

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

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## **PRIMARY CARE**



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



## OVERVIEW

There are currently more than 250 primary care organizations who have implemented the Ottawa Model for Smoking Cessation (OMSC®) in Ontario<sup>1</sup>. At this time we are expanding the OMSC® Network in Ontario.

## GOAL OF THE OTTAWA MODEL FOR SMOKING CESSATION IN PRIMARY CARE

Our primary goal is to support primary care clinicians in identifying and providing evidence-based interventions to a greater number of smokers using a systematic approach, which will ultimately increase cessation rates.

## BENEFITS TO PARTICIPATION

Access to evidence-based training, tools, and support to allow busy primary care clinics to ably assist more patients to successfully quit smoking.

## ALIGNMENT WITH ONTARIO HEALTH ACTION PLAN

The OMSC® in Primary Care Program is funded by the Ontario Ministry of Health and Long-Term Care: Smoke-Free Ontario Strategy. The Ontario Ministry of Health has identified addressing tobacco use as a priority of the Ontario Action Plan for Health and has set a goal to make Ontario the province with the lowest smoking rates in Canada. The Ottawa Model for Smoking Cessation is a quality improvement program that will support your team with delivering evidence-based tobacco treatment in a manner consistent with the Ontario government commitment to quality improvement. We encourage all partners to include your work with the OMSC® in your Primary Care Quality Improvement Plans (QIPs).

### ELIGIBLE PRIMARY CARE SITES MUST:

- Obtain sign-off and approval of the application by their site's Lead Physician (or designate) via a letter of support, which should be included with the application.
- Allocate a dedicated nurse or interdisciplinary professional for smoking cessation counselling; in terms of full-time equivalency (FTE), the average required is approximately 0.3 to 0.5 FTE.
- Create a Smoking Cessation Task Force, with representation from across the clinic, to support program planning and implementation (approximately 2 to 3 meetings during the planning period).





## **WHAT WILL MY PRACTICE RECEIVE AS AN OTTAWA MODEL FOR SMOKING CESSATION PARTNER SITE?**

### **THE UOHI TEAM WILL:**

- Provide coaching and facilitation to adapt the OMSC® to the clinic setting as well as assistance with implementation activities;
- Support an assessment of current practices and policies related to the systematic identification, documentation, and treatment of nicotine use at each site;
- Work in partnership with each site to create a customized smoking cessation protocol to be implemented within the clinic for the effective delivery of nicotine interventions to smokers;
- Work with Electronic Medical Records to ensure effective and systematic documentation;
- Provide clinic staff with training in the delivery of smoking cessation treatments within busy primary care settings;
- Provide OMSC® program materials and promotional tools to each clinic, both for clinicians and patients, to assist with integrating best practices into clinic routines;
- Provide Quit Plan booklets for patients ready and not ready to quit;
- Ensure follow-up support is available through the clinic, community, or region for patients quitting post visit;
- Provide feedback on regular audits and biannual statistics to inform evaluation activities;
- Support annual quality improvement activities and ongoing training of clinicians in the latest evidence-based approaches for supporting smokers with quitting

## **WHAT ARE THE RESPONSIBILITIES OF PRIMARY CARE CLINICS?**

### **THE PRIMARY CARE SITE WILL:**

- Obtain sign-off and approval for participation by the site's Lead Physician (or designate) via a letter of support, which should be submitted with the application;
- Designate a staff member to be responsible for coordinating the implementation and maintenance of the OMSC® smoking cessation protocol and supportive activities, including counselling;
- Identify Smoking Cessation Champions across several disciplines (medical, nursing, clinical education, pharmacy, etc.) and form a Smoking Cessation Task Force to support implementation and quality improvement activities;
- Assist with coordinating the collection of data on clinic performance in the delivery of smoking cessation treatments;
- Develop an OMSC® smoking cessation protocol for the identification of patients who smoke, delivery of advice to quit, and quit plan visits for patients ready and not ready to quit smoking;
- Assist with facilitating training events for participating clinicians, to be delivered by the OMSC® Team, and communication activities with clinic staff;
- Ensure patients who smoke and who are ready to quit receive community follow-up;
- Develop annual quality improvement plans for strengthening the program;
- Identify one or more representative(s) from the clinic to attend the annual meeting of the Annual Ottawa Conference: State of the Art Approaches to Smoking Cessation



## APPLICATION

\*\*\* Please note that handwritten submissions will not be accepted \*\*\*

Please download an electronic copy at [www.ottawamodel.ottawaheart.ca](http://www.ottawamodel.ottawaheart.ca) and send it back to [omsc@ottawamodel.ca](mailto:omsc@ottawamodel.ca)

### 1 – ORGANIZATION INFORMATION

NAME OF CLINIC: \_\_\_\_\_

NUMBER OF LOCATIONS/SITES: \_\_\_\_\_

MAIN MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

BUSINESS FAX: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

### 2 – CONTACT INFORMATION

OMSC® SITE COORDINATOR NAME: \_\_\_\_\_ ☐ DR. ☐ MR. ☐ MRS. ☐ MS.

POSITION: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME OF LEAD PHYSICIAN: \_\_\_\_\_

NAME OF MANAGER/LEAD ADMINISTRATOR: \_\_\_\_\_ ☐ DR. ☐ MR. ☐ MRS. ☐ MS.



**3 – PRIMARY CARE SITE INFORMATION**

<b>PATIENT VISITS PER YEAR</b>	<b>PATIENTS REGISTERED (ACTIVE WITHIN THE PAST TWO YEARS)</b>	<b>PATIENTS ROSTERED</b>
<b>PRIMARY CARE PROVIDER</b>	<b>NUMBER</b>	<b>FTE</b>
<b>PHYSICIANS</b>		
<b>REGISTERED NURSES/ REGISTERED PRACTICAL NURSES</b>		
<b>NURSE PRACTITIONERS</b>		
<b>PHARMACISTS</b>		
<b>DIETICIANS</b>		
<b>MENTAL HEALTH WORKERS</b>		
<b>RESPIRATORY THERAPISTS</b>		
<b>HEALTH EDUCATORS</b>		
<b>ADMINISTRATIVE STAFF</b>		
<b>OTHER: (PLEASE SPECIFY)</b>		
<b>OTHER: (PLEASE SPECIFY)</b>		

<b>NAME OF EMR</b>		<input type="checkbox"/> N/A
<b>WALK-IN/URGENT CARE SERVICES</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>TEACHING/ACADEMIC SITE</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PHYSICIAN FUNDING MODEL</b>		



#### 4 – TASK FORCE CHAMPIONS/MEMBERS

Using the table below, please identify possible Smoking Cessation Task Force Champions/Members for your clinic. Note: A successful Task Force is often interdisciplinary and usually includes a Champion Physician, Nurse, Interdisciplinary Health Professional, Administrator, Front-line Staff and an IT Representative. Please note that, by “Champion”, we mean 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 his or her primary care setting.

TASK FORCE CHAMPIONS/MEMBERS	NAME	EXPERIENCE OR TRAINING IN SMOKING CESSATION
MANAGEMENT CHAMPION		<input type="checkbox"/> Yes <input type="checkbox"/> No
PHYSICIAN CHAMPION		<input type="checkbox"/> Yes <input type="checkbox"/> No
NURSE CHAMPION		<input type="checkbox"/> Yes <input type="checkbox"/> No
INTERDISCIPLINARY HEALTH PROFESSIONAL CHAMPION(S)		<input type="checkbox"/> Yes <input type="checkbox"/> No
SMOKING CESSATION COUNSELLORS		<input type="checkbox"/> Yes <input type="checkbox"/> No
IT MANAGER/REPRESENTATIVE		<input type="checkbox"/> Yes <input type="checkbox"/> No
FRONT-LINE STAFF		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

#### 5 – PROGRAMS/EXPERIENCE WITH QUALITY IMPROVEMENT INITIATIVES

PROGRAM NAME	LEAD/DESIGNATION	EXISTING ALGORITHM/ PROTOCOL
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No



## **6 – ADDITIONAL INFORMATION**

Please provide a description of your patient profile, including demographic and overview of major diagnoses. Please include all relevant statistics related to prevalence of chronic diseases (including smoking), socio-economic status, and specialized populations.

As per eligibility criteria, please explain what resources your clinic has available to allot to Smoking Cessation program activities. If resources are not available, does your clinic have mechanisms in place to apply for additional program funding?

Please provide a description of your organization's current approach for addressing nicotine use with patients:

Are you currently or planning to participate in the Provincial STOP program which makes cost free Nicotine Replacement Therapy available to patients attempting to quit smoking? Please note the OMSC® is complementary to the STOP program and as such there are no concerns about participating in both programs.



**7 – SIGNING AUTHORITY AND LETTER OF SUPPORT**

\*\*\* To be completed by the Lead Physician or designate \*\*\*

**NAME:** \_\_\_\_\_

**POSITION/TITLE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**BUSINESS PHONE:** \_\_\_\_\_

**LETTER OF SUPPORT:**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



**For additional information or assistance, please visit us at:**  
[www.ottawamodel.ca](http://www.ottawamodel.ca)

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**Or contact us at:** [omsc@ottawaheart.ca](mailto:omsc@ottawaheart.ca)



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