

# Starting a movement: NRT in a DDHHS Community Mental Health Service & Beyond.

HRT 1806 Mental Health Improvement Group

2<sup>nd</sup> & 3<sup>rd</sup> May 2018, Sydney

Darling Downs Mental Health Service :

Presenter: Dr Dean Creado

[Dean.Creado@health.qld.gov.au](mailto:Dean.Creado@health.qld.gov.au)

[healthroundtable.org](http://healthroundtable.org)

A: +61 (0) 2 8041 1421

NZ: +64 (0) 9 889 0332



# 3 Key problems



April 2017 = Tobacco Free in DDHHS Acute Mental Health Units & ↑ NRT options;

↑85% of inpatients received a BI

**BUT: Community Mental Health teams were not engaged in smoking cessation interventions.**



July 2017 = Qld Health Quality Improvement Payment (QIP) to ↑ BI in community MH = CIMHA smoking status tab & Smoking Cessation Clinical Pathway

**BUT: Concerns that DDHHS MH may struggle to reach QIP targets.**



MH Pts smoking on hospital grounds = ↑ **cues/triggers** for other patients/staff unable to smoke or trying to quit. This leads to **challenging behaviours, relapse and ↑ medical complications** due to changing smoking status.



**April 2017, NRT commenced in MH outpatient service to assist smokers in withdrawals & offer a trial piece of gum or lozenge with CM support.**



# Aims of this innovation

↑ Number of brief interventions for smokers with mental illness

Assist patient comfort & ↓ tobacco withdrawals at assessments, reviews & tribunal appointments

Provide information about NRT & correct usage eg park & chew gum method

↓ Cues/triggers around clinics & on hospital grounds.  
↓ Complaints from security & the community

Promote MDT engagement in smoking cessation (includes ALL allied health).  
Starts the conversation

Assist with early NRT for imminent admissions & post discharge cessation.  
Supports inpatient interventions

Promote referrals to the community mental health QUITLINE program for telephone support & free NRT (3 months)

↑ Uptake of NRT & ↑ the demand for smoking cessation support services  
Easily replicated across HHS

**Developing an expert & consistent service-wide approach for ALL MH staff.**  
**Embeds BI into clinical practice for ALL MH consumers.**

# Baseline Data / Current Situation

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**BEFORE:** Smokers with mental illness need **more support, more NRT & longer duration** of treatment (Mendelsohn 2013). Community Mental health patients were previously unlikely to receive help to quit, declined smoking cessation support & declined obtaining NRT. Overall at DDHHS, 31% of identified Community MH smokers received a BI from July-December 2017.

Challenging smoking behaviours identified:

- Patients smoke on hospital grounds while waiting to see DR & treating teams
- Patients have cravings to “smoke” & present in tobacco withdrawals
- Clinicians/staff exposed to 2<sup>nd</sup> hand smoke
- Accepting stat NRT (8c per piece of gum) can encourage a quit attempt & support tobacco free health care.

**AFTER:** MH clinicians can now provide **more support**, demonstrate & educate with **more NRT** & over a **longer duration** while attending MH appts.

- 1.MH clinicians can provide BI & offer “on-the-spot” NRT for tobacco withdrawals
- 2.Patients can accept NRT & instructions on use
- 3.= ↑ uptake of NRT and ↑ demand for smoking cessation support eg Quitline

# Key Changes Implemented

- Obtained **top down** support to administer stat NRT in community Mental Health setting (eg ED/MH; Clinical Director/MH; Exec Director /Allied Health; Director of Pharmacy)
- Developed step-by-step process using QLD Health Smoking Cessation Clinical Pathway.
- Completed non-LAM blanket application for local medicine committee
- Obtained approval to include **all** MDT clinicians (Nursing/SW/OT/Psych)
- Promoted mandatory DD-Learning On line Smoking management package
- Provided education to all community mental health teams about NRT
- Arranged imprest of NRT for community MH clinic
- Maintain Quit handouts & resources



# Key Changes Implemented

## PROCESS:

- Commence Smoking Cessation Clinical Pathway (5A's) at MH appointment
- If nicotine dependent, complete pathway & offer 4mg nicotine gum/lozenge as per Combination Nicotine Replacement Therapy Algorithm (p2)
- Document actions on comments section
- If patient is preparing to quit, continue to assist & arrange follow up with referral to QUITLINE
- Complete Smoking Cessation Clinical Pathway template on CIMHA

Queensland Government		(Ifix Identification label here)	
<b>Smoking Cessation Clinical Pathway</b>		URN:	
		Family name:	
		Given name(s):	
		Address:	
Facility:		Date of birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I
<small>This tool is for screening smoking behaviour and to guide support for those who temporarily cannot smoke or wish to reduce/light smoking. Clinical pathways never replace clinical judgement. Care outlined in this pathway must be altered if it is not clinically appropriate for the individual patient.</small>			
Category	Date:	/	/
Ask (if patient)	1. Have you smoked tobacco in the last 30 days? <input type="checkbox"/> Yes (continue with pathway) <input type="checkbox"/> No (pregnancy, sign and file) <input type="checkbox"/> Electronic cigarettes may require nicotine replacement therapy (NRT) in hospital <small>If you are unable to complete this pathway, document the reason in the comments section below. See comment.</small>		
Assess	2. Do you want to quit smoking? <input type="checkbox"/> Yes <input type="checkbox"/> No (if offer NRT for inpatients to manage withdrawal) 3. Nicotine dependence: a. How many cigarettes do you smoke in a typical day? ____ Is this more than 10 cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Do you smoke your first cigarette within 60 minutes of waking? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Do you have a history of withdrawal symptoms/savings from quitting smoking? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes to one or more of the above, then the patient is considered nicotine dependent and should be offered NRT.</small> 4. Is the patient nicotine dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Are you currently using any of the following? <input type="checkbox"/> NRT (continue regimen referring to algorithm on page 2) <input type="checkbox"/> Varenicline (Champix*) <input type="checkbox"/> Bupropion (Zyban*) <small>*Advise referring team to prescribe Champix/Zyban* OR if not available offer NRT for inpatients only.</small>		
Advise	6. Advise all smokers to quit using clear but non-confrontational language: • "As a health professional the best advice that I can give you is to try to stop smoking" • "Giving up smoking is hard, but I will help with (e.g. surgery, healing, medication, finances, health and fitness)" • "Using NRT and behavioural support considerably increases your long term success in quitting" • "NRT is available from most retail stores, however patches and medications (Champix* and Zyban*) are cheaper on PBS"		
Assess (diagnose treatment and other options)	7. Special considerations (medical approval may be required prior to initiating NRT depending on unit preference): <input type="checkbox"/> Any local precautional protocols (e.g. microvascular surgery, skin grafts etc) <input type="checkbox"/> Children <12 years of age <input type="checkbox"/> Pregnant/lactating <input type="checkbox"/> Recent cardiovascular event <48 hours <input type="checkbox"/> Clozapine <small>Note: Patients who stop smoking with or without NRT may require a medication dose change (e.g. opiate, antipsychotic, benzodiazepine, insulin and warfarin). Seek Medical Officer advice if any of the above are ticked.</small>		
PRESCRIBING	8. Offer NRT to relieve nicotine withdrawal and/or assist with quitting. If smoking/withdrawals persist, NRT should be titrated to achieve effect (see flow chart page 2) <small>NRT can be initiated by a medical officer, nurse or pharmacist according to your local policy</small> <input type="checkbox"/> Patient offered NRT and accepted treatment (ensure discharge notes to be written for ongoing treatment) <input type="checkbox"/> Patient offered NRT and declined treatment (ask again during stay as needed) <input type="checkbox"/> Patient unable to be offered NRT. Refer to Medical Officer (see Q7) or reason:		
PRESCRIBING	9. I prescribed pharmacotherapy (NRT patches/Champix*/Zyban*) <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If no, document reason:</small>		
Arrange follow-up	10. Patient provided with a copy of "well-help" resource (e.g. "Oh Because You Can't") <input type="checkbox"/> Yes <input type="checkbox"/> No 11. Did patient consent to referral to any of these services? (tick all that apply) a. Quitline Service (13QUIT@health.qld.gov.au Fax: 07 3229 4017 Patient phone: _____) <input type="checkbox"/> Yes <input type="checkbox"/> No b. Local smoking cessation support/tobacco treatment specialist services in the HHS <input type="checkbox"/> Yes <input type="checkbox"/> No c. GP follow up (remind patients of subsidised PRG products - see page 2) <input type="checkbox"/> Yes <input type="checkbox"/> No <small>For (with cover ahead) or post copy with discharge summary after completion to the service(s) above.</small>		
Comments:			
Assessment completed by - Name:	Designation:	Signature:	Date:
Assessment review completed by (if required) - Name:	Designation:	Signature:	Date:
<input type="checkbox"/> Tick if you need like Quitline to send a report on the patient's progress Initial: _____			
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# Key Changes Implemented

## NRT BASKET in Community Mental Health:

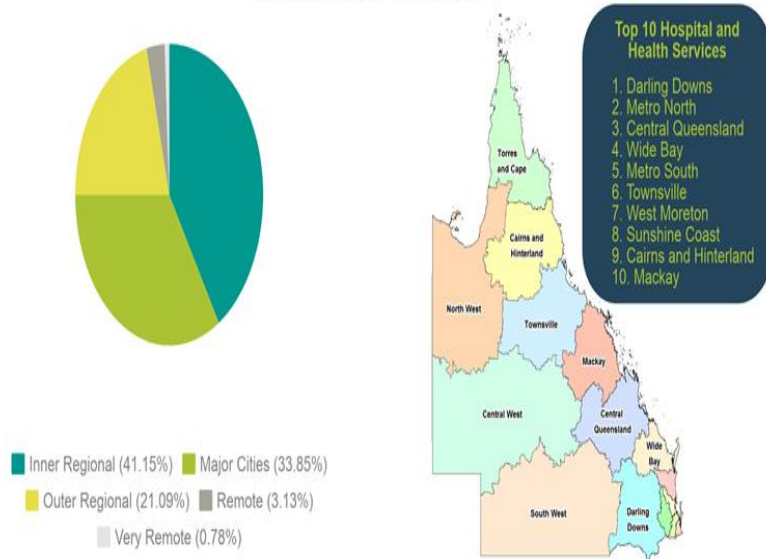
- 4mg nicotine gum
- 4mg nicotine lozenges
- Demo 21mg nicotine patches
- Quitline booklets
- Hardcopy MH Quitline referral forms
- Smoking Cessation pathways
- Instructions on process



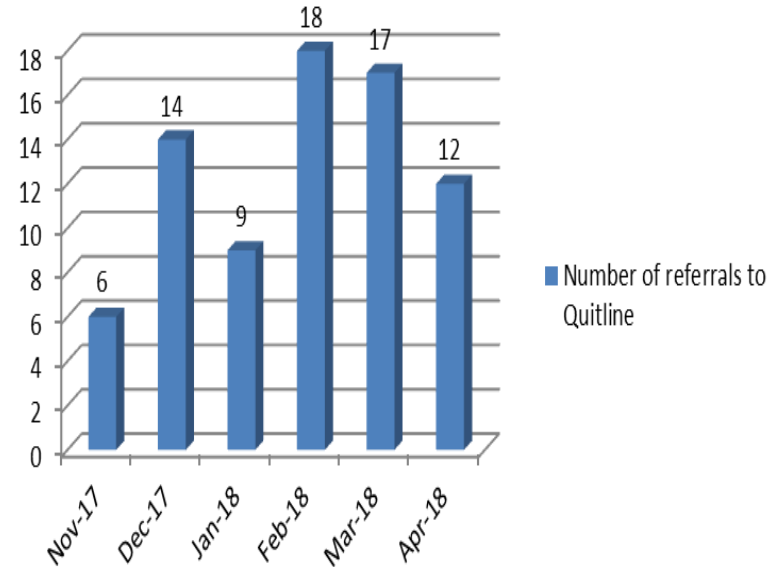
# Outcomes so far

## QLD Quitline ATSI Referrals January 2018:

### Statewide Reach



### Number of referrals to Quitline



Great to explore opportunities with clients

“client feeling breathless and wants to quit”

Pt wanted a cig and did not have any. So thanks

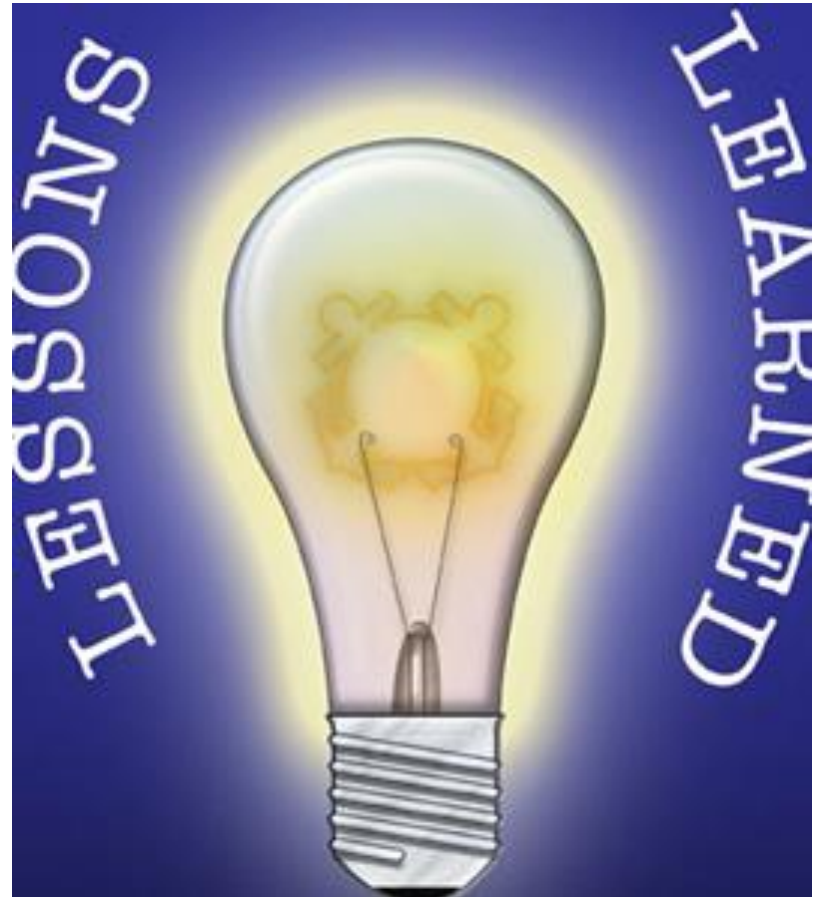
Wanting to contact Quitline

Pt requested info on NRT-”will find it easier to give up”



# Lessons Learnt

- **Be practical.** Putting theory into practice with a simple solution CAN improve “hands on” experience, dispel myths & drive change.
- **Be confident.** Complex health systems CAN be changed from the bottom up. 😊
- **Be inclusive.** Everyone CAN be involved in health promotion.
- **Be supportive.** Smoking cessation always needs perseverance.



# Contact for this Innovation

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- For more information Key Contact:
- Name: Jenny Minchell (DDHHS Dual Diagnosis Coordinator & Tobacco Treatment Specialist AASCP & ATTUD)
- Tel: 0428 919 732
- Email: [JennyM.Minchell@health.qld.gov.au](mailto:JennyM.Minchell@health.qld.gov.au)

# Starting a Movement: NRT in a DDHHS Community Mental Health Clinic & Beyond

**Problem:** Community mental health teams were not actively engaged in providing brief interventions to smokers with mental illness.

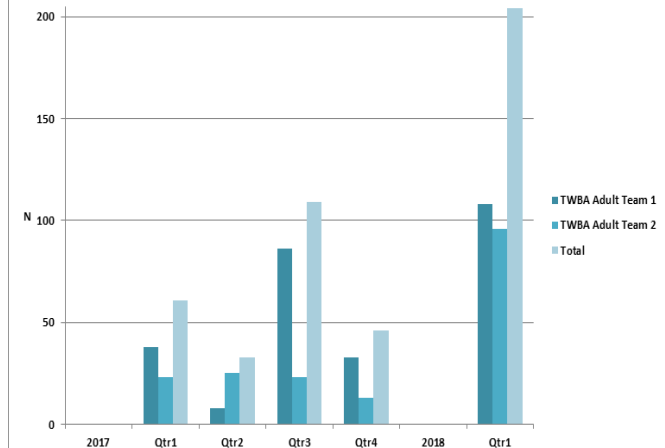
**Solution:** A process that supports MH clinicians to provide brief interventions & fast acting treatment for consumers in tobacco withdrawals has increased the overall support for smokers

- Access to fast acting NRT (lozenges & gum) for “show, tell & taste test” & to aid withdrawals
- Easy access to pathways, resources & Quitline referral forms
- Using the smoking pathway in a practical way to motivate clinicians and reach QIP targets
- “Hands on” NRT experience increases MDT awareness & consumer knowledge

## Results:

- 4 x ↑ total number of brief interventions for smokers
- 2 x Number of MH referrals to QUITLINE from 28 (July-Dec 2017) to 56 (Jan-April → June)
- 63 positive feedbacks
- DDHHS = top QLD referral site to QUITLINE Jan 18 for Aboriginal & Torres Strait Islander consumers
- Replication at other QLD Health services
- Cost effective = \$700 for 12 months NRT

Toowoomba - Completed Smoking Cessation Clinical Pathways by Quarter 2017-2018





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