**Inpatient, Outpatient and Specialty Care Clinics**

**Application to Partner with and Implement the OMSC**

**Overview**

Tobacco-use remains the main preventable cause of hospitalization, re-hospitalization, and mortality in Ontario. The Ottawa Model for Smoking Cessation® (OMSC®) is a validated, evidence-based process that uses principles of knowledge translation and organizational change to implement systematic approaches to smoking cessation within healthcare settings. The OMSC is adaptable to any setting and is designed to identify, treat and offer follow-up support to smokers in order to increase patient success with quitting. It has been implemented in over 450 organizations across Canada since 2006 and has reached >340,000 smokers.

**Goal of the Ottawa Model for Smoking Cessation in Ontario**

Our primary goal is to support healthcare professionals and organizations in changing clinical practices so that a greater number of smokers are provided evidence-based smoking cessation interventions as part of routine care. This will ultimately increase cessation rates throughout the province of Ontario.

**Alignment with Ontario's Smoking Cessation Action Plan and Smoke-Free Policy**

As part of the Smoke-Free Ontario Strategy, the Ministry of Health and Long-Term Care has set a goal to make Ontario the province with the lowest smoking rate in Canada and to provide quitting support to high risk populations, such as hospitalized patients. The grounds of hospitals and psychiatric facilities must be completely smoke-free by January 1, 2018, as per Smoke-Free Ontario legislation. The OMSC is a practice change program that supports health providers in delivering evidence-based tobacco treatment to patients (and employees) who smoke, helping organizations to align with the goals of Ontario's Smoking Cessation Action Plan and the Smoke-Free Ontario Act.

**What will my Organization Receive as an OMSC Partner?**

* Outreach Facilitation
  + Comprehensive implementation support from a designated OMSC expert
  + Regular consultation and coaching
  + Program planning and development support
  + Performance tracking and reporting, program evaluation, and quality improvement support
* Training
  + Free registration to the OMSC 1-Day Workshop in Ottawa for champions and coordinators
  + Customized, on-site, practical training for clinical staff
  + Physician training (e.g., continuing medical education opportunities)
  + Access to OMSC e-learning modules
* Tools and Resources
  + Access to the OMSC Implementation Workplan and Toolkit
  + Program coordination binders with all resources necessary for successful implementation
  + Access to all electronic forms, templates, community resources, and training modules available for download on the password protected section of the OMSC website: www.ottawamodel.ca
  + Copies of the OMSC’s “Your Quit Smoking Plan” booklets for patients
  + Access to up-to-date, leading edge information, clinical guidelines and research publications
* OMSC Database
  + Access, free-of-charge, to the OMSC Database for patient follow-up and performance tracking
  + Database support from OMSC staff
  + Follow-up support for patients through an automated 6 month patient follow-up system
  + Patient triage to counseling from smoking cessation specialists
* National Network Membership
  + Membership in a network of >350 organizations and thousands of health professionals
  + Potential to connect with other partnered sites for knowledge sharing opportunities
  + Access to potential funding, research, and project evaluation opportunities

**What are the Responsibilities of the Partner Organization?**

* If your application is accepted, sign a partnership agreement with the OMSC within 60 days of your acceptance. Failure to do so could result in the forfeit of your application
* Commit to implementing all 6 phases of the OMSC at all sites identified in your application within two years
* Obtain sign-off and approval of the application by the Chief Executive Officer (or other authorized signing officer)
* Allocate a staff member by the time the partnership agreement is signed with the OMSC to coordinate implementation of the OMSC and oversee program activities with the support of a OMSC Outreach Facilitator. Please note: depending on the size of the site, it is recommended that 2-5 days per week (0.5-1.0 FTE) be allocated to program coordination/ implementation in the first 1-2 years. See Appendix B
* Create a Smoking Cessation Task Force with representation across disciplines to support program planning, implementation and quality improvement activities. See Appendix C
* Use the OMSC Database for follow-up support of patients and performance tracking
* Subsequent to program launch, continue to list smoking cessation program activities (e.g., tracking and monitoring) as part of a staff member’s job description to ensure ongoing quality and sustainability of the OMSC program once launched

**Application**

***\*\*\*Please note that handwritten submissions will not be accepted\*\*\****

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organization Information** | | | | |
| **Date** |  | | | |
| **Organization** |  | | | |
| **Street Address** |  | | | |
| **City** |  | | | |
| **Postal Code** |  | | | |
| **Local Health Integration Network** |  | | | |
|  | | | |
| **Does your organization have multiple sites/locations?** | | Yes  No | *If yes, how many sites:* | |
| **How many of your organization’s sites/locations plan to implement the OMSC over the next two years?**  *\*Please see Appendix A and complete one Needs Assessment and Best Practice form for each participating site.* | |  | *Comments:* | |
| **Do you plan to implement the OMSC organization wide (i.e. in all sites at once) or using a phased approach (i.e. one site at a time)** | | All sites  Phased Approach  Unsure | *Comments:* | |
| **# of inpatient annual admissions**  **across all sites of your organization** | |  | # of beds | # of units |
| **# of outpatient annual unique visits across all sites of your organization** | |  | # of clinics | |
| **Is your organization willing to allocate a minimum of 2 days per week for one staff member to coordinate OMSC program implementation (Smoking Cessation Coordinator)?** | | Yes  No | *If no, what are you able to allocate?* | |
| **After OMSC program launch, is your organization willing to include smoking cessation program activities (e.g., program tracking and monitoring) as part of a staff member’s job description to ensure ongoing quality and sustainability of the OMSC program?** | | Yes  No | *Comments:* | |

**SECTION A**

**SECTION B**

Please complete the following:

1. What is your organization’s current approach for addressing tobacco use with patients? (max 250 words)\*\*\*Be sure to complete the Best Practice Form (Appendix A) for each participating site and include with your application.

1. Describe why your organization would like to implement the OMSC. (max 250 words)

1. What resources could you allocate (cash or in-kind) towards implementing the OMSC program at your organization? (max 250 words)

1. Describe how your organization plans to sustain the program (e.g incorporating smoking cessation training into new staff training curriculum, a staff position to coordinate program, etc.) (max 250 words)

**SECTION C**

|  |  |  |
| --- | --- | --- |
| **Smoking Cessation Task Force Members** | | |
| **Name** | **Experience or training in smoking cessation?** | **Experience or training in program implementation?** |
| **Smoking Cessation Program Coordinator**  *(individual to be identified prior to signing of Partnership Agreement)* | | |
| Not yet identified | Yes  No  *If yes, explain:* | Yes  No  *If yes, explain:* |
| **\*Smoking Cessation Physician Lead (Mandatory)** | | |
|  | Yes  No  *If yes, explain:* | Yes  No  *If yes, explain:* |
| **\*Smoking Cessation Nursing Lead (Mandatory)** | | |
|  | Yes  No  *If yes, explain:* | Yes  No  *If yes, explain:* |
| **\*Representative from Senior Management (Mandatory)** | | |
|  | Yes  No  *If yes, explain:* | Yes  No  *If yes, explain:* |
| **Smoking Cessation Pharmacy Lead** | | |
|  | Yes  No  *If yes, explain:* | Yes  No  *If yes, explain:* |
| **Smoking Cessation Respiratory Therapy Lead** | | |
| Not yet identified | Yes  No  *If yes, explain:* | Yes  No  *If yes, explain:* |
| **Security Representative** | | |
| Not yet identified | Yes  No  *If yes, explain:* | Yes  No  *If yes, explain:* |
| **Quality and Risk Management Representative** | | |
| Not yet identified | Yes  No  *If yes, explain:* | Yes  No  *If yes, explain:* |
| **Information Technology Representative** | | |
| Not yet identified | Yes  No  *If yes, explain:* | Yes  No  *If yes, explain:* |
| **Other (please specify)** | | |
|  | Yes  No  *If yes, explain:* | Yes  No  *If yes, explain:* |
| \* Mandatory to identify on this application  \*\*Please note: our definition of “Lead” is a healthcare professional who is prepared to provide continued leadership to colleagues and to encourage inter-disciplinary collaboration, and who also has sufficient authority to affect change within their organization or department. | | |

The OMSC is about changing clinical practice and this change will require change leaders. Using the table below, please identify the Smoking Cessation Task Force Members for your organization who will lead the implementation and sustainability of the OMSC program.

|  |  |  |
| --- | --- | --- |
| **Other Key Contacts** | | |
| **Chief Executive Officer** | Name: | Email: |
| **Chief of Staff** | Name: | Email: |
| **Vice President of Clinical Services** | Name: | Email: |
| **Director of Nursing** | Name: | Email: |
| **Other** | Name: | Email: |
| \*\*\*These individuals may not be on the Smoking Cessation Task Force but may play a key role in the implementation or sustainability of the OMSC program at your institution. | | |

**SECTION D**

|  |  |
| --- | --- |
| **Contact Information and Approval** | |
| **Main Contact at Organization** | |
| **Name:** |  |
| **Position/Title:** |  |
| **Email:** |  |
| **Phone Number:** |  |
| I have read the OMSC Program Summary and I am in support of our application to implement the Ottawa Model for Smoking Cessation at this organization, including the responsibilities outlined on page 2. | |
| **Signature:** |  |
| **Date:** |  |
|  | |
| **Signing Authority (CEO or Senior Management Representative)** | |
| **Name:** |  |
| **Position/Title:** |  |
| **Email:** |  |
| **Phone Number:** |  |
| I have read the OMSC Program Summary and I am in support of our application to implement the Ottawa Model for Smoking Cessation at this organization, including the responsibilities outlined on page 2. | |
| **Signature:** |  |
| **Date:** |  |

Please email completed Application Form, Needs Assessment and Best Practice Form(s) to [OMSC@ottawaheart.ca](mailto:OMSC@ottawaheart.ca).

**If you have any further questions, please contact us at:**

E: OMSC@ottawaheart.ca

T: 613-761-4034

Toll free: 1-888-761-OMSC (6672)

F: 613-761-4165

www.ottawamodel.ca