



**Service Priorities and Programmes**  
**Electronic Presentations**

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**Clinical audit on smoking cessation management for patients with newly presented chronic disease(s) in Sai Ying Pun General Outpatient Clinic**

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**Introduction**

Smoking is a prevalent and notoriously harmful health problem. Its cessation should be promoted in primary care, especially for patients with chronic disease(s). The management quality of smoking cessation is crucial, and has to be evaluated and enhanced.

**Objectives**

To evaluate and improve our clinic's smoking cessation management, through a comparison of data between 2 separate groups of patients who newly presented with chronic disease(s).

**Methodology**

The 1st cycle of the audit was a 1 year retrospective review of patients who newly presented to our clinic for follow up of chronic disease(s) from 1/4/10 to 30/6/10, in order to identify areas of improvement. The 2nd cycle was a 1 year prospective review of those from 15/8/11 to 14/11/11 with implementation of the changes. Chronic diseases chosen were hypertension, diabetes mellitus, hyperlipidemia, chronic obstructive pulmonary disease, asthma and gout. Inclusion and exclusion criteria were applied to select the subjects, without sampling. 5 criteria were evaluated with reference to international guidelines as follows. 1. Documentation of smoking status; 2. Annual update on tobacco use; 3. Annual assessment of stage of motivation to change; 4. Annual motivation on smoking cessation; 5. Arrangement of follow up for review. (criterion 1: all subjects ; criteria 2-5: all smoker subjects). 2 outcome based criteria were also evaluated with phone enquiry of smoker subjects, namely the annual quit rate and the proportion of various stages of motivation at the annual endpoint. The results in both cycles were compared and tested on statistical significance.

## **Result**

For criteria 1 and 5, the performance reached the standard for both cycles. There was statistically significant ( $p < 0.05$ ) improvement in the performance of criteria 2 to 4 in the 2nd cycle, though failing to reach the standard. Annual quit rate was higher in the 2nd cycle (25.4% vs 12.7%), as well as the proportion of smokers considering quitting in the next 30 days to 6 months at the annual endpoint (42.6% vs 31.9%), though statistically not significant. ( $p = 0.0793$  and  $p = 0.3252$  respectively) This audit helps us look into areas of deficiency in smoking cessation management in GOPC and improvement measures were implemented with success.