

OTTAWA MODEL FOR SMOKING CESSATION **PROGRAM SUMMARY**



THE OTTAWA MODEL FOR SMOKING CESSATION:



Increases the rates at which healthcare providers advise and assist smokers to quit; increases long-term smoking abstinence rates; reduces downstream healthcare use and risk of premature death.



Is a validated, evidence-based practice change process that uses principles of knowledge translation and organizational change to implement systematic approaches to smoking cessation within healthcare settings.



Results in the systematic identification, treatment, and follow-up of smokers as part of routine care.



Is cost-effective, and cost saving from the hospital payer perspective.



Is adaptable for any type of healthcare setting and is currently being implemented in over 350 sites across Canada.



THE IMPORTANCE OF SMOKING CESSATION

Tobacco addiction is a **chronic disease** that negatively impacts individuals and society.

In 2013, the overall prevalence of smoking among Canadian adults 15+ years old was 14.6%, equivalent to approximately **4.2 million Canadians.**²

Persons with chronic mental illnesses consume 44% of all cigarettes and **die 25 years earlier** than the general population.³

Tobacco smoking is the leading cause of **preventable disease, disability and death** in Canada, resulting in nearly 40,000 premature deaths each year.¹

Certain **high risk populations** bear more of the health burden from tobacco use.

Tobacco use leads to population level increases in **healthcare utilization and costs.**⁴

SMOKING CESSATION HAS MULTIPLE BENEFITS

- Significant short- and long-term health improvements (including reduced cardiovascular and cancer risk and improved lung function and capacity)^{5, 6, 7}
- Reduced second hand smoke exposure and its consequences⁸
- Fewer admissions to hospital and shorter lengths of stay⁹
- Increases in life expectancy¹⁰
- Improvements in quality of life¹¹
- Lower healthcare costs⁹

WE KNOW THAT ADVICE FROM
A HEALTHCARE PROFESSIONAL
SIGNIFICANTLY INCREASES
PATIENT MOTIVATION TO QUIT¹²...

YOU CAN MAKE A DIFFERENCE.



Clinical practice guidelines emphasize that clinicians and healthcare delivery systems should consistently identify smokers and offer treatment to every tobacco user who visits a healthcare setting using available counselling strategies and medications.¹²



BUT evidence alone is insufficient in changing routine clinical practice.



There is a need to change healthcare provider practices in order that smoking cessation support is systematically provided to all patients who smoke.

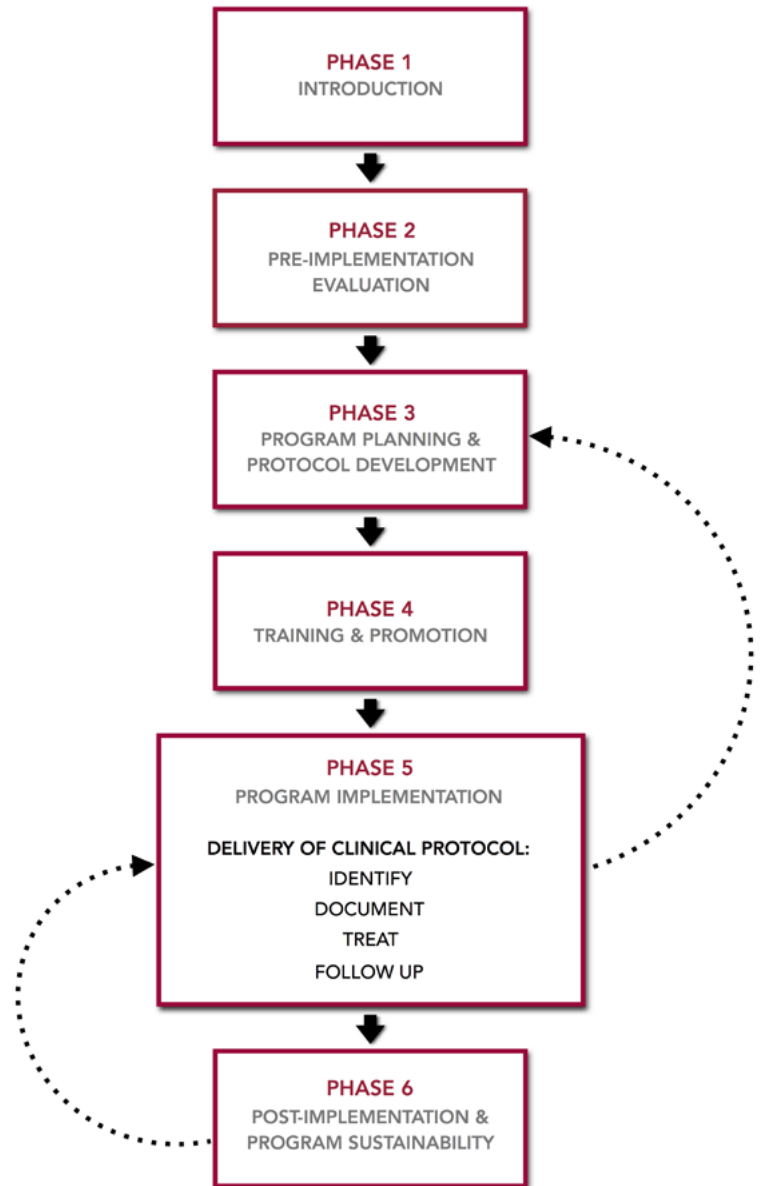


THE OTTAWA MODEL FOR SMOKING CESSATION
WAS **CREATED TO ADDRESS THIS NEED**

WHAT IS THE OTTAWA MODEL FOR SMOKING CESSATION?

The essence of the OMSC can be understood in one simple equation:

OMSC
=
PRACTICE
CHANGE
PROCESS
+
EVIDENCE-
BASED
SMOKING
CESSATION
TREATMENT
PROTOCOL



In order to bring about practice change, expert OMSC Outreach Facilitators work with health providers and healthcare organizations to adapt clinical practices using a detailed Implementation Workplan.

During the change process, an evidence-based **Smoking Cessation Treatment Protocol** is created specifically for each site.

Once the smoking cessation program is launched, feedback and quality improvement processes allow the program to be refined and sustained.

Developing the system that leads to the consistent **identification, documentation, treatment, and follow-up** of all patients or clients who smoke results in more quit attempts and, ultimately, **more smokers becoming smoke-free**.

KEY PROGRAM ACTIVITIES

PHASE 1 - INTRODUCTION

Prior to Phase 1, your organization will designate a smoking cessation coordinator and sign a partnership agreement with the OMSC. At the onset of Phase 1, an OMSC Outreach Facilitator will schedule a kick off meeting to introduce the OMSC program activities to leaders at your organization. Your Task Force of champions will be formalized and further details about the OMSC database will be provided to you by your Outreach Facilitator.

PHASE 2 - PRE-IMPLEMENTATION EVALUATION

Pre-implementation screening will be performed to gather baseline data that will be used to plan workload and determine effectiveness of the OMSC program at your organization.

PHASE 3 - PROGRAM PLANNING AND PROTOCOL DEVELOPMENT

Your OMSC Outreach Facilitator will work with the Task Force to amend organizational policies and create a Smoking Cessation Treatment Protocol for your site so that the identification, documentation, treatment and follow-up of smokers is provided as part of routine care.

PHASE 4 - TRAINING AND PROMOTION

Your OMSC Outreach Facilitator will assist you with promoting your program launch and will provide practical on-site training for all staff regarding the delivery of your Smoking Cessation Treatment Protocol.

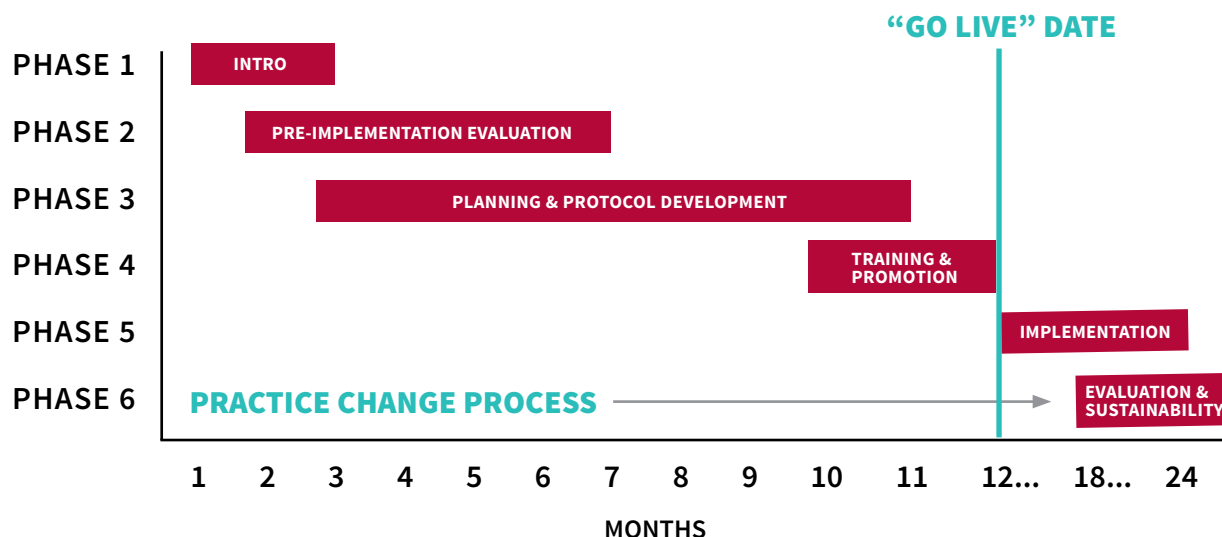
PHASE 5 - PROGRAM IMPLEMENTATION

On your “Go Live” date, your organization will begin implementing the Smoking Cessation Treatment Protocol outlined in Phase 3.

PHASE 6 - POST-IMPLEMENTATION EVALUATION AND PROGRAM SUSTAINABILITY

Your OMSC Outreach Facilitator will work with your organization to conduct ongoing quality improvement activities (e.g. internal audits) to ensure that the protocol is being implemented as intended. Your Outreach Facilitator will also assist you in conducting a post-implementation evaluation to determine program efficacy and will provide your site with regular feedback regarding performance and sustainability.

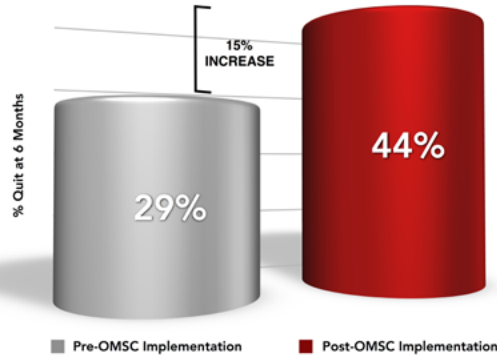
GENERAL TIMELINE FOR OMSC PROGRAM LAUNCH



PROGRAM EFFECTIVENESS

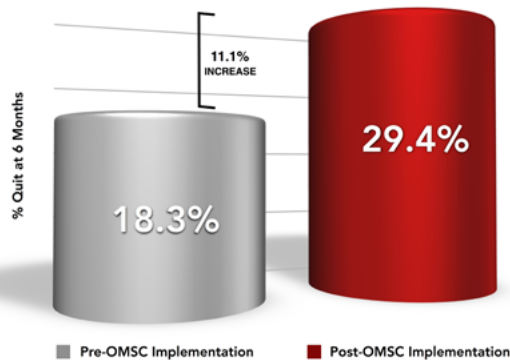
The OMSC has been shown to change provider behaviour and is effective at increasing long-term quit rates. When the OMSC was tested in cardiology patients at the University of Ottawa Heart Institute (UOHI), an absolute 15% increase in long-term quit rates (from 29% to 44% at 6 months) was observed.¹³

UOHI INPATIENT SMOKING CESSATION PROGRAM (2002)



In 2006, the OMSC was implemented throughout the Champlain Local Health Integration Network (LHIN). An evaluation of the first 9 hospitals to implement the OMSC revealed an 11.1% increase (from 18.3% to 29.4%) in long-term quit rates among a general patient population.¹⁴

OMSC: CHAMPLAIN LHIN EXPANSION (2006)



PROGRAM COST-EFFECTIVENESS

A [recent study](#) by the UOHI and the Institute for Clinical Evaluative Sciences (ICES) showed that:

35% of the smokers who received the OMSC were **smoke-free** at 6-months, compared to only 20% of the usual care participants;

Smokers who received the OMSC were **50% less likely** to be **re-admitted** to the hospital for any cause, and **30% less likely** to visit an **emergency department** within **30 days**

Smokers who received the OMSC were **21% less likely** to be **re-hospitalized** and **9% less likely** to visit an **emergency department** over **2 years**

Most importantly, smokers who received the OMSC had a **40% reduction** in risk of **death** over 2 years¹⁵

Strategies like the OMSC reduce subsequent healthcare use, but most importantly, can distinctly enhance the well-being of our patients who smoke.

OUR PRODUCTS AND SERVICES

The OMSC team facilitates practice change by offering the following products and services to our partnered sites:

1. ASSISTANCE WITH PROGRAM DEVELOPMENT AND IMPLEMENTATION

OUTREACH FACILITATION

The OMSC approach uses Outreach Facilitation to deploy evidence-based smoking cessation systems of care across a spectrum of clinical environments. OMSC Facilitators not only assist in training staff and implementing the OMSC, they serve as consultants for troubleshooting, devising clinical protocols, providing progress reports, and completing program evaluation.

OMSC IMPLEMENTATION WORKPLAN

OMSC Outreach Facilitators work with partner sites to adapt their clinical practices using a detailed OMSC Implementation Workplan. The OMSC Implementation Workplan is comprised of six phases of step-by-step instructions for planning, implementing, evaluating and sustaining an evidence-based clinical smoking cessation program. More details regarding these 6 phases are listed on page 4.



2. CUSTOMIZED PRACTICE TOOLS AND RESOURCES

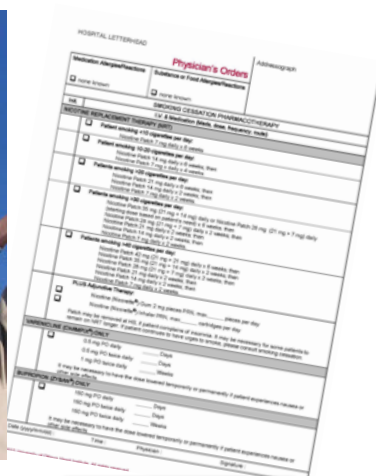
OMSC patient and provider tools have been developed to support the integration of best practices for smoking cessation into various clinical settings. The OMSC team works with partners to customize these tools to meet their specific needs and requirements.



SMOKING CESSATION CONSULT FORM



PATIENT RESOURCES



PRE-PRINTED ORDERS

3. TRAINING IN THE DELIVERY OF SMOKING CESSATION INTERVENTIONS

The OMSC provides various types of clinical and practice change training for partner sites, including:

- OMSC full day [workshops](#)
- On-site staff and physician training
- [e-Learning](#) modules
- Annual [Ottawa Conference](#): State of the Art Clinical Approaches to Smoking Cessation

4. PATIENT FOLLOW-UP AND PROGRAM EVALUATION

OMSC DATABASE

The OMSC Database (TelASK Technologies Inc.) has two essential functions which makes it a revolutionary approach to the care and treatment of smokers:

- 1) Provision of patient follow-up
- 2) Performance tracking and program evaluation

Patient Follow-up

The OMSC Database provides automated follow-up to keep in touch with and support patients who smoke after a hospitalization or clinic visit. Patients are offered up to nine automated calls or e-mails over a six month period to monitor how they are doing with regard to quitting smoking. The system acts as a triage tool and flags patients who indicate they are in need of a call from a cessation specialist for additional counseling.

Performance Tracking and Program Evaluation

As the requirement to evaluate healthcare programs becomes the norm and not the exception, the OMSC Database is leading the way in program evaluation and performance tracking. The OMSC Database can provide partnered sites the ability to track program performance indicators, such as the number of patients provided with a smoking cessation consultation and the number of smokers who have quit or reduced smoking.

5. ELECTRONIC MEDICAL RECORD (EMR) INTEGRATION

Whenever possible, the OMSC process is integrated within the EMR. Data from the EMR can be routinely uploaded into the OMSC Database, facilitating patient follow-up and program evaluation.

6. COLLABORATION WITH OTHER SMOKING CESSATION SERVICES

INTEGRATION OF COMMUNITY FOLLOW-UP WITH SMOKERS' HELPLINE

Trained quit coaches from the Canadian Cancer Society's Smokers' Helpline monitor and perform follow-up counseling calls for many OMSC partner sites.



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