



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

OTTAWA MODEL
FOR SMOKING CESSATION
IN PRIMARY CARE

MODÈLE D'OTTAWA
POUR L'ABANDON DU TABAC
EN SOINS PRIMAIRES

APPLICATION





OVERVIEW

There are currently 60 primary care organizations implementing the Ottawa Model for Smoking Cessation (OMSC) in Ontario. At this time we are expanding the OMSC Network in Ontario.

GOAL OF THE OTTAWA MODEL FOR SMOKING CESSATION IN PRIMARY CARE

Our primary goal is to support primary care clinicians in identifying and providing evidence-based interventions to a greater number of smokers using a systematic approach, which will ultimately increase cessation rates.

BENEFITS TO PARTICIPATION

Access to evidence-based training, tools, and support to allow busy primary care clinics to ably assist more patients to successfully quit smoking.

ALIGNMENT WITH ONTARIO HEALTH ACTION PLAN

The OMSC in Primary Care Program is funded by the Ontario Ministry of Health and Long-Term Care: Smoke-Free Ontario Strategy. The Ontario Ministry of Health has identified addressing tobacco use as a priority of the Ontario Action Plan for Health and has set a goal to make Ontario the province with the lowest smoking rates in Canada. The Ottawa Model for Smoking Cessation is a quality improvement program that will support your team with delivering evidence-based tobacco treatment in a manner consistent with the Ontario government commitment to quality improvement. We encourage all partners to include your work with the OMSC in your Primary Care Quality Improvement Plans (QIPs).

ELIGIBLE PRIMARY CARE SITES MUST:

- Obtain sign-off and approval of the application by their site's Lead Physician (or designate) via a letter of support, which should be included with the application.
- Allocate a dedicated nurse or allied health professional for smoking cessation counselling; in terms of full-time equivalency (FTE), the average required is approximately 0.3 to 0.5 FTE.
- Creation of a Smoking Cessation Task Force, with representation from across the clinic, to support program planning and implementation (approximately 2 to 3 meetings during the planning period).
- Program expansion across Ontario is planned over the next two years. Groups may complete an application and, based on demand, be selected either for current or future phases.

ELECTRONIC APPLICATION SUBMISSIONS

Please complete this application and email it to: scprimarycare@ottawaheart.ca

Note: only applications submitted by email will be accepted.



WHAT WILL MY PRACTICE RECEIVE AS AN OTTAWA MODEL FOR SMOKING CESSATION PARTNER SITE?

The UOHI Team will:

- Support an assessment of current practices and policies related to the systematic identification, documentation, and treatment of tobacco use at each site;
- Work in partnership with each site to create a customized plan (or clinic tobacco control protocol) to be introduced within the clinic for the effective delivery of tobacco control treatment to smokers;
- Work with Electronic Medical Record to ensure adequate and documentation. Provide clinic staff with training in the delivery of smoking cessation treatments within busy primary care settings, and deliver an accredited training session for clinicians;
- Provide OMSC program materials and promotional tools to each clinic, both for clinicians and patients, to assist with integrating best practices into clinic routines;
- Quit Plan booklets for patients ready to quit;
- Ensure follow-up support is available through the clinic, community, or region for patients quitting post visit;
- Feedback on regular audits and benchmarking quarterly statistics to inform evaluation activities;
- Support annual quality improvement activities and ongoing training of clinicians in the latest evidence-based approaches for supporting smokers with quitting;
- Provide coaching and facilitation to adapt the OMSC to the clinic setting as well as assistance with implementation activities.

WHAT ARE THE RESPONSIBILITIES OF PRIMARY CARE CLINICS?

The Primary Care Site will:

- Obtain sign-off and approval for participation by the site's Lead Physician (or designate) via a letter of support, which should be returned with the application;
- Designate a staff member to be responsible for implementing and maintaining the clinic smoking cessation protocol and supportive activities, including counselling;
- Identify Smoking Cessation Champions across several disciplines (medical, nursing, clinical education, pharmacy, etc.) and form a Smoking Cessation Task Force to support implementation and quality improvement activities;
- Assist with coordinating the collection of data on clinic performance in the delivery of smoking cessation treatments.
- Develop a clinic tobacco protocol for the identification of smokers, delivery of advice to quit, and quit plan visits for patients ready to quit smoking (billable clinical service);
- Assist with facilitating a training event for participating clinicians, to be delivered by the UOHI Team, and communication activities with clinic staff;
- Ensure smokers who are ready to quit receive community follow-up;
- Develop annual quality improvement plans for strengthening the program;
- Identify one or more representative(s) from the clinic to attend the annual meeting of the Ottawa Model for Smoking Cessation.



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Please remember to submit a letter of support from your primary care site's Lead Physician along with your application form.

1 – APPLICANT CONTACT INFORMATION

Name of Clinic

Contact Name

Dr. Mr. Mrs. Ms.

Position

Name of Lead Physician

Name of Manager/Lead Administrator

Number of Locations/Sites

Main Mailing Address:

City:

Province:

Postal Code:

Business Phone:

Business Fax:

Email:

Website:

Local Health Integration Network or Health Region:



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2 – PRIMARY CARE SITE INFORMATION

Patient Visits Per Year	Patients Registered (Active within the Past Two Years)	Patients Rostered
Physicians/ Allied Health Professionals	Number	FTE
Physicians		
Registered Nurses/ Registered Practical Nurses		
Nurse Practitioners		
Pharmacists		
Dieticians		
Mental Health Workers		
Respiratory Therapists		
Health Educators		
Other (please specify)		
Number of Administrative Staff		
Name of EMR		N/A <input type="checkbox"/>
Walk-in/Urgent Care Services		<input type="checkbox"/> Yes <input type="checkbox"/> No
Teaching/Academic Site		<input type="checkbox"/> Yes <input type="checkbox"/> No
Physician Funding Model		

Please provide a description of your patient profile, including demographical information and overview of major diagnoses. Please include all relevant statistics related to prevalence of chronic diseases (including smoking), socio-economic status, and specialized populations.



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3 – TASK FORCE MEMBERSHIP/CHAMPIONS¹

Using the table below, please identify possible Smoking Cessation Task Force Champions and Members for your clinic. Note: A successful Task Force is often interdisciplinary and usually includes a Physician Champion, Nurse, AHP Champion, Administrator, and IT Specialist.

Smoking Cessation Task Force Champions and Members	Name	Experience or training in smoking cessation
Physician Champion		<input type="checkbox"/> Yes <input type="checkbox"/> No
Nurse Champion		<input type="checkbox"/> Yes <input type="checkbox"/> No
Allied Health Professional Champion (if applicable)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Task Force Members (IT, Administrator, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

As per eligibility criteria, please explain what resources your clinic has available to allot to Smoking Cessation program activities. If resources are not available, does your clinic have mechanisms in place to apply for additional program funding?

¹ Please note that, by “Champion”, we mean 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 his or her primary care setting.



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4 – PROGRAMS/EXPERIENCE WITH QUALITY IMPROVEMENT INITIATIVES

Program Name	Lead/Designation	Existing Algorithm
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide a description of your organization's current approach for addressing tobacco use with patients:

Are you currently or planning to participate in the Provincial STOP program which makes cost free Nicotine Replacement Therapy available to patients attempting to quit smoking? Please note the OMSC is complementary to the STOP program and as such there are no concerns about participating in both programs.

ADDITIONAL INFORMATION:

Please include a signed letter of support provided by your site's Lead Physician (or designate).

For additional information or assistance,
please visit us at:

ottawamodel.ca

or

contact us at:

scprimarycare@ottawaheart.ca

613-696-7000 ext. 17178



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SIMPLE. STRAIGHTFORWARD. SYSTEMATIC.



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