Hospital nurses’ role in smoking cessation

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- Nurses’ role in smoking cessation

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This article discusses how a stop smoking adviser role enhanced the smoking cessation service already offered at Lewisham University Hospital.

Smoking can have a negative impact on the recovery of hospital patients (Hughes et al, 2013) and many of the diseases treated in hospital are linked directly to smoking (Royal College of Physicians, 2000). In addition, continued smoking can lead to some long-term conditions developing more quickly than they might otherwise and reduce the efficacy of treatment. Some health professionals may feel when a patient has been diagnosed with cancer it is either too late or too sensitive a time to talk about smoking cessation, but continuing to smoke can reduce the efficacy of both chemotherapy and radiotherapy (Dresler, 2003; Matthews et al, 2001). Smoking cessation advice in hospitals is not just a prevention issue, it is an essential part of the treatment we provide.

For patients with chronic obstructive pulmonary disease (COPD), even temporarily stopping smoking can improve their quality of life and prevent future exacerbations and readmission (Garvey and Ortiz, 2012). It is important to communicate this message to patients, rather than a generic stop-smoking message, which they may feel is not relevant to them.

Most patients want to know what they can do to help themselves and what support is available to assist them. When they are in hospital, health professionals can take the opportunity to let patients try treatments such as nicotine replacement therapy (NRT), and experience the benefits first hand. During an unplanned admission, some patients may find being unable to smoke difficult – this presents an ideal opportunity for them to try NRT, experience how it works and appreciate the benefits. If this inpatient experience is followed up with specialist support once they return home, they are less likely to take up smoking again (West, 2012). Linking hospital and community stop smoking services can provide continued and integrated care.

The specialist stop smoking role

At University Hospital Lewisham, smoking cessation has been integrated into systems of care. Smoking prevalence in the local community is approximately 20% and it is likely to be as high as 31% for the hospital population (West, 2012).

In Spring 2011, Lewisham NHS Stop Smoking Service appointed a hospital specialist stop-smoking adviser to set up services for patients and staff. The adviser worked as part of the team providing stop-smoking services in the community, preventing continuity of care being lost when patients are discharged from hospital.

The key elements of the role are to:

- Develop referral systems within patient care pathways;
- Provide on-site staff and patient clinics;
- Develop policies and protocols for withdrawal management, such as NRT;
- Provide training for staff.

One of the main obstacles to achieving these aims is that smoking is often seen as a public health and prevention issue. During...
the first year, the priority was gaining commitment from senior management and clinicians. In this time, clinics were established, referral pathways set up and the patient care pathways and systems for recording smoking status, delivering “very brief advice” and processing referrals (for example electronic patient record systems or routine patient assessment systems) using service electronic links to local NHS stop-smoking services. Develop guidelines and protocols for provision of nicotine replacement therapy on the ward. Give training face to face and online. Establish clinics alongside other services for smokers. Communicate to staff and patients about services for smokers. Feed back on success to staff, giving details such as numbers referred and the numbers quitting.

**Box 1. Hospital smoking cessation projects**

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<th>Essential steps</th>
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<td>Get commitment from the top: set up a steering group</td>
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<td>Prioritise key specialties to start (for example respiratory, cardiac, pre-op assessment)</td>
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<td>Identify patient care pathways and systems for recording smoking status, delivering “very brief advice” and processing referrals (for example electronic patient record systems or routine patient assessment systems)</td>
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**Box 2. Case study**

George Edge* was admitted to the respiratory ward with an acute COPD exacerbation. His ability to lead an independent life had been declining and he was often admitted to hospital. The stop-smoking adviser received a referral and went to see him on the ward. The adviser organised a nicotine replacement therapy inhalator to be prescribed. Mr Edge was not sure he could quit smoking for good, but said he would try to use the inhalator on the ward and when he got home. The adviser taught him how to use it with confidence and visited him regularly until he was discharged.

Mr Edge attended her outpatient clinic every week over a couple of months. It was clear he was not happy to set a date to quit forever, but he was happy to use his inhalator and take each day at a time. With each smoke-free week he gained confidence and noticed his chest was improving. He was able to get out of the house, work in the garden and drive again. When asked what he thought was better about not smoking, he said: “I’ve done 100 days without being readmitted”. This was a real achievement for him. *The patient’s name has been changed.

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**Conclusion**

COPD is just one disease where smoking cessation can make a difference. Nurses should have information about the impact of smoking cessation on the diseases they treat and overall patient wellbeing. This should be shared with patients to motivate them to quit or try a period of abstinence. They can be encouraged to use NRT and referred to a stop-smoking specialist who will provide continuity of care. "NT"

For further reading on the impact of smoking on specific disease areas go to: tinyurl.com/NCSCT-PractitionerResources

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**References**

Dresler C (2003) Is it more important to quit smoking than which chemotherapy is used? Lung Cancer; 39, 119-124.


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