

A retrospective audit of adherence to Northern Health's Tobacco Dependence Management Guidelines for COPD inpatients

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Background

- Smoking cessation slows progression of chronic obstructive pulmonary disease (COPD).
- Nicotine replacement therapy (NRT) increases cessation rates by 50–60%¹; adding a second NRT form to a patch increases this a further 17–37%².
- The COPD Clinical Care Standard highlights smoking and NRT assessment as standard care³.
- Northern Health's Tobacco Dependence Clinical Management Form ('the Form') guides NRT prescribing; adherence has not been evaluated.

Aim

Evaluate the smoking cessation care provided to COPD patients admitted to the respiratory ward.

Method

- Retrospective audit of electronic medical records (EMR), respiratory ward (W20), Northern Hospital, Sep–Nov 2024.
- Inclusion:** adults (≥ 18 y) with COPD; **exclusion:** palliative or cannabis/vaping-only.
- Variables:** smoking status, cigarettes/day, advice, referral, NRT dose, discharge NRT supply.
- Prescribing compared with the Form's mild / moderate / high dependence plans.
- Analysis:** descriptive analysis; QA approval (QA 02.2025).

Results

163

patients
audited

68.7%

smoking status
documented during
admission

54.5%

of smokers
charted NRT

- Time to first cigarette not documented; Heaviness of Smoking Index not calculable.
- Cessation advice and support referral was documented for only **one** patient.
- Patch monotherapy** was the most prescribed regimen (n=13/30); **combination NRT** was patch + inhaler (n=7/30) or patch + spray (n=4/30).
- One-third** of orders matched the Form's recommended regimen; **14 of 30** patients continued NRT on discharge.

Table 1. Demographics of patients with chronic obstructive pulmonary disease (COPD).

	All patients (n=163)	Active smokers (n=55)
Median age (range)	72 (44–93)	68 (44–83)
Male, n (%)	85 (52.1)	25 (45.5)
Cigarettes per day, n (%)		
<10	22 (13.5)	13 (23.6)
11 to 20	17 (10.4)	14 (25.5)
21 to 30	9 (5.5)	5 (9.1)
>31	11 (6.7)	3 (5.5)
Not documented	104 (63.8)	20 (36.4)

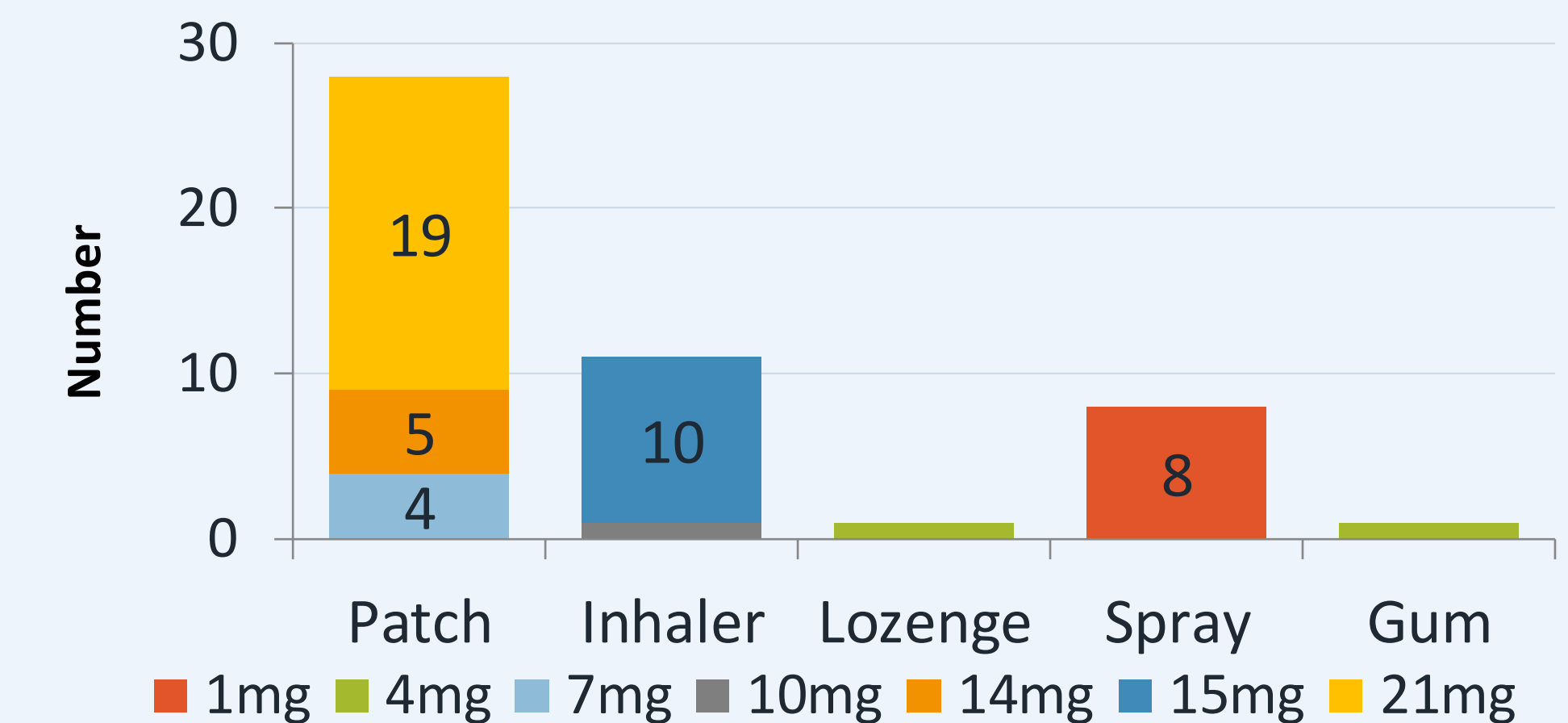


Figure 1. Type of nicotine replacement therapy and strengths charted for inpatients (n=30).

Conclusion

- Documentation and NRT prescribing were inconsistent; the Form is paper-only, which may have limited its use.
- Limited provision of cessation advice or support.
- Gap:** 54.5% of smokers were prescribed NRT as inpatients; 14 of 30 on discharge.
- Gap:** Patch monotherapy was most prescribed, although combination NRT improves quit rates².
- Next steps:** Prescriber education, EMR order-sets (in development), pharmacist-led NRT assessment and prescribing re-audit.

References

- Hartmann-Boyce J, et al. Cochrane Database Syst Rev. 2018;(5):CD000146
- Theodoulou A, et al. Cochrane Database Syst Rev. 2023;(6):CD013308
- ACSQHC. COPD Clinical Care Standard. 2024