

## Gloucestershire Safety and Quality Improvement Academy 2025

# Tackling Tobacco Dependency: Increasing the 28 day smoking quit rates in AMU post discharge

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### Background:

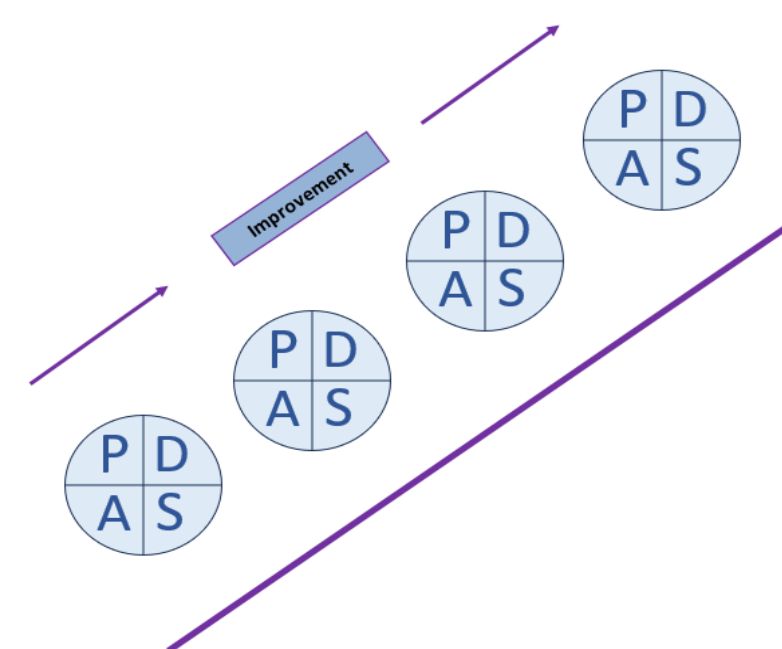
- Prior to the QI initiative, 28-day smoking quit rates post-discharge from the AMU were suboptimal, highlighting a gap in effective smoking cessation support.
- Low quit rates contribute to poorer patient outcomes, increased risk of readmissions, and added strain on NHS resources.
- Improving quit rates aligns with the NHS Long Term Plan by supporting prevention, reducing harm, and promoting healthier lifestyles.

### Measures:

- **Outcome:** % of 28 day quits obtained during follow up calls.
- **Process:**
  - No of patients who answered the 28-day follow up calls.
  - Three weekly VBA sessions delivered on a weekly basis over an 8 week period.
- **Balancing:** Increase in admin work for making x3 calls at different points on the same day.

### PDSA cycles:

- **PDSA cycle 1** (June 24- Jan 25): Increase the frequency by which we contact patients which is supplemented with SMS and voice mails. Patient's preferred contact number/time is also taken into account.
- **PDSA cycle 2** (Feb 25- March 25): Delivering VBA sessions and education around Trust smokefree policy.
- **PDSA cycle 3** (April 25- May 25): Intensive behavioural support interventions with CO monitoring and NRT dummy products.



### Barriers and Challenges:

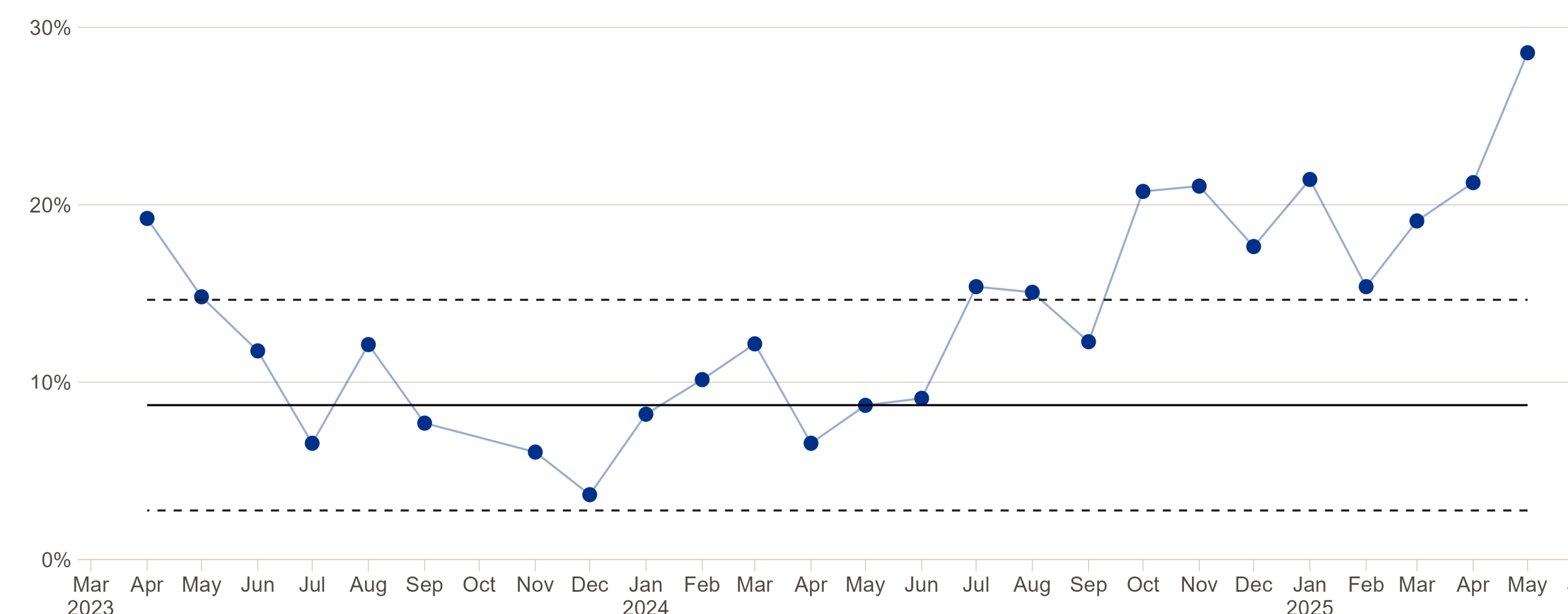
- Staff absence
- Staff recruitment & training delay
- Work load - time consumed to call patients(x3 attempts)
- - delay with starting the 2<sup>nd</sup> & 3<sup>rd</sup> PDSA cycles
- Ward/Environment - staff not turning up for training
- Patients not available - not responding to calls
- Lost to follow up calls

### Aim:

- S - To increase the 28 day quit rates in AMU post discharge.
- M - Quit outcomes measured through follow up calls & monitored through EPR with BI team support.
- A - Achievable, as the QI initiative is focused on AMU- ward with more # of smokers and less quit rates.
- R - Relevant, as it helps patients in adopting healthier lifestyles and contribute to patient safety.
- T - Baseline data is 10%. Increase in quit rates by 5% within 12 months.

### Measurement and Key results:

Proportion of smokers confirmed quit at 28 days  
Quits include with or without NRT



We met our project aim. The baseline quit data was 10 % and the quit rates increased to 20 % after the first PDSA cycle with a further 7% improvement following the 3rd PDSA cycle.

### Next Steps:

- The outcomes from our PDSA cycles were encouraging, and we are now focused on ensuring these improvements are maintained over time.
- Expand this work across other areas of the Trust, with the first and third PDSA cycles already underway in additional wards.
- Explore options to offer training sessions outside of standard working hours to further support staff engagement and sustainability.
- Collect feedback from patients and share a case story on comms.
- Share quit rates achievements on the smoking cessation newsletter.
- Quick road shows with staff to educate around the Trust smokefree policy
- Explore new training opportunities for the team around MI specifically.

### Driver Diagram

