

Smoke Free PICU - Millharbour Male PICU

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Background

- Why you chose this project...
 - *Greater consideration of parity of esteem for patients' mental & physical health in all NHS settings, with a focus on Respiratory and Cardiovascular Health risk for PICU patients. There is a direct association with tobacco use and physical health problems.*
- What was the problem?
 - Parity of esteem:
 - that mental health settings should be equivalent to the acute hospital environment in relation to harm from cigarettes. Current wards facilitate this harm with smoking times, rooms, escorts etc.
 - Smoking is associated with early morbidity and mortality with particular association of decades of years of life lost due to cardiovascular and respiratory illness for those with Severe Mental Illness.

Background (cont...)

- Project aim

- Patients able to actively use NRT on discharge from the PICU.
- Carbon Monoxide (CO) reading improvement by 20% from admission to discharge from the PICU.
- No trade in cigarettes on the ward after 6 months of project initiation/ or after 6 PDSA cycles.
- Staff able to talk about smoking cessation, do CO monitoring and dispense NRT.
- Reduce aggression related to smoking times day & night, therefore reducing incidents .

AIM		Reducing harm by 30% each year		Right care, right place, right time
Work-stream	X	Reducing inpatient violence		Reliable delivery of evidence-based care
		Reducing falls and harm from falls		Improving patient and carer experience
		Reducing harm from pressure ulcers		Reducing delays & inefficiencies
		Reducing harm from medication	X	Improved access to services at the right location
		Reducing harm from restraints		
	X	Other type of harm		

Driver diagram

Aim:

Primary Drivers

Secondary Drivers

Change Ideas

**Smoke free
Ward/PICU**

Culture of staff
to smoke free

Staff smokers improve staff
health and monitor own CO%

No longer having smoking areas
on the ward. **4rd**

Staff & Patients awareness of
the NHS 5YFV to have smoke free
wards.

Ward champions on the
rationale and health benefit-
Staff & Patient. **1st change**

CO %
levels of
smokers
decrease
by 20%
over 6
month
period

Cigarette
substitutes
available

NRT given out by all staff.

E-cigs only off the ward, but no
cigs while on leave. Staff &
Patients **5th**

Always having NRT available

Process for
NRT

Leave expectations and non-
smoking for staff/patients/family.

Start a ward smoking cessation
group facilitated asap. **5th**

Regular recording of CO% levels .
Having recording on other wards

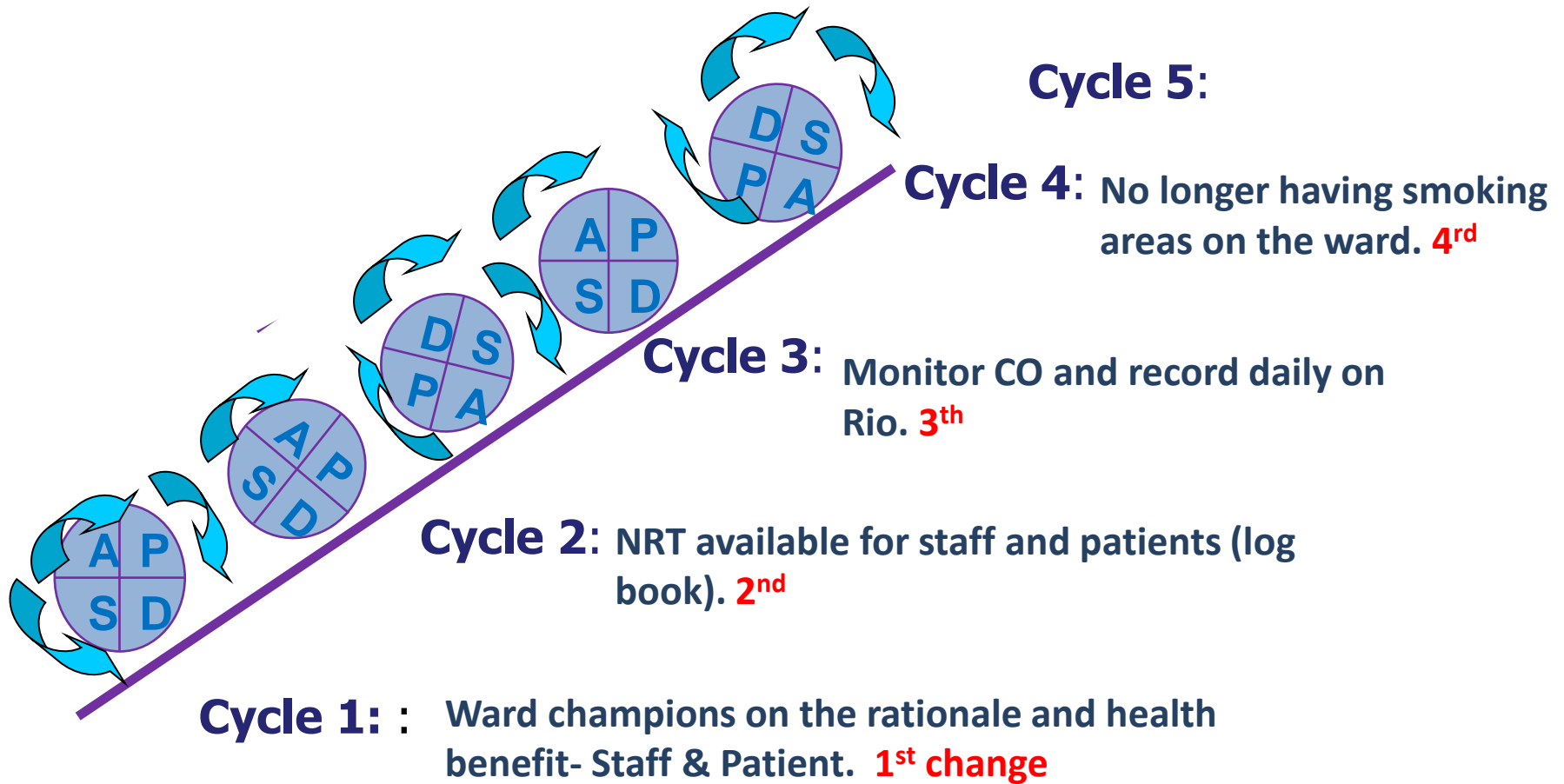
NRT available for staff and
patients (log book). **2nd**

CO monitor,
NRT, no
smoking areas

CO monitors and all staff using
routinely. Poster and literature
given to all patients.

Monitor CO and record daily on
Rio. **3th**

Sequence of PDSA's – for one change idea or secondary driver



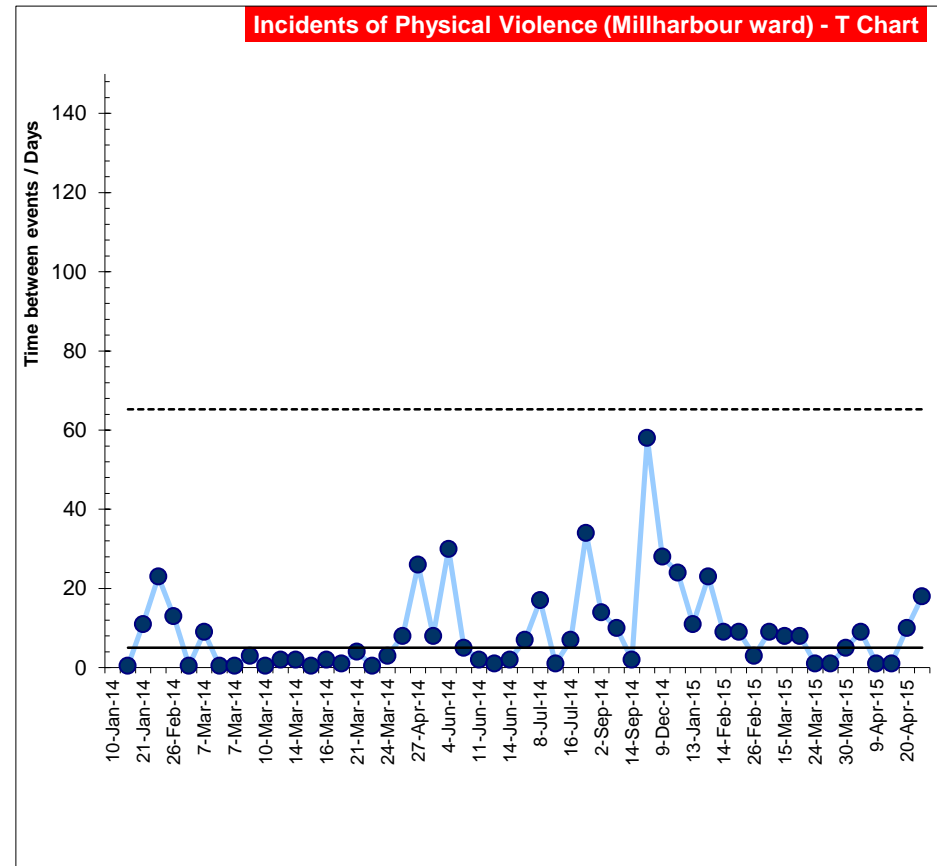
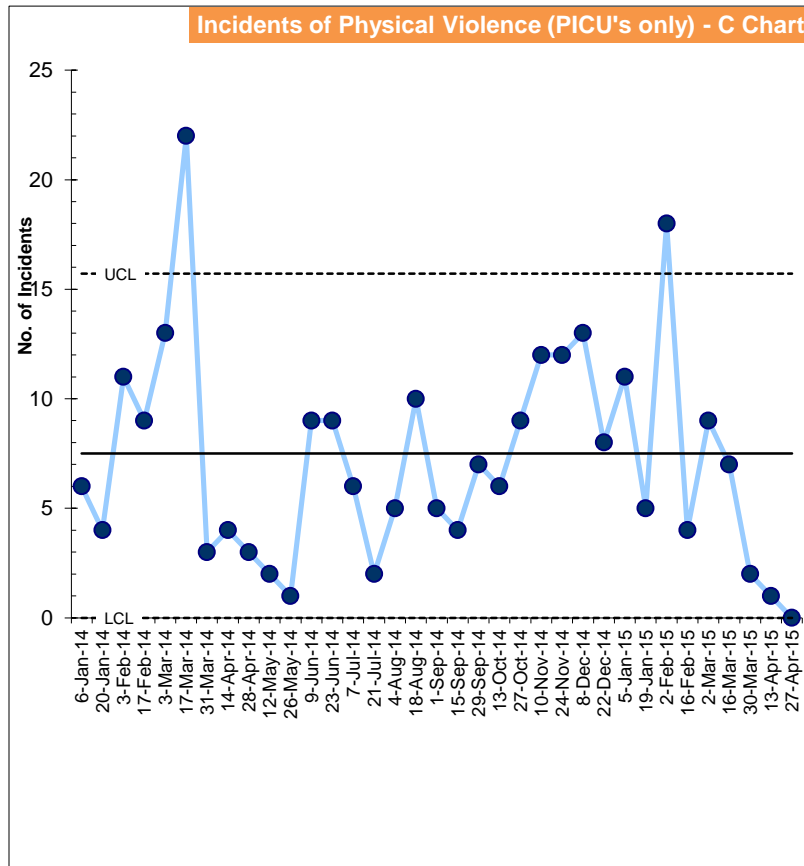
Sequence of PDSA's (cont.)

Future Cycles for PDSA:

- Additional outcome measures in the form of subjective feedback from patients and discussion at community meetings
- Increase range of NRT products available to patients eg gum
- Smoking cessation training for staff enabling them to use **Patient Group Directions to recommend NRT products for patients**
- Use of medicines/safety cross to record any incidents relating to smoking incidents on ward.
- Smoking cessation training adapted to accommodate shift patterns of staff

Data

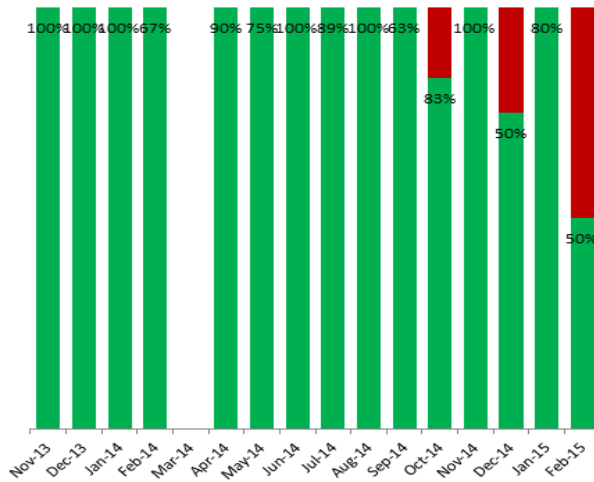
- Physical Violence to April 2015



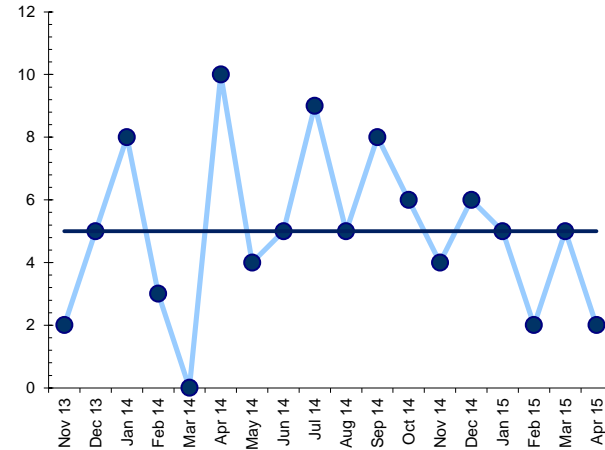
Data

- PREM to April 2015

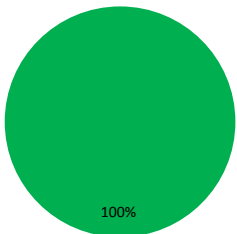
Monthly FFT



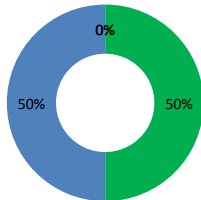
FFT Monthly Responses



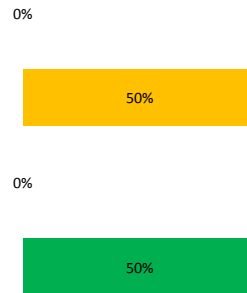
Have our staff treated you with kindness?



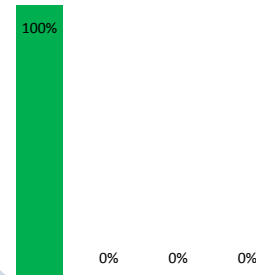
Have you felt listened to by our staff?



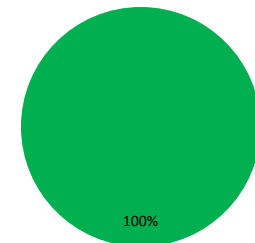
Have you felt treated with dignity and respect by our staff?



Have you been given enough information to help you cope with your mental health?

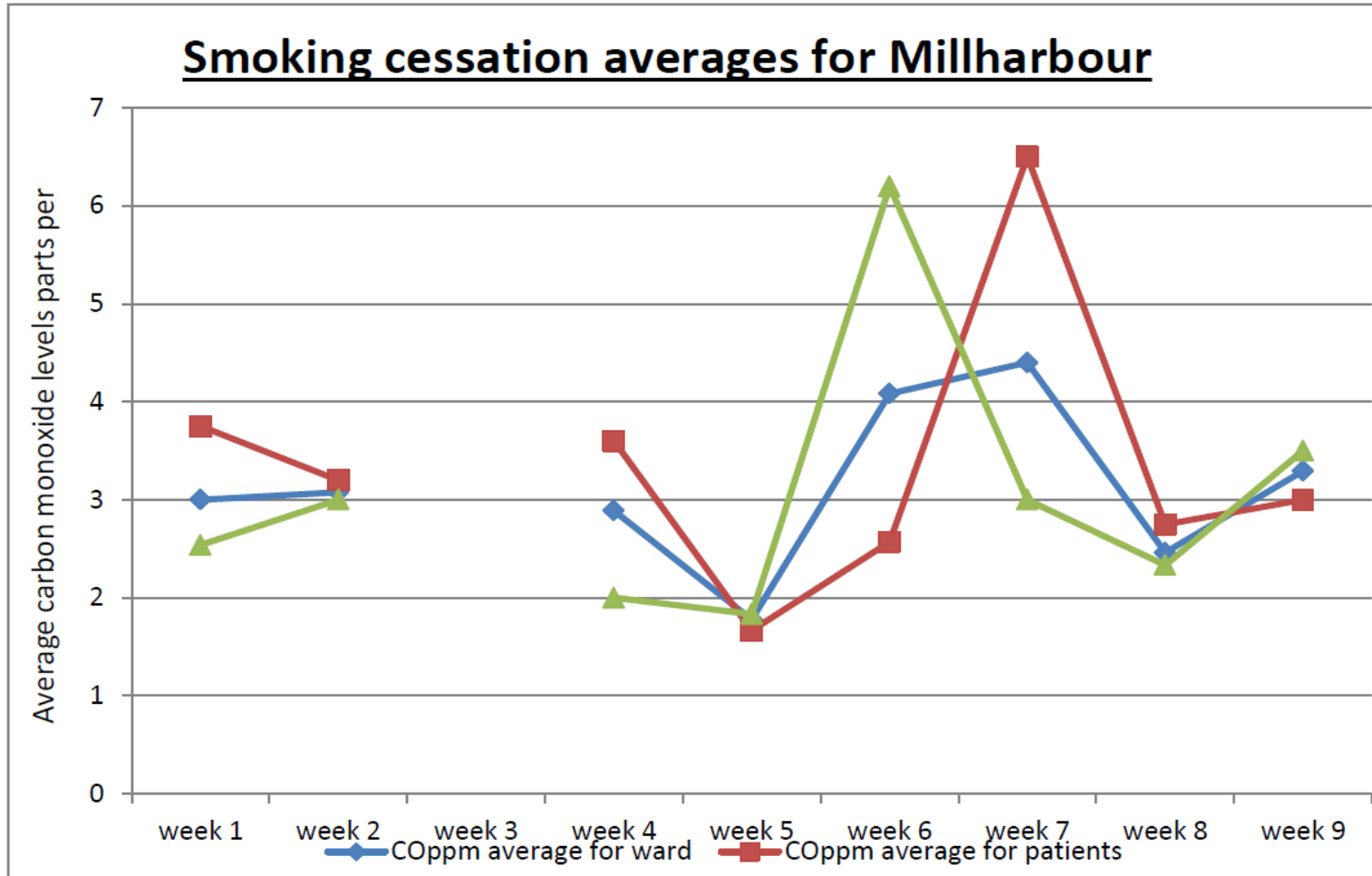


Do you know who to contact when worried or in a time of crisis?



Data

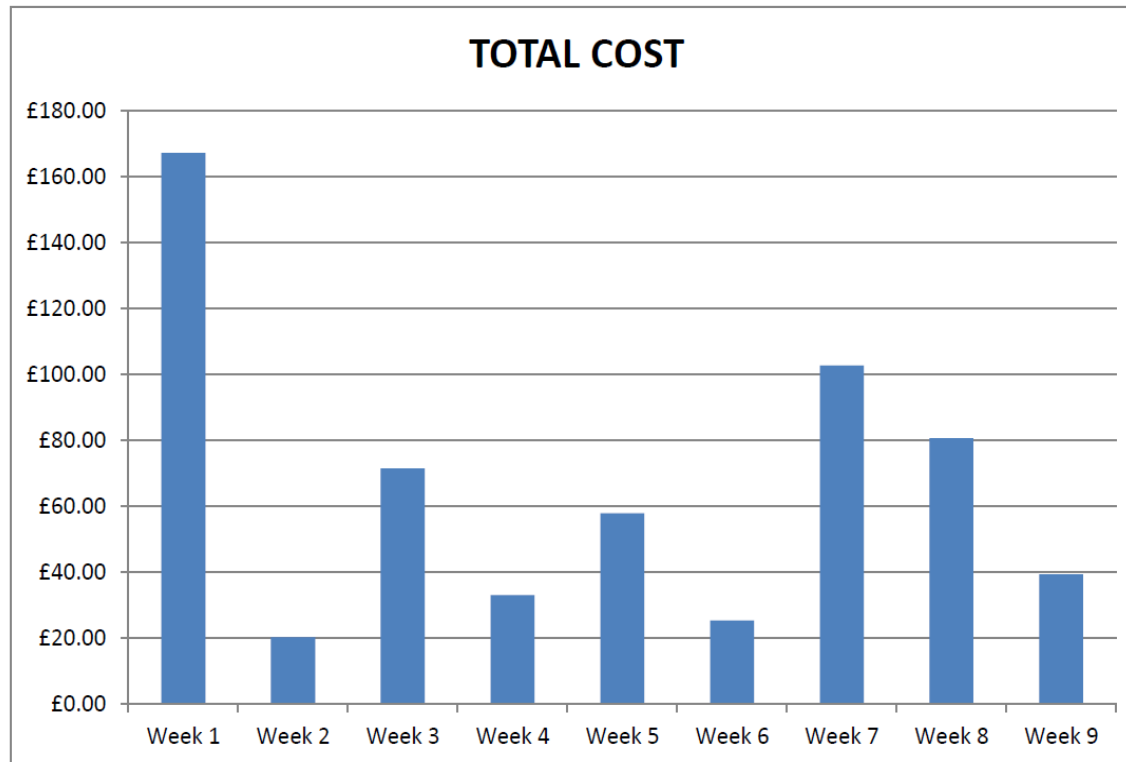
- CO monitoring to April 2015



Data

- Cost to April 2015

Total cost of NRT: The chart below shows the cost of NRT on the ward each week.



$$\text{Value} = \frac{\text{Outcomes}}{\text{Cost}}$$

Data

- No open trade in Cigarettes on the ward. Cigarettes are sometimes thrown down from the ward above PICU or brought in by relatives.
- Staff able to do CO monitoring and make NRT available.
- Excluding Physical Violence; via Datix = <2 incidents/weekly patients smoking on the ward/room.

Learning

- What did you learn?
 - Main barrier is staff attitude.
 - Don't wait **'Just Do It'**
 - Cost of a pack of cigarettes (what do you think?....)
 - FU on Open wards, less than ½ future use.
 - Greater use of ward groups activity.
 - Do not use e-cigs on psychiatric wards Cf. acute hospitals
 - The e-smoking cessation training to too involved
 - Need to have NRT for staff made available.
 - Not able to have staff dispense NRT without a Px.

What next?

- What will you be doing in your project next?
 - Getting data on all incidents analysed.
 - Patient Group Directions for NRT products for patients.
 - Utility of more appropriate smoking cessation training
 - NRT available for Staff
- How will you be applying your improvement skills next?
 - Rolling out a smoke free TH's Centre for Mental Health i.e. all the wards in the unit.
 - Advocating for Trust's Staff Smoking cessation available at work.