



Ottawa Model for Smoking Cessation, Ontario, Canada

While hospitals in Canada are not accredited by the Joint Commission, the comprehensive approach to treating tobacco use developed at the University of Ottawa Heart Institute would meet the Joint Commission's new standards. Much has been reported about this exemplary model – the Ottawa Model for Smoking Cessation (OMSC).^{i,ii}

Researchers at the University of Ottawa Heart Institute developed a successful tobacco cessation model, initially as part of an effort to improve cardiac outcomes. They developed a comprehensive approach to treating tobacco use among the inpatient population and evaluated it through several research studies. The team implemented the program hospital-wide, and subsequently presented their findings at national conferences. They were approached by the Ontario Ministry of Health to spread the model to other hospitals across Canada. The Ottawa Heart Institute is now a centralized location that provides technical assistance, training, and follow up to seventy sites that have implemented the Ottawa Model.

Researchers began by designing an inpatient program that systematically identifies, provides treatment, and offers follow-up to all admitted smokers. Unlike most hospital-based cessation programs, the Ottawa Heart Institute places a priority on following up with their patients who smoke post-discharge, and offering support to encourage long-term cessation.

The Ottawa Model is a variation on the 5A's:

- During admissions, patients are ASKED about tobacco use during the preceding six months. Those who have recently quit are congratulated on their success, encouraged to remain smoke-free, and provided with a list of community resources and phone numbers for cessation assistance if they experience difficulty. Smoking status and data on prior quit attempts for all patients is documented in a cessation database.
- All smokers are ADVISED to quit, ASSESSED for willingness to quit, and ASSISTED with brief counseling and pharmacotherapy. A consult form is used to cue clinicians about appropriate assistance for patients who are interested and those who are not interested to standardize data collection for process and outcome evaluation.
- Follow up after hospitalization is offered to all smokers and is ARRANGED by registering the patient into an interactive voice response (IVR)-mediated telephone system and database. The IVR places three automated telephone follow up calls to patients to inquire about their smoking status and confidence in remaining smoke free. The responses are recorded in a database that nurse counselors review for necessary follow-up. The results of all IVR calls can be examined quickly and efficiently in order to respond appropriately to patient needs or requests.

The IVR calls have four goals:

1. Assessing smoking status and medication use
2. Providing tailored motivational messages
3. Triaging participants to smoking cessation resources
4. Offering refills for medications

Criteria that trigger the system to recommend a return call from a live counselor include:

1. Patients who do not start pharmacotherapy after discharge or stop pharmacotherapy before the end of the 90 day course
2. Patients who resume smoking after discharge but still want to quit
3. Patients who are quit but have a low level of confidence in their ability to stay quit
4. Patients reporting medication side effects

Implementation of the OMSC has led to an absolute 15% increase in the long-term quit rates at the University of Ottawa Heart Institute (from 29% to 44% at 6 months).

The success of the program has led to expanding its reach to numerous inpatient, outpatient, and primary care settings throughout Canada. The Ottawa Heart Institute is now a centralized location that provides technical assistance, training, and follow-up to multiple sites. A key component of the outreach involves the use of expert outreach facilitators or consultants who work directly with participating sites to adapt their clinical practices using a detailed implementation work plan. The phases of implementation they encourage sites to follow include: (1) Gaining commitment; (2) Baseline audit and assessment; (3) Consensus building and planning; (4) Frontline training; (5) Delivery of Service; (6) Ongoing Audit and Feedback.

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ⁱ Reid RD, Mullen KA, D'Angelo ME, et al. Smoking cessation for hospitalized smokers: an evaluation of the "Ottawa Model". *Nicotine & Tobacco Research*. 2010; 12(1):11-18.

ⁱⁱ Reid RD, Pipe AL, Quinlan B, et al. Interactive voice response telephony to promote smoking cessation in patients with heart disease: A pilot study. *Patient Educ Counts*. 2007;66:319-26.