

# **APPLICATION TO PARTNER WITH AND IMPLEMENT THE OMSC®**



**OTTAWA MODEL**  
FOR SMOKING CESSATION  
POWERED BY THE UNIVERSITY OF OTTAWA HEART INSTITUTE



## **OVERVIEW**

Tobacco-use remains the main preventable cause of hospitalization, re-hospitalization, and mortality in Ontario. The Ottawa Model for Smoking Cessation® (OMSC®) is an evidence-based program that combines knowledge translation and organizational change processes to implement smoking cessation treatment as part of routine care provided by healthcare providers. The OMSC® is adaptable to any setting and is designed to identify, treat and offer follow-up support to smokers in order to increase patient success with quitting. It has been implemented in over 450 organizations across Canada since 2006 and has reached more than 500,000 smokers.

## **GOAL OF THE OTTAWA MODEL FOR SMOKING CESSATION® IN ONTARIO**

Our primary goal is to guide healthcare organizations on how to change clinical practices to include smoking cessation treatment and follow-up as part of routine care. The aim is to provide a greater number of smokers with evidence-based interventions, and ultimately, increase cessation rates throughout the province of Ontario.

## **ALIGNMENT WITH ONTARIO'S SMOKING CESSATION ACTION PLAN AND SMOKE-FREE POLICY**

As part of the Smoke-Free Ontario Strategy, the Ministry of Health and Long-Term Care has set a goal to make Ontario the province with the lowest smoking rate in Canada and to provide quitting support to high risk populations, such as hospitalized patients. The grounds of hospitals and mental health facilities have been completely smoke-free since January 1, 2018, as per Smoke-Free Ontario legislation. The OMSC® is a practice change program that helps organizations align themselves with the goals of Ontario's Smoking Cessation Action Plan and the Smoke-Free Ontario Act.

## **WHAT WILL MY ORGANIZATION RECEIVE AS AN OMSC® PARTNER?**

Partner sites receive assistance from an OMSC® Implementation Specialist with expertise in nicotine addiction treatment and practice change management.

The following is an overview of the services offered to partner sites.

### **FACILITATION:**

- Comprehensive implementation support
- Regular consultation and coaching
- Program planning and development support
- Performance tracking and reporting, program evaluation, and quality improvement support

### **TRAINING:**

- Free registration to all OMSC® virtual trainings for coordinators, leads and champions
- Customized practical training for clinical staff
- Physician and pharmacist training (e.g., continuing medical education opportunities)
- Access to OMSC® e-learning modules

### **TOOLS AND RESOURCES:**

- Access to the OMSC® Implementation Workplan and customizable tools and forms
- Copies of the OMSC®'s Nicotine Addiction Treatment Plan booklets for patients
- Access to up-to-date information, clinical guidelines and research publications



**OMSC® DATABASE:**

- Comprehensive database support
- Follow-up support for patients through an automated 6 month follow-up system
- Patient triage to counseling support from Nicotine Addiction Treatment Specialists
- Performance tracking and program evaluation

**NATIONAL NETWORK MEMBERSHIP:**

- Member of a network of hundreds of organizations and thousands of health professionals
- Potential to connect with other partnered sites for knowledge sharing opportunities
- Access to potential funding, research, and project evaluation opportunities

**WHAT ARE THE RESPONSIBILITIES OF AN OMSC® PARTNER?**

- If your application is accepted, obtain signed approval of the application and of the OMSC® partnership agreement by the Chief Executive Officer (or other authorized signing officer).
- Commit to implementing the OMSC® at all locations identified in your application.
- Allocate an internal staff member to coordinate, implement and oversee OMSC® program activities at your organization. Depending on the size of the project, it is recommended that 2-5 days per week (0.4 - 1.0 FTE) be allocated to program coordination/implementation (see Appendix B). Please note: this does not include tobacco cessation specialist time delivering clinical smoking cessation interventions.
- Create an OMSC® Task Force with representation across disciplines to support program planning, implementation and quality improvement activities (see Appendix C).
- Post program launch, maintain ongoing tasks related to the smoking cessation program activities (e.g., tracking and monitoring) as part of an internal staff member's job description (0.2-0.5 FTE) to ensure quality and sustainability of the OMSC® program at your organization.
- Program coordinators and clinical leads to attend one of the OMSC® Workshop trainings.
- Use the OMSC® Database for follow-up support of patients and performance tracking.



## APPLICATION

**PLEASE NOTE THAT HANDWRITTEN SUBMISSIONS  
WILL NOT BE ACCEPTED**

### SECTION A

ORGANIZATION INFORMATION	
<p>Date: _____</p> <p>Organization: _____</p> <p>Street Address: _____</p> <p>City: _____</p> <p>Postal Code: _____</p>	
Does your organization have multiple locations?	<input type="checkbox"/> Yes <i>If yes, how many:</i> _____ <input type="checkbox"/> No
How many of your organization's locations plan to implement the OMSC®?  <i>*Please see Appendix A and complete one Needs Assessment and Best Practice form for each participating location.</i>	
Do you plan to implement the OMSC® organization-wide (i.e., in all locations at once) or using a phased approach (i.e., one location at a time)	<input type="checkbox"/> Organization-wide <input type="checkbox"/> Phased Approach
Is your organization willing to allocate a minimum of 0.4 FTE to coordinate the OMSC® implementation activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
After OMSC® program launch, is your organization willing to allocate a minimum of 0.2 FTE to coordinate the OMSC® quality improvement and sustainability activities (e.g. tracking and monitoring)?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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### SECTION B

Please complete the following:

**1. What is your organization's current approach for addressing tobacco use with patients?** *(max 250 words)*

*Be sure to complete the Best Practice Form (Appendix A) for each participating site and include with your application.*

**2. Describe why your organization would like to implement the OMSC®:** *(max 250 words)*

**3. What resources could you allocate (cash or in-kind) towards implementing the OMSC® program at your organization?** *(max 250 words)*

**4. Describe how your organization plans to sustain the program:** (e.g., incorporating smoking cessation training into new staff training curriculum, a staff position to coordinate program, etc.) *(max 250 words)*



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### SECTION C

Successfully implementing the OMSC® requires practice change leaders within your organization. Please identify below members that will take part in your internal OMSC Task Force. *Refer to Appendix C for description of roles.*

#### Smoking Cessation Program Coordinator\*:

*(individual to be identified prior to signing of Partnership Agreement)*

Experience or training in smoking cessation? ☐ No ☐ Yes

Experience or training in program implementation? ☐ No ☐ Yes

**If yes, explain:**

#### Senior Management Lead\*:

Experience or training in smoking cessation? ☐ No ☐ Yes

Experience or training in program implementation? ☐ No ☐ Yes

#### Physician Lead\*:

Experience or training in smoking cessation? ☐ No ☐ Yes

Experience or training in program implementation? ☐ No ☐ Yes

#### Nursing Lead\*:

Experience or training in smoking cessation? ☐ No ☐ Yes

Experience or training in program implementation? ☐ No ☐ Yes

#### Privacy Lead:

Experience or training in smoking cessation? ☐ No ☐ Yes

Experience or training in program implementation? ☐ No ☐ Yes

#### Pharmacy Lead:

Experience or training in smoking cessation? ☐ No ☐ Yes

Experience or training in program implementation? ☐ No ☐ Yes

#### Information Technology Lead:

Experience or training in smoking cessation? ☐ No ☐ Yes

Experience or training in program implementation? ☐ No ☐ Yes

#### Quality and Risk Management Lead:

Experience or training in smoking cessation? ☐ No ☐ Yes

Experience or training in program implementation? ☐ No ☐ Yes

#### Nurse Educator Lead:

Experience or training in smoking cessation? ☐ No ☐ Yes

Experience or training in program implementation? ☐ No ☐ Yes

#### Respiratory Therapy Lead:

Experience or training in smoking cessation? ☐ No ☐ Yes

Experience or training in program implementation? ☐ No ☐ Yes

#### Other (please specify):

Experience or training in smoking cessation? ☐ No ☐ Yes

Experience or training in program implementation? ☐ No ☐ Yes

#### Other (please specify):

Experience or training in smoking cessation? ☐ No ☐ Yes

Experience or training in program implementation? ☐ No ☐ Yes

\* Mandatory to identify on this application

\*\* Please note: our definition of "Lead" is a healthcare professional who is prepared to provide continued leadership to colleagues and to encourage interdisciplinary collaboration, and who also has sufficient authority to affect change within their organization or department.



## APPLICATION

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### SECTION D

CONTACT INFORMATION AND APPROVAL
MAIN CONTACT AT ORGANIZATION FOR THE OMSC® PROGRAM
Name: _____
Position/Title: _____
Email: _____
Phone Number: _____
<input type="checkbox"/> I have read the OMSC® Program Summary and I am in support of our application to implement the Ottawa Model for Smoking Cessation® at this organization, including the responsibilities outlined on page 2.
Signature: _____
Date: _____
<b>SIGNING AUTHORITY (CEO OR SENIOR MANAGEMENT REPRESENTATIVE)</b>
Name: _____
Position/Title: _____
Email: _____
Phone Number: _____
<input type="checkbox"/> I have read the OMSC® Program Summary and I am in support of our application to implement the Ottawa Model for Smoking Cessation® at this organization, including the responsibilities outlined on page 2.
Signature: _____
Date: _____

Please email completed application to: **OMSC@ottawaheart.ca**

**IF YOU HAVE ANY FURTHER QUESTIONS, PLEASE CONTACT US AT:**

**Email: OMSC@ottawaheart.ca**

**www.ottawamodel.ca**



## APPENDIX A NEEDS ASSESSMENT AND BEST PRACTICES

Date of Completion: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Email: \_\_\_\_\_

Location Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

**\*\* PLEASE COMPLETE ONE NEEDS ASSESSMENT AND BEST PRACTICES FORM FOR EACH PARTICIPATING SITE/LOCATION \*\***

### LOCATION TOTALS (FROM PREVIOUS FISCAL YEAR)

INPATIENT			OUTPATIENT		
Number of Beds	Number of Units	Number of Annual Admissions	Number of Units/Clinics	Number of Annual Visits	Number of Unique Visits**

**PLEASE LIST ALL UNITS/CLINICS AND ADMISSIONS/VISITS ON THE NEXT PAGE.**

**\*\* # unique visits = # of unique patients who visited the clinic in the past fiscal year.**

**Do not count repeat visits by the same person within the fiscal year.**

### ADMISSIONS ON UNITS/CLINICS AT PARTICIPATING SITE/LOCATION - LIST ALL UNITS/CLINICS AT THE SITE

☐ Check here if additional sites added on the next page

UNIT/CLINIC NAME	INPATIENT OR OUTPATIENT	NUMBER OF ANNUAL ADMISSIONS OR UNIQUE VISITS

### PLEASE LIST THE NUMBER OF STAFF AT YOUR SITE/LOCATION

Nurse Manager _____	Physician House Staff _____	Physiotherapists _____
Clinical Educators _____	Medical Residents _____	Social Workers _____
APNs/Clinical Nurse Specialists _____	Respiratory Therapists _____	Dieticians _____
RNs _____	Pharmacists _____	Other _____
RNAs/RPNs _____	Healthcare Aides _____	Other _____
Occupational Therapists _____	Support Staff (e.g. IT, Administrative) _____	Other _____

Is your location a teaching site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Have you already implemented the OMSC® or another smoking cessation program at this site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what program?
Does this site already have designated staff for smoking cessation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, # of staff: Current FTE allotment:
Do you currently use an Electronic Medical Records (EMR) system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who is your provider:
If you currently use an EMR system, does someone in your organization have the ability to edit EMR forms or do you have to go through your EMR Provider for edits/updates?	<input type="checkbox"/> IT Dept <input type="checkbox"/> Provider <input type="checkbox"/> Other	Comments:
Do you have a Family Health Team affiliated with your site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

**PLEASE COMPLETE ONE NEEDS ASSESSMENT AND BEST PRACTICES FORM FOR EACH PARTICIPATING SITE/LOCATION AND INCLUDE WITH YOUR APPLICATION.**





## ADDITIONAL UNITS/CLINICS

[illegible]

PRACTICE	SELECT ALL THAT APPLY	COMMENTS
Tobacco use queried and documented for all admissions/visits.	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> All the time	Where is it documented?
Training for tobacco dependence treatment offered to healthcare providers.	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> All the time	<b>What is offered?</b> <input type="checkbox"/> Workshops <input type="checkbox"/> In-services <input type="checkbox"/> New staff orientation <input type="checkbox"/> Other:
Designated staff responsible for smoking cessation program.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Title of position?</b> (e.g., Program Coordinator, Smoking Cessation Counsellor/Educator)
Tobacco dependence treatment included on clinical management tools and/or in Electronic Medical Records (EMR).	<input type="checkbox"/> Admission/Registration Forms <input type="checkbox"/> Clinical Assessment Forms <input type="checkbox"/> Discharge/Referral Forms	<b>Which forms include Smoking Cessation?</b> (e.g., Clinical Pathways, Care Maps, Kardex, Vital Sign Stamp, Nursing History)
Patient self-help materials readily available.	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> All the time	<b>Which self-help materials are available?</b>  <b>Where are self-help materials available?</b>
Links to community resources readily available.	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> All the time	<b>Which community resources are available?</b>  <b>Where are community resources available?</b>
Quit smoking medications available to patients.	<input type="checkbox"/> Patch <input type="checkbox"/> Bupropion <input type="checkbox"/> Gum <input type="checkbox"/> Varenicline <input type="checkbox"/> Inhaler <input type="checkbox"/> Lozenge <input type="checkbox"/> Mouth Spray	<b>Which processes are in place?</b> <input type="checkbox"/> Standing/pre-printed orders <input type="checkbox"/> Medical directives <input type="checkbox"/> Pre-printed prescriptions <input type="checkbox"/> Other:
Processes in place to follow up with tobacco users for at least one month after initial consultation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Which processes are in place?</b> <input type="checkbox"/> Automated telephone follow-up <input type="checkbox"/> Telehealth Ontario <input type="checkbox"/> Manual follow-up <input type="checkbox"/> Other:
Processes in place to evaluate the degree to which healthcare providers are identifying, documenting, and treating patients who use tobacco (quality control).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Which processes are in place?</b> (e.g., Auditing patient charts/EMR/Program Database)
Processes in place to provide feedback to healthcare providers about performance and program effectiveness.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Which processes are in place?</b>

**PLEASE COMPLETE ONE NEEDS ASSESSMENT AND BEST PRACTICES FORM FOR EACH PARTICIPATING SITE AND INCLUDE WITH YOUR APPLICATION.**



## **APPENDIX B**

### **SMOKING CESSATION COORDINATOR JOB DESCRIPTION (TEMPLATE)**

#### **OVERVIEW**

Under the direction of Senior Management and with guidance from the Ottawa Model for Smoking Cessation® (OMSC®) team, the OMSC Coordinator will implement and deliver the OMSC® program activities.

#### **RESPONSIBILITIES**

- Implement activities outlined in the OMSC® Implementation Workplan
- Be familiar with the implementation plan, program components, and OMSC® partnership agreement
- Develop and maintain working relationships with all key players of affiliated institutions to facilitate a smooth program implementation
- Coordinate Smoking Cessation Task Force meetings on a monthly basis (set agenda, invite participants, assign tasks)
- Collaborate with a multidisciplinary team to facilitate program launch, maintenance, and continued sustainability and share program results
- Coordinate annual training and new staff training
- Coordinate implementation of smoking cessation tools, policies, and guidelines in all clinical areas, and update as needed
- Conduct program evaluations and performance reviews (i.e., internal quality checks) and communicate results to the OMSC® team at the University of Ottawa Heart Institute
- Troubleshoot and problem solve issues arising during program implementation and maintenance
- Collaborate, as necessary, with community agencies to facilitate program development and integration of programs
- Provide program progress and evaluation reports on a quarterly basis for Task Force and Senior Management
- Act as a smoking cessation resource and main contact person within the organization
- Remain up-to-date on the latest smoking cessation evidence and clinical care best practices
- Complete all tasks outlined on the Routinization and Sustainability Plan on an annual basis

#### **BASIC REQUIREMENTS**

- Bachelor of Science Degree in Health Management or a health-related discipline
- 3 to 5 years related healthcare experience
- Previous experience in program implementation and coordination
- Strong knowledge of related clinical area and care processes
- High level of Microsoft software knowledge (Word, PowerPoint, Excel)
- Demonstrated ability to function and participate as a central member of a multi-disciplinary team

#### **ASSETS**

- Ability to work under pressure on several projects concurrently and meet deadlines
- Highly organized, self-directed, meticulous, and innovative to ensure the project runs smoothly and the program is sustainable
- Ability to work autonomously, or in collaboration with the multidisciplinary team, and to seek guidance as appropriate
- Excellent interpersonal and communication skills
- Excellent organizational and time management skills
- Previous experience/training in tobacco dependence treatment
- Demonstrated presentation skills

## **PURPOSE**

An OMSC Task Force supports the implementation, integration, promotion, and maintenance of the Ottawa Model for Smoking Cessation program at the partner organization. They help: develop a supportive organizational culture; monitor progress; troubleshoot problems; and pursue means of ongoing funding. All members assist the designated Smoking Cessation Coordinator in developing protocols suitable for their particular clinical setting based on the components of the OMSC®.

The Task Force can provide effective liaison and collaboration between administrators, physicians, nurses, and other health professionals and support staff.

## **MEMBERSHIP**

### **REQUIRED MEMBERS:**

- Designated OMSC Coordinator
- Senior Management Lead
- Physician Lead
- Nurse Lead
- Privacy Lead

### **RECOMMENDED MEMBERS:**

- Pharmacy Lead
- Allied Healthcare Professionals (e.g., respiratory therapist, social worker)
- IT Lead
- Quality and Risk Lead
- Nurse Educator Lead

### **OMSC COORDINATOR:**

Lead the coordination efforts to implement and deliver the Ottawa Model for Smoking Cessation® program; coordinate task force meetings and staff training; ensure all phases of the Implementation Workplan are completed; act as a smoking cessation resource and main contact person for the program health professionals and support staff.

### **SENIOR MANAGEMENT LEAD:**

Guide decisions related to resource allocation, staffing, and policy development; create and enforce policy that “tobacco/nicotine use status will be identified and documented for every patient and smoking cessation advice and support will be offered to all smokers.”

### **PHYSICIAN LEAD:**

Communicate opinions, concerns, and suggestions of physician colleagues; promote the program among colleagues; assist in the development of pharmacotherapy guidelines and/or medical directives; assist in the amendment of admitting orders/patient histories to include smoking status question; coordinate/participate in the training of physicians prior to implementing the program; act as resource person to staff.

### **NURSE LEAD:**

Communicate opinions, concerns, and suggestions of nurse colleagues; promote the program among colleagues; assist in the amendment of admitting orders/patient histories to include smoking status question; coordinate/participate in the training of staff prior to implementing the program; act as a resource person to staff.



## **APPENDIX C -- CONTINUED**

### **SMOKING CESSATION TASK FORCE:**

### **TERMS OF REFERENCE**

#### **PRIVACY LEAD**

To understand the privacy considerations of implementing the OMSC® and responsibilities of the site in relation to information sharing, and to ensure the site is in compliance with all privacy regulations.

#### **PHARMACY LEAD:**

Communicate opinions, concerns, and suggestions of pharmacist colleagues; promote the program among colleagues; assist in the development of pharmacotherapy guidelines and /or medical directives; assist in the amendment of admitting orders to include smoking status question; coordinate/participate in the training of pharmacists prior to implementing the program; act as resource person to staff.

#### **IT LEAD:**

Liaise with OMSC® Data Analyst and the location coordinator. Communicate concerns and suggestions regarding the OMSC® Database and EMR system; assist in implementation tasks; act as a resource person to staff. IT lead will ensure OMSC tools and forms are built into the site's EMR and the IT lead will ensure the data transfer with the OMSC database is established and functional.

#### **QUALITY AND RISK LEAD:**

Communicate opinions, concerns and suggestions pertaining to quality assessment of the program; act as a resource person to staff.

#### **NURSE EDUCATOR LEAD:**

Communicate opinions, concerns and suggestions relating to training and education of staff. Assists and/or coordinates staff training and education.

#### **OTHER CHAMPIONS (AS NEEDED):**

Communicate opinions, concerns, and suggestions of staff; assist in implementation tasks; coordinate/participate in the training of staff prior to implementing the program; promote the program; act as a resource person to staff. Examples could include: Communications, Occupational Health, etc.

#### **SECURITY LEAD:**

Provide advice, implement processes, and ensure staff communication and training pertaining to the organization's smoke-free property policies.

### **MEETING FREQUENCY**

It is recommended for the Task Force committee to meet monthly during phases 1-5 of the Implementation Workplan. After the organization has implemented the program site-wide, these meetings can be reduced to every 3 months (quarterly).