

Hamilton Health Sciences	MANUAL
<i>Posting Date: September, 2010</i>	
<i>Posting History Dates:</i>	
<i>Title: HHS Tobacco Cessation Program</i>	

Applies to: This policy applies to all HHS staff, members of the medical, dental and midwifery staff, learners, hospital affiliates (including contract and agency staff), students and residents who provide inpatient and outpatient care at Hamilton Health Sciences.

Hamilton Health Sciences is committed to providing a safe, healthy and comfortable environment for our patients, staff, volunteers, and all individuals who enter our premises.

In accordance with our Mission "to provide excellent health care for the people and communities we serve" and the Strategic Goal "to have a healthy working environment", Hamilton Health Sciences is a

Smoke-Free organization.

1.0 Purpose

Smoking is Canada's leading cause of preventable disease, disability and death. Approximately twenty percent of all patients admitted to hospital are smokers (www.ottawamodel.ca/en_inpatient.php). The majority of smokers who are hospitalized are addicted to nicotine and will experience withdrawal symptoms when they are unable to smoke within the Smoke-Free organizations. Smoking cessation is the single most powerful intervention in clinical practice to offer large potential benefits, which include enhanced quality and length of life and reduced risk of sudden cardiac death, myocardial infarction, stroke, cancers and chronic lung disease (Pipe and Quinlan, 2007). Hospitalization provides the opportunity to systematically

identify and assist tobacco users in their desire to be tobacco-free as the hospitalization may provide increased motivation for the smoker to make a quit attempt (Reid, R. et al.). "The Ottawa Model for Smoking Cessation" has developed a systematic approach to the identification and treatment of all tobacco used admitted to hospital which has been shown to lead to an absolute 15% improvement in the six month and one year quit rate of hospitalized tobacco users (Reid, R et al). This model has been introduced and implemented in over 36 hospitals throughout Canada.

As Hamilton Health Sciences becomes a Smoke-Free Organization, this model will be implemented to ensure there is evidence-based approach to identify and assist nicotine-dependent patients admitted to our organization.

Goals

To discuss tobacco use and smoking cessation with every patient seen in outpatient clinics or admitted to hospital within Hamilton Health Sciences using a 5A Model of Minimal Contact Tobacco Intervention.

2.0 Equipment/Supplies

None.

3.0 Policy

All patients at admission or during clinic visit at Hamilton Health Sciences will be screened for tobacco use and dependency. Patients identified as using tobacco products within the last six months will be advised to stop and offered education and counseling on cessation using the "5A Model of Minimal Contact Tobacco Intervention: "Ask, Advise, Assess, Assist and Arrange".

4.0 Procedure

Healthcare staff will integrate the 5 A Model of Minimal Contact Tobacco Intervention into routine practice for all admitted and clinic patients.

4.1 Inpatients:

Admission Tobacco History

1. The admitting nurse is responsible for screening newly admitted

patients for tobacco use using Adult Tobacco Admission History Form, page 1 asking the following "ASK" questions:

Have you used any form of tobacco within the last 6 months?

If the client answers No, no further action is required.

If the client answers Yes, the nurse will ask three additional questions:

1. Have you used any form of tobacco in the last 7 day? If the answer is yes, the patient will be asked the amount of cigarettes smoked per day. If no, no further action required.
2. Have you tried to quit smoking in the past? If yes, the patient will be asked to identify the method used.
3. The patient will be asked if they would like help quitting smoking or managing nicotine withdrawal symptoms while they are unable to smoke in hospital.

If, yes the nurse will Refer to Adult Tobacco Cessation Admission History for Patients Wanting Assistance to complete 5 A Model intervention.

If patients not wanting to quit smoking or managing nicotine withdrawal symptoms in hospital, the patient will be Advised that quitting smoking is the best thing they can do for their health, given Canadian Cancer Society For Smoker's Who Do Not Want to Quit resource. Patients will be advised of HHS is a Smoke-Free Hospital, that smoking is not allowed on HHS hospital sites and properties and relevant aspects of the HHS Smoke-Free and Tobacco-Free Policy will be reviewed with patient and family. Patients will be notified that if they change their mind and would like assistant to quit smoking or manage their nicotine withdrawal symptoms during their stay, they should inform their healthcare team.

2. For patients identified as smokers and wanting assistance quitting smoking or managing nicotine withdrawal symptoms within hospital, nurses and other healthcare professionals will use the 5 A Model to discuss patient's tobacco use and smoking cessation options to assist with quitting smoking or managing nicotine withdrawal symptoms while in hospital by completing page 2 - Adult Tobacco Cessation Admission History for Patient's Requesting Assistance.

"ASK"

3. The nurse will complete the questions on Page 2 to obtain additional tobacco history and determine the patient's perception of how important it is to quit smoking, how confidence in ability to quit smoking and readiness to make the change using the 5 point scale.

"ADVISE"

4. All healthcare professionals will advise their patients of the importance of quitting smoking in a clear, strong, personalized and non-judgmental manner.

“ASSESS”

5. The nurse will assess the patient’s intentions to quit smoking based on the Prochaska’s Stages of Change.

“ASSIST”

6. The nurse or other healthcare professional will provide brief education and counseling to support quit attempt or manage nicotine withdrawal symptoms in hospital. The nurse will provide patients with educational materials from Canadian Cancer Society and information on pharmacotherapy options using the Patient Education Resource "Medications to help you quit smoking" .

“ARRANGE”

7. For client’s wishing pharmacotherapy assistance, the nurse will contact physician to arrange for implementation of Nicotine Replacement Therapy PrePrinted Orders.

8. The nurse will discuss with the patient the options for community tobacco cessation follow-up on discharge and determine patient's preference for ongoing follow-up.

9. For patient's wishing follow-up through the Smokers' Helpline Fax Referral program, the healthcare professional in preparation for discharge will complete the Referral Form including referring health professional discipline, contact information, patient/client contact information, language preference of services, gender and for female's only if they are pregnant or gave birth in the past 6 months and best time for Smokers' Helpline to contact the person and the written informed consent of the patient and fax the referral form to Smokers' Helpline prior to discharge.

4.2 Outpatients:

Health care providers will ask all clients presenting for an outpatient visit, if they have used any form of tobacco within the last 6 months? If the client answers No, no further action is required. If the client answers Yes, the nurse will ask three additional questions:

1. Have you used any form of tobacco in the last 7 day? If the answer is yes, the patient will be asked the amount of cigarettes smoked per day. If no, no further action required.

2. Have you tried to quit smoking in the past? If yes, the patient will be asked to identify the method used.

Clients identified as using tobacco products within the last six months will be advised to stop and offered education and counseling on cessation using the "5A Model of Minimal Contact Tobacco Intervention: "Ask, Assess, Advise, Assist and Arrange".

4.3 Procedure for Clients on Nicotine Replacement Therapy

1. Nicotine Replacement Therapy (NRT) can be prescribed for patients wanting to quit smoking or to manage nicotine withdrawal symptoms while in hospital. Please note there are specific guidelines for use of NRT in pregnant women and these are outlined with the orders.
2. A Pharmacist Consult is required for patient's using other forms of tobacco, for NRT use in pediatric patients and for other tobacco cessation pharmacotherapy.
3. The Nicotine Replacement Therapy (NRT) patch is ordered based on the number of cigarettes the patient smokes per day. It is recommended that short acting NRT in the form of gum, lozenge or inhaler are also ordered for patients to manage breakthrough cravings while on the patch. These protocols are meant as a starting point and should be titrated to manage the patient's nicotine withdrawal symptoms. It may be necessary for the patient to remain on Nicotine replacement therapy or at one step for longer than outlined in the protocol.
4. All patients prescribed NRT therapy will have the Withdrawal Scale assessed q shift. The nurse will notify the physician is the patient experiences withdrawal symptoms ranking 3 or 4 on withdrawal scale, despite NRT patch and short acting NRT use.
5. If patient's develop a skin rash or have a sensitivity to adhesive, the nurse will contact the physician for reassessment of ordered nicotine replacement therapy use.
6. Prior to discharge from hospital or transferred to the next level of care, the patient will be provided with written instructions for continued NRT use based on their treatment regime.
7. Upon discharge of patient to another level of care or transfer to another unit, the nurse will provide information about continued Nicotine Replacement Therapy use to the next level of care on the transfer sheet or the unit to unit transfer of accountability.

5.0 Documentation

1. On admission to hospital, nurses will complete the Adult Tobacco Cessation Admission History.
2. For outpatient clinics, the documentation of the identification of smokers and implementation of the 5 A Model of Minimal Contact Tobacco Intervention will be incorporated into clinic documentation.
3. For patients on Nicotine Replacement Therapy, the Withdrawal Scale will be assessed every shift and documented in the same form utilized by the unit to document vital signs, e.g. Unit Based Flowsheet, Vital Sign Record, Neurological Assessment Record, etc.
4. As part of the discharge planning process, the healthcare professional will determine the patient's preference for ongoing tobacco cessation community follow-up and complete the follow-up preference in the "Arrange" section of the Adult Tobacco Cessation Admission History for Patient's Requesting Assistance.
5. For patient's requesting Smokers' Helpline Fast Fax Referral, the health care professionals will document in the patient's chart that referral was faxed and place completed the Smokers' Helpline Fax Referral Form in chart.
6. For patients discharged on nicotine replacement therapy, there will be documentation of the education provided to patients regarding the continued nicotine replacement regime upon discharge.

6.0 Definitions

Tobacco Products: include cigarettes, cigars, pipe tobacco, snuff, chewing tobacco, herbal cigarettes or contraband tobacco products.

5 A Model of Minimal Contact Tobacco Intervention: evidence-based approach to tobacco intervention that is advocated in many clinical best practice guidelines that is designed to be implemented in less than three to five minutes. 5 A Model consists of Ask, Advise, Assess, Assist and Arrange.

Ask: Tobacco use status over the previous six months is identified and documented for every patient during every admission or clinic visit.

Advise: Every tobacco user is advised of the importance of quitting smoking in a clear, strong, personalized and non-judgmental manner.

Assess: Every smoker should be asked their intentions regarding quitting smoking based on Prochaska's Stages of Change. Furthermore, the nicotine withdrawal scale will be completed for all patients' wishing pharmacotherapy.

Assist: Tobacco users are assisted with brief counselling, education and pharmacotherapy that is tailored to the patient's interest in quitting smoking or managing nicotine withdrawal symptoms while in hospital.

Arrange: Tobacco users are offered follow-up smoking cessation support upon discharge from hospital to support quit attempt.

Prochaska's Stages of Change: The process of quitting smoking is not always linear. There are five stages of change that the patient may present with at the time of admission.

1. Pre-Contemplative: Not ready to quit
2. Contemplative: Thinking about quitting
3. Preparation: Ready to quit.
4. Action: Person has quit
5. Maintenance: Person has been tobacco free for six months

Minnesota Nicotine Withdrawal Scale: Validated self report scale that is utilized to evaluate the level of nicotine withdrawal in admitted patients to use to titrate nicotine replacement therapy.

7.0 Cross References

Hamilton Health Sciences Smoke-Free and Tobacco-Free Policy, 2010.

Hamilton Health Sciences (2010) Adult Nicotine Replacement Therapy (NRT) Order Set.

Hamilton Health Sciences (2010) Adult Tobacco Cessation Admission History.

HHS Breathe Easy Electronic Learning Modules: 1) Introductory Concepts in Tobacco Cessation; 2) Implementing Best Practices; and 3) Pharmacotherapy.

Hamilton Health Sciences and St. Joseph's Healthcare Hamilton (2009) Patient Education Resource "Medications to help you quit smoking."

Canadian Cancer Society Patient Education Resources: For Smoker's Who Want to Quit, For Smoker's Who Don't Want to Quit, The First Step to Help Smoker's Quit, Smoker's Helpline Information.

Hamilton Health Sciences Smokers' Helpline Fax Referral Form, 2010.

8.0 External References

1. Brant Community Healthcare System (July 2008) Tobacco Cessation Support Program Policy and Procedure.
2. Canadian Cancer Society www.cancer.org.
3. Ontario Medical Association (2008) Rethinking Stop-smoking medications: Treatment myths and medical realities. *Ontario Medical Review*, 75(1): 22 - 34.
4. Pipe, A., Reid, R.D., Quinlan, B. (March 2007) Systematic Approach to Smoking Cessation. *Smoking Cessation Rounds* (www.smokingcessationrounds.ca). 1(1):1 - 6.
5. Reid, R.D., Pipe, A., Quinlan, B., Slovinec, M., Kocourek, J., Riley, D.L., Papadakis, S. (May 2007), *Smoking Cessation Rounds* (www.smokingcessationrounds.ca). 1(3): 1 - 6.
6. Registered Nurses Association of Ontario Best Practice Guidelines (2007) Integrating Smoking Cessation into Daily Nursing Practice - Revised 2007. www.rnao.org.
7. St. Joseph's Healthcare Hamilton (March, 2010) Tobacco Free Policy Tobacco Enhancement in Applied Cessation Counselling and Health. www.eachproject.ca.
8. The Ottawa Tobacco Research Unit, www.otru.org.
9. University of Ottawa Heart Institute Model of Smoking Cessation www.ottawamodel.ca.

9.0 Developed By/In Consultation With

HHS Smoke Free Initiative - Medical Management Committee

HHS Smoke Free Initiative - Steering Committee

Hamilton Public Health

Canadian Cancer Society's Smokers' Helpline

Professional Advisory Committee

11.0 Approved By

Medical Authorizing Committee

Keyword *Smoking Cessation Protocol*

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Region of Waterloo Public Health

Policy and Procedure Manual

Section #5

Policy/Proc. #25

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Approved by: *Anne Schlorff, Director, Central Resources*

Minimal Contact Intervention for Tobacco Cessation

POLICY STATEMENT:

All public health staff involved in client assessment, either in person or by telephone, from the designated teams listed below are required to query and document tobacco use using the minimal contact intervention (MCI) for tobacco cessation four “A”s: ASK, ADVISE, ASSIST, ARRANGE protocol. This policy sets out the parameters of the 4 “A”s protocol.

OPERATING PRINCIPLES:

Tobacco use is the number one cause of preventable disease and death in Ontario, killing more than 13,000 Ontarians every year. Tobacco-related diseases cost the Ontario economy \$1.6 billion for health care annually, resulting in \$4.4 billion in productivity losses and accounting for at least 500,000 hospital days each year (Ontario Ministry of Health Promotion, 2008).

In Waterloo Region, 22 per cent of people smoke. Cigarette smoking caused 15.9 per cent of all deaths in Waterloo Region between 2000 and 2004 and resulted in 31,193 years of potential life lost prematurely. Exposure to second-hand smoke resulted in an additional 64 deaths during the same time period. Tobacco products other than cigarettes, including smokeless tobacco, are also linked to serious health effects (Region of Waterloo Public Health, 2009). As public health care providers we can make a difference. More than half of smokers in Ontario want to quit smoking in the next six

months and one quarter indicated a serious intention to quit within 30 days (Ontario Tobacco Research Unit, 2006).

Evidence suggests the most important step in addressing tobacco use dependence is screening for tobacco use and offering minimal contact intervention messages at every opportunity to all people who use tobacco products. If substantial numbers of health care providers implement minimal contact interventions, there will be a significant reduction in the number of tobacco users, a decrease in related tobacco diseases, and a lowering of health care costs (Ontario Tobacco Research Unit, 2008).

OPERATING DETAILS:

The following public health teams are required to have the 4 “A”s on their documentation to ensure implementation of the MCI protocol with every client:

- Sexual Health and Harm Reduction
- Reproductive Health
- Dental Health
- Vaccine Preventable Disease - Travel Clinic only
- Infectious Disease and Tuberculosis Control
- Assessment
- Service Coordination (North and South)

Other relevant teams/divisions not currently involved in client assessment, either in person or by telephone, will be informed of this policy, but are not required to query and document tobacco use using the four “A”s protocol. These teams/divisions include:

- Child and Family Health Promotion team
- Consultation and Skill Development (CSD) team
- Healthy Living, Planning and Promotion Division
- Health Protection and Investigation Division

PROCEDURES:

Training

Champions from each team, trained by the Tobacco and Cancer Prevention lead public health nurse, will provide training to new staff and ongoing support to existing staff within their teams.

Advisory Committee

A Minimal Contact Intervention policy advisory committee consisting of one representative from the above listed teams as well as a representative from the Tobacco and Cancer Prevention team will meet on an annual basis to review the policy and to provide on-going support and training to the MCI team champions. **Refer to the MCI Policy Advisory Committee terms of reference [DOCS ADMIN-#415489-TERMS OF REFERENCE MCI WORKING GROUP](#)**

Protocol Evaluation

Protocol implementation compliance data has been collected for each program in collaboration with the Tobacco and Cancer Prevention planner and reported back to the MCI policy advisory committee to inform ongoing training needs and support.

Support resources – ARRANGE stage

Each program is required to stock the support resource required for MCI protocol implementation which is a business card produced by the Tobacco and Cancer Prevention team. This business card has the Smokers' Helpline contact information on one side and the Region of Waterloo Public Health's Tobacco Information Line on the other side. Each public health client who agrees to receive information in the ARRANGE stage of the protocol is to be given this business card.

- Region of Waterloo Public Health Tobacco Information Line – 519-883-2279
- Smokers Helpline – toll-free, one-to-one telephone support line and online program, 1-877-513-5333, www.smokershelpline.ca

The design, revisions and reprinting of this business card are the responsibility of the Tobacco and Cancer Prevention lead public health nurse. Each team will be provided with a supply of these cards. To restock the cards contact the Tobacco and Cancer Prevention lead public health nurse.

Smokers' Helpline Fax Referral Program - ARRANGE Stage

Region of Waterloo Public Health has partnered with the Canadian Cancer Society's Smokers' Helpline to offer the fax referral program. All teams will receive training on the fax referral program prior to commencing the fax referral program with clients. After initial training has been completed, Champions from each team, trained by the Tobacco and Cancer Prevention Programs lead public health nurse, will provide training to new staff and ongoing support to existing staff within their teams.

At the ARRANGE stage of the protocol, staff will continue to offer the Region of Waterloo Public Health Tobacco Information Line/Smokers' Helpline business card to interested clients.

In addition to offering the business card, staff will also ask clients if they would like to have Smokers' Helpline call them directly. If the client expresses interest in receiving a direct call from Smokers' Helpline, then the staff person is to initiate the fax referral program.

- The staff person will verbally complete the Smokers' Helpline Fax Referral form with the client (DOCS#931589). The staff person will add the client's information to the form based on the client's responses.
- The client has the right to refuse to answer any questions on the form. However, in order for Smokers' Helpline to contact the client they require the client's name and phone number and the referring staff person's name, designation and contact information.
- The staff person must obtain express verbal consent from the client by reading out the notice of purpose statement at the bottom of the fax form (written consent is not required) prior to faxing the form to Smokers' Helpline.

"I _____ (Health Care Providers name) _____ affirm that I have obtained consent from the client to fax this form to Smokers' Helpline (SHL) to facilitate direct contact on this referral so that SHL can contact the referred individual regarding his or her attempt to quit smoking. I have explained the purpose of the disclosure of the information to the client, and have advised the client that SHL may use the information to communicate directly with the referring health care provider. I informed the client that SHL will keep all information confidential and will only use it for the purpose of administering the fax referral program.

- A valid consent under the Personal Health Information Protection Act (PHIPA) stipulates that the consent must meet four conditions:
 1. The consent must be of the individual who relates to the personal health information

2. The consent must be knowledgeable
3. The consent must relate to the information; and
4. The consent must not be obtained through deception or coercion

For more information on consent requirements under PHIPA refer to policy #4/section#13 "Consent Requirements for Handling of Personal Health Information" DOCS#673987.

- If the staff person has obtained a valid verbal consent from the client, the staff person signs their name (health care provider's name), designation and dates the fax form in the space provided.
- When the staff person is face-to-face with the client, the staff person is to provide the client with the post card "Your healthcare provider has referred you to: Smokers' Helpline. We'll be giving you a call soon." If the staff person is not face-to-face with the client (e.g. on the phone), remind the client verbally that Smokers' Helpline will be calling them in the next couple of days to assist them with making a personalized quit plan, coping with cravings, withdrawal and stress; quit tips and aids, and community resources.
- The completed fax form is then faxed to Smokers' Helpline within 48 hours (2 business days) where possible. A copy of the fax form is kept with the client record.

The post card resource has been created by Smokers' Helpline and is a requirement of the fax referral program partnership. For a supply of the post card, contact the Tobacco and Cancer Prevention lead public health nurse.

GUIDELINES:

Registered Nurses Association of Ontario Best Practice Guideline Integrating Smoking Cessation into Daily Nursing Practice. March 2007. Retrieved April 16th, 2008 from http://www.rnao.org/Storage/29/2338_Final_-_revised_smoking.pdf

SEE ALSO:

Ontario Ministry of Health Promotion. Creating a Smoke-free Ontario. Retrieved April 16, 2008 from http://www.mhp.gov.on.ca/english/health/smoke_free/accomplishments.asp

Region of Waterloo Public Health. (2009, May). *Building Healthy and Supportive Communities: Tobacco use and its consequences in Waterloo Region*. Waterloo, ON: Author.

Ontario Tobacco Research Unit (2008). Update Health professionals' advice on smoking cessation in Ontario: 2002-2007. Retrieved April 16, 2008 from http://www.otru.org/pdf/updates/update_feb2008.pdf