

Smoking Cessation: a quick reference guide

Smoking is the leading cause of preventable death and disease in Australia. Research has shown advice from a health professional is a major external trigger in prompting a person who smokes to make a quit attempt, which makes primary care well placed to manage smoking cessation. The following key areas can assist primary care providers in supporting people to make a quit attempt.

Patient-centred Care

Get to know your practice level data, as well as population level data in your area. This may provide an opportunity to focus on targeted care for your patients who have higher rates of smoking. Use the support of your PHN and clinical audit tool to identify smoking rates in focus populations.

Team Approach

Health professionals from all disciplines play an important role in supporting patients to quit smoking. One in every 33 conversations about smoking cessation leads to a patient successfully quitting.

Taking a team approach to implementing smoking cessation increases the chances of successfully achieving your goals. Brief intervention, following the structure of Ask - Advise - Help, can take as little as couple of minutes and can be provided by a range of health professionals in primary care.

- ASK the patient if they smoke and enter it into their medical record
- ADVISE patients to quit smoking and explain the options available
- HELP by encouraging use of evidence-based smoking cessation pharmacotherapy and by offering a Quitline referral for behavioural support

Quality Improvement

Effective Quality improvement (QI) relies on a collaborative approach with the practice team. Focusing improvements based on your practice's structure, systems and clinical care, will result in improvements. A good place to start is by completing the readiness checklist, which will provide your team with a starting point as to where you may like to focus smoking cessation QI activities.

Data and Systems

Recording systems that document tobacco use almost double the rate at which clinicians intervene with smokers leading to higher rates of smoking cessation. Utilising clinical software and audit tools (e.g. PenCS or POLAR) assists practices in identifying missing areas of data or patient information and can assist in benchmarking and analysing QI activities. Having up-to-date patient records is an important step in identifying patients who require smoking cessation advice.

Why focus on smoking cessation?

Smoking is the **leading cause** of preventable diseases and death in Australia

Smoking accounts for **15%** of all cancer related diagnoses

1 in 33 smoking cessation conversations will lead to a quit attempt

Readiness Checklist	Yes	No
Is there an active focus on smoking cessation in your practice?		
Is your practice registered for the Quality Improvement PIP?		
Does your practice routinely perform data cleansing, to identify patients with missing smoking status?		
Are clinicians confident in delivering brief intervention?		
Does your practice use a data extraction tool to monitor the rate of people who smoke in your practice?		
Does your practice prompt smoking cessation advice in all health assessments?		
Do you have a Quitline referral template built into your practice software?		
The practice utilises HealthPathways for clinical guidelines, management and referral?		

Model for Improvement: (Example)

STEP 1: Involves answering the three Fundamental Questions – “The thinking part”.

1. What are we trying to achieve?

By answering this question, you will develop your GOAL for improvement. This should be time specific and measurable.

Take a proactive to approach to encourage patients to quit smoking. Over the course of six months, the practice will improve systems and clinical care to identify patients who smoke and offer support in smoking cessation.

2. How will we know that a change is an improvement?

By answering this question, you will develop the MEASURES to track the achievement of your goal.

Changes will be monitored by extracting baseline data to identify the number of current smokers/missing smoking status and monitor data each month over the six-month period.

3. What changes can we make that will lead to an improvement?

List your small steps/ideas, by answering this question you will develop the ideas that you can test to achieve your goal.

Level 1 QI Activity Idea (introductory level): Ensure all active patients aged 15 years and over have a current (within the last year) smoking status recorded in the clinical software.

Level 2 QI Activity Idea (clinical level): Embed smoking cessation into all health assessments, with brief intervention provided to people who smoke.

Level 3 QI Activity Idea (whole of practice level): Run a quit smoking clinic in your practice that is run by clinicians and supported by practice administration.

STEP 2: Involves testing the change in real work settings – “The doing part”.

IDEA: Describe the idea you are testing: refer to the third Fundamental Question.



- Select an idea from question 3 in above and test the idea in the PDSA template.

PLAN: What, who, when, where, predictions & data to be collected.



- What do you plan to do? E.g. data audits/cleansing (utilising PEN/POLAR), recalls and reminders.
- What do you hope to achieve? Discuss the measurements that will be used and how they will be tracked.
- How are you going to do this? Discuss how you will monitor data and benchmark improvements made.
- Who will be involved? Designate tasks, and ensure there is a team approach.
- When will this take place? Specify timeframes for tasks.

DO: Carry out the plan, collect data, and document observations.



- Write down observations that are made during the implementation of the idea.
- Describe whether the team worked together well, if there were difficulties with assigned tasks, if patients had a good experience and note any feedback.
- Did everything go to plan or were there unexpected outcomes?

STUDY: Was the plan executed? Document any unexpected events or problems.



- Write down your reflections of what happened and document any unexpected events or problems.
- Will you implement the change on a larger scale, refine the idea or test a different idea?

ACT: What will you take forward from this cycle? (What is your next step/PDSA cycle?)



- Utilising the findings from this PDSA cycle, what will you do next?
- Document what you have learnt, whether a change has been made, if the measure was achieved, or what could be done differently.
- Plan your next PDSA cycle.