

Introduction

Despite the public health and clinical benefits of smoking cessation, most tobacco users do not receive smoking cessation support recommended by clinical practice guidelines when they attend hospital. The aim of this paper is to report on the impact of an approach to improving the provision of smoking cessation care across an entire health service region geographically the size of England.

Method

We conducted randomised, quasi-experimental and longitudinal studies to determine the impact of clinical practice change interventions in improving the provision of smoking cessation support provided to hospital patients in New South Wales, Australia. Multi-component clinical practice change interventions involving staff training, point of care prompts, resources, performance feedback and executive level support and endorsement were implemented at a clinic, whole of hospital (2 hospitals) and whole of hospital network (38 hospitals) levels.

Results

Significant improvements in the provision of smoking cessation care, such as assessment of smoking status, provision of brief advice and nicotine replacement therapy was found at each level. Despite the significant effects, variability in the size of effect in improving the provision of smoking cessation care was evident.

Conclusion

The findings demonstrate that the delivery of smoking cessation care in hospitals can be increased and that such improvements can be achieved at scale. Variability in effect suggests further research is required to optimise benefits for patients.

