



OTTAWA MODEL
FOR SMOKING CESSATION

POWERED BY THE UNIVERSITY OF OTTAWA HEART INSTITUTE

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.



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



Is a practice change process that results in the **systematic identification, treatment, and follow-up of smokers** as part of routine care.



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



Adaptable for any type of healthcare setting and is currently being implemented in over 440 sites across Canada.

THE IMPORTANCE OF SMOKING CESSATION:

- Tobacco addiction is a **chronic condition** that impacts individuals and society in a negative way.
- 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}



Reduction in second hand smoke exposure and its consequences⁸



Fewer admissions to hospital and shorter lengths of stay⁹



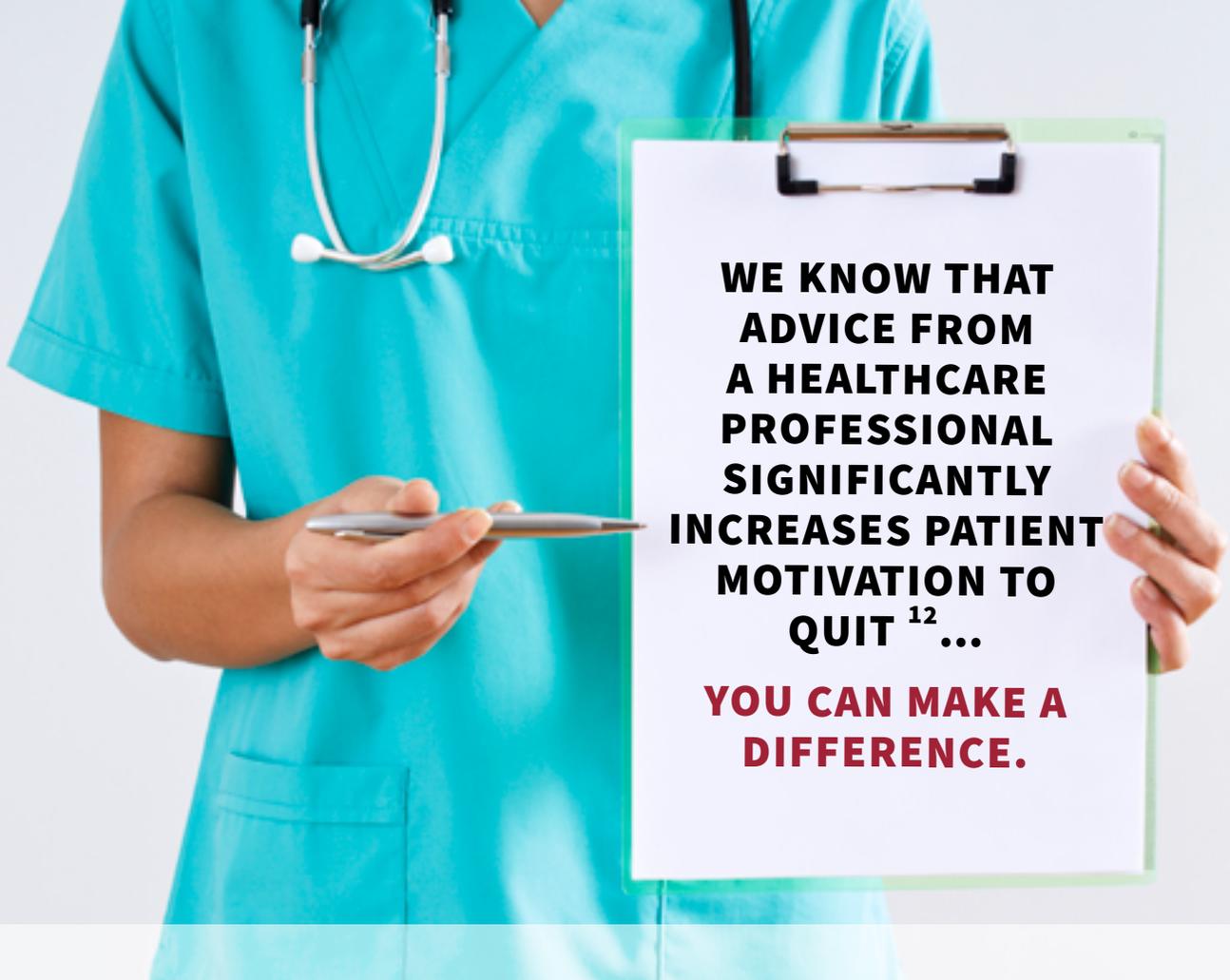
Increases in life expectancy¹⁰



Improvements in quality of life¹¹



Lower healthcare costs⁹



**WE KNOW THAT
ADVICE FROM
A HEALTHCARE
PROFESSIONAL
SIGNIFICANTLY
INCREASES PATIENT
MOTIVATION TO
QUIT ¹² ...**

**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.



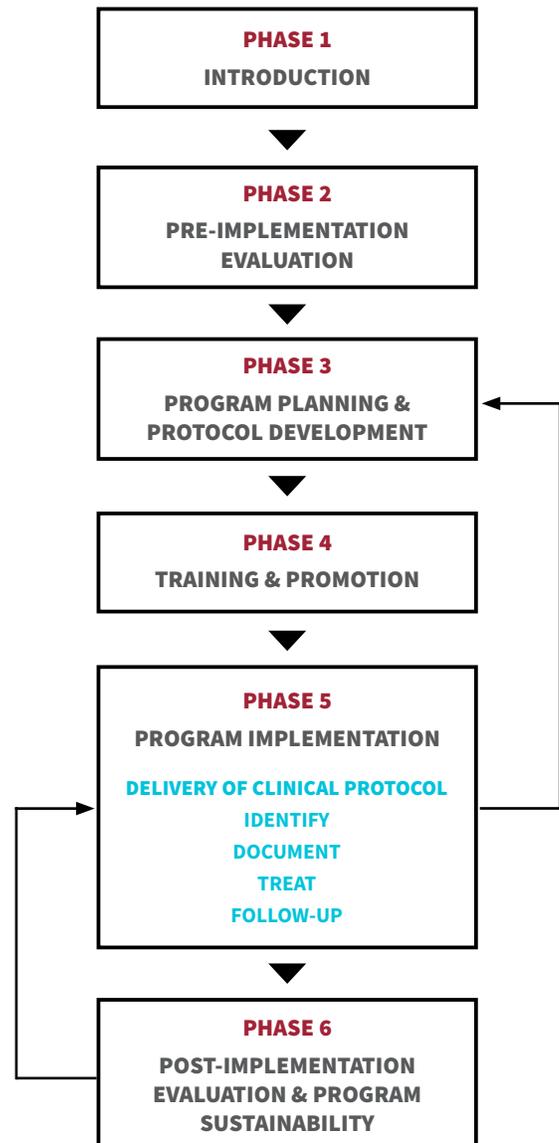
There is a need to change healthcare provider practices in order that **smoking cessation support is systematically provided to all patients who smoke.**



**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:



In order to bring about practice change, expert **OMSC® Implementation Specialists** 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

Your designated OMSC® Implementation Specialist will schedule a kick off meeting to introduce the OMSC® program activities to leaders at your organization. An on-site smoking cessation coordinator will be designated and a task force of champions formed.

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® Implementation Specialist 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® Implementation Specialist 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.

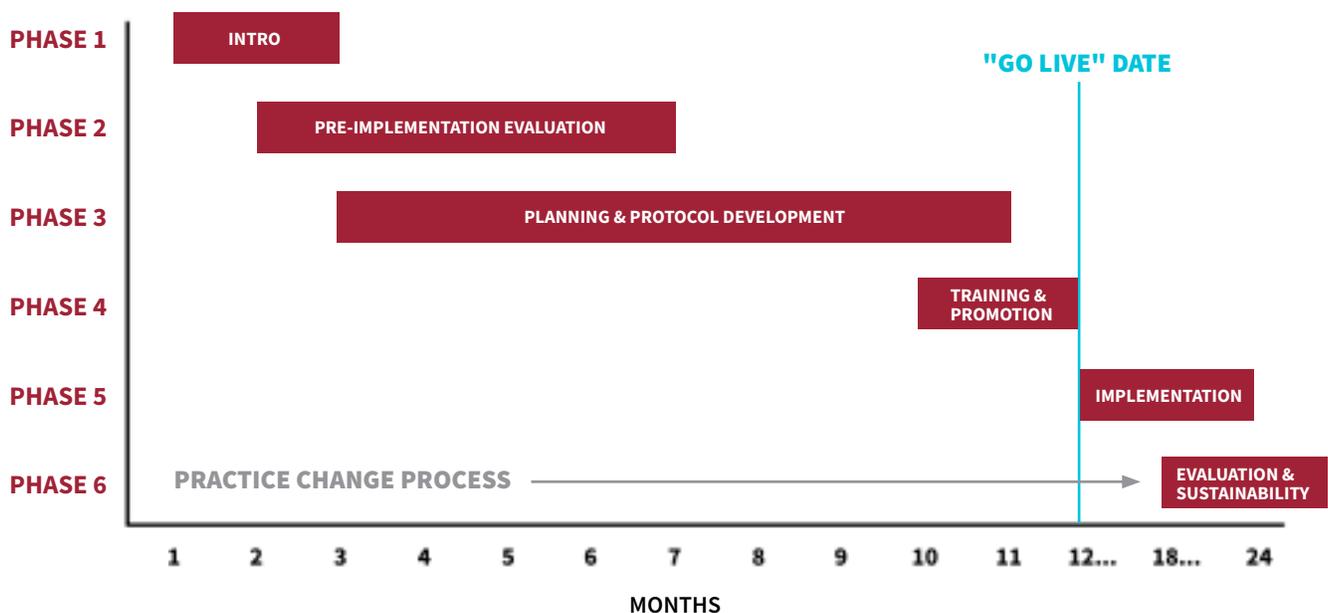
PHASE 5 | PROGRAM IMPLEMENTATION

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® Implementation Specialist 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 Implementation Specialist 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

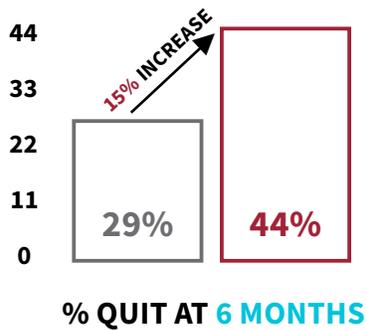


PROGRAM EFFECTIVENESS

The OMSC[®] has been shown to change provider behaviour and is effective at increasing long-term quit rates. When the OMSC[®] was tested among 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

PRE-OMSC[®] IMPLEMENTATION

POST-OMSC[®] IMPLEMENTATION

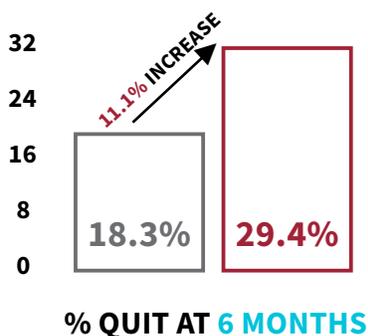


In 2006, the OMSC[®] was implemented in the Champlain Local Health Integration Network (LHIN). An evaluation of the first 9 hospitals to implement the OMSC[®] revealed an 11.1% increase (from 18.3% to 29.4%) in long-term quit rates among a general patient population.¹⁴

OMSC[®]: CHAMPLAIN LHIN EXPANSION (2006)

PRE-OMSC[®] IMPLEMENTATION

POST-OMSC[®] IMPLEMENTATION



PROGRAM COST-EFFECTIVENESS

A recent study¹⁵ by the UOHI and the Institute for Clinical Evaluative Sciences (ICES) showed that:



35% of smokers who received the **OMSC®** were **smoke-free at 6-months**, compared to 20% of 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 years**



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

FACILITATION

OMSC® Implementation Specialists facilitate the development and implementation of evidence-based smoking cessation systems of care across a spectrum of clinical environments. OMSC® Implementation Specialists 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

In order to bring about practice change, expert OMSC® Implementation Specialists work with partner sites to adapt their clinical practices and to implement an evidence-based smoking cessation program 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 5.



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:

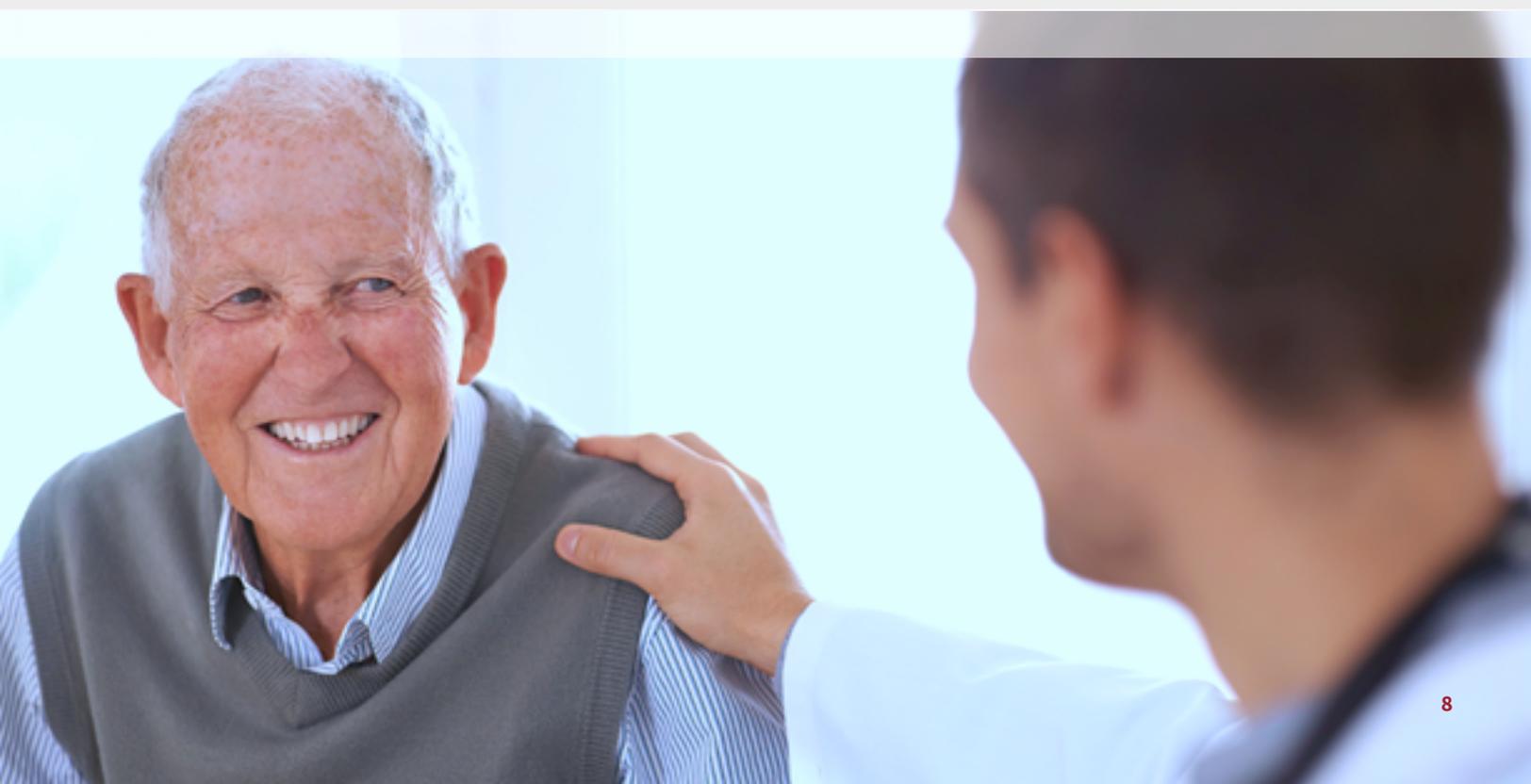
- 1) Provision of patient follow-up
- 2) Performance tracking and program evaluation

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 their quit attempt. The system acts as a triage tool and flags patients who indicate that they are in need of a call from a Nicotine Addiction Treatment 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.



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