BACKGROUND

• Well established evidence-based smoking cessation (SC) supports exist in Ontario (ON) Canada:
  ▪ The Ottawa Model for Smoking Cessation (OMSC) best practices identify and initiate cessation treatment in numerous healthcare organizations, managed by University Ottawa Heart Institute (UOHI) (established 2002)
  ▪ Canadian Cancer Society Smokers’ Helpline (SHL) quitline services provide behavioral counseling and support (established 2000)
  ▪ Centre for Addiction and Mental Health, Smoking Treatment for Ontario Patients (STOP) Program disseminates cessation medication (established 2005)
  ▪ Integration of these programs and coordination of ongoing support for tobacco users is currently limited

OBJECTIVES

To share findings of a collaborative feasibility study in which three programs developed and tested a technology-based solution to transition smokers identified and treated in hospital, to long term abstinence supported by community services including access to cessation medication, quitline counseling and additional multimodal supports, post hospitalization.

METHODS

• iPad application and consolidated webform developed and tested to initiate clinical services and facilitate referral post discharge
• Registered Respiratory Therapists (RT), at an acute care hospital utilizing OMSC best practices, identified smokers and initiated cessation services in hospital
• Consent attained and documented for follow-up:
  ▪ 6m. automated telephone assessment and triage (TelASK) to SHL Quit Coaches including live Day 3 call attempts for all;
  ▪ dissemination of five weeks of cessation medication through STOP (i.e. nicotine replacement therapy including patch)

Diagram 1: Protocol flow chart

A centralized database (Base Metrics) was established to house and share enrolled patient data between partners
• Information was transferred automatically through a cloud server to each partner

RESULTS

Quantitative (April 23-July 26, 2012)

Identification, consult and enrolment in follow-up
• 405 smokers were identified and received a smoking cessation consultation in hospital
• 56 enrolled in 6m. automated telephone assessment and triage to SHL Quit Coaches;
  ▪ Gender-32 Males, 24 Females
  ▪ Average age- 42 years
  ▪ Language of service-55 ENG 1 FRE
• 55 agreed to receive NRT from the STOP program (all except one already using Champix)

Contacts to Date (6m. follow-up cycle incomplete)
• 27 individuals (51%) have received live counseling support from SHL Quit Coaches
• 6 (22%) have had repeat contacts

Qualitative Stakeholder Interviews
• Hospital staff were enthusiastic about using an innovative technology in their clinical practice
• Further IT integration with hospital records desired
• Free medication incentives helped to engage patients in a long-term quit attempt
• Integration with SHL quitline reduced hospital staff burden, gave patients one point of contact and added efficiency to service delivery

CONCLUSIONS

This project demonstrated the feasibility of using a centralized cloud-based server to create a more integrated smoking cessation system to link smoker-patients to established services in Ontario. Contacts: kmullen@ottawaheart.ca, sile@ontario.cancer.ca