



Health

Hunter New England
Local Health District

Enhancing smoking cessation care in Aboriginal Maternity Services. Implementation of Quit for New Life in The Hunter New England Local Health District of NSW.

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Hunter New England Implementation Model

1. Culturally Appropriate Model of Care

- Developed by HNEQ4NL working group informed by client survey data and staff consultation.
- Smoking care delivery led by Aboriginal Health Workers.
- Focus on engaging clients to begin their smoking cessation journey.

2. Capacity Building of existing AMIHS staff

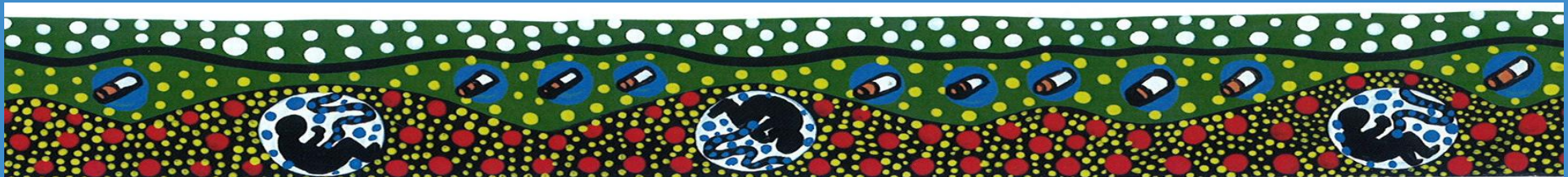
- Site Support Officers, staff training, resources (\$ for increased hours, CO Monitors, NRT), systems change to support best practice care.

3. Direct provision of free Nicotine Replacement Therapy

- Supported by development of clinical guideline

4. Performance Monitoring and Feedback

- Quarterly site performance reports provided to service managers and Executive Leadership Team
- Targets added to HNELHD's strategic reporting tool
- Academic detailing/reflective practice with staff



HNE Q4NL Model of Smoking Cessation Care

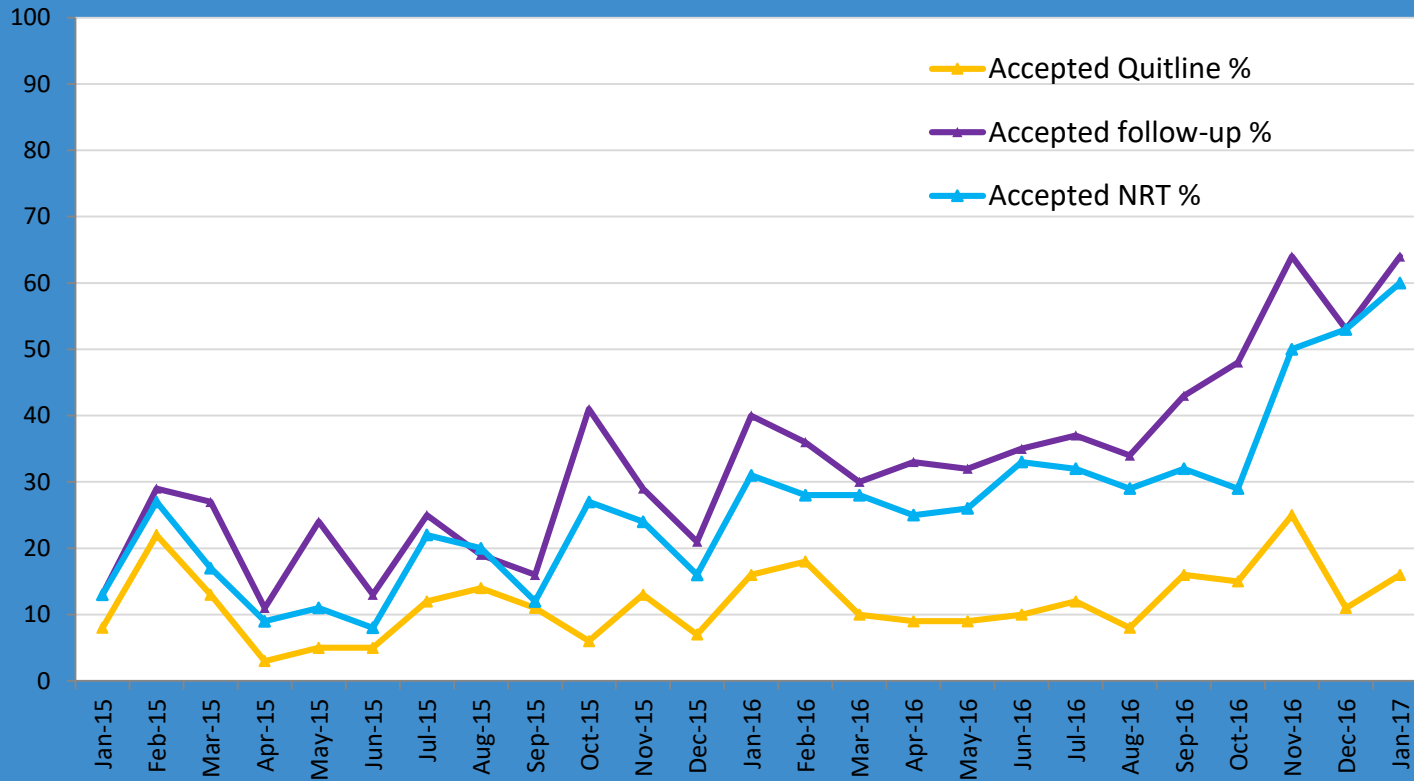
- Model based on evidence and further informed by client and staff consultation.

ASSESS	EXPLAIN	OFFER	ARRANGE
<ul style="list-style-type: none"> • Use CO Breath Monitor with all clients as part of routine care. • After taking CO reading ask; <ul style="list-style-type: none"> ✓ Do you smoke or have you smoked in the past? ✓ Does anyone in the home smoke? 	<ul style="list-style-type: none"> • Interpret CO Breath Monitor reading and discuss with the client. <ul style="list-style-type: none"> ✓ How to reduce CO levels to a healthy level for baby (no longer smoking). • Explain treatment options available to assist clients to reduce their CO readings/become smoke free. 	<ul style="list-style-type: none"> • <u>All</u> smokers support to make changes to their smoking. <ol style="list-style-type: none"> 1. Free NRT - Swap some or all cigarettes for NRT. 2. Behavioural support <ul style="list-style-type: none"> • Smoking management plan • Quitline referral 	<ul style="list-style-type: none"> • Quitline referral. • NRT – following clinical guideline. • Follow Up support <ol style="list-style-type: none"> a. Develop plan b. Monitor CO levels and withdrawal symptoms. c. Provide NRT and adjust usage/dosage where necessary. d. Discuss smoking at every visit.

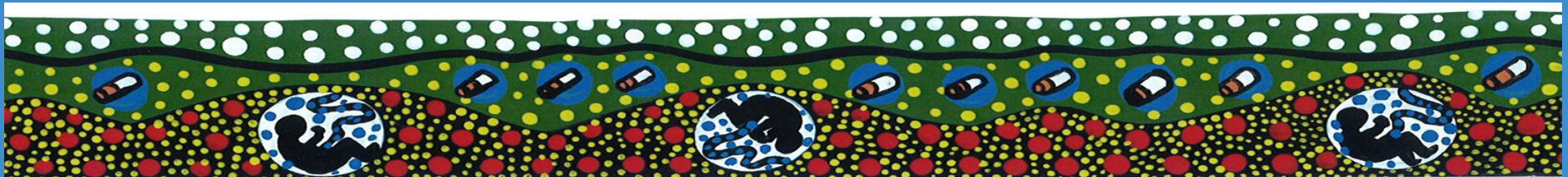


Outcomes

% smoking clients accepting Quitline, Follow Up Support and NRT
Jan 2015 – Jan 2017



Quitline: $p=0.17$
 Follow Up: $p < 0.000$
 NRT: $p < 0.000$



Learnings

- Acceptance of smoking cessation care increased with the implementation of the HNELHD Q4NL model.
- Key success factors;
 1. Model of care based on evidence and informed by client and staff consultation processes.
 - Focussing on reducing CO levels.
 - Enabling women to set small achievable goals to commence their quit journey.
 - Providing free NRT in the appointment to facilitate immediate commencement of treatment.
 2. Practice change support strategies to support the implementation of the model of care into routine practice.

