



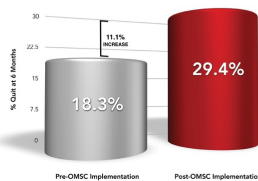
THE EVOLUTION OF THE OTTAWA MODEL

1990's – UOHI's Outpatient Quit Smoking Program

Since the early 1990s, the University of Ottawa Heart Institute (UOHI) has been offering outpatient smoking cessation services under the banner of the Quit Smoking Program (QSP).

2006 – Champlain Local Health Integration Network Expansion

The UOHI inpatient smoking cessation program was introduced in other hospitals in the Champlain region as the Ottawa Model for Smoking Cessation (OMSC). Our team began assisting other institutions to embed smoking cessation within their existing clinical practices. 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 following hospital discharge.¹⁴



2008 – OMSC in Outpatient and Specialty Care Settings

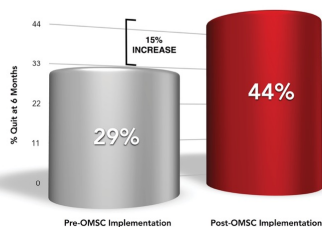
The OMSC had begun to organically spread to hospital outpatient units. The first major adaptation to the process for this type of setting was tested in a pilot RCT beginning in 2008 at the Ottawa Hospital.

2009 – Centres of Excellence

As the program grew across Canada, three OMSC Centres of Excellence were established to offer outreach facilitation, knowledge translation and evaluation support to eastern Canada (Horizon Health Network), central Canada (UOHI) and western Canada (Vancouver Coastal Health).

2002 – UOHI's Inpatient Smoking Cessation Program

Our group began testing a process that supported hospital inpatients by systematically identifying smokers and offering treatment and follow-up support for cessation. Evaluation of this process demonstrated an absolute 15% increase in long-term quit rates (from 29% to 44% at 6 months).¹³

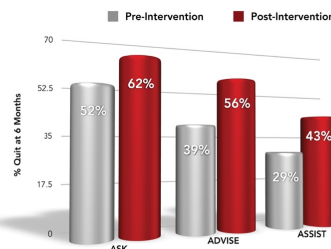


2007 – Ontario and National Expansion

The OMSC network of hospitals continued to expand in the province of Ontario and nationally in New Brunswick and British Columbia.

2009 – OMSC in Primary Care

In 2009, the OMSC was adapted and piloted for use in primary care practices in the Champlain region. Evaluation data showed a significant increase in the number of patients who received advice to quit and assistance with quitting.



2009 to Present

While continuing to work in traditional settings, recent emphasis has been on program expansion to unique patient populations and settings, such as:

- Stroke Clinics
- Diabetes Clinics
- Women's Clinics
- Nephrology Clinics
- Cardiovascular Units/Cardiac Rehabilitation Programs
- Respiratory Clinics
- Mental Health
- Addiction Centres
- Pre-Surgical Units
- Regional Cancer Centres
- Rehabilitation Centres
- Immunodeficiency Clinics
- Extra-Mural Programs (Home Care)
- Nurse Practitioner-Led Clinics
- Community Health Centres
- Family Health Teams
- Nursing Homes

