Ottawa Model for Smoking Cessation Integration with *Smokers' Helpline*
The Nova Scotia Experience

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BACKGROUND

• Smoking is the number one, most preventable health risk factor in Canada.

• Hospitalization presents a unique opportunity to initiate comprehensive tobacco cessation treatment (Rigotti et al., 2003).

• Developed by The University of Ottawa Heart Institute (UOHI), the Ottawa Model for Smoking Cessation (OMSC) is a successful institutional smoking cessation program that systematically identifies, provides treatment, and offers follow-up to all smokers seen in clinical practice (Reid et al. 2009).

• The Canadian Cancer Society *Smokers' Helpline* (SHL) is a free, confidential service that offers personalized support, advice and information about quitting smoking and tobacco use.

• A feasibility project in ON (unpublished 2009) established processes to securely and effectively integrate OMSC best practices with SHL services using Smoking Cessation Program Manager (SCPM) automated telephony (TelASK Technologies Inc., Ottawa, Canada).

• Capital Health Tobacco Reduction policy implementation (2003-2005) revealed a lack of sufficient resources, validated tools, and negative staff perceptions as barriers to implementing and sustaining an inpatient smoking cessation program.

OBJECTIVE

To describe the process of the Stop Smoking Support Program (SSSP) i.e. OMSC/SHL integration in Nova Scotia and offer learnings and recommendations from this experience.

METHODS

• The Capital District Health Authority (CDHA)/IWK Health Centre (IWK) collaborated with the UOHI and SHL as part of a comprehensive tobacco control strategy to reduce tobacco use and its harms at the provincial and health district level.

•CDHA/IWK modeled the SSSP based on OMSC best practices with SHL for follow-up after hospital discharge.

• Following the establishment of privacy agreements the SSSP was implemented in 10 inpatient units at the Queen Elizabeth II Health Sciences Centre (HI site), Dartmouth General Hospital, Hants Community Hospital and IWK starting July 2009.

• Fiscal support was provided by Capital Health, the Nova Scotia Department of Health and Wellness and Health Canada.

• Frontline nurses were supported by a .08 FTE Smoking Cessation Coordinator (SCC) and a .04 FTE data entry clerk.

METHODS continued

• Evaluation Period: January 1, 2010 - December 31, 2010

• Hospital frontline nurses used the OMSC five main components:
1. Identification of smoking status of all patients. **(Ask)**
2. Documentation of smoking status recorded on patient's chart.
3. Strategic advice, brief counseling and strategies for withdrawal management and quit attempts offered to patients who smoke. **(Advise and Assess)**
4. Smoking cessation medications are offered to patients who smoke. **(Assist)**
5. Follow-up using automated support calls (via SCPM) for 6 months and links to community programs (i.e. SHL) is offered. **(Arrange)**

SHL:
• Monitored the SCPM
• Contacted patients triaged for follow-up support (i.e. Callback)
• Reported basic outcomes (i.e. Lost (with explanation), Assessed or Counselled)

SCC:
• Provided staff training and ongoing support, including data dissemination
• Monitored the SCPM for unsuccessful automated contact
• Contacted patients (i.e. Unreachable and No Contacts)
• Conducted regular chart audits
• Coordinated Post Implementation telephone survey

RESULTS

1.SSSP is feasible - response to staff perception,
"we don't have time"
• 11,723 admissions
• 88.2 % (10335) were asked about their tobacco use
• 23.2 % (2395) smoked in the past six months
• 27.2 % (652) who used tobacco had a Smoking Cessation Consult completed

2.Patients are receptive - response to staff perception,
"patients don't want to talk about their tobacco use while in hospital"
(652 patients consulted)
• 83.1 % (542) of patients agree their information can go into SCPM
• 62.0 % (336) of patients are ready to quit (49.9% during their hospital stay)
• 45.9 % (249) agree to 6 months of automated follow-up, SHL support as wanted/needed
• 314 calls were triaged to SHL, where 198 calls (63%) were successfully completed
•106 individuals contacted at least once out of 150 individuals who required a callback at least once (71%)

3.Favourable Outcomes - response to staff perception,
" time spent talking about tobacco use and quitting won't do any good anyway"
Program Evaluation - a cohort of patients (n=163) who had used tobacco were contacted 6 months post discharge and asked;
" Have you used any form of tobacco in the last 7 days?".
• 23.7% of patients were smoke free 6 months after discharge

4.Improved patient contact
Beginning April 2010, SSC made live call attempts to patients not reached by the automated system. This resulted successful contact with an additional 7.2% of patients.

RECOMMENDATIONS

Recommendations to establish and sustain a hospital-based smoking cessation program based on OMSC best practices with SHL for follow-up after hospital discharge.

1.Assign accountability of SC program to hospital-based staff member to oversee;
- program coordination,
- staff training and ongoing support
- performance of regular audits
- data monitoring and dissemination

2.Assign SCPM monitoring responsibilities for unsuccessful automated contact (i.e. Unreachable and No Contacts) as well as patients triaged for follow-up (i.e.. Callback) and conduct live attempts to improve program reach.

3.Disseminate program outcomes to hospital staff regarding patient smoking status, readiness to quit and staff performance to overcome negative perceptions and support enhanced performance .

4.Assess and plan for variations in hospital settings (urban, suburban, rural, women-centred):
- implement program fully within one hospital vs. multiple sites at the same time
- address risks to sustainability
- expand to additional settings

CONCLUSIONS

Learnings from the Nova Scotia Stop Smoking Support Program add to recent findings (Campbell et al., 2011) that, with support of a Smoking Cessation Coordinator implementation and sustainability of the OMSC improves, independent of provision of participating units or follow-up assignment.

Utilizing integrated OMSC best practices with SHL's evidence based services contributes to the sustainability of an effective smoking cessation protocol for hospitalized patients.

REFERENCES

1. Rigotti , N. A. , Munafo , M. R. , Murphy , M. F. , & Stead , L. F. (2003). Interventions for smoking cessation in hospitalized patients . *Cochrane Database of Systematic Reviews, 1* CD001837
2. Reid, R. D., Mullen, K., Slovinec D'Angelo, M., Aitken, D., Papadakis, S., Haley, P.M., McLaughlin, C.A., Pipe, A.L (2009). Smoking Cessation for Hospitalized Smokers: An Evaluation of the Ottawa Model. Nicotine and Tobacco Research, doi:10.1093/ntr/ntp165
3. Campbell, S. , Pieters, K. , Mullen, K., Reid, R.D. (2011). Examining sustainability in a hospital setting: Case of smoking cessation. *Implementation Science 6:108* http://www.implementationscience.com/content/6/1/108

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