



OTTAWA MODEL FOR SMOKING CESSATION

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Knowledge Translation
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AGENDA



- What is the OMSC?
- Does it work?
- How do I implement the program?



THE MODEL

A simple, systematic,
step-by-step approach
for addressing tobacco
use in healthcare settings



LITERATURE

Systematic Approaches to Smoking Cessation

By Andrew Poon, CM, MD, Robert D. East, PhD, and Ronald Quinlan, RN, APN

Written to the inaugural issue of Smoking Cessation Rounds, the importance of smoking cessation cannot be overstated. It has been termed the "gold standard" of all preventive strategies, and yet, it has been noted that although there are no effective interventions, there has not recently been a distribution on the part of many clinicians to involve themselves in this important area of preventive practice. The application of a simple systematic approach to the identification and counseling of all smoking patients can dramatically improve the rates of cessation in virtually any practice setting and do so while enhancing clinician efficiency and effectiveness.

While writing the systematic hand outline, we expected to have said that "evidence-based medicine" was what the "new" meant. At a time when preventive strategies are becoming an exciting and more complex endeavor, it is important to remind ourselves that the answer to finding smoking cessation is within the greatest preventive goal we have: smoking to the 41 cases of premature death in Canada. The other obvious intervention that can provide a reduction in morbidity and premature mortality that can be implemented immediately has been examined that smoking cessation rate.

The Meta-Prevention and Rehabilitation Centre University of Ottawa Heart Institute
 Andrew Poon, CM, MD
 Robert D. East, PhD
 Ronald Quinlan, RN, APN

— Smoking Tobacco Dependence —

Treating Tobacco Dependence in a Medical Setting

Richard D. Hurt, MD, Jan O. Ebbert, MD, MS¹, J. Taylor Hays, MD², David O. McFallen, MD³

Abstract

The US Public Health Service Guideline for Treating Tobacco Use and Dependence 2008 Update emphasizes tobacco use as a chronic medical disorder, highlights both behavioral counseling and the use of 1 or more of the 7 approved medications, and points out the utility, efficacy, and reach of telephone quitlines. The treatment of users of smoked tobacco continues to be less than optimal. Although providing evidence-based treatment for tobacco-dependent patients is a challenge for busy physicians, a team approach including trained and certified tobacco treatment specialists (TTS) provides an efficient treatment model. TTS represent a new and growing part of the health care team and hold great potential for expanding the collective tobacco treatment expertise in the medical setting. The effective treatment of tobacco dependence frequently requires valuing, and often integrating, interventions (both counseling and pharmacotherapy) to meet the needs of the individual patient. *CA Cancer J Clin* 2009;59:314–324. © 2009 American Cancer Society, Inc.

To earn CME credit or training contact hours for successfully completing the online quiz based on this article, go to <http://CME.AmericanCancer.org>.

Introduction

The US Public Health Service Guideline for Treating Tobacco Use and Dependence 2008 Update. In 2008, the US Public Health Service (USPHS) released a comprehensive update of its 2000 Guideline for Treating Tobacco Use and Dependence. This evidence-based Guideline was updated by a panel of experts who conducted a literature of evidence-based, RCTs, and observational studies, and performed a meta-analysis of

Preventive Medicine 17 (2008) 199–203

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Preventive Medicine

Journal homepage: www.elsevier.com/locate/ypmed

Review

Strategies to increase the delivery of smoking cessation treatments in primary care settings: A systematic review and meta-analysis

Sophia Papadakis^{a,b,c}, Paul McDonald^a, Kerri-Anne Mallen^a, Robert Reid^{a,b}, Kimberly Skubaj^a, Andrew Pipe^a

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ARTICLE INFO

Available online 17 June 2009

Keywords: Smoking cessation; Health promotion; Primary care; Health services; Prevention

ABSTRACT

Objective: A systematic review and meta-analysis was conducted to evaluate evidence-based strategies for increasing the delivery of smoking cessation treatments in primary care clinics.

Methods: The review included studies published between January 1, 2000, that provided data on the calculated for intervention group versus control group for point-of-care performance for "3As" (Ask, Advise, Assist, Arrange) delivery and smoking outcomes. Multi-component interventions were defined as interventions which combined two or more intervention strategies.

Results: Thirty-seven studies met eligibility criteria. Evidence from multiple large-scale trials were found to support the efficacy of multi-component interventions in increasing "3As" delivery. The greatest effect for multi-component interventions compared to control was 1.29 (95% CI: 0.6–2.0) for "3As", 1.8 (95% CI: 1.4–2.2) for "ask/advise", 2.0 (95% CI: 1.2–3.0) for "assist/arrange", and 1.2 (95% CI: 0.8–1.7) for "ask/advise/assist/arrange". Evidence was also found to support the value of a brief text intervention in increasing the delivery. Adjunctive delivery (1.7–3.0) (CI: 1.2–3.0) and multi-component interventions (1.2–2.2) (CI: 0.7–1.7) were found to

Abstract

Introduction: Trained outreach facilitators successfully implemented the Ottawa Model in 9 hospitals leading to significantly higher long-term cessation rates. The public health implications of systematic cessation programs for hospitalized smokers are profound.

Discussion: Trained outreach facilitators successfully implemented the Ottawa Model in 9 hospitals leading to significantly higher long-term cessation rates. The public health implications of systematic cessation programs for hospitalized smokers are profound.

Introduction

Hospitalization provides a unique opportunity to identify and engage smokers, initiate cessation treatment, and facilitate appropriate follow-up and support (Ettema & Goldstein, 1992; Nicholson, Himmelfarb, Linds, McCarty, & Vezina, 2000; Rigotti, Mansell, & Strick, 2005). Hospital inpatient interventions for smoking cessation that include inpatient treatment and follow-up after discharge present significantly higher long-term quit rates compared to control conditions (odds ratio [OR] = 1.45, 95% CI = 1.44–1.46; Rigotti et al., 2005). However, the long-term benefits have

REVIEW

Best practices for smoking cessation interventions in primary care

Andrew McIvor MD MSc FRCPC¹, John Kayser RN BSc², Jean-Marc Assaad PhD^{2,3}, Gerald Brosky MD CCFP⁴, Penny Demarest RNIEC BScN⁵, Philippe Desmarais BPharm⁶, Christine Hampson PhD⁷, Malin Khara MBChB⁸, Ratsamy Pathamavong BSc MSc⁹, Robert Weinberg MD¹⁰

THE MODEL

UOHI's Quit Smoking Program (Early 1990's)



OMSC Hospital Settings (2002)



OMSC Ambulatory Care Clinics (2008)



OMSC Primary Care (2009)



Mental Health and Addictions (2010)



**OVER 500,000
SMOKERS REACHED**

**APPROXIMATELY
450 SITES**



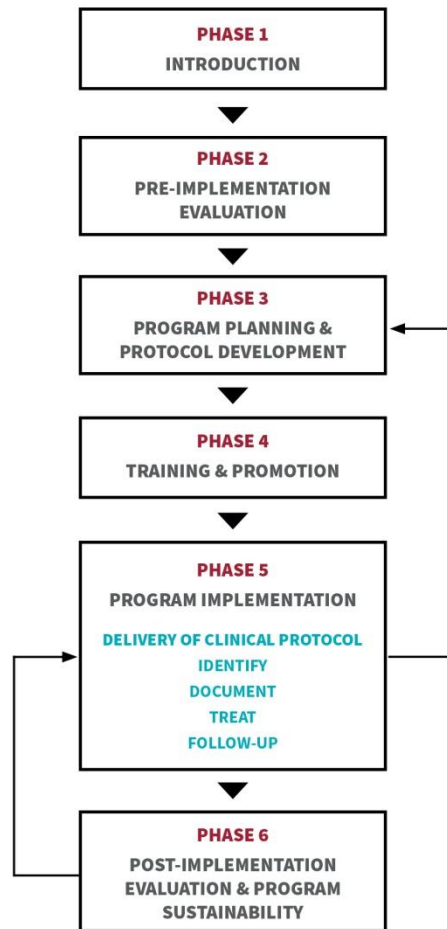
**OVER 20,000 HEALTHCARE
PROFESSIONALS TRAINED**

The image features a stylized map of Ontario, Canada, rendered in a light grey, 3D-like perspective. The map is overlaid with numerous small red dots, which represent the locations of training sites for healthcare professionals. The dots are distributed across the province, with a higher concentration in the southern and eastern regions, particularly around the Greater Toronto Area and the Golden Horseshoe. The text 'OVER 20,000 HEALTHCARE PROFESSIONALS TRAINED' is prominently displayed in the center of the map in a bold, dark red font.



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THE OMSC



Identification



Documentation



Pharmacotherapy



Strategic
Advise



Long Term
Follow-up



SMOKING CESSATION



“The single, most powerful, preventive intervention in clinical practice.”



A POWERFUL INTERVENTION

INTERVENTION	NNT TO SAVE ONE LIFE YEAR
Smoking cessation	9
Lowering lipids by 10%	16
Blood pressure control with diuretics	34
Mammography	205
Papanicolaou smear	534
Pneumococcal vaccine	716



WE KNOW...

64%

of Smokers
intend to quit¹

49%

will attempt
to quit¹

4-7%

will be
successful²⁻³

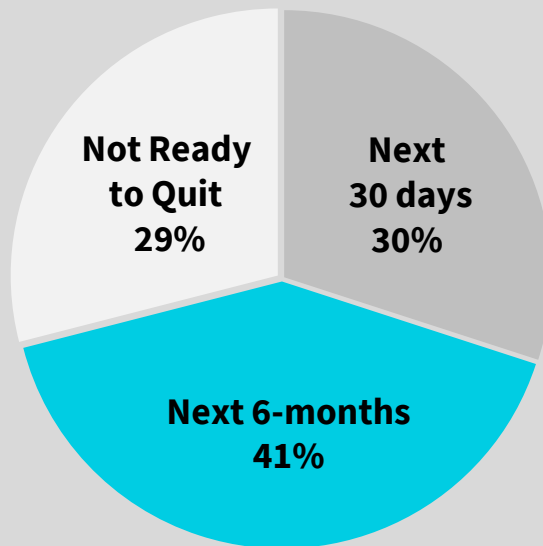


READINESS TO QUIT

71% ready to
quit in next
6 months

Data as of February 2014

PRIMARY CARE PATIENTS



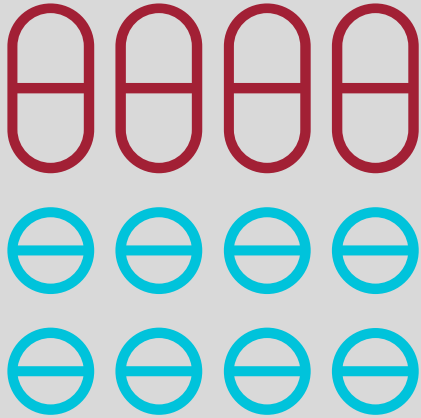
HOSPITALIZED PATIENTS



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EVIDENCE-BASED RESEARCH CAN DRAMATICALLY ENHANCE PATIENT SUCCESS WITH QUITTING



Combining medication with further advice or behavioural therapy increases continuous abstinence up to **6 times**.



THE CHALLENGE

THESE TREATMENTS ARE **OFTEN NOT PROVIDED** TO PATIENTS

We are not intervening with smokers at optimal rates

- Better at asking and advising (23%-80%)
- Not as good at intervening (0-20%)



REALITY OF HEALTHCARE SETTINGS

- Time constraints
- Provider knowledge and skills
- Complexity of the intervention
- Practice supports
- Smoking is not a priority
- Patient's motivation to quit



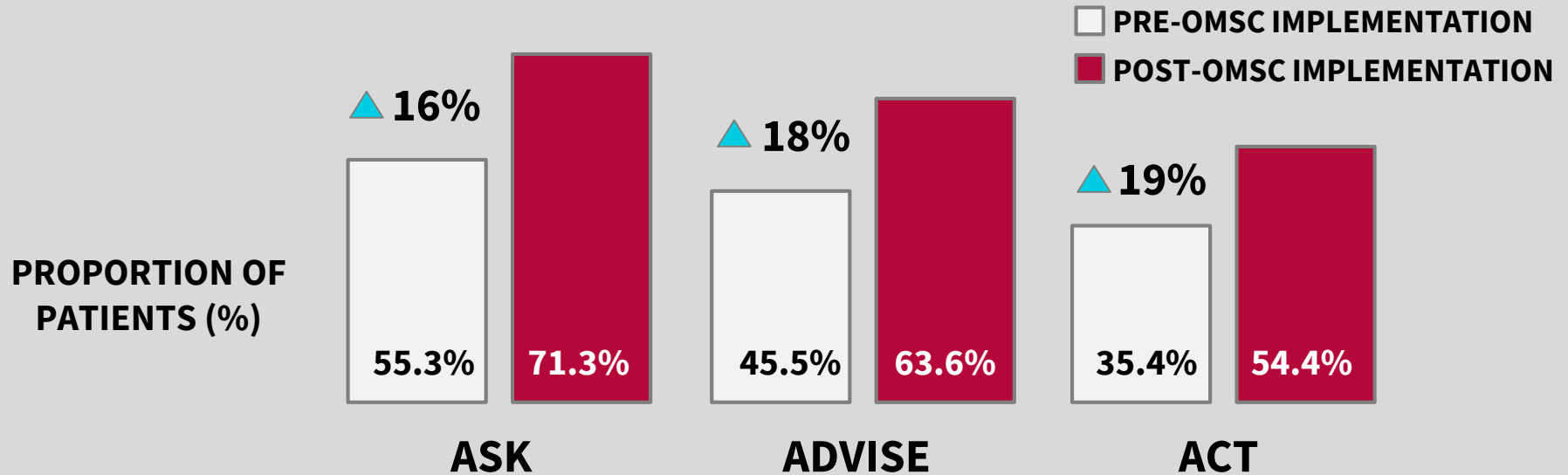
PROGRAM OUTCOMES



**OTTAWA MODEL
FOR SMOKING CESSATION**

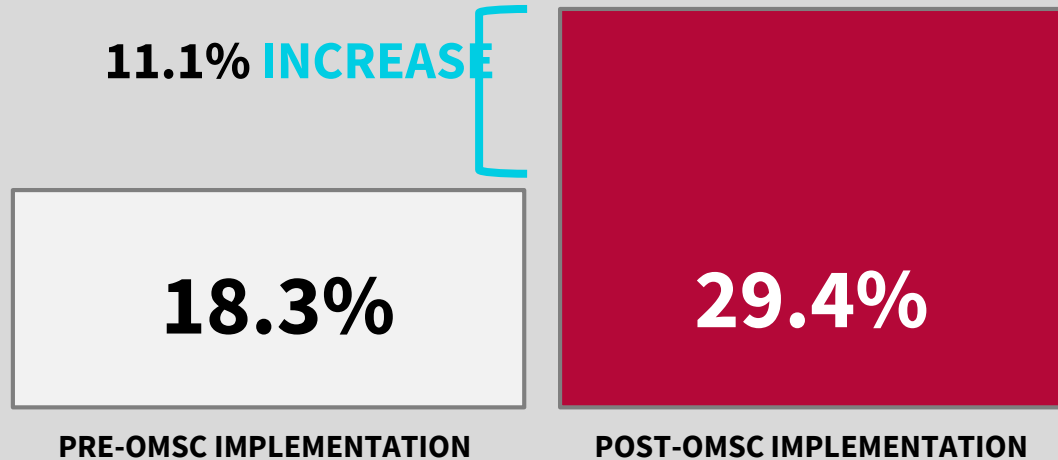
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CLINIC PERFORMANCE IN THE 3AS DELIVERY PRE- AND POST-IMPLEMENTATION OF OMSC (32 CLINICS | N=3,870 PATIENTS)



OTTAWA MODEL EFFECTIVENESS IN CHAMPLAIN LHIN (2009/10)

6-MONTH SMOKING
ABSTINENCE (%)



(OR = 1.71; 95% CI = 1.11, 2.64; Z = 2.43; I² = 0%; P = 0.02)



THE **OTTAWA MODEL RESULTS** IN SIGNIFICANT REDUCTIONS IN 30-DAY HEALTHCARE UTILIZATION

46%

**ALL-CAUSE
READMISSIONS**

($p=.0007$)

ARR: -6%

NNT: 16

40%

**SMOKING-RELATED
READMISSIONS**

($p=.0002$)

ARR: -3%

NNT: 38

22%

**ER
VISITS**

($p=.001$)

ARR: -5%

NNT: 23



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THE **OTTAWA MODEL RESULTS** IN SIGNIFICANT REDUCTIONS IN 2-YEAR HEALTHCARE UTILIZATION & RISK OF DEATH

26%

ALL-CAUSE READMISSIONS

($p=.0001$)
ARR: -12%
NNT: 7

34%

SMOKING-RELATED READMISSIONS

($p=.0001$)
ARR: -11%
NNT: 10

2%

ER VISITS

($p=.04$)
ARR: -2%
NNT: 25

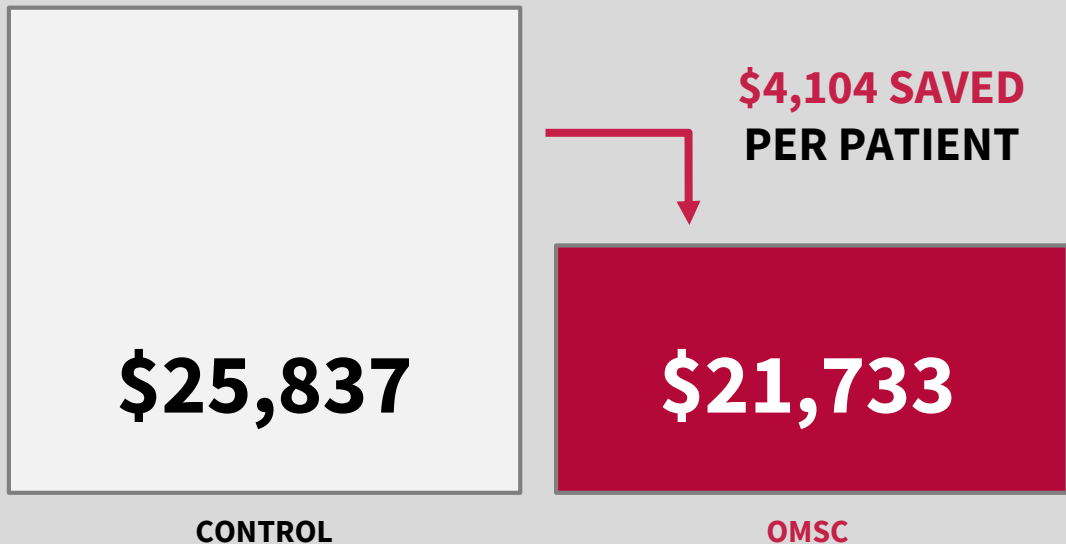
48%

DEATH ($p=.0002$)

ARR: -7%
NNT: 14



CUMULATIVE MEAN HEALTHCARE COST OVER 2 YEARS



SAVINGS



SPEND

\$80 - \$440



SAVE

\$4100



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SMOKING CESSATION

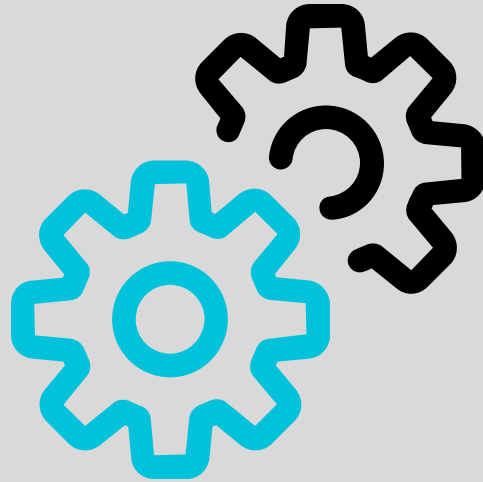
A HEALTHCARE

NO-BRAINER.



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OMSC IMPLEMENTATION



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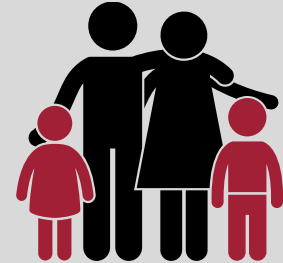
TRANSFORMING



INSTITUTIONAL
PRACTICES



PROFESSIONAL
BEHAVIOURS



PATIENT
CARE



SWITCH GEARS



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SWITCH GEARS



- Common goal and vision
- Coordinated approach
- Multiple staff with clear roles and responsibilities
- Clear protocols and procedures
- The right tools
- Education and training
- Practice
- Measurement and continuous quality improvement



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IMPLEMENTATION WORKPLAN

PHASE 1 | Program Introduction

PHASE 2 | Pre-Implementation Evaluation

PHASE 3 | Program Planning and Protocol Development

PHASE 4 | Training and Promotion

PHASE 5 | Program Implementation

PHASE 6 | Post-Implementation Evaluation and Program
Sustainability



IMPLEMENTATION SPECIALIST

**OMSC IMPLEMENTATION
SPECIALISTS**



**HEALTHCARE
PROVIDERS**

- Consultation
- Coaching
- Needs Assessment
- Program Adaptation
- Health Professional Training
- Data Management
- Evaluation
- Quality Improvement



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PHASE 1: PROGRAM INTRODUCTION

- Establish Buy-in
- Sign partnership agreements
- Assign Coordinator and establish Task Force
- Host introductory meetings with Coordinator and Task Force



PHASE 2: PRE-IMPLEMENTATION EVALUATION



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PHASE 3: PROGRAM PLANNING AND PROTOCOL DEVELOPMENT

- Task Force establishes policies, identifies interdisciplinary roles and responsibilities and creates patient flow sheet
- Tools are available to facilitate efficient integration (includes Follow-up System)
- Tools can be adapted for use within EMR/medical flow chart system



OMSC TOOLS & RESOURCES

OTTAWA MODEL FOR SMOKING CESSATION **TOBACCO USE SURVEY**

Last Name: _____ First Name: _____
 Address: _____ Tel: _____
 Date of Birth: _____ Physician: _____

PLEASE COMPLETE THE FOLLOWING QUESTIONS:	ANSWER HERE
1. What form of tobacco do you currently use?	<input type="checkbox"/> Cigarettes <input type="checkbox"/> Pipe <input type="checkbox"/> Cigar <input type="checkbox"/> Smokeless tobacco <input type="checkbox"/> Other _____
2. How many years in total have you been smoking?	_____ Years
3. How many cigarettes do you usually smoke per day?	_____ Cigarettes / day OR _____ Cigarettes / month
4. How soon after you wake up do you smoke your first cigarette?	<input type="checkbox"/> within 5 minutes <input type="checkbox"/> 6-30 minutes <input type="checkbox"/> 30-60 minutes <input type="checkbox"/> >60 minutes
5. How many quit attempts (lasting >24 hours) have you made in the past year?	<input type="checkbox"/> No attempts <input type="checkbox"/> 1-2 attempts <input type="checkbox"/> 3 or more attempts
6. Do others smoke in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Which of the following best describes your feelings about smoking right now?	<input type="checkbox"/> I would like to quit in the next 30 days <input type="checkbox"/> I would like to quit in the next 6 months <input type="checkbox"/> I am not planning on quitting in the next 6 months
8. On a scale from 1-5, how important is it to you to quit smoking?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (1=not important at all, 5=extremely important)
9. On a scale from 1-5, how confident are you that you can quit smoking?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (1=not confident at all, 5=extremely confident)
10. What are your reasons for wanting to quit smoking?	<input type="checkbox"/> Health Reasons <input type="checkbox"/> Children/Spouse <input type="checkbox"/> Financial (Save Money) <input type="checkbox"/> Social <input type="checkbox"/> Other _____ <input type="checkbox"/> Weight Gain <input type="checkbox"/> won't be successful <input type="checkbox"/> Depression <input type="checkbox"/> Social <input type="checkbox"/> Weight loss symptoms <input type="checkbox"/> Stress <input type="checkbox"/> Boredom <input type="checkbox"/> Other _____
11. What concerns, if any, do you have about quitting smoking?	Nicotine Replacement Therapy <input type="checkbox"/> Gum <input type="checkbox"/> Patch <input type="checkbox"/> Inhaler Prescription Medication: <input type="checkbox"/> Bupropion / Zyban <input type="checkbox"/> Varenicline Compex <input type="checkbox"/> No Medication
12. Have you previously used quit smoking medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> No Benefit Plan
13. Does your drug benefit plan cover quit smoking medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
14. Are you presently receiving follow-up telephone calls from the Quit Smoking Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. How many caffeinated drinks (eg. coffee, tea, pop) do you consume per day?	_____ Drinks

THANK YOU. PLEASE RETURN THIS SURVEY TO YOUR HEALTH CARE PROVIDER.

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OTTAWA MODEL FOR SMOKING CESSATION **SMOKING CESSATION CONSULT**

PLEASE COMPLETE THE FOLLOWING QUESTIONS

1. Have you used any form of tobacco in the past 6 months? Yes No

IF YOU ANSWERED YES TO QUESTION 1, PLEASE CONTINUE.

2. How do you use any form of tobacco in the past 7 days? No Yes
 Cigarettes Pipes Cigars Smokeless tobacco
 Cigarettes Pipes Smokeless tobacco With Carvabid e Device

3. How much do you smoke/keep per day? (Cigarettes/pipes/cigs, etc.) _____ (Weight)
 If it's a daily smoker, how many per week? _____ (in weeks)
 For how many years have you smoked? _____ (years)

4. How many minutes after waking up do you smoke your first cigarette? _____ (minutes)

5. How confident are you that you can quit smoking? (Circle one) 100% 1 2 3 4 5 100%

ARE YOU READY TO QUIT OR REDUCE SMOKING? Yes No

IF YES (select one)
 Quit within the last 6 months Planning to quit or start reducing today Planning to quit or reduce in the next month
 Set Quit Date: _____ (yy/mm/dd)

IF NO (select one)
 Planning to quit in the next 6 months Not ready to quit in the next 6 months

MAKING CHANGES TO YOUR SMOKING CAN BE HARD BUT IT IS POSSIBLE

Follow up support is very important. As part of this program, you will be referred to the University of Ottawa heart Institute (UOHI) Ottawa Model for Smoking Cessation Program. You will receive a call from The Nicotine Addiction Treatment Services within a few days to review the supports available to you.

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR THIS REFERRAL:

Preferred language: English French
 Preferred call time: Early (7-9am) Morning (10am-12pm) Afternoon (1pm) Evening (5pm) Any

Print Name: _____ Signature: _____ Date (yy/mm/dd): _____ Phone (no extension): _____

PLEASE RETURN FORM TO US

SMOKING CESSATION STEPS - CLINICIAN TO COMPLETE

I briefly review patient section

Provide Nicotine Replacement Therapy (NRT) prescription
 If patient asks about varenicline/bupropion, refer to OPR (UOHI Nicotine Addiction Treatment Specialist)

Provide booklet: Your Tobacco Treatment Plan booklet

Advise patient that you will make a referral to the OMSC program for follow-up support. Enter consult into OMSC database

UOHI/Clinic: _____ Diagnosis (if applicable): _____ Clinician Name: _____ Clinician Signature: _____ Date: _____

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OTTAWA MODEL FOR SMOKING CESSATION **SMOKING CESSATION FOLLOW-UP CONSULT FORM**

Patient ID: _____ Last Name: _____ First Name: _____
 Address: _____ City: _____ Postal Code: _____
 Tel: _____ Date of Birth: _____ Physician: _____

1 Month 2 Months 3 Months 4 Months 6 Months 8 Months 10 Months 12 Months

ASSESS SMOKING STATUS
 Have you used any form of tobacco in the past 7 days? No Yes * WITHIN 30 days of waking? No Yes * CIGARETTE _____
 Nicotine product _____

MEDICATIONS MANAGEMENT
 Are you still using the quit smoking medication we recommended? No Yes * Type: _____
 Dose: _____
 Do you have any questions or concerns about using the medication? No Yes

WITHDRAWAL & SIDE EFFECTS	MOOD CHANGES
Have you experienced any of the following symptoms? Rate Severity (0-10): Severe 10	Have you or your family/friends noticed any changes to your mood since quitting? Rate Severity (0-10): Severe 10
<input type="checkbox"/> Headache <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Angry/hostility <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<input type="checkbox"/> Irritability <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Anxiety <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<input type="checkbox"/> Sleep disturbance <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Feeling depressed <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<input type="checkbox"/> Pain/itching <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Other <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<input type="checkbox"/> Restlessness <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
<input type="checkbox"/> Difficulty Concentrating <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
<input type="checkbox"/> Other <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	

CAFFEINE USE How many caffeinated beverages are you drinking per day? 0 1 2 3 4

Caffeine 0 or more had any changes to smoke? No Yes

READY-TO-QUIT
 Have there been any situations that make you feel like you were at risk for going back to smoking?
 From 1-5, with 1 being most confident, how confident are you that you can quit smoking today quit? 1 2 3 4 5

QUIT PLAN SUMMARY

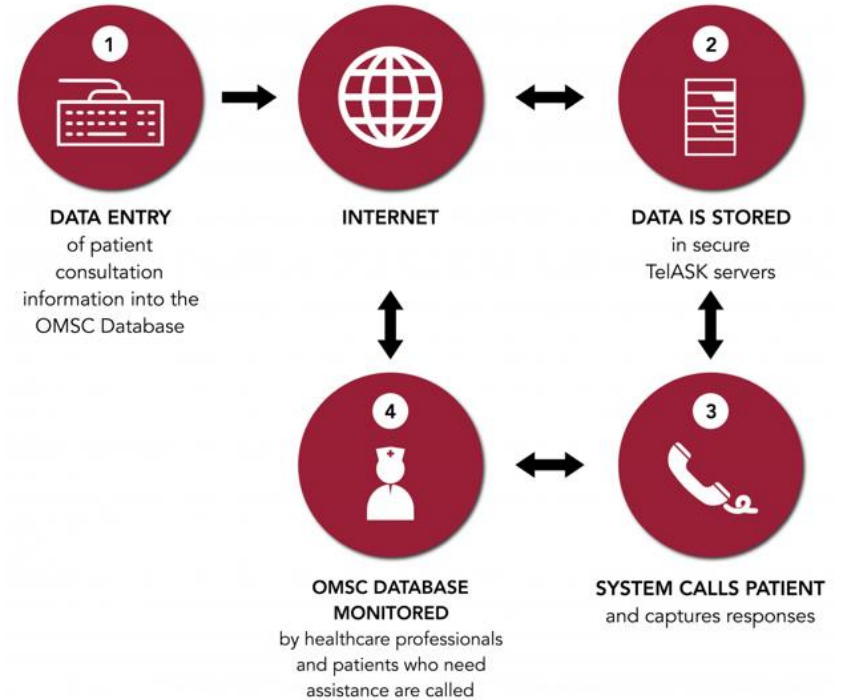
Medication Management	Dose	Refill Date
<input type="checkbox"/> Varenicline	_____mg	_____
<input type="checkbox"/> Bupropion	_____mg	_____
<input type="checkbox"/> Patch	_____mg	_____
<input type="checkbox"/> Gum	_____mg	_____
<input type="checkbox"/> Inhaler	_____mg	_____
<input type="checkbox"/> Lozenges	_____mg	_____
<input type="checkbox"/> Mouth Spray	_____mg	_____

Relapse Prevention Plan
 How: _____
 Risk and Comments: _____
 Date: _____

Follow Up Plan: _____ Weeks

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OMSC DATABASE



PHASE 4: TRAINING AND PROMOTION



PHASE 5: PROGRAM IMPLEMENTATION



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PHASE 6: POST-IMPLEMENTATION EVALUATION AND QUALITY IMPROVEMENT



WILL YOUR PROGRAM ENDURE?



Routinization is the fundamental process in the sustainability of programs

ROUTINIZATION



1. Becoming a line item
2. Getting the staffing right
3. Nailing the process
4. Keeping Score: **Accountability**





**“THE WAY THINGS ARE
DONE AROUND HERE.”**



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STRIVE TO BE THE “PIT CREW”



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SAVE THE DATE

13TH ANNUAL
OTTAWA
CONFERENCE

STATE OF THE ART CLINICAL APPROACHES
TO SMOKING CESSATION

January 21-22, 2021



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OTTAWAMODEL.CA



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

HEARTWISE WEBINAR SERIES

QUESTIONS?

All sessions will be recorded
and available on our
Prevention and Wellness Centre (PWC) website.

PWC.OTTAWAHEART.CA

Please email heartwisewebinar@ottawaheart.ca
if you have any questions or ideas
for additional topics.

THANK YOU FOR JOINING!