

## Project Summary

# National Hospital-based Smoking Cessation Network – River Valley Health



### Helping hospitalized smokers quit:

This project will create a network of hospital-based programs within River Valley Health to help hospitalized smokers quit smoking and stay smoke-free.

The hospital-based program identifies smokers on admission, provides stop-smoking counselling and medication during hospitalization, links the patient back to community resources, and provides follow-up after discharge from hospital.

The network is an expansion of the in-patient smoking cessation program operating at the University of Ottawa Heart Institute (UOHI). The UOHI program offers a simple method to intervene with smokers as part of routine care.

The UOHI will coordinate the expansion to hospitals throughout RVH. Experts from the UOHI will train physicians, nurses, and administrators in regional hospitals to develop and implement their own effective in-patient cessation program.

### Why should we intervene with smokers in our hospitals?

Smoking is the leading preventable cause of death and disability New Brunswick and Canada. Smoking is a major risk factor for chronic diseases including: heart disease, stroke, cancer, and emphysema.

Quitting smoking can immediately and dramatically reduce the risk of disease and the need for re-hospitalization.

Clinical practice guidelines suggest all hospitalized smokers be identified, assisted to quit, and followed to monitor progress regarding smoking cessation. However, most smokers leave Canadian hospitals without talking to a physician or nurse about quitting or receiving help for withdrawal symptoms.

### Why does this program work?

Advice from a health professional about quitting smoking increases quit rates relatively by up to 30%.

Smokers who try to quit with the help of best practice counselling and medications such as nicotine replacement therapy experience double or triple the success rate with quitting.

Being admitted to hospital has also been shown to increase a patient's motivation to stop smoking. Hospitalization may offer a teachable moment to intervene with smokers.

Their health concerns can help smokers recognize that they are vulnerable to smoking-related illnesses. At the same time, the smoke-free or restricted-smoking hospital environment can support their attempt to quit.

### How does the program work?

The hospital-based smoking cessation program is built on a model developed by the University of Ottawa Heart Institute.

The goal of the program is to identify and offer treatment to every admitted smoker using best practice guidelines. The program includes three main components:

#### (1) Identify smokers on admission

When patients are admitted to hospital, their smoking status is identified through medical or nursing history and entered in the patient record.



**“A health professional’s advice to quit smoking can increase quit rates by up to 30%”**

## **(2) Provide cessation advice and pharmacotherapy**

Smokers get personalized advice to quit from the attending physician or nurse. Patient care maps and standard orders include intervention for smoking cessation. Based on the patient's readiness to quit, counselling can be minimal or intensive, in accordance with best practice guidelines.

***“Smoking cessation counselling can be delivered as part of routine nursing care in less than 10 minutes.”***

***Bonnie Quinlan, APN  
Network Facilitator, University of Ottawa Heart Institute***

### **For patients not ready to quit**

If the patient isn't ready to quit, the discussion focuses on the pros and cons of continuing to smoke versus quitting. These patients are encouraged to use nicotine replacement therapy during hospitalization to reduce symptoms of withdrawal. They are given a self-help booklet and a list of stop-smoking resources, such as outpatient programs, the Smoker's Helpline and public health groups.

### **For patients ready to quit**

Patients who are ready to quit smoking receive a quit plan that includes behavioural techniques and medication where needed. Nicotine replacement therapy is recommended for most patients; the attending physician issues a standard order. The family doctor receives follow-up instructions.

## **(3) Provide Follow-up support**

All patients are contacted by an interactive voice response system after discharge. If patients say they've resumed smoking or feel their ability to remain smoke-free is low, additional resources are provided, such as nurse counselling, out-patient clinics, community programs or the provincial smoker's helpline. For evaluation purposes, outcomes are assessed through phone contact six months after discharge.

## **How successful has the Heart Institute's in-patient smoking cessation program been?**

In one year, the University of Ottawa Heart Institute's in-patient smoking cessation program identified more than 1300 smokers and provided quit counselling services to 1165 of them. Using this approach, the quit rate increased from 35% to 50%: this means 582 people who no longer smoke each year.

The next logical step is to expand the program to other hospitals regionally, provincially, and nationally.

## **How is the program being expanded?**

The 5 participating hospitals within RVH admit over 15,000 patients annually, 22% of those are tobacco users. The national network is allowing RVH to expand its tobacco dependence treatment protocols to be more comprehensive and effective.

### **Current Participating Hospitals**

The program has now been expanded to include 21 hospitals in the Champlain region, 10 hospitals in Ontario (outside of the Champlain region), and 2 hospitals Nationwide. These hospitals include:

#### **Champlain Hospitals**

- Almonte General Hospital
- Arnprior & District Memorial Hospital
- Brockville General Hospital
- Carleton Place & District Memorial Hospital
- Children's Hospital of Eastern Ontario
- Cornwall Community Hospital
- Deep River & District Hospital
- Glengarry Memorial Hospital
- Hawkesbury & District General Hospital
- Hôpital Monfort
- Kemptville District Hospital
- Pembroke Regional Hospital
- Queensway Carleton Hospital
- Renfrew Victoria Hospital
- St. Francis Memorial Hospital
- The Ottawa Hospital:
  - Alternate Level of Care
  - Lung Cancer Assessment Clinic
  - Short Term Rehab
  - Rehabilitation Centre
  - Stroke Prevention Clinic
  - Stroke/Thoracic
  - Vascular/ENT
  - Women's Health Centre
- Winchester District Memorial Hospital

#### **Ontario Hospitals**

- Centre for Addiction and Mental Health
- Grand River Hospital
- London Health Science Centre
- Niagara Health System
- St. Joseph's Health Centre
- St. Mary's General Hospital
- St. Michael's Hospital
- Sudbury Regional Hospital
- Sunnybrook Health Sciences Centre
- Toronto East General Hospital

#### **National Hospitals**

- River Valley Health
- Vancouver Coastal Health

## How is the expansion being funded?

Health Canada is funding the expansion to RVH.

The funding provides on-site support with program implementation, training of hospital physicians and nurses, program materials, database and follow-up tracking systems. The funding does not provide dollars to support direct counselling to patients. As part of the implementation process, the resources of each hospital are considered and programs tailored accordingly.

## How will the program be expanded to hospitals throughout Ontario and Nationwide?

Experts from the UOHI will be available to support implementation at each of the network hospitals. The UOHI team will work collaboratively with administration, physician, and nursing leaders.

As part of the implementation process the following activities would typically be completed:

**Baseline Data Collection:** Collect baseline data on smoking prevalence in each network hospital.

**Audit of existing Policies and Practices:** Conduct an audit/assessment of existing hospital policies and practices regarding smoking cessation.

**Create Institutional Implementation Plan:** Create a customized plan that considers available human and financial resources. The plan will incorporate standardized resources (pharmacotherapies, self-help materials, automated follow-up systems, referral to community resources), institutional policies (standard orders, care maps). The plan will set out achievable timelines and identify responsible individuals within the institution.

### Assist with the implementation of the plan:

#### Work with Administrators

Work with senior hospital staff to designate and train smoking cessation coordinators at each hospital and make nicotine replacement therapy available in the hospital pharmacy.

#### Work with Information Technology

Install access to an automated interactive voice response telephone-based server and program to contact smokers after discharge and refer them to additional support and community programs.

#### Work with Physicians

Work with physicians at each hospital to develop standard orders for smoking cessation intervention.

#### Work with Clinical Directors & Nursing

Work with directors of clinical service to include smoking cessation on admission forms and cessation interventions on patient care maps.

**Train institutional staff:** Physicians and nurses at participating hospitals will receive training to help them intervene effectively with patients who are smokers.

**Track implementation & evaluate response:** Track program implementation and evaluate program effects on actual patient quit rates.



### For more information:

If you have any questions or comments about the project and how it will be implemented in RVH, please contact:

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