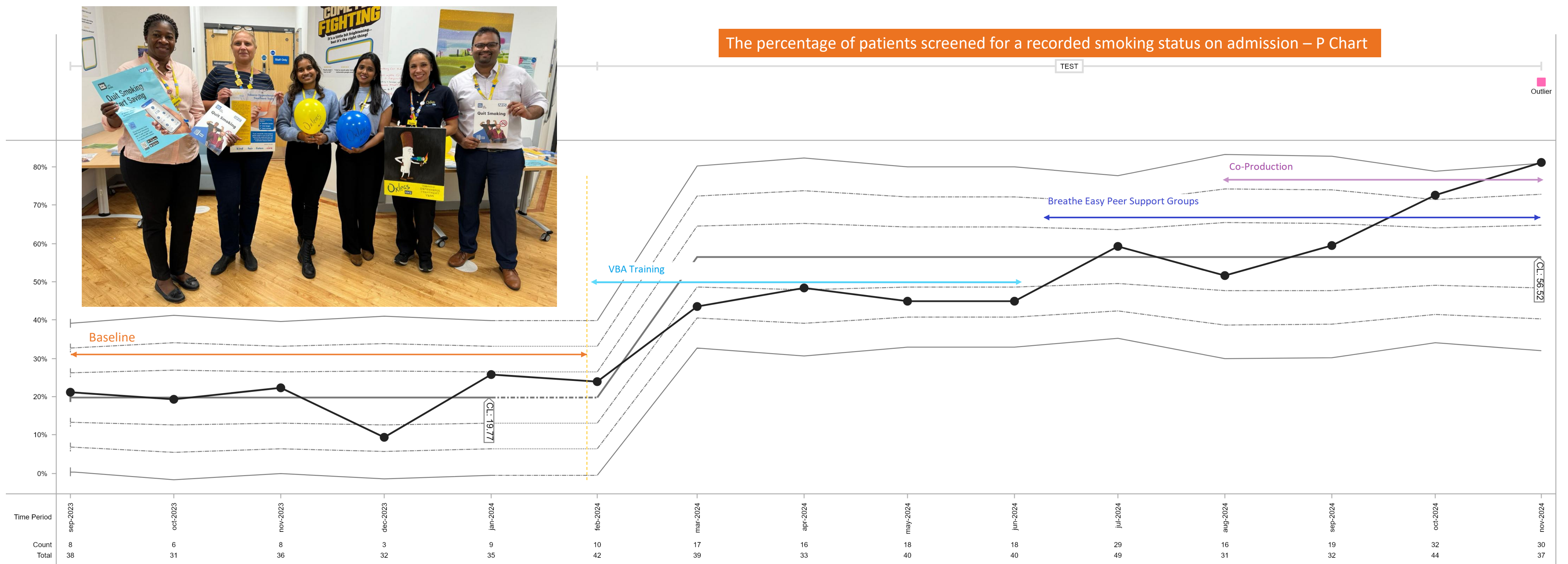


QuITT Collaborative - Reflection

AIM: To increase the proportion of patients on inpatient mental health wards, who smoke, who undertake meaningful tobacco treatment

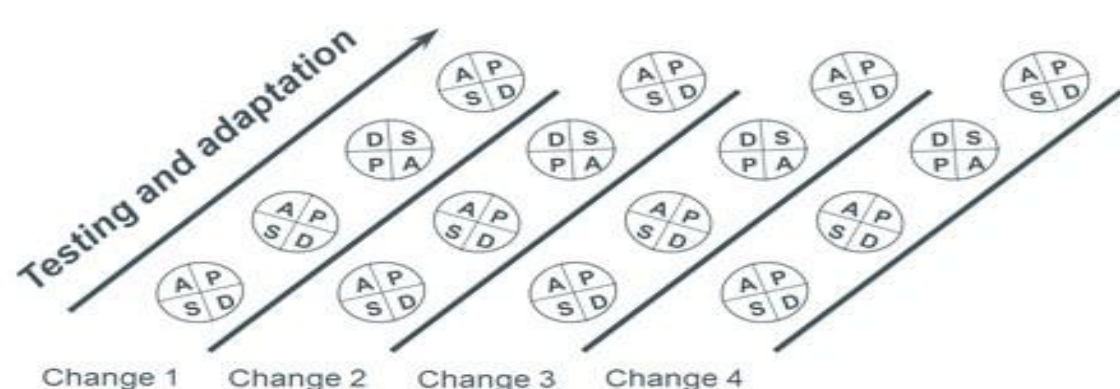
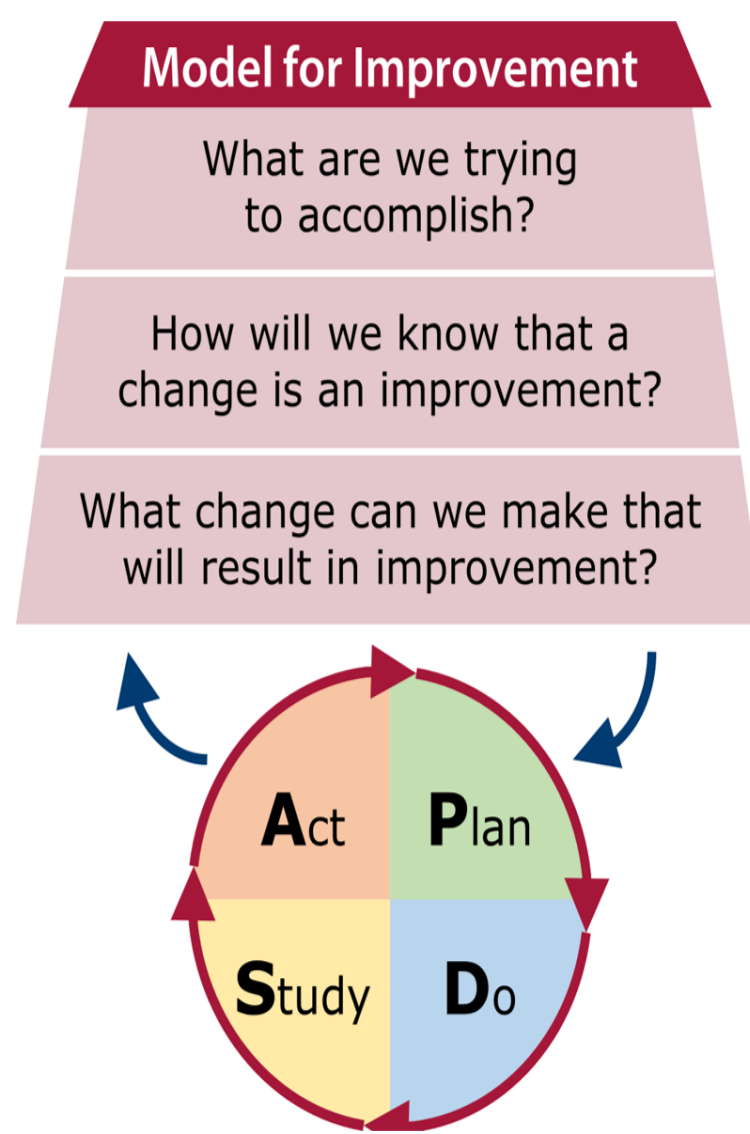


Starting from a baseline of 20%, we achieved an improvement to 80% over the course of this QI project year. We anticipate further 'Shift' in the coming months & have implemented sustainability plans to maintain > 90%. Generated by OLifeo!

Methodology

The interventions were guided by the **Model for Improvement**, a framework that helps in setting clear objectives and systematically testing changes using Plan- Do – Study – Act (PDSA) cycles to achieve those objectives.

This iterative approach allowed for continuous testing, learning, and refining of interventions, ensuring they were effective and sustainable. The MFI provided a structured yet flexible methodology to achieve the project aims, drive improvement, and measure results in real-time.



Change ideas tested & Learnings

1. VBA Training for Staff (February–June)

We recognized that VBA training is the most fundamental and yet the critical step to begin with. It helped staff understand the importance of the TDT service, laying a strong foundation for the program.

2. Introduction of Peer Support Groups – "Breathe Easy" (July–Present)

The introduction of peer support groups proved motivational for patients, who drew inspiration from the success stories of their peers. These groups positively influenced staff attitudes as well as they observed smokers actively participating and making quit attempts.

3. Co-Production: Engaging with Lived-Experience, Physical Health Leads, and Champions (August–Present)

This initiative led to a significant improvement in performance over subsequent months. It underscored the value of co-production in achieving the "ladder of possibility" and fostering meaningful collaboration.

4. Online Survey Forms

Survey forms were made available online alongside paper versions to increase collection rates. However, this approach did not produce the anticipated results.

Reflections

"The QI project has undoubtedly improved our TDT service. It has enabled us to strengthen relationships with MDTs, including OTs, psychologists, the physical health team, administration staff, the Involve Team, Rio-Digital Transformation, and data services. Now, this is what we call holistic care!" –TDT Team

"I now understand the importance of smoking cessation for mental health patients. I previously held the belief that they could not quit, but I have learned that this is not true. While working in the QI ward, I witnessed the patients' quit journeys firsthand. This experience highlighted the critical importance of recording smoking status promptly and referring patients to the TDT team." – Nurse

"I feel motivated and engaged when I participate in the peer support groups. The TDT team tailors each session to the needs of the participants, making us feel involved and valued. These sessions also serve as a powerful reminder for me to remain smoke-free. I am proud to share that I have been smoke-free for almost two months—the best decision I have ever made. Even after I get discharged, I am determined not to go back to smoking. In fact, I plan to encourage my friends in the community to give up smoking as well." – Patient

Challenges encountered & Mitigation plans

1. Staff Resistance:

Staff were initially hesitant to engage in smoking-related conversations due to uncertainties about asking the right questions, referring patients to the Tobacco Dependence Team (TDT), or administering Nicotine Replacement Therapy (NRT). We also faced challenges in training bank staff. *To address this, we provided VBA training that included guidance on recording smoking status, making referrals, and using NRT. Additionally, we emphasized the importance of proper handovers, particularly for new and bank staff, to ensure continuity of care.*

2. Patient Resistance:

Some patients were resistant to quitting smoking, citing reasons such as stress relief, fear of failure, or an inability to envision a smoke-free life. *The Breathe Easy Peer Support Groups helped to overcome these barriers by providing a platform for shared experiences and mutual support, which contributed to a positive shift in attitudes toward quitting.*

3. Communication and Implementation of the No Smoking Policy:

Challenges in the communication and implementation of the No Smoking Policy arose for several reasons, including senior staff not passing on information and individuals failing to access disseminated materials. *Ongoing training for all staff groups was identified as a key solution to overcoming these barriers. Some staff members indicated that providing evidence of improvements could help shift the perspectives of those resistant to the policy.*

Looking to the future

To ensure the long-term impact of our initiatives, we will organize VBA refresher sessions for existing staff and provide training for new staff to sustain and expand skills. These efforts will be scaled up across all sites to achieve a broader impact, with tailored implementation plans to address local needs. Smoking screening status will be continuously monitored across all wards, with a focus on identifying and improving underperforming areas. To drive engagement and accountability, ward-specific data will be presented regularly at monthly meetings with staff and managers, fostering a culture of shared ownership, recognition, and continuous improvement.

Key Takeaways

- Track Training Participation:** Obtain a comprehensive list of staff and coordinate with the e-learning team to monitor and ensure completion of VBA training. This helps in identifying gaps and ensuring all staff are equipped with the necessary skills.
- Leverage Peer Support Groups:** Peer support groups are highly effective in fostering behavior change. Consider integrating individuals with lived experience into these groups, as their personal stories and insights can significantly influence smokers' attitudes and motivate them to quit.
- Focus on New/Bank Staff Integration:** Ensure that bank staff receive thorough handovers from substantive staff and training to new staff. This includes clear guidance on procedures, such as referring patients to the TDT team and understanding NRT usage. A structured onboarding approach can help maintain consistency in patient care