

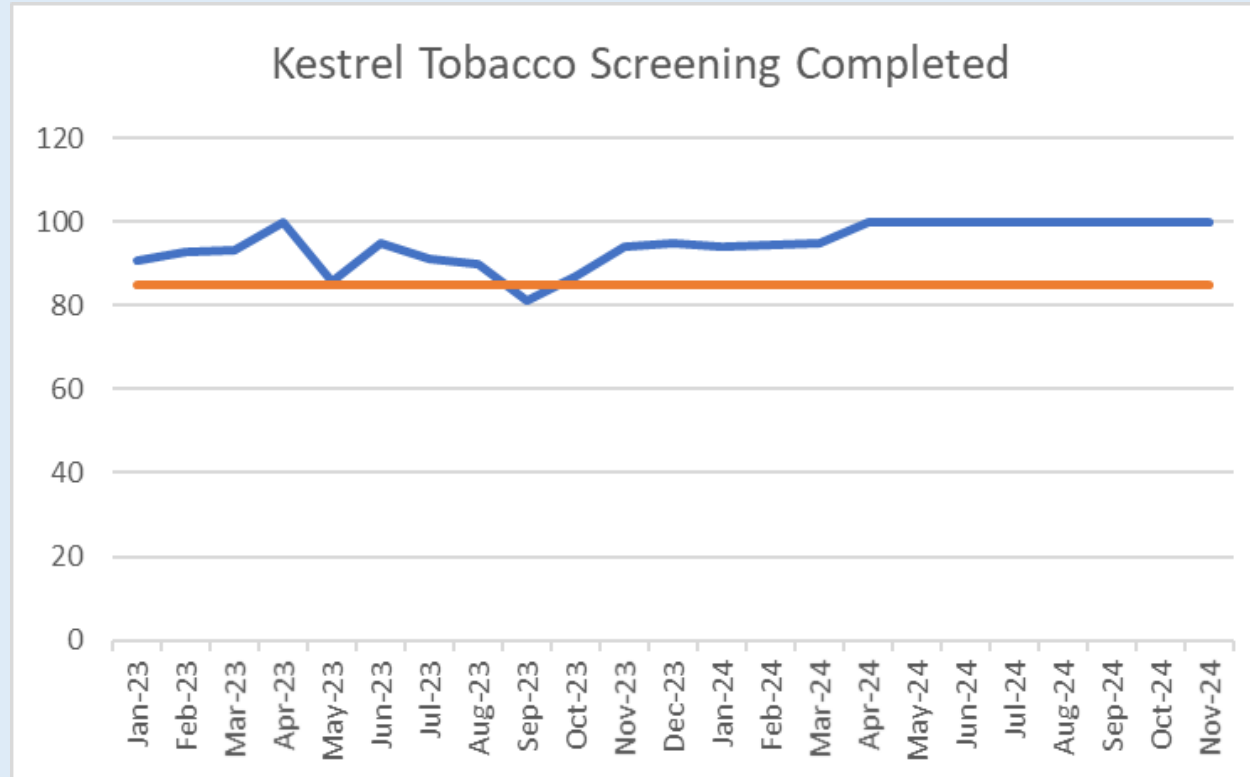
QuITT Collaborative

Reflecting on our project

Smoking rates among service users in mental health inpatient units are significantly higher than in the general population.

Addressing this issue through smoking cessation interventions can greatly improve both physical and mental health.

This QI project aimed to increase the number of patients in mental health inpatient units receiving smoking cessation treatment.



Our change ideas had a significant impact on the tobacco screening of service users upon admission. As reflected in the data, scores were above the median for all but one month, and consistently above the median from October 2023 until November 2024.



Change ideas we have tested

1. Provided level 2 tobacco dependence training to ward staff.
2. Add NRT discussions during ward rounds.
3. Trained smokefree advisors to be identified on the staff rotas for the ward.

Learning from these ideas:

Some of the change ideas we came up with were good in theory but ran into obstacles during their practical application. We found that adapting initial ideas in collaboration with the team working in the ward allowed us to amend our approaches and implement more successful changes as a result.

Changes we have seen in the team

- Through tobacco treatment training, staff have been empowered with the knowledge and tools to engage in meaningful conversations with service users about tobacco management. There has also been a significant improvement in the accuracy of recording smoking status within the ward.
- We have seen a change in team culture, as the ward manager nominated staff to attend our level 2 training, and when more information was provided about the QUITT project they volunteered to help. Volunteers then attended the QUITT Workshops allowing to share their experience working in the wards with other teams.

Our reflections on taking part in the project

- Verbal feedback was provided by ward staff stating they have been noticing an increase in the number of NRT medications being prescribed. This shift was attributed to having more staff trained to engage in smoking cessation conversations, as well as nurses being empowered to prescribe NRT themselves.
- We have also noticed that by being more present and involved in the ward, staff and service users knew who the smokefree team were and felt more at ease when engaging in conversation or sharing feedback.
- The project has helped us to think in a more QI way when tackling challenging situations, ensuring that there is more collaboration between different teams, which has allowed us to create solutions that are going to be sustainable in the future.

Some of our challenges

- The process of being able to hire a person with lived experience was challenging, and it did not happen in time for the project. As a result, we made sure that we often carried out patient feedback surveys, to see what service users wanted to see more of or needed from the service.
- Our advice to anyone taking part in the project would be to ensure that everyone in the group has clear responsibilities. It's also crucial to maintain clear communication throughout the project and to be flexible, as things will inevitably need to change as you go along.
- When the project began, there were only two team members in the Smokefree team, both of whom were relatively new and had to quickly adapt and learn on the job.

Looking to the future

Looking ahead, we plan to continue the positive momentum of the project by delivering in-depth training of tobacco dependence across the different wards. This will ensure that all staff, regardless of role, have the knowledge and tools to address smoking in a consistent, confident manner. By making tobacco cessation an ongoing priority and incorporating it into everyday practice, we aim to create a lasting, tobacco-free culture that supports both service users' recovery and overall well-being.