Compliance with the three-point smoking cessation strategy (A-A-R=Ask, Advise, Refer) in the preoperative assessment environment

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Background

- Tobacco use is the leading modifiable risk factor contributing to disease burden in adults globally. The largest impact of tobacco is on cancer, respiratory and cardiovascular disease.[1]
- Smokers are at increased risk of perioperative respiratory, cardiac and wound-related complications, and quitting smoking may reduce the risk of these complications.[2]
- The perioperative period provides a 'teachable moment' to encourage smoking cessation and as such is a key part of preoperative optimisation. The A-A-R smoking cessation strategy is one such tool that can be used in everyday clinical practice and is endorsed by multiple national professional bodies.[3]

Aim

- Assess the compliance with the A-A-R smoking cessation strategy when used in a preoperative assessment setting.

Methods

- Recruitment: 150 patients (aged 18 or over) presenting consecutively to the pre-admission clinic (PAC) for elective surgery via a face-to-face or telehealth appointment had their electronic medical records (EMR) pertaining to this appointment reviewed.
- Data collection: Demographic data and smoking status was collected. In the case of current smokers, the following additional data was collected: whether they had been advised to stop smoking and if they had been offered smoking cessation support in the form of nicotine replacement therapy (NRT) and/or referral to Quitline.

Results

Specialties	
• Colorectal and General Surgery	• Otolaryngology Head and Neck
• Endocrine and General Surgery	• Upper GI and General Surgery
• Orthopaedics	• Urology

Results

Smoking Prevalence	Demographics	Highest Smoking Prevalence
♀ 21% (n=14)	Male (53%) Female (47%)	By age: 36-45 years 42%
♂ 20% (n=16)	Mean age: 64 years (S.D. ±15)	By referring specialty: Otolaryngology Head and Neck 37%

Key Findings
• 149/150 (99%) patients were asked about their smoking status
• 15/30 (50%) current smokers were advised to quit smoking
• 0/30 (0%) smokers were prescribed NRT and/or referred to Quitline

Discussion

- High compliance with Asking about smoking status reflects the importance with which current perioperative care standards place on smoking cessation. It is also likely influenced by the structured patient interview which directly enquires about smoking cessation, which is conducted by a trained perioperative nurse and is recorded on an EMR form.
- The lower rates of compliance with respect to Advise and Refer is potentially influenced by documentation standards. Factors such as transitioning to a telehealth structure and an EMR system in the short-term result in additional time penalties. As such there is the potential for documentation to be abridged to only positive outcomes.
- The transition from face-to-face to telehealth consultations as a result of COIVID-19 has removed the opportunity to provide NRT directly to patients.

Recommendations

- Develop the structured patient interview to include all elements of A-A-R in an EMR form.
- Develop a policy to facilitate NRT being delivered to patients by the postal service when the consultation is done by telehealth.

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References: 1. Australian Institute of Health and Welfare. Australian Burden of Disease Study: impact and causes of illness and death in Australia 2015. Australian Burden of Disease series no. 19. Cat. no. BOD 22. Canberra: AIHW, 2019 | 2. Khullar D, Maa J. The impact of smoking on surgical outcomes. J Am Coll Surg. 215:418–426, 2012. | 3. ANZCA. Guideline on smoking as related to the perioperative period; Background Paper (PS12BP), 2014.