with practical skills that they are often able to put into practice immediately. Many go on to complete an optional work book to become NRT Standing Order certified, enabling them to also chart the NRT directly for patients, without having to wait for the doctor. This often helps to get patients started on NRT faster so that they don’t experience unpleasant nicotine withdrawal effects. It also empowers nurses with a new skill set to support them in patient care.’

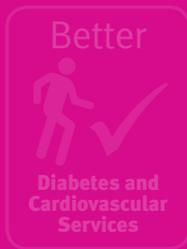
Mrs Minett says the focus at Middlemore Hospital is on quality interventions.

‘All health professionals are expected to be able to confidently ask patients if they smoke, provide them with brief advice on the benefits of being smokefree and get them started on NRT. It’s not always about quitting in a hospital environment. Sometimes it is about giving them a positive smokefree experience so they then see quitting as an option for later on.’

Mrs Minett says strong smokefree leadership and a focus on quality have seen Middlemore Hospital well on its way to achieving its goal of making the Smokefree ABCs a part of ‘business as usual’ for health professionals.

*‘The introduction of the health target helped raise awareness of the importance of helping patients quit.’
– Ingrid Minett*





The last word –

Kevin Woods, Director-General of Health



As incoming Director-General of Health, I'm delighted to see the way clinicians around the country are working together to improve the care provided to New Zealanders in a number of key health target areas.

The process of changing the way we work to improve quality and efficiency in a tight fiscal environment challenges the ingenuity and creativity of health professionals. It's clearly paying dividends, with various initiatives making a positive difference to improve DHBs' performance against the health targets.

The innovations and stories featured in this publication are part of an integrated health care system that continues to deliver results for patients.

There are significant challenges and no 'one size fits all' solutions, which is why it's so heartening to read about how local health communities are working collaboratively to deliver good health and independence outcomes for New Zealanders.

Health targets provide a clear and specific focus for action.

People in New Zealand have high expectations that they will have good access to health care services when they need them. This is as it should be – which is why it's so important that we continue to evaluate performance and report on our progress.

While substantial success has been achieved, I look forward to working with you to see continued improvements that will benefit all New Zealanders.

Additional information:

More information on health targets can be found at www.govt.nz/healthtargets

More information on quitting smoking can be found at www.moh.govt.nz/tobacco

Clinicians and those involved with the target can access further resources and tools relating to the target on the Health Improvement and Innovation Resource Centre website: www.HIIRC.org.nz