UNIVERSITY OF OTTAWA HEART INSTITUTE
INSTITUT DE CARDIOLOGIE DE L'UNIVERSITÉ D'OTTAWA

OTTAWA MODEL FOR SMOKING CESSATION
MODÈLE D'OTTAWA POUR L'ABANDON DU TABAC

APPENDIX C
Smoking Cessation Task Force: Terms of Reference

Purpose
A Smoking Cessation Task Force provides opinions and recommendations on implementation, integration, promotion, and maintenance of the Ottawa Model for Smoking Cessation program by developing a supportive organizational culture, monitoring progress, troubleshooting, and pursuing means of ongoing funding. All members assist the designated Smoking Cessation Coordinator in developing protocols suitable for their particular clinical setting based on the components of the Ottawa Model.

The Task Force can provide effective liaison and collaboration between administrators, physicians, nurses, and other health professionals and support staff.

Membership
Members can include (but are not limited to):

- A designated Smoking Cessation Coordinator
- A representative of Senior Management
- A physician lead
- A nurse lead
- A pharmacy lead
- Allied healthcare professionals (e.g., respiratory therapist, social worker)
- IT Representative
- Quality and Risk Representative
- Security Representative

Smoking Cessation Coordinator:
Lead the coordination efforts to implement and deliver the Ottawa Model for Smoking Cessation program; coordinate task force meetings and staff training; ensure all phases of the Implementation Workplan are completed; act as a smoking cessation resource and main contact person for the program.

Senior Management Representative:
Guide decisions related to resource allocation, staffing, and policy development; create and enforce policy that "tobacco use status will be identified and documented for *every* patient and smoking cessation advice and support will be offered to *all* smokers."

Physician Lead:
Communicate opinions, concerns, and suggestions of physician colleagues; promote the program among colleagues; assist in the development of pharmacotherapy guidelines and /or medical directives; assist in the amendment of admitting orders/patient histories to include smoking status question; coordinate/participate in the training of physicians prior to implementing the program; act as resource person to staff.

Nurse Lead:
Communicate opinions, concerns, and suggestions of nurse colleagues; promote the program among colleagues; assist in the amendment of admitting orders/patient histories to include smoking status question; coordinate/participate in the training of staff prior to implementing the program; act as a resource person to staff.

Pharmacy Lead:
Communicate opinions, concerns, and suggestions of pharmacist colleagues; promote the program among colleagues; assist in the development of pharmacotherapy guidelines and /or medical directives; assist in the amendment of admitting orders to include smoking status question; coordinate/participate in the training of pharmacists prior to implementing the program; act as resource person to staff.

IT Representative:
Liaise with OMSC Data Analyst and the site coordinator. Communicate concerns and suggestions regarding the OMSC Database and EMR system; assist in implementation tasks; act as a resource person to staff.

Quality and Risk Representative:
Communicate opinions, concerns and suggestions pertaining to quality assessment of the program; act as a resource person to staff.

Security Representative:
Provide advice, implement processes, and ensure staff communication and training pertaining to site smoke-free property policies.

Other Champions (as needed):
Communicate opinions, concerns, and suggestions of staff; assist in implementation tasks; coordinate/participate in the training of staff prior to implementing the program; promote the program; act as a resource person to staff. Examples could include: Communications, Occupational Health, etc.

Meeting Frequency
It is recommended for the Task Force committee to meet monthly during phases 1-5 of the Implementation Workplan, After the organization has implemented the program site wide, these meetings can be reduced to every 3 months (quarterly).