

QuITT Collaborative

Reflecting on our project



Change ideas we have tested

1. TTD team having a regular slot at ward Community / Mutual Support meetings – later changed to regular **walk-a-rounds / drop in sessions** on the wards
2. **Bite size micro teaching sessions** for ward staff during handovers
3. Service user **information file** – with QR codes to videos and written information
4. Ordering **reusable vaping devices** for the ward (Beechlydene WARD ONLY)

To help measure impact of change ideas;

- TTD team have undertaken **data collection** (with support from ward doctors)
- Ward teams have distributed and collected **pre-discharge patient surveys**
- All inpatients who have engaged with the TTD service are asked to complete a **TTD post discharge questionnaire** to gain more quantitative data

Learning from these ideas:

- Feedback from staff on the subjects they would like covered in the bite size micro teaching sessions has informed content and encouraged engagement
- Links to written information and videos on the wards for staff and service users has aided informed decision making around treatment choice re: NRT and the potential role of vaping to support quit attempts

Changes we have seen in the team

- **Do you feel that you have improved the number of patients, that smoke, that undertake meaningful tobacco treatment?**

BNSSG: We have had more presence on the QuITT wards which in turn has enabled greater engagement with service users

- **Has there been a change in team culture, relationships, ways of working etc.?**

BNSSG: The TTD team are now receiving more direct email request from ward staff to see service users about their smoking and we are easily identifiable as part of the wider team

- **Do you have any examples of how members of your team have engaged in the work?**

BNSSG: Advisors have activity attended handovers and MDT meeting to promote the service. We have actively engaged the MDT. Feedback that the TTD service is positively impacting service users mental and physical wellbeing

- **Do you feel that taking part in the project has helped to improve your tobacco dependency service?**

BNSSG: Yes, it has helped accelerate the presence of a new service to become integrated within the wards

Our reflections on taking part in the project

- **Have people external to your team noticed any changes, such as patients and carers, other teams that work alongside your team, external stakeholders, or other end-users of your team or service?**
- The TTD service is made reference to positively within Trustwide meetings that the Clinical Lead for TTD attends. Anecdotally, there is a sense that TTD is becoming more embedded across most wards in AWP (not limited to those involved in the QuITT) and that TTD is now a recognised service available to those inpatients who smoke.
- It has been an honour and pleasure to work with those who have lived experience within the fortnightly (now monthly) QuITT Project meetings.
- Having dedicated specialist practitioners offering our inpatients the opportunity and support to quit smoking during the most challenging periods in their life.

Some of our challenges

- **What challenges have you faced in this work?**
- **Have you been able to overcome your challenges?**
- **What advice would you give to anyone about to start their own QI project?**
- Ward acuity and temporary staffing on some of our wards, often impacted on consistency in ward teams being able to take part in the project and attendance at fortnightly meetings. The TTD leads have on occasions been able to catch up with ward leads during their regular ward visits. The TTD Clinical Lead has occasionally arranged 1:1 catch up meetings with ward managers on the QuITT wards to provide updates and encourage engagement.
- Where possible try and engage Involves – they are great for sense checking ideas, keeping us focused and holding us to account.
- Ward managers are the key to engaging the MDT on their wards.

Looking to the future

Have you embedded any change ideas into everyday practice? How do you plan to continue the positive work of the project?

The TTD Leads are considering what change ideas they are currently implementing (mindful we have 39 inpatient wards). At present the thinking is;

- The TTD team have a notice board to promote TTD and will continue to maintain the service user information file (with QR codes to written info and videos)
- The TTD team can continue to offer bite size micro teaching sessions but frequency will need to reduce to either monthly or as and when requested by ward teams
- The TTD team can continue to undertake regular ward walk around for inpatients on those wards visited at least weekly (acute inpatient)