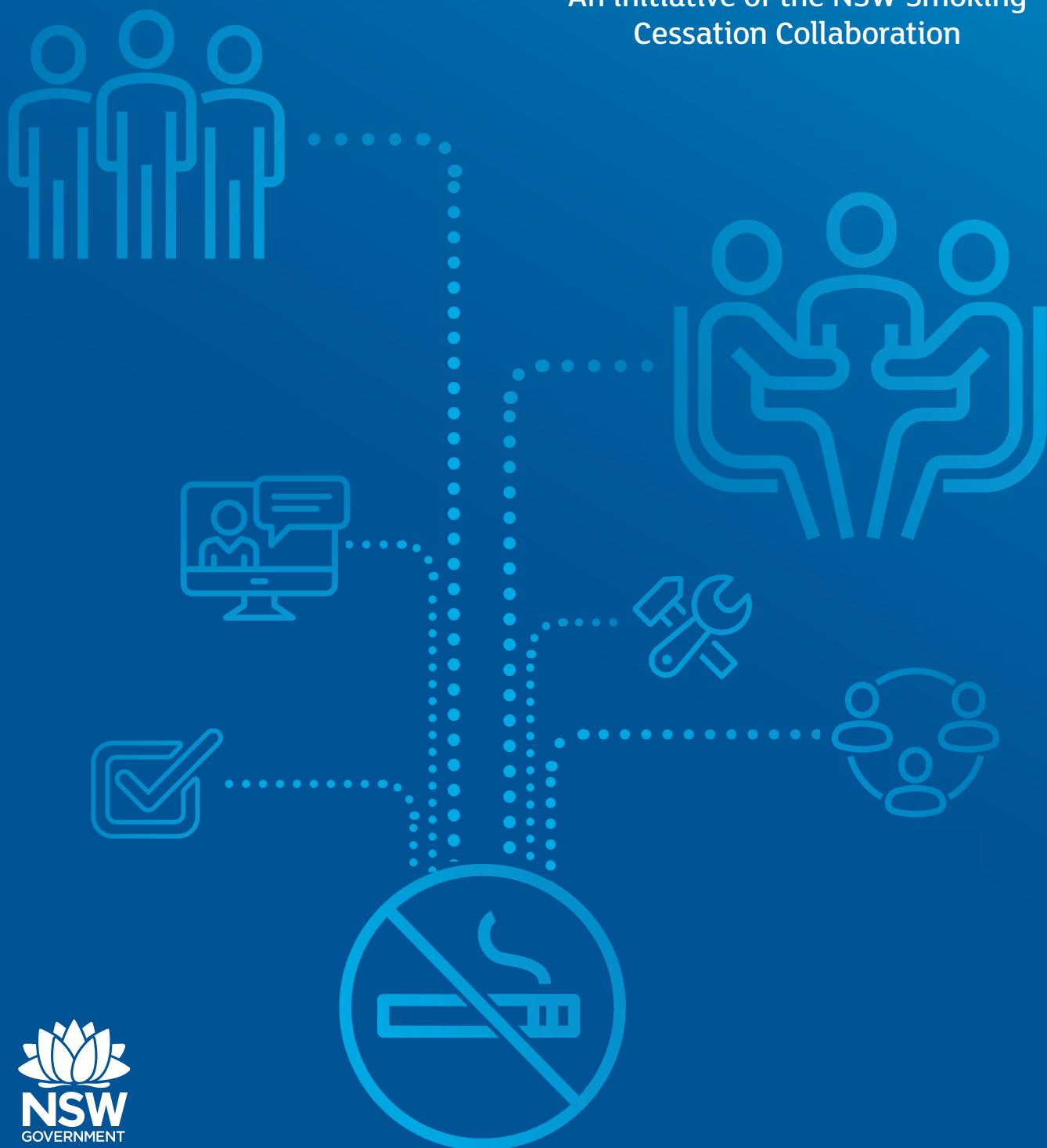


# Smoking Cessation Framework

## for NSW Health Services

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An initiative of the NSW Smoking Cessation Collaboration



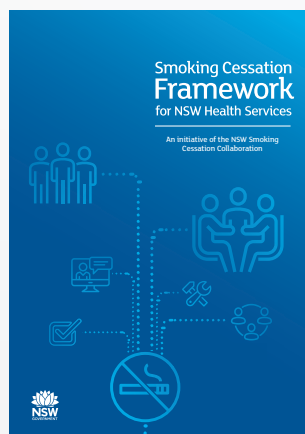
## Acknowledgements

This Framework was substantially informed by NSW Health's extensive 2016 exploratory study, *Investigating the management of nicotine dependence and smoking cessation in NSW Health facilities*, which identified the current barriers to implementing smoking cessation interventions, and the multi-strategic practice-change approach required to address them.

This study involved comprehensive consultations with many health professionals and local health district staff.

Under the auspices of the NSW Smoking Cessation Collaboration, the development of the Framework involved an additional literature review, identifying evidence-based systemic enablers of practice change, and in-depth interviews with targeted informants from a select range of local health districts and clinical areas. Thank you to all those from the following organisations who participated in this valuable project:

- Aboriginal Health & Medical Research Council of NSW
- Agency for Clinical Innovation
- Cancer Council NSW
- Cancer Institute NSW
- Clinical Excellence Commission
- Health Education Training Institute
- Local health districts
- NSW Ministry of Health
- Primary health networks
- St Vincent's Hospital Network
- The Children's Hospital at Westmead
- University of Newcastle



## Smoking Cessation Framework for NSW Health Services

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# Foreword

## Smoking continues to be a leading preventable cause of chronic disease and premature death in NSW.



Smoking is a major risk factor for cardiovascular disease, a range of cancers, chronic obstructive pulmonary disease, coronary heart disease, and a range of other diseases and conditions. Approximately one in five of all cancer deaths are due to tobacco smoking.

Smoking has a significant impact on individuals, families, the community and our health care system. While we have already taken major steps to address the impact of tobacco smoking in NSW, more needs to be done.

To continue our tobacco control efforts, the *NSW Tobacco Strategy* provides a comprehensive approach to reducing the harm associated with tobacco use in the community, and highlights the importance of evidence-based smoking cessation approaches in supporting smokers to quit. Further, the *NSW Cancer Plan* includes a number of strategies that contribute to reducing the use of tobacco, including:

- embedding brief interventions for smoking cessation and managing nicotine dependence in all clinical care and community settings
- embedding interventions for smoking cessation and managing nicotine dependence in cancer diagnosis and treatment services.

These strategies recognise that the health sector and health professionals have a significant role in both assisting smokers to quit smoking, and in promoting smoke-free environments.

We know the majority of smokers would like to quit. Promoting and supporting cessation and managing nicotine dependence across the NSW health system is a key responsibility that recognises the important role health professionals play in smoking cessation. Providing smoking cessation treatment is an integral component of ensuring patients receive quality evidence-based health care services.

The best thing smokers can do for their health is to quit smoking, and health professionals can make a significant difference in helping their clients to quit. This Framework provides an additional resource to assist local health districts to develop and implement smoking cessation interventions within their local services. Providing brief intervention for smoking cessation and the management of nicotine dependence is a core responsibility of NSW health professionals.

I encourage you to review the strategies contained within the Framework and work towards making smoking cessation an integral part of routine health service delivery. By doing so, we can significantly enhance the lives of patients and clients, and make a difference in our community.

A handwritten signature in black ink, appearing to read 'David Currow'.

**Professor David Currow FAHMS**

Chief Cancer Officer, NSW

Chief Executive Officer, Cancer Institute NSW



# Smoking cessation in health care delivery

## A framework for NSW Health services

Purpose

To support local health districts to manage nicotine dependence among patients and clients, and to implement smoking cessation interventions

Supporting clinicians to help patients and clients to quit smoking improves a patient's experience, recovery and overall health; and reduces readmission rates

Most patients and clients of NSW Health services who smoke do not receive smoking cessation intervention

Strategies



Tools and resources



Clinical guidelines



Managing nicotine dependence: a guide for NSW Health staff



Tools 1-10 on smoking cessation interventions, NRT and referral



HETI training courses

Quitline  
137848

iCanQuit









# Purpose of the Framework

## Supporting good practice

This Framework supports local health districts (LHDs) across NSW to manage nicotine dependence and implement smoking cessation interventions for patients and clients who smoke, or who have recently quit.

## Practical guidance

The Framework sets out **four implementation strategies** that support health professionals to provide evidence-based smoking cessation interventions and treatment, as part of routine practice.

It sets out strategies, actions and success factors to provide LHDs and individual health professionals with practical guidance when supporting patients and clients to stop smoking.

## A suite of strategies to suit local contexts

To better incorporate smoking cessation interventions into routine care, chief executives, managers and health professionals can use this Framework to progress one or more of the strategies, to suit local contexts and needs.

## Helping more patients and clients to quit makes sense.

Smoking accounts for approximately 5,500 deaths and 47,000 hospitalisations in NSW each year<sup>1,2</sup>, with associated tangible social costs estimated at almost \$3 billion.<sup>3</sup> Fifteen per cent of people aged 16 and over in NSW smoked in 2016.<sup>4</sup>

A hospital stay or interaction with a health service is a prime opportunity to help someone quit. Quitting can increase life expectancy by up to 10 years<sup>5</sup> and, in the short-term, can improve recovery and reduce the likelihood of readmission.<sup>6</sup> Managing nicotine withdrawal in a smoke-free hospital environment improves the patient experience and provides a solid foundation for quitting.<sup>7</sup>

## Brief smoking cessation interventions are effective.

Effective smoking cessation interventions comprise brief assessment and advice, nicotine replacement therapy (NRT) and referral to a smoking cessation service, such as the NSW Quitline. This kind of brief intervention is known as

### 'The 5As':

1. **Ask**
2. **Assess**
3. **Advise**
4. **Assist**
5. **Arrange**

Currently, most patients and clients of NSW Health services who smoke do not receive the 5As. Only a small proportion of smokers receive a brief intervention; NRT to manage their withdrawal; or a referral to a smoking cessation service on discharge.<sup>8</sup>



Leadership and support is needed from senior management to prioritise smoking cessation within the health system and enable health professionals to implement smoking cessation brief interventions. It is important for LHDs to make smoking cessation intervention part of treatment and care for all smokers.

### **How can every clinician help manage nicotine dependence and support quitting?**

All NSW health professionals have a role in providing effective, evidence-based treatments for patients and clients who are nicotine-dependent. This responsibility is defined in the *NSW Health Smoke-Free Health Care Policy*.

It is worth noting that not all patients and clients will be ready to try and quit smoking, and there will be some who will need more than a brief intervention to help them successfully quit. However, health professionals still have a very important role:

- For those patients and clients who are not ready to quit, a brief intervention can serve to manage their nicotine dependence while in hospital and may be effective at moving them closer to trying to quit. It is also warranted on ethical grounds of providing quality health care.
- For those who may need more intensive help to quit, a brief intervention can be a step toward identifying the level of help needed for future success. Providing a referral to a relevant service (such as the NSW Quitline) can put them in touch with the support that best suits their needs.

There is a range of resources to inform health professionals about how to support patients and clients who smoke or who have recently quit. This Framework complements these resources, and outlines the ways that LHDs can make it easier for health professionals to integrate smoking cessation into routine care.

## **Working with vulnerable and priority populations**

This Framework has been designed to promote and facilitate smoking cessation interventions (and manage nicotine dependence) across the health system, including in-patient, out-patient and community-based services. In order to facilitate smoking cessation interventions in routine clinical care for patients and clients from vulnerable and priority population groups (such as pregnant women, Aboriginal people, people with alcohol and other drug dependencies, people with mental health problems and people from culturally and linguistically diverse communities), these strategies can be adapted to meet specific or local needs to ensure appropriate community engagement.







## Clinical guidelines

### **Managing Nicotine Dependence: A Guide for NSW Health Staff sets out:**

- what a brief intervention for smoking cessation is
- how to implement each step in the 5As approach
- how to help address the barriers to quitting smoking
- how to work with people from population groups with high smoking rates.

### **Other clinical guidelines:**

- *Supporting Smoking Cessation: A guide for health professionals*, by the Royal Australian College of General Practitioners
- *Guidelines for the Management of Substance Use During Pregnancy, Birth and the Postnatal Period*, by NSW Health.



## Tools to guide practice

A complete **set of tools** to step clinicians through providing a smoking cessation intervention is available on the NSW Health website, on the **Tobacco Strategy** page, under 'Health Professionals'. There are also specific tools for working with Aboriginal clients and pregnant women.

**Tool 1:** Flowchart of tools to help clinicians manage nicotine-dependent clients

**Tool 2:** Quick guide to smoking cessation brief intervention

**Tool 3:** Assessing nicotine dependence

**Tool 4:** Flowchart for NRT use in hospital

**Tool 5:** Quick guide to nicotine replacement therapy (NRT)

**Tool 6:** Tips for helping clients stay smoke-free

**Tool 7:** Quick guide to drug interactions with smoking cessation

**Tool 8:** Clozapine, olanzapine and smoking cessation

**Tool 9:** Managing smoking in consumers who go on leave from a NSW Health facility

**Tool 10:** Discharge checklist for smoking cessation

The Cancer Institute NSW's *eviQ* Cancer Treatments Online website also provides information on treatment of nicotine dependence for patients undergoing cancer treatment. Visit [eviQ.org.au](http://eviQ.org.au)

“ There is strong evidence that managing nicotine dependence and providing smoking cessation advice and support to clients who smoke is an effective smoking cessation strategy, relevant to all NSW Health settings ”

*Managing Nicotine Dependence:  
A Guide for NSW Health Staff*



# Provide leadership and governance structures



## Rationale

### Leadership is fundamentally important to successfully promoting clinical practice change

Evidence shows that endorsement, sponsorship and support from executives at jurisdiction and hospital levels is a key facilitator of the successful implementation of smoking cessation interventions in health services.<sup>7</sup>

Leadership and formal endorsement of initiatives by Chief Executives and clinical leaders facilitates the prioritisation of developing smoking cessation interventions. Making smoking cessation a priority for all health professionals is essential in the face of multiple competing demands on staff time and effort.

Senior health professionals are critical role models to inspire and encourage their peers to deliver quality patient care that addresses smoking as a significant health issue. Junior doctors and other clinical staff are more likely to address smoking when they see senior health professionals integrating smoking cessation into routine care.

### Establishing appropriate governance structures is key to affecting practice change

The experiences of health services has shown that executive-sponsored governance structures, such as implementation working groups, have contributed to the successful implementation of smoking cessation practices and interventions across units. Implementation working groups have been used to discuss and overcome barriers; learn from experiences across the service; promote clinical leadership; and highlight the achievements of units through feedback on monitoring practices.

Ideally, these governance structures should have responsibility for development and implementation of local smoke-free policies and procedures, including:

- funding to support implementation of smoking cessation and managing nicotine-dependence interventions
- operationalising smoking cessation within clinical governance, and quality and safety frameworks
- monitoring and reporting on implementation of policies and procedures.

#### ! SUCCESS FACTOR

### Leadership supported by smoke-free policies and protocols

Ensure that there are smoke-free policies in place within the LHD that include:

1. **Smoke-free grounds**
2. **Patient support services**
3. **Employee cessation supports**

#### ! SUCCESS FACTOR

### Inter-disciplinary involvement

Encourage **inter-disciplinary leadership** across the LHD to ensure key clinical areas are involved in the management of nicotine dependence and smoking cessation care (such as cardiac and respiratory technicians, nurse specialists, respiratory doctors and physiotherapists, medical doctors, cancer doctors, pharmacology leaders, cardiothoracic surgeons and sleep physicians).

Ensure that **smoking cessation implementation working groups** include clinicians from a range of disciplines (e.g. medicine, nursing, allied health, psychology, physiotherapy, and health promotion).





## ✓ Suggested actions

- Promote the importance of smoking cessation with management in all relevant forums, such as senior management meetings.
- Engage with staff, patients and community stakeholders (possibly through consumer engagement processes) to promote the importance of smoking cessation, and collaborate with champions and clinical leaders to obtain buy-in.
- Use leaders and executive managers to endorse a systematic approach to smoking cessation across the LHD.
- Establish appropriate LHD governance structures with oversight of smoking cessation strategies. Where possible, appoint senior executives as Chairs of smoking cessation implementation working groups.
- Standardise smoking cessation and related policies, protocols, guidelines and clinical tools; and encourage health professionals to suggest ways to integrate smoking cessation into routine care on their ward or within their health unit.
- Instigate a communications strategy, which includes strategies that:
  - promote leadership endorsement of smoking cessation strategies
  - keep the issue of smoking cessation and practice change on the agenda
  - promote access to statewide and local tools, resources and training
  - facilitate smoking cessation interventions and referral to NSW Quitline
  - promote examples of successful clinical leadership.







## Appoint a smoking cessation coordinator



### Rationale

The NSW health system is complex and dynamic. Changing clinical practice requires focused and sustained effort. Nationally and internationally, smoking cessation coordinators are used to deploy evidence-based smoking cessation systems of care across a range of clinical environments. This is a critical element in enabling, establishing and maintaining practice change that LHDs may consider worthwhile in resourcing (either as an adjunct to an existing role or as a newly-formed role) to support the effective implementation of smoking cessation strategies.

### The role of smoking cessation coordinators:

- Coordinate and lead smoking cessation strategies within services and across the LHD.
- Motivate staff within services to implement smoking cessation strategies.
- Disseminate information and education to support the integration of evidence-based smoking cessation strategies into clinical practice.
- Identify, promote and provide training.
- Act as trouble-shooting consultants to help staff adapt and implement interventions.
- Guide the collaborative development of local clinical protocols.
- Monitor, report and provide feedback on implementation progress (including in regard to key performance indicators and targets).

### ✓ Suggested actions

- Identify a position (or positions) responsible for coordinating smoking cessation implementation across the LHD.
- Enable this position to work with individual service units to provide support tailored to the needs of that particular setting.
- Undertake activities that support smoking cessation practice change, including:
  - meeting with key hospital administrators and officials
  - developing baseline audits and feedback processes
  - building consensus among clinical leaders to identify practice gaps and set goals
  - promoting practice change tools
  - promoting reminder systems
  - facilitating training and support
  - providing ongoing audit and feedback to improve practice.

### ! SUCCESS FACTOR

#### Networking

Link clinical staff across the LHD to the relevant smoking cessation coordinator/s. Ensure that new staff know how to get in touch with them.

**Tip: Include their contact details in strategic communications on smoking cessation.**







## Identify, train and support the workforce



### Rationale

Clarifying roles and responsibilities in smoking cessation is an essential step in clinical environments characterised by competing demands and multiple pressures. It can be too easy for smoking cessation to be seen as someone else's job, or for health professionals to be uncertain about who else may have already addressed a patient or client's smoking.

### Identifying dedicated staff to implement smoking cessation intervention addresses this lack of clarity

With identified staff to lead smoking cessation care, roles and responsibilities are clear. LHDs can more easily understand what training is needed, and where. For health professionals to feel motivated and confident to help someone quit, they need access to up-to-date knowledge and skills, particularly in regard to providing NRT. Improving the level of knowledge and skills in key staff will also help combat the stigma and negativity often associated with caring for smokers.

### Tailored and responsive training needs to be ongoing

Training should be provided in a format and delivery mode to suit the requirements of the service, its staff and patients/clients. It can involve workshops, on-site training, in-services, lunch-and-learn sessions, e-learning modules, 'train the trainer' workshops, academic detailing, forums, presentations and conferences.

### Resources and tools need to be accessible

Doctors, nurses and allied health professionals need accessible and clear resources, reminders and tools to support smoking cessation within routine clinical care. Resources can be linked to training, and training is most effective when followed up with tools and other practice supports. There is also merit in involving local clinicians and health professionals in the development and promotion of training and resources specific to the needs of the local workforce.<sup>7,9</sup>

### NRT needs to be readily available across the LHD

NRT is a key pharmacological intervention used to support people to quit smoking and is crucial to the success of smoking cessation interventions. Staff need access to NRT for patients and clients, as well as support and training in its correct use. LHDs may need to consider identifying a budget to ensure the availability of NRT to those accessing the NSW health system.

#### ! SUCCESS FACTOR

### Promote Quitline

All health professionals can encourage patients or clients who smoke to call the NSW Quitline on **13 7848 (13 QUIT)**; or health professionals can make a direct referral to the NSW Quitline.

See the 'NSW Quitline' page at [cancerinstitute.org.au](http://cancerinstitute.org.au) for simple referral procedures and other information.

Order brochures and posters at <http://ci.imsdigital.com.au>

NSW Quitline advisors are trained professionals who provide a free call-back service, including Aboriginal and multilingual advisors. Smokers who use the call-back service and receive up to six calls can **double their chance of successfully quitting**.

**Promote NSW Quitline** to all staff as part of strategic communications on smoking cessation.



## Suggested actions

### Identify staff

- Gain consensus to identify who is responsible for:
  - coordinating the *NSW Health Smoke-free Health Care Policy* across the LHD
  - identifying smokers and recent quitters at the unit level
  - implementing smoking cessation interventions.

### Support staff to support patients

- Display posters and flow charts to promote brief intervention (the 5As) and NSW Quitline.
- Within clinical decision-making tools (paper or electronic), embed prompts and reminders to:
  - ask patients and clients about (and assess) their smoking status, and document it in health records
  - provide advice and assistance, including NRT and a referral to the NSW Quitline or their GP.
- Ensure there are consistent NRT protocols in use across the LHD that prevent under-dosing, and that all health professionals are aware of them.
- Establish a process where pharmacy staff are notified when NRT is prescribed, and attend the unit to discuss with patients and clients the correct use of gum and lozenges (as is done for other medications, such as anticoagulants), and help with discharge planning.
- Document the outcomes of the brief intervention and the recommended follow-up in the patient's discharge letter and treatment plan.
- Ensure that a comprehensive range of NRT is readily available to clinical staff and that any barriers to its reliable supply are addressed.
- Provide in-patients with an initial free supply of NRT (or vouchers) on discharge.
- Provide out-patients with a sample of NRT, if possible.
- Provide each ward and unit with NRT demonstration packs with samples and information on correct use, for staff to show patients and to ensure staff are familiar with the various types of NRT.

### Train staff

- Undertake a needs assessment of the skills and expertise of the staff responsible for implementing smoking cessation interventions.
- Consider including coordination or delivery of smoking cessation activities in either job descriptions or staff performance plans.
- Ensure professional development plans for staff include appropriate training in smoking cessation interventions.
- Enrol staff in the Health Education and Training Institute's (HETI's) e-learning module *Smoking Cessation: A Guide for Staff* available at [heti.nsw.gov.au/Courses/Smoking-Cessation-A-Guide-for-Staff](http://heti.nsw.gov.au/Courses/Smoking-Cessation-A-Guide-for-Staff).
- For health professionals working with parents or young people who smoke, a free e-learning program is available through Kids Health ([kidshealth.schn.health.nsw.gov.au/kidsquit-smoking-cessation-brief-interventions](http://kidshealth.schn.health.nsw.gov.au/kidsquit-smoking-cessation-brief-interventions)). This provides professionals with strategies to support smoking cessation and reducing exposure to secondhand smoke.
- Collate training information and opportunities, and promote them to all staff.
- Engage with potential champions and clinical leads to undergo training and promote available resources.
- Provide training information on the local health district's intranet.
- Ensure training is included in new staff orientation programs.
- Ensure the training available covers information on the *NSW Health Smoke-free Health Care Policy* and its tools and resources; the nature of nicotine addiction; quit smoking medications; how to provide strategic advice and brief intervention; how to complete an effective smoking cessation consultation; NRT protocols; and availability and access to smoking cessation supports in the district.



A high-angle photograph of three healthcare professionals sitting around a white table in a meeting. On the left, a man in blue scrubs and glasses looks at a laptop. In the center, a man in a white lab coat and tie points at a document on the table. On the right, a man in blue scrubs looks at the document. The table is cluttered with papers, a coffee cup, a glass of water, and a tablet. The background is a light-colored wooden floor.

**! SUCCESS FACTOR**

### Smoke-free workforce

Clinicians and other health professionals who are non-smokers may feel more confident addressing smoking in patients and clients.

Promote 'healthy workforce' initiatives for all staff, including senior executives and management. **Promoting activities such as exercise, meditation or healthy cooking classes** supports teamwork and productivity, and supports staff members who may be trying to quit smoking.

Get Healthy at Work is a great place to start:  
**[gethealthyatwork.com.au](http://gethealthyatwork.com.au)**

**All staff who want to quit are supported with up to four weeks free NRT per year.** Supplementing this with a consultation with a relevant smoking cessation counsellor to ensure correct NRT use and providing a referral to NSW Quitline is good practice. Staff are encouraged to contact staff health or human resources to access this support.







## Establish accountability mechanisms



### Rationale

#### Collecting and using data drives practice change

Using data, information and systems to support the delivery of clinical services and improve health service practice cannot be underestimated. Experiences in smoking cessation interventions and practice suggests that use of data collection tools and feedback processes can increase the frequency and adequacy of smoking cessation interventions in hospitals and health services.<sup>10,11</sup>

Further, electronic records and systems are effective in improving the quantity and quality of evidence-based smoking cessation interventions in hospitals, including systems that:

- record smoking status
- provide clinical supports, prompts and reminders for NRT dosage and treatment pathways
- prompt for referral and follow-up to smoking cessation support.

#### Data can then be used to develop formal accountabilities

Experience from successful smoke-free health policies and programs have shown that the use of contractual arrangements (or service level agreements) that mandate the provision of smoking cessation interventions (often through a key performance indicator) is an effective implementation strategy. Such arrangements can occur as part of individual service level agreements between a statewide funding body to an LHD, as well as between an LHD executive and individual service, such as community nursing or a hospital.

### ✓ Suggested actions

- Implement a system for identifying patients and clients who smoke and documenting smoking status in every clinic and hospital.
- Ensure clinical data systems include relevant prompts, reminders, tools and templates, decision support systems and facilitate referral and follow-up.
- Ensure electronic health records and systems facilitate the recording of necessary information to monitor performance and provide for auditing and reporting. This includes being able to access information on the documentation of smoking status, levels of nicotine dependence, provision of counselling, prescription of NRT and appropriate follow-up.
- In the absence of data systems, implement processes that collect the necessary information to monitor performance and provide for auditing and reporting, including: information on a patient or client's smoking status; assessment of their levels of nicotine dependence; notes on what counselling has occurred; and what NRT and follow-up has been provided.
- Recommend inclusion of smoking cessation key performance indicators within service agreements between the Ministry of Health and LHDs.
- Initiate internal service level agreements (or similar) with individual LHD units or hospitals that include smoking cessation key performance indicators and targets, where appropriate.

### ! SUCCESS FACTOR

#### Electronic data collection

Incorporate data collection on the provision of (and reminders for) smoking cessation care into electronic patient records, **electronic health systems and clinical data systems** wherever possible. In the absence of electronic processes, include this information in hard or paper copies.

This addresses other Framework strategies, such as supporting staff and establishing accountability, as well as providing evidence to strengthen leadership.



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