

APPROPRIATE AND VALUE-BASED CARE CONFERENCE 2025

Maximising Value for All

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Smoking Cessation ABC Approach

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Mission statement

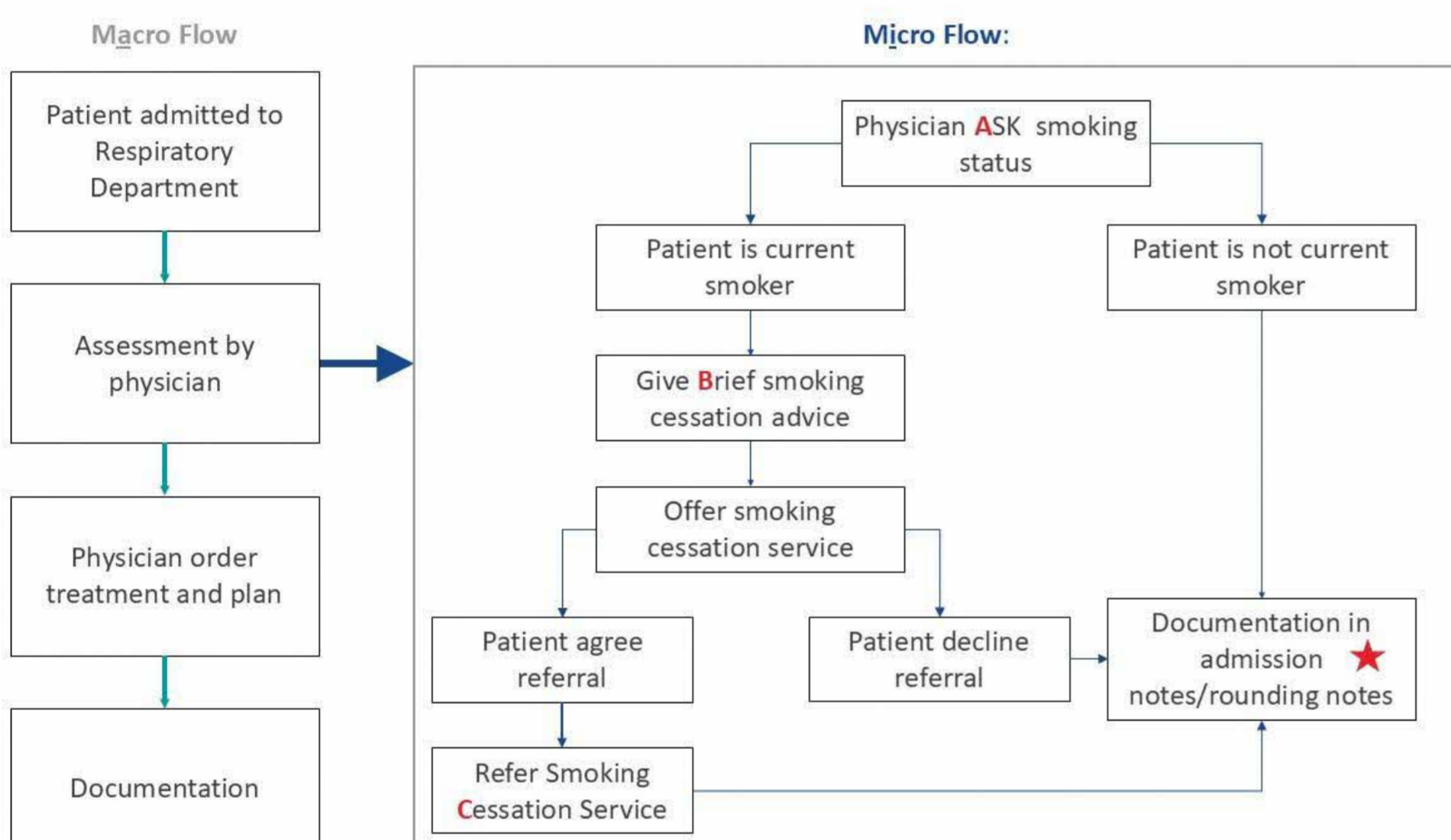
To increase the "A1" in NHG A1B2C3 Smoking Cessation framework for patients admitted⁴ to the Respiratory & Critical Care Medicine (RCCM) department from 75% to 100%⁵ over 6 months

¹Ask patient's smoking status | ²Brief Advice | ³Cessation Support | ⁴Excluding transfer | ⁵Stretched goal

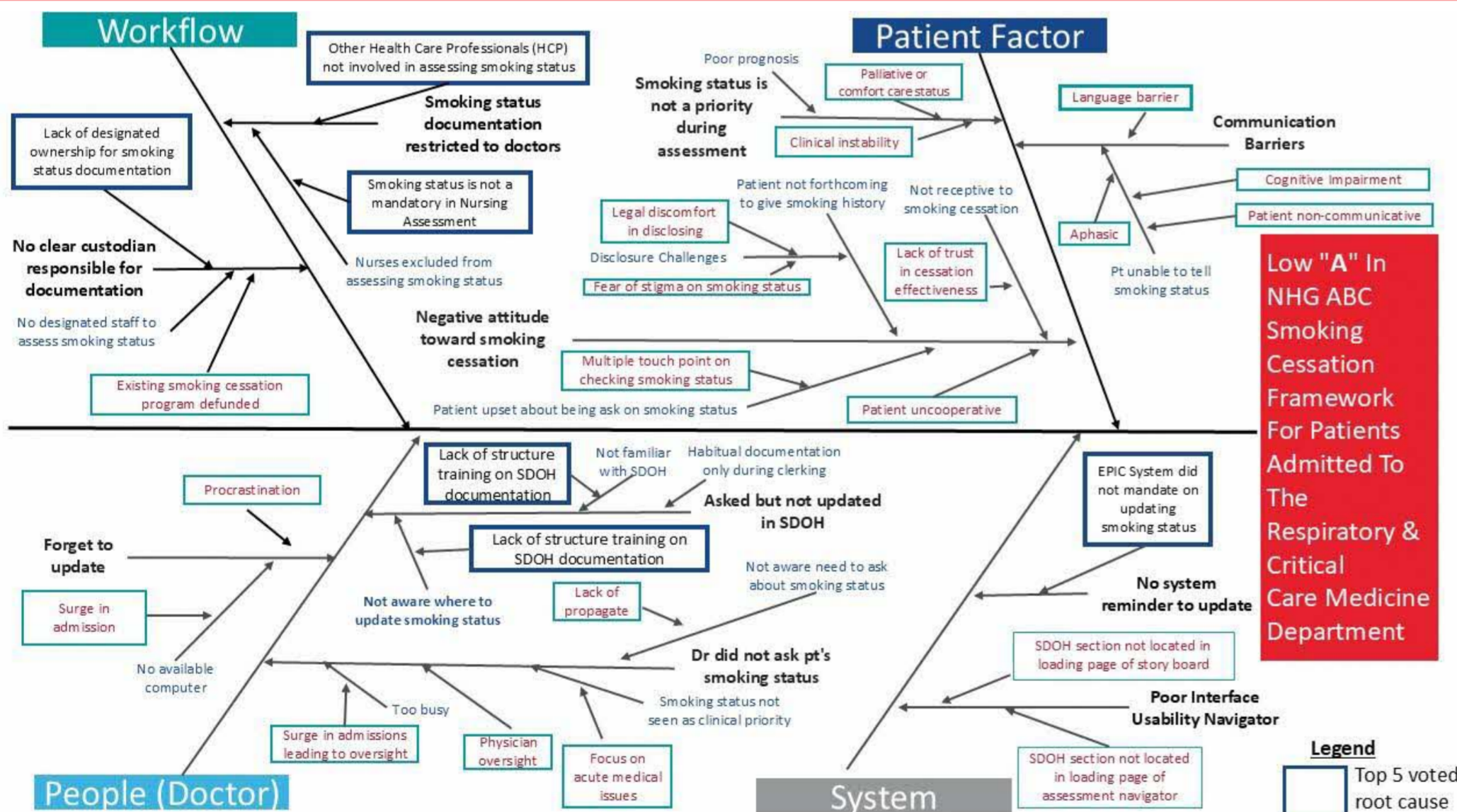
Introduction

The August 2023 Epic EHR rollout disrupted workflows, causing over 25% of general ward patients to miss smoking status screening. In RCCM, only 75% had this documented in the SDOH section. This inconsistency and underuse of Epic features led to missed chances for timely cessation support during hospitalization, prompting a quality improvement initiative to close these gaps and improve outcomes.

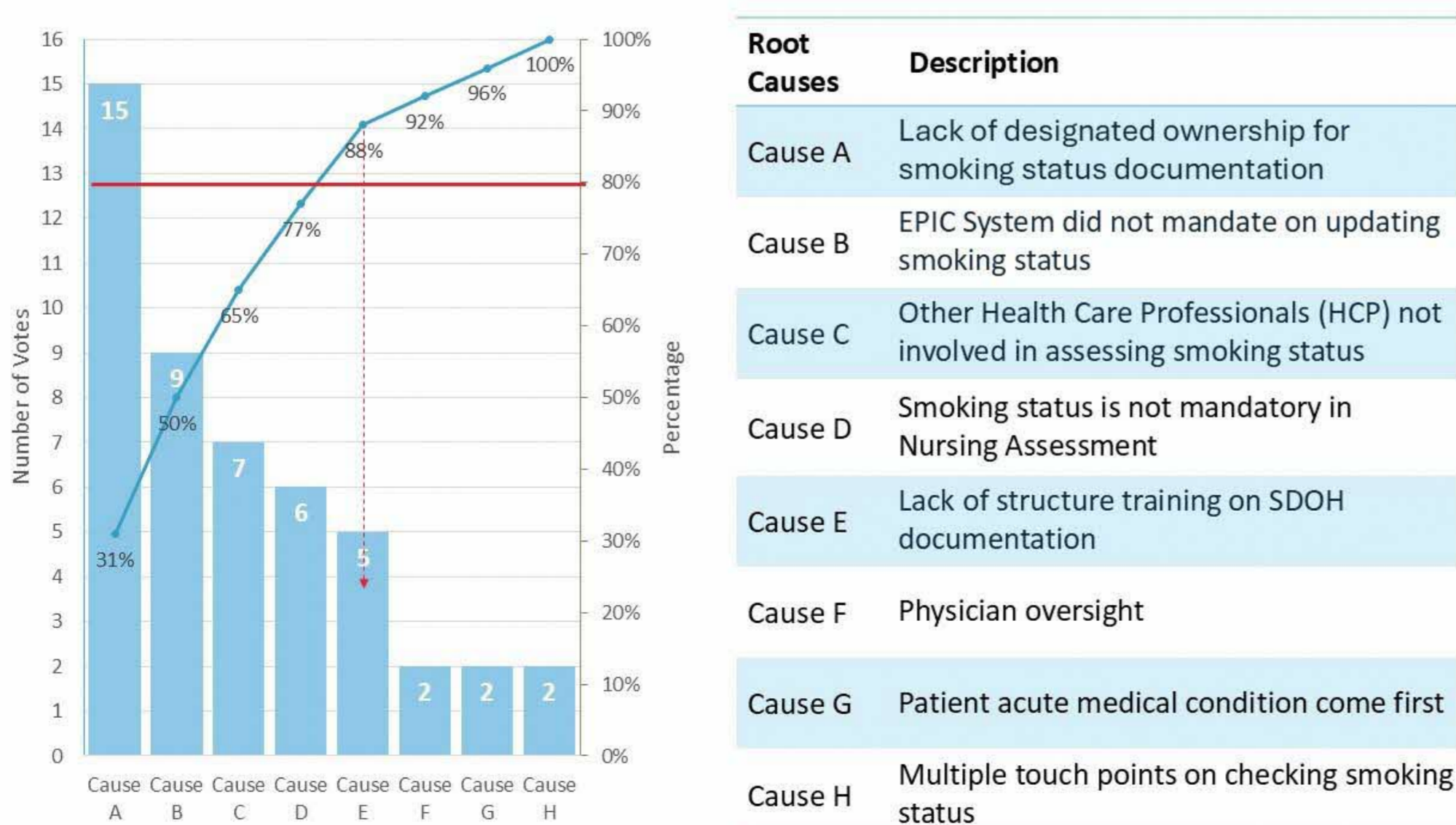
Flowchart of Process



Cause and Effect Diagram



Pareto Chart



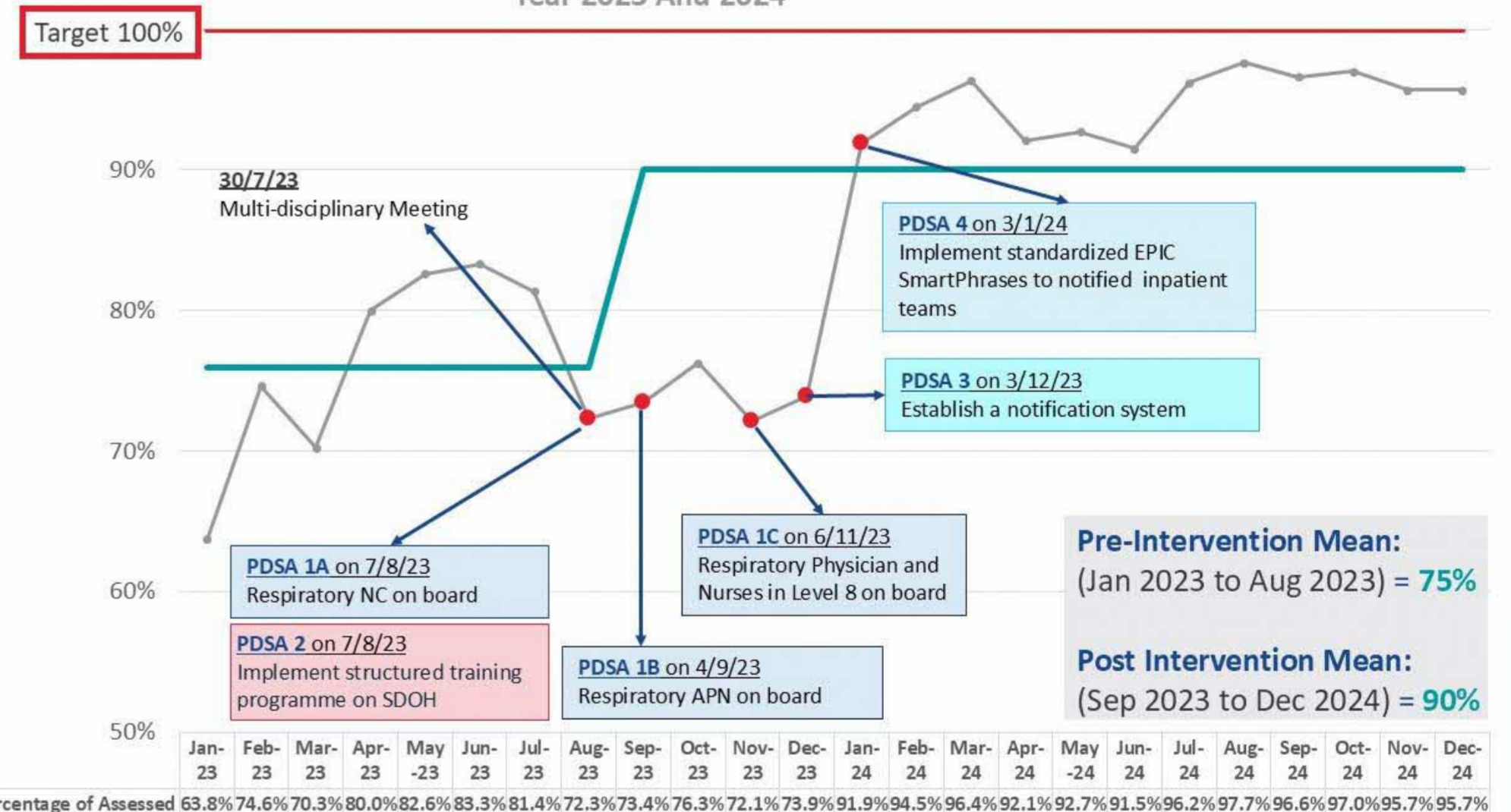
Root Causes	Description
Cause A	Lack of designated ownership for smoking status documentation
Cause B	Epic System did not mandate on updating smoking status
Cause C	Other Health Care Professionals (HCP) not involved in assessing smoking status
Cause D	Smoking status is not mandatory in Nursing Assessment
Cause E	Lack of structure training on SDOH documentation
Cause F	Physician oversight
Cause G	Patient acute medical condition come first
Cause H	Multiple touch points on checking smoking status

Interventions

Cause / Problem	Intervention	Date Of Implementation
Cause C: Other Healthcare Professional (HCP) not involved in assessing smoking status.	Engage other HCP to assess and update in SDOH on the patient's smoking status as part of routine care.	PDSA 1A (7 Aug 23): Respiratory Nurse Clinician (NC) on board PDSA 1B (4 Sept 23): Respiratory Advanced Practice Nurse (APN) on board PDSA 1C (6 Nov 23): Respiratory Dr and nurses in Level 8 on board
Cause E: Lack of structure training on SDOH documentation.	Implemented training program on SDOH documentation.	PDSA 2 (7 Aug 23) Implement structured training programme on SDOH documentation protocols and best practices
Cause A: Lack of designated ownership for smoking status documentation	Established daily review system with appointed leaders tracking RCCM admissions and smoking documentation compliance.	PDSA 3 (4 Dec 23) Implement notification system to track and follow up on patients with unassessed or undocumented smoking status
Cause B: EPIC System did not mandate on updating smoking status	Address system limitations through creation of standardised EPIC SmartPhrase to facilitate systematic documentation for unassessed smoking status.	PDSA 4 (3 Jan 24) Implement standardized EPIC SmartPhrases to notified inpatient teams for SDOH assessment and updates.

Result

Smoking Cessation ASK Rate Among Patients Admitted To The RCCM Department
Year 2023 And 2024



Cost Avoidance

Tobacco costs Singapore \$1.25B/year. 400 smokers are admitted annually at TTSH RCCM, When brief advice alone can help ~3% quit — that's about 12 patients each year. Training all staff to give ABC advice ensures greater impact.

Lesson Learnt

Lack of Prioritization Smoking status was not a priority for staff.	Transitioning Systems Responsibility for SDOH updates shifted to clinicians.	Inconsistent Documentation Tobacco use was often recorded as free text, preventing proper and consistent collation of smoking status.	EHR System Limitations EPIC lacked automated tobacco status updates.	Resource Constraints Implementation required time, IT support, and financial resources.
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Strategies to Sustain

Team Selection Engaging a multidisciplinary team was crucial	Focused Collaboration A committed team to solving the problem yielded better outcomes
Domain Expertise Relevant expertise in CPIP methodology and EPIC provided timely solutions	Team Dynamics A motivated team fostered smoother implementation