

You Can Make it Happen

A Toolkit for Implementing an Office System for
Tobacco Use Cessation

August 2011

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Introduction:

The majority of people who use tobacco want to quit.

You Can help your patients and clients **Make it Happen**.

There is strong evidence that health care providers can make a significant difference in helping their clients quit. Many effective treatments exist, and tobacco use assessments and interventions can be done quickly and efficiently. In fact, you can make a difference in the health of your clients and patients in less than three minutes by using the 5As Minimal Contact Intervention.

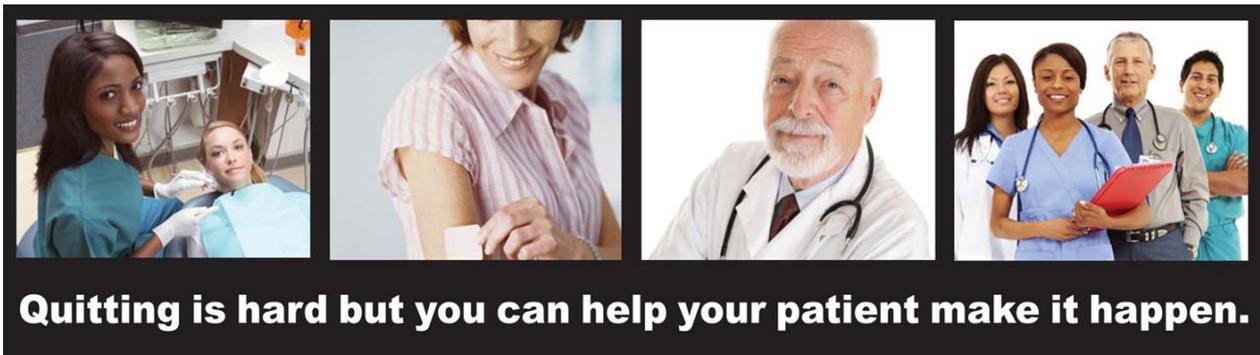
There are many opportunities to talk to your clients and patients about quitting, including:

- Client/Patient intake or admission screening
- Medical/Clinic appointments and check-ups
- Dental appointments and check-ups
- Prenatal classes
- Diabetes education programs
- MedsCheck (community pharmacies)
- COPD and stroke prevention clinics
- Cardiac care and rehabilitation clinics

To ensure that your clients and patients are being offered support to quit tobacco use, it is essential for your organization to implement an office system that ensures that, for every patient at every visit, tobacco use status is queried and documented.

This toolkit is a compilation of existing resources that can assist you in implementing a system in your organization for tobacco use cessation. Included you will find a worksheet outlining the steps for implementation, as well as sample documents that you can adapt and tailor to fit the needs of your organization. Thank you to the organizations that shared their resources with us for this toolkit.

Staff from your local Public Health Unit and Smokers' Helpline can help You to Make it Happen – please visit www.youcanmakeithappen.ca for contact information.



Worksheet for Implementing an Office System: Tobacco Use Cessation

This worksheet will assist you in implementing an office system that ensures that, for every patient at every visit, tobacco use status is queried and documented, and brief advice/counselling and follow-up are offered. The appendices that accompany this worksheet are samples of organizational policies, screening tools and assessment forms, medical directives and order sets for pharmacotherapy for you to adapt and use in a way that best suits the practice of your organization.

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Step 1 – State the policy statement or purpose:

What is the goal of the policy?

“To discuss tobacco use and cessation with every patient within X organization using the 5A’s model of minimal contact intervention for tobacco cessation.”

“All staff involved in client assessment, either in person or by telephone, from X organization are required to query and document tobacco use and cessation interventions using the minimal contact intervention for tobacco cessation 5 As: Ask, Advise, Assess, Assist, Arrange protocol.”

Step 2 – List the definitions relevant to your organization’s needs:

What terms does the policy include that will need to be defined?

“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, designed to be implemented in less than three minutes. The 5 A Model consists of Ask, Advise, Assess, Assist and Arrange.”

Step 3 – Compile background information:

Provide evidence to support the policy actions:

- Prevalence of smoking in your community
- Costs associated with morbidity and mortality from tobacco use (health care costs, drug cost comparisons, losses in productivity, Potential Years of Life Lost, etc.)
- Effectiveness data for brief and intensive interventions by health care providers
- Increased quits and quit attempts post policy implementation
- Health effects of second and third-hand smoke exposure; outdoor restriction benefits

Step 4 – Decide on application/exclusion criteria:

Who will the policy apply to? Which staff members will be excluded from participating, if any?

- Who does the policy apply to?
- Who is not affected by the policy?

“This policy applies to all staff of X organization, members of the medical, dental and midwifery staff, learners, hospital affiliates (including contract and agency staff), students and residents who provide inpatient care at X organization.”

“This policy applies to the following staff of X organization: receptionists, students, dental assistants, dental hygienists and dentists.”

Step 5 – Outline operating details:

Describe in detail the requirements for policy implementation, enforcement and evaluation.

Implementation

1. Identification of tobacco users

Modify documentation forms to include the 5As protocol and ensure staff are aware of the new documentation process.

“Designated (name staff positions) staff are required to determine tobacco use status at X point of care (e.g. intake, initial assessment) by asking the question “have you used any form of tobacco products in the past 6 months?” Staff are required to complete and document the tobacco use questions on the X documentation form.”

- a. Determine when clients/patients will be asked about their tobacco use (e.g. intake, initial assessment)
- b. Add tobacco use screening questions to existing client/patient documentation or create a new tobacco use assessment/screening form (See Appendix A).

ASK about tobacco use at every opportunity.

Document client/patient tobacco use status on the appropriate documentation form.
Document usage using the following categories:

Type(s) of tobacco used _____

Non-User ___ User ___ Ex-user ___ Quit date __d/m/y__

Amount smoked/used per day ___

2. For those clients/patients who have indicated that they are tobacco users.

“Designated (name of staff positions) staff are required to complete the 5 As protocol with all clients/patients who indicate they are tobacco users.”

ADVISE all tobacco users to quit.

“Designated staff are required to provide clients/patients advice to quit in a strong, personalized, non-judgemental manner and to document whether or not this advice was given on X documentation form. “

“As your X health care professional (e.g. dental hygienist, nurse, physician) the most important advice I can give you to improve X condition(s) is to quit using tobacco. “

Advice given ___ Advice not given ___

ASSESS all tobacco users’ readiness to quit.

“Designated staff are required to assess the clients/patients intentions to quit by completing the assessment questions on X documentation form. The staff must ask for the client’s permission to proceed with the assessment questions. If the client declines, the staff person documents this and does not proceed to complete the 5 As protocol.”

Various assessment tools can be used to measure readiness to quit, level of addiction and comorbidity. These measures will need to be added to documentation (see Appendix B for samples).

ASSIST all tobacco users in quitting.

“Designated staff will provide brief cessation education and counselling to interested clients/patients. Staff will provide interested clients/patients with a self-help educational package/materials containing the self-help booklet series from the Canadian Cancer Society’s Smokers’ Helpline.”

- Self-help materials provided (Smokers’ Helpline materials):
 - One Step at a Time: For Smokers Who Want to Quit
 - One Step at a Time: For Smokers Who Don’t Want to Quit
 - One Step at a Time: If You Want to Help a Smoker Quit

There are core elements to include in a comprehensive approach to tobacco cessation education and counselling. Typical components to assist the client to develop a quit plan include:

- Build motivation to change
- Set a quit date within two weeks
- Discuss stop smoking medications
- Review past quit experiences
- Identify triggers and brainstorm strategies
- Discuss alcohol and other drug use
- Assist patient to identify social support

Documentation should allow staff to check off which interventions they provided to the client/patient.

ARRANGE follow-up or referral.

Designated staff will discuss the following quit supports with all interested clients/patients , initiate follow-up protocols and document on X form:

- 1. "For clients/patients wishing pharmacotherapy assistance staff will contact the designated medical professional (e.g. Dentist, Nurse Practitioner, Physician, Pharmacist, Optometrist) to arrange for the implementation of pre-printed orders (if available) or to arrange for an appointment."*
- 2. "Designated staff will discuss community based quit supports with the client/patient and provide literature/referrals if requested by the client/patient."*
- 3. "Designated staff will ask clients/patients if they would like Smokers' Helpline to call them directly. If the client/patient consents to this service, the staff person will complete a Smokers' Helpline Quit Connection Fax Referral Form when the client/patient is present. All fax form fields must be completed and faxed within 2 business days."*

For information about the Smokers' Helpline fax referral program and a copy of the fax form see Appendix D1.

Procedures for initiating pharmacotherapy

- a. Pre-printed orders (See Appendix C1)
- b. Guidelines for NRT dosing/medical directives (See Appendix C2, C3, C4)

Patient Education Materials

Provide staff with access to patient education materials to offer during the tobacco cessation intervention.

- 1. The Smokers' Helpline "One Step at a Time" series materials will be ordered and put into client/patient self-help packages by X staff member/volunteer and placed in relevant practice locations. This staff person will monitor supplies of these resources and will restock as needed.*
- 2. A supply of Smokers' Helpline Quit Connection Forms will be maintained in relevant practice areas by X staff member/volunteer. This staff member/volunteer will monitor supplies of these resources and will restock as needed.*
- 3. Designated staff are required to discuss and offer a self-help package to all interested clients/patients at the ASSIST stage of the 5 As protocol.*

Step 6 – Set up a process to monitor the implementation of the Office System

How will the policy be monitored and evaluated in your organization?

1. *“Staff from X will ensure the creation and maintenance of a MCI Policy Advisory Committee and chair meetings as required. A minimum of X meetings will be held/year.”*
2. *“The policy will be monitored and reviewed annually by the Advisory committee with membership from the various disciplines participating in policy implementation. These committee members will act as “Champions” for policy implementation, monitoring and evaluation.” For an example of an Advisory Committee Terms of Reference see appendix F.*
3. *“Once the policy has been implemented, documentation audits will be completed within 3-6 months of the policy implementation date to determine smoking prevalence, staff compliance with policy implementation, pharmacotherapy initiation, cessation services provided and referrals to community resources (e.g. fax referrals). (There may also be other outcomes that you would like to track which you can include).*
4. *“Documentation audits will be repeated as needed.”*
5. See Region of Waterloo – MCI Policy Learn Document: <http://www.ptcc-cfc.on.ca/english/Training/Individual-Workshop-Listing/?rid=179>

Step 7 – Ensure all staff are trained and provide continuing education opportunities

Are all staff aware of the policy and procedures, and do all staff feel comfortable providing cessation interventions to clients/patients?

1. *All staff will receive training in tobacco cessation best practices in their orientation.*
2. *“Staff will participate on the MCI Advisory Committee to remain up-to-date on policy implementation and evaluation.”*

“All staff will be required to complete/attend the following trainings (provide listing with training opportunities from www.youcanmakeithappen.ca) and provide proof of completion to their supervisor (e.g. certificate, attendance list).” For example; St. Joseph’s Health Care Hamilton have created online tutorials at the following link:

<http://medlearn.stjosham.on.ca/stjosham-shared/learningstudio/index.cfm?fuseAction=MyLearningCenter.LandingPage&tab=&ItemId=751>

Updated cessation training opportunities for your staff can be found at www.youcanmakeithappen.ca

SAMPLE POLICY FOR DENTAL PROFESSIONAL SCHOOLS

Minimal Contact Policy- 5As Intervention

Policy #: 00 Date Effective: DATE

Policy Statement

*“All staff and students involved in client assessment from **XXX school** are required to query and document tobacco use and cessation interventions using the minimal contact intervention for tobacco cessation 5 As: Ask, Advise, Assess, Assist, Arrange intervention.”*

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, designed to be implemented in less than three minutes. The 5 A Model consists of Ask, Advise, Assess, Assist and Arrange.

Ask: Tobacco use status in the last six months is identified and documented for every client during every clinic visit.

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

Assess: Every tobacco user should be asked their intentions regarding quitting based on Prochaska's Stages of Change (Pre-contemplation, Contemplation, Preparation, Action, Maintenance, Relapse).

Assist: Tobacco users are assisted with brief counselling and education that is tailored to the client's interest in quitting tobacco use.

Arrange: Tobacco users are offered follow-up tobacco cessation support through the Smokers' Helpline.

Policy Application

*This policy applies to the following staff and students of **XXX school**: dental assistants, dental hygienists and dentists and instructors.*

Operating Details

All staff and students are required to use the 5As intervention of tobacco assessment and counselling for all clients at **XXX school clinic**.

Policy developed by/In consultation with: _____ Approved By: _____ on _____

ASK: All staff and students are required to determine tobacco use status at each client visit asking the question “Have you used any form of tobacco products in the past 6 months?” Staff and students are required to complete and document the tobacco use questions on the **XXX** documentation form (i.e client chart). All staff and students are required to complete the 5 As intervention with all clients who indicate they are tobacco users.

ADVISE: All staff and students are required to provide clients with the advice to quit in a strong, personalized, non-judgemental message and to document whether or not this advice was given on **XXX** documentation form (i.e client chart).

ASSESS: All staff and students are required to assess the client’s intentions to quit by completing the assessment questions on *5A Tobacco Use Intervention* card and document (i.e client chart). The student/instructor must ask for the client’s permission to proceed with the assessment questions. If the client declines, the clinician documents this and does not proceed to complete the 5 As intervention.

ASSIST: Staff and students will provide interested clients with self-help quit materials (see references below). Staff and students will assist all tobacco users in quitting by building motivation to change (see decision balance tool on *5A Tobacco Use Intervention* card) and by helping the client make a quit plan.

ARRANGE: All staff and students will discuss quit supports with all interested clients and initiate follow-up and document on **XXX** documentation form (i.e. client chart):

1. Staff and students will discuss quit supports with the client and provide Smokers’ Helpline materials.
2. Staff and students will ask clients if they would like Smokers’ Helpline to call them directly. If the client consents to this service, the staff or student will complete a ***Smokers’ Helpline Quit Connection Referral Form*** The client will sign and date the form. Staff and students will fax the form the same day.
3. A staff or student will be designated to ensure the supply of Smokers’ Helpline quit materials and ***Quit Connection Forms*** are available and restock as needed.

Policy monitoring/evaluation

Once the policy has been implemented, documentation audits will be completed by the Instructor within 3-6 months of the policy implementation date to determine smoking prevalence, staff and student compliance with 5A intervention implementation, quit materials provided and referrals to ***Smokers’ Helpline Quit Connection***. Documentation audits will be repeated as needed.

Training/continuing education

Staff and students will be trained in the 5As – Minimal Contact Intervention during classroom lessons, with support from the local Public Health Unit and Smokers’ Helpline.

Policy developed by/In consultation with: _____ Approved By: _____ on _____

References:

For the clinician:

For free materials including *5A Tobacco Use Intervention* card and training on the 5As including from Canadian Dental Health Association www.youcanmakeithappen.ca

Smokers' Helpline Quit Connection Referral Form

www.smokershelpline.ca/refer/

For tobacco users:

Self-help quit materials; and online, text and phone support at www.smokershelpline.ca or 1-877-513-5333

ODHA Oral Health Information Sheet www.odha.on.ca/PDFs/facts-5.pdf

SAMPLE

Policy developed by/In consultation with: _____ Approved By: _____ on _____

Minimal Contact Policy- 5As Intervention - Dental Offices

Policy #: 00 Date Effective: DATE

Policy Statement

*“All staff involved in client assessment and treatment from **XXX office** is required to query and document tobacco use and cessation interventions using the minimal contact intervention for tobacco cessation 5 As: Ask, Advise, Assess, Assist, and Arrange.”*

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, designed to be implemented in less than three minutes. The 5 A Model consists of Ask, Advise, Assess, Assist and Arrange.

Ask: Tobacco use status in the last six months is identified and documented for every client during every clinic visit.

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

Assess: Every tobacco user should be asked their intentions regarding quitting based on Prochaska's Stages of Change (Pre-contemplation, Contemplation, Preparation, Action, Maintenance, Relapse).

Assist: Tobacco users are assisted with brief counselling and education that is tailored to the client's interest in quitting tobacco use.

Arrange: Tobacco users are offered follow-up tobacco cessation support through the Smokers' Helpline.

Policy Application

*This policy applies to the following staff of **XX X office**: dental assistants, dental hygienists and dentists.*

Operating Details

All staff are required to use the 5As intervention of tobacco assessment and counselling for all clients at **XXX** office.

ASK: All staff are required to determine tobacco use status at each client visit asking the question “Have you used any form of tobacco products in the past 6 months?” Staff are required to complete and document the tobacco use questions on the **XXX** documentation form (i.e. client chart). All staff are required to complete the 5 As intervention with all clients who indicate they are tobacco users.

Policy developed by/In consultation with: _____ Approved By: _____ on _____

ADVISE: All staff are required to provide clients with the advice to quit in a strong, personalized, non-judgemental message and to document whether or not this advice was given on **XXX** documentation form (i.e. client chart).

ASSESS: All staff are required to assess the client's intentions to quit by completing the assessment questions on *5A Tobacco Use Intervention* card and document (i.e. client chart). The staff member must ask for the client's permission to precede with the assessment questions. If the client declines, the clinician documents this and does not proceed to complete the 5 As intervention.

ASSIST: Staff will provide interested clients with self-help quit materials (see references below). Staff will assist all tobacco users in quitting by building motivation to change (see decision balance tool on *5A Tobacco Use Intervention* card) and by helping the client make a quit plan.

ARRANGE: All staff will discuss quit supports with all interested clients and initiate follow-up and document on **XXX** documentation form (i.e. client chart):

4. Staff will discuss quit supports with the client and provide Smokers' Helpline materials.
5. Staff will ask clients if they would like Smokers' Helpline to call them directly. If the client consents to this service, the staff or student will complete a ***Smokers' Helpline Quit Connection Referral Form***. The client will sign and date the form. Staff will fax the form the same day.
6. A staff member will be designated to ensure the supply of Smokers' Helpline quit materials and ***Quit Connection Forms*** are available and restock as needed.

Policy monitoring/evaluation

Once the policy has been implemented, documentation audits will be completed by the designated staff person within 3-6 months of the policy implementation date to determine smoking prevalence, staff compliance with 5A intervention implementation, quit materials provided and referrals to ***Smokers' Helpline Quit Connection***. Documentation audits will be repeated as needed.

Training/continuing education

Staff will be trained in the 5As – Minimal Contact Intervention with support from the local Public Health Unit and Smokers' Helpline.

Policy developed by/In consultation with: _____ Approved By: _____ on _____

References:

For the clinician:

For free materials including *5A Tobacco Use Intervention* card and training on the 5As including information from the Canadian Dental Health Association www.youcanmakeithappen.ca

Smokers' Helpline Quit Connection Referral Form
www.smokershelpline.ca/refer/

For tobacco users:

Self-help quit materials; and online, text and phone support at www.smokershelpline.ca or 1-877-513-5333

ODHA Oral Health Information Sheet
www.odha.on.ca/PDFs/facts-5.pdf



Policy developed by/In consultation with: _____ Approved By: _____ on _____

Appendix A3:

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 if 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

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
Assignment** *Smoking Cessation Protocol*
 Tobacco Treatment

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New Port Centre

NIAGARA HEALTH SYSTEM • PORT COLBORNE GENERAL SITE
260 Sugarloaf Street, Port Colborne ON, L3K 2N7 • Phone (905) 378-4647 Ext 32500 • Fax: (905) 834-3002
E-mail: NewPortAdmin@niagarahealth.on.ca • Web : www.niagarahealth.on.ca/services/addiction-recovery

NON-SMOKING POLICY AGREEMENT FORM

I, _____ am aware that the New Port Centre is an
(Print Name)
abstinence based substance abuse treatment facility including nicotine and as
a client I agree to the following:

- a) To respect the non-smoking policies of the New Port Centre/Niagara Health System
- b) To arrive for my admission date a minimum of 5 days tobacco free
- c) To arrive for my admission with enough Nicotine Replacement Therapy aids for my stay in residential treatment (i.e. nicotine patches, gum, lozenges or inhalers).

I am aware that the decision to smoke in the building or on the property of the Niagara Health System will jeopardize my ability to remain in the program and may result in discharge from the program. I am aware that to assist me in being tobacco free, the New Port Centre will offer access to acupuncture, impact of smoke inhalants education sessions, individual counselling and relaxation therapy techniques.

Signature: _____

Date: _____

Witness: _____

Revised November 5, 2010

AppendixA5:

 NIAGARA HEALTH SYSTEM SYSTÈME DE SANTÉ DE NIAGARA	TITLE: Smoke-Free Policy		POLICY
	DOCUMENT NUMBER: 005-020-005	FILE NAME:	
SECTION: Corporate Identity SUBSECTION: Hospital Environment	EFFECTIVE DATE: 31/05/07 (DD/MM/YY)		
APPROVED BY:	REVISION DATE: (DD/MM/YY)		
Senior Executive Team	PAGE 1 OF 3		

1.0 Purpose

To provide direction to all Members of the Hospital Community in regards to restrictions on the use of tobacco products anywhere on hospital grounds, so that all Niagara Health System property is smoke-free.

2.0 Scope

Applies to all Members of the Hospital Community.

3.0 Definitions

- 3.1 *Members of the Hospital Community:* includes all employees, volunteers, foundation employees, board members, students, credentialed professional staff (physicians, midwives, extended class nurses), medical student, patients/clients, residents, visitors, individuals who have a contractual arrangement with the Niagara Health System and those who provide services within the hospital.
- 3.2 *Legislation:* The Tobacco Control Act, Municipal Smoking Bylaws and Smoke-Free Ontario Act (eg. smoking prohibited within nine (9) metres of all entrances and exits).
- 3.3 *Smoke-Free:* The Niagara Health System has taken a health leadership position and decided to go beyond the minimum legislative requirements to prohibit smoking and the use of tobacco products on any Niagara Health System property. This includes in vehicles while on hospital property.
- 3.4 *Niagara Health System Property:* This includes any property owned by the Niagara Health System including, but not limited to, parking lots, associated buildings, Niagara Health System owned or leased vehicles, and property owned by the Niagara Health System being leased to other organizations/agencies.
- 3.5 *Tobacco Products:* Any product made with tobacco, including but not limited to snuff, chewing tobacco, cigarettes, cigars, pipe tobacco, or any other product intended for smoking or burning, such as herbal cigarettes or incense.

4.0 Philosophy

The Niagara Health System is committed to the health and safety of all Members of the Hospital Community and, given the serious health hazard of smoking, effective May 31, 2007 the Niagara Health System will be smoke-free.

5.0 Policy

- 5.1 All Members of the Hospital Community are required to comply with this policy, and accordingly they cannot smoke or use tobacco products on hospital property.
- 5.2 Senior Management, Directors, Managers and Supervisors are responsible for monitoring and enforcing the smoke-free policy. It is expected that all employees will help to positively communicate this policy to the Hospital Community, as representatives of a progressive health care institution.
- 5.3 At sites where Security Services are provided, Security Staff will assist in enforcing this policy as part of their responsibilities.



- 5.4 Patients/clients will be informed as to the policy. Tobacco reduction support will be offered to nicotine-dependent patients/clients including nicotine replacement therapy (NRT) and other appropriate strategies during their hospital stay to manage withdrawal.
 - 5.5 Employees will consult with the patient's/client's Physician, the Clinical Manager or his/her delegate, and Risk Management as needed to help determine the most appropriate course of action on a case-by-case basis where patients/clients do not comply with this policy.
 - a) Employees will document in the clinical record the details of all discussions, including communication of risks and patient/client response. Encon reports must be completed as appropriate. The course of action may include contacting Niagara Region Public Health Department Tobacco Enforcement Officers if non-compliance with smoking legislation is observed.
 - 5.6 If a patient/client does not wish to remain in hospital and decides to discharge himself/herself rather than comply with this policy, employees will notify the Most Responsible Physician and have the patient/client sign an AMA (Against Medical Advice) Form. Employees will document details on the clinical record.
 - 5.7 First Nations patients/clients and families may request approval for space to use tobacco in traditional native cultural/spiritual practices and these requests will be considered on a case-by-case basis.
 - 5.8 Employees are not to escort patients/clients off property to smoke.
 - 5.9 Employees who visit patients/clients in their homes as part of their responsibilities will request the patient/client and others in the household not to smoke at the time services are provided during the home visit. No employee should be exposed to environmental tobacco smoke while performing his/her professional duties.
 - 5.10 The Niagara Health System will offer assistance to employees who wish to reduce or quit smoking through Occupational Health and Safety Departments, such as Nicotine Reimbursement and Employee/Family Assistance Programs.
 - 5.11 Employees who do not comply with this policy will be subject to disciplinary action (Refer to Policy - Principles of Behaviour – 130-050-005, Section 4.0 Policy, Subsection 4.7 Progressive Discipline and Policy – Termination of Employment – 130-050-015, Section 4.0 Policy, Subsection 4.14 Not Smoking).
 - 5.12 Niagara Region Public Health Department Tobacco Enforcement Officers will monitor and enforce provincial smoking legislation at all hospital sites. At sites where Security Services are provided, Security Staff will assist in contacting the Officers through the Niagara Region Public Health Department Tobacco Hotline when any non-compliance to smoking legislation is observed.
- 6.0 Resources**
- 6.1 RNAO BPG "Integrating Smoking Cessation Into Daily Nursing Practice". Revised March 2007.
 - 6.2 Niagara Region Public Health Department Tobacco Hotline: 1-888-505-6074 ext 7393.
 - 6.3 Smokers' Helpline: 1-877-513-5333 or www.smokershelpline.ca
- 7.0 Related Documents**
- Policy – Principles of Behaviour – 130-050-005
 - Policy – Termination of Employment – 130-050-015



TITLE: Smoke-Free Policy	DOCUMENT NUMBER: 005-020-005
EFFECTIVE/REVISED DATE: 31/05/07 (DD/MM/YY)	PAGE 3 OF 3

8.0 References

- 8.1 Providence Continuing Care Centre, Smoking Policy, Revised May 18, 2006.
- 8.2 Cambridge Memorial Hospital, Smoke Free Policy, October 28, 2004.
- 8.3 Credit Valley Hospital, Smoke Free Policy, May 5, 2005.
- 8.4 Sault Area Hospitals, No Smoking Policy, July 1995.
- 8.5 The Ottawa Hospital, Smoking Policy and Procedure, May 19, 2004.
- 8.6 London Health Sciences Centre, Smoking Policy, February 15, 2001.
- 8.7 Kingston General Hospital, Smoking Policy, Revised March 2004.
- 8.8 Royal Victoria Hospital, Barrie, 100% Smoke Free Property, Smoking Cessation Management Inpatient Guideline Policy (Draft), January 20, 2006.
- 8.9 Centre for Addiction and Mental Health (CAMH), Smoke Free Policy, July 20, 2005.
- 8.10 Mental Health Centre, Penetanguishene, Smoke Free Environment/Tobacco Products Policy, July 2004.

Review Dates:
Revision Dates:

Appendix A6:

Region of Waterloo Public Health

Policy and Procedure Manual

Section #5

Policy/Proc. #25

Effective Date: April 13, 2009

Revision Date: February 15, 2011

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 it's 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

Appendix A7:



**MIDDLESEX-LONDON HEALTH UNIT
ADMINISTRATION MANUAL**

SUBJECT:	SMOKING INTERVENTION PROTOCOL	POLICY NUMBER: 10-030
SECTION:	Programs & Services	Page 1 of 1
IMPLEMENTATION DATE:	October 18, 2006	APPROVED BY: Directors Committee
REVISION DATE:	_____	SIGNATURE: _____

PURPOSE

To ensure that staff in the relevant Service Areas are aware of their responsibilities related to the Smoking Response Protocol.

POLICY

Staff in the relevant Service Areas:

- Are knowledgeable about tobacco use and its impact on the health of the individual and the impact of second hand smoke on the health of others.
- Are skilled in responding effectively to clients who want to decrease or stop the use of tobacco products.
- Will use where appropriate the Smoking Cessation Intervention Ask, Advise, Assist, Arrange Protocol (**APPENDIX A**), with any client receiving services from staff at the Middlesex-London Health Unit.
- Will develop a mechanism to document smoking assessment and intervention on appropriate client records.

PROCEDURE

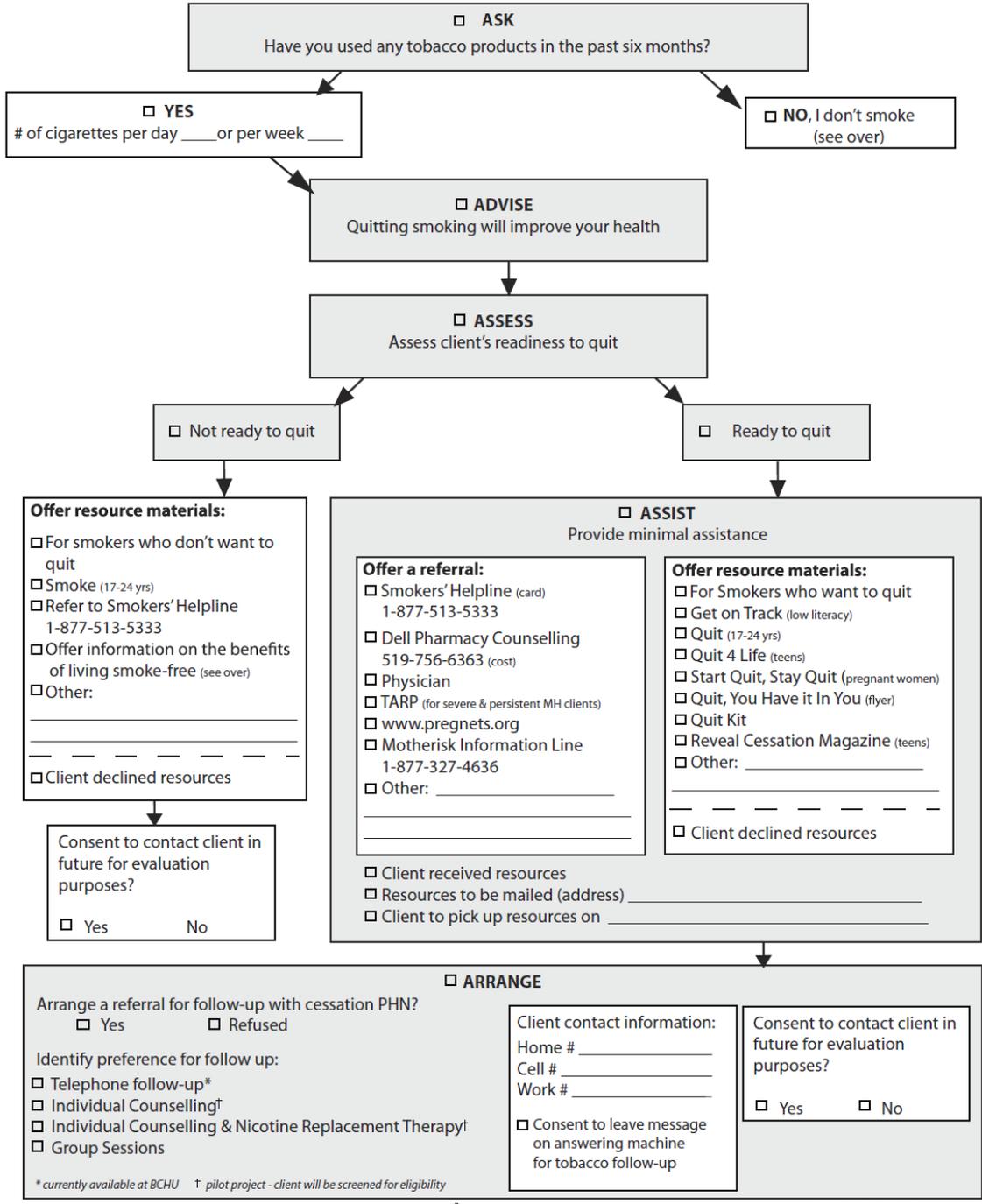
- 1.0 Each Service Area will, where appropriate, develop procedures for the application of the smoking protocol.

Also, see *Policy 8-100 re Smoking Cessation*

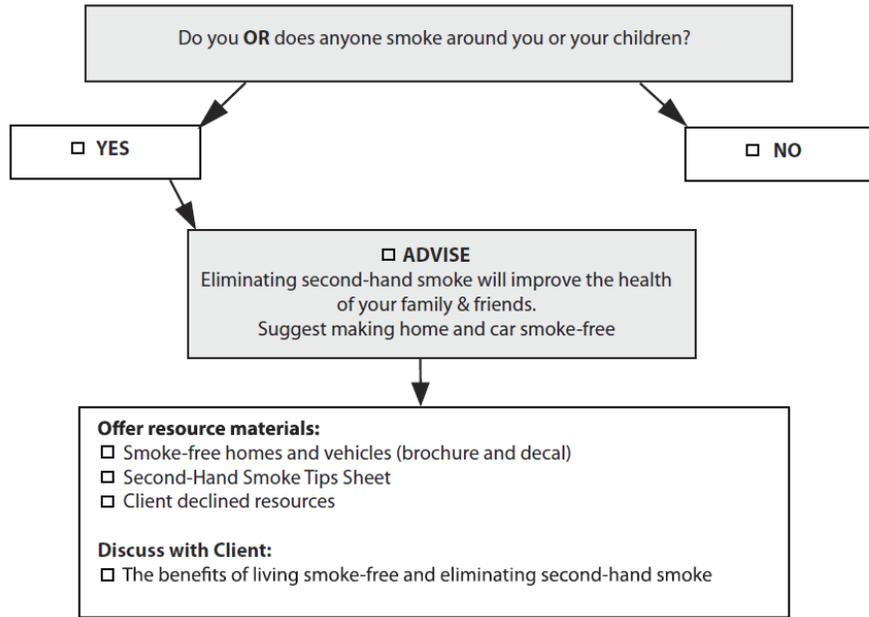
Appendix B1:

BRANT COUNTY HEALTH UNIT 5 A's Smoking Screener

Date: _____	Client Name: _____
Gender: ___M ___F Pregnant? ___Y ___N	DOB: _____
Screener completed by: _____	Program & Location: _____
How did you know to call the BCHU about tobacco? _____	Are you a Brant County resident? ___Y ___N



CDP-5A's Smoking Screener-2010



- Benefits of living smoke-free and eliminating second-hand smoke:**

 - Decreased risk of babies dying from SIDS, also known as Crib Death
 - Decreased risk of children getting colds, ear infections, bronchitis and pneumonia
 - Decreased risk of children developing allergies and asthma
 - Decrease risk of children experiencing colic
 - Improved quantity and quality of breast milk
 - Elimination of second-hand smoke will result in a decreased risk of non-smokers developing a number of illnesses and conditions including lung cancer, heart disease and stroke

Screener forwarded to tobacco support staff

_____ Staff signature

Notes:



For more information on this screening tool, contact the Brant County Health Unit at 519-753-4937 ext. 259

Adapted Screening Tool used with permission from Pregnets.
Pregnets is funded by the Tobacco Control Programme, Health Canada

This information is collected under the authority of the *Health Protection and Promotion Act*, Section 5 (or other appropriate legislation), and in accordance with the (Municipal) Freedom of Information and Protection of Privacy Act, for the purposes of providing public health programs and for statistical purposes. For information about the collection contact Co-ordinator, Freedom of Information & Protection of Privacy, Brant County Health Unit, 194 Terrace Hill Street, Brantford, ON, 519.753.4937, x.222

Appendix B2:



NIAGARA HEALTH SYSTEM
 SYSTÈME DE SANTÉ DE NIAGARA
SCG WCG GNG PCG DMH NOTL OSS

Tobacco Use Assessment Form

Visit #1 _____ Visit #2 _____ Visit# 3 _____
 dd/mm/yy dd/mm/yy dd/mm/yy

Ask

Tobacco Use: Cigarettes ___ Cigars ___ Pipe Tobacco ___ Chewing Tobacco ___ # Years Smoked ___

Dependence Level: (circle number corresponding to visit)

Cigarettes/day:	Visit #	Cigarettes/day	Visit #	First cigarette after waking:	Visit #
< 10 (low)	1 2 3	> 30 (moderate)	1 2 3	> 1 hour (low)	1 2 3
≥ 10-20 (low-mod)	1 2 3	>40 (high)	1 2 3	6-59 minutes (moderate)	1 2 3
> 20 (moderate)	1 2 3				

Advise

"Have you thought about quitting smoking?"

No Not thinking of quitting (Pre-contemplation)	Yes Thinking of quitting within next 6 months (Contemplation)	Yes Plan to quit within next 30 days (Preparation)	Yes Quit smoking within the Past six months (Action)	Yes Not smoked for more than 6 months (Maintenance)
Visit # 1 2 3	Visit # 1 2 3	Visit # 1 2 3	Visit # 1 2 3	Visit # 1 2 3

"I strongly advise you to quit smoking."

Pre Contemplation	Contemplation	Preparation	Action	Maintenance
"What concerns do you have about your smoking?" "Who would benefit if you quit?"	"What are the good things about your smoking?" "What are the negatives?"	"What do you see as your next steps?" "What do you need to learn to handle quitting smoking?"	"What strategies are you using to cope?" "What kinds of situations are difficult?"	"What might tempt you to resume smoking?" "What would signal that you're at risk for a slip?"

Assist

If Not Ready To Quit: Offer to help when patient ready. Refer to Smoker's Help Line 1-877-513-5333
 Provide Booklet: *For Smokers Who Don't Want To Quit*

If Ready To Quit: Set Quit Date: Visit # 1 _____ Visit # 2 _____ Visit # 3 _____
 dd/mm/yy dd/mm/yy dd/mm/yy

Discuss Pharmacotherapy Support:

Nicotine Replacement Therapies: Patch ___ Gum ___ Inhaler ___
 Bupropion ___ OR Varenicline ___
 Provide Resources: Smoker's Help Line 1-877-513-5333 Booklet: *For Smokers Who Want To Quit* ___

Arrange

___ Follow Up Consultation On: Visit # 1 _____ #2 _____ #3 _____
 ___ No Follow-Up

Date: _____ Signature: _____
 dd/mm/yy

Form

Chart Copy – Do Not Destroy

Page 1 of 1



Tobacco Use Questionnaire

Last Name: _____

First Name: _____

Date of Birth: _____

Address: _____

Telephone: _____

A. Tobacco Use

Have you used any form of tobacco in the past six months?

Yes

No (*Thank you for your time. You do not need to complete the rest of this form.*)

B. Goals Related to Your Tobacco Use

Please check (✓) the box beside the statement that best matches your current goals:

I have quit within the past 6 months

I am not planning to quit

I am planning to quit in the next month

I would like to cut back

I am planning to quit in the next 6 months

C. Tobacco Use Pattern

1. How old were you when you became a daily smoker? _____

2. How many years have you used tobacco regularly? _____

3. What form of tobacco do you currently use (i.e. cigarettes, cigar, pipe, chew)? _____

4. How many cigarettes do you smoke each day?
- | | |
|--------------------------------------|---|
| <input type="checkbox"/> 10 or fewer | 0 |
| <input type="checkbox"/> 11-20 | 1 |
| <input type="checkbox"/> 21-30 | 2 |
| <input type="checkbox"/> 31 or more | 3 |

OFFICE USE ONLY

4 ____ + 5 ____ = ____

0 - 2 = light addiction
 3 - 4 = moderate addiction
 5 - 6 = heavy addiction

Heaviness of Smoking Index

5. How soon after you wake up do you smoke your first cigarette?

- Within 5 minutes 3
- 5-30 minutes 2
- 31-60 minutes 1
- After 60 minutes 0

D. Quit Smoking History

1. When did you last try to quit smoking?

- Never tried to quit (skip to Section E)
- Over 1 year ago
- Within the last month
- Over 5 years ago
- Within the last year

2. Why did you stop that time? _____

3. How long did you go without smoking that time? _____

4. Why did you start smoking again? _____

5. Which method(s) have you tried (e.g.: Nicotine Patch, Cold Turkey, Champix®)? _____

E: Feelings About Changing Your Tobacco Use

Answer the following three questions with respect to the goal you set in Section B:

a. How **important** is it for you to change your tobacco use?

Not at all Important										Very Important
1	2	3	4	5	6	7	8	9	10	

b. How **confident** are you that you could change your tobacco use?

Not at all Confident										Very Confident
1	2	3	4	5	6	7	8	9	10	

c. How **ready** are you to change?

Not at all
Ready

Very Ready

1 2 3 4 5 6 7 8 9 10

	If I continue to use tobacco...	If I quit/cut back...
Positives	What benefits do you get from using tobacco?	Why do you want to change your tobacco use? What would you gain by changing?
Negatives	What harm or negative effects has tobacco use caused you?	What would be hard about changing your tobacco use? What concerns do you have?

F. Smoking in Your Environment:

1. Do you or other people smoke inside your home?

Yes No

2. Do you or other people smoke inside your car?
 Yes No NA
3. Among your friends, family, and co-workers what percentage would you say smoke?
 Almost none About half Most

G. Use of Caffeine, Alcohol and Other Drugs

1. How much do you drink of the following caffeinated drinks per day?
 Regular Coffee (8oz) _____
 Tea (bags) _____
 Cola (12oz) _____
2. Have you ever felt you should cut down on your drinking?
 Yes ₁ No ₀
3. Have people annoyed you by criticizing your drinking?
 Yes ₁ No ₀
4. Have you ever felt bad or guilty about your drinking?
 Yes ₁ No ₀
5. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?
 Yes ₁ No ₀
6. Do you currently use any of the following drugs? (check all that apply)
- | | |
|--|---|
| <input type="checkbox"/> Cannabis (marijuana, hash, pot) | <input type="checkbox"/> Cocaine/Crack |
| <input type="checkbox"/> Amphetamines/Stimulants | <input type="checkbox"/> Benzodiazepines |
| <input type="checkbox"/> Barbiturates | <input type="checkbox"/> Heroin/Opium |
| <input type="checkbox"/> Hallucinogens | <input type="checkbox"/> Other (specify)_____ |

OFFICE USE ONLY

2 ___ + 3 ___ + 4 ___ + 5 ___ = _____

0 - 1 = light addiction
 2 - 4 = follow up required
CAGE Questionnaire for Alcohol

H. Smoking Cessation Plan:

1. Does your drug benefit plan cover quit smoking medications?
 Yes No Don't know No Benefit Plan
2. I would like a Smokers' Helpline Quit specialist to call me to find out more about quitting smoking.
 Yes No

Adapted From: Massachusetts General Hospital Quit Smoking Service; Centre for Addiction and Mental Health Nicotine Dependence Clinic; CAGE Questionnaire for Alcohol Use; and Heaviness of Smoking Index

Adapted with permission from Hamilton Public Health Services, Tobacco Program.

Fagerstrom Test for Nicotine Dependence

Use the following test to score a patient's level of nicotine dependence once they have been identified as a current or recent smoker Please tick (✓) one box for each question		
How soon after waking do you smoke your first cigarette?	Within 5 minutes 5-30 minutes 31-60 minutes 60+ minutes	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0
How many cigarettes a day do you smoke?	10 or less 11 – 20 21 – 30 31 or more	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Total Score		
SCORE	1- 2 = very low dependence 3 = low to mod dependence	4 = moderate dependence 5 + = high dependence

Appendix B5:



Hamilton



Becoming Smoke Free
A Quit Smoking Clinic
905-540-5566

CES Depression Scale

Client Name: _____

File No.: _____

Date (d/m/y): _____

Visit No.: _____

Date of last visit: _____

Quit Date: _____

Below is a list of the ways you might have felt or behaved in the past week:

How much of the time have you felt this way during the past week?	Rarely or none (<1 day)	Some/a little (1-2 days)	A moderate amount (3-4 days)	Most or all (5-7 days)
a. I was bothered by things that usually don't bother me.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. I did not feel like eating; my appetite was poor.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. I felt that I could not shake off the blues even with help from my family or friends.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. I felt that I was just as good as other people.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e. I had trouble keeping my mind on what I was doing.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. I felt depressed.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g. I felt that everything I did was an effort.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h. I felt hopeful about the future.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
i. I thought my life had been a failure.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
j. I felt fearful.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
k. My sleep was restless.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
l. I was happy.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
m. I talked less than usual.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
n. I felt lonely.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
o. People were unfriendly.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

p. I enjoyed life.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
q. I had crying spells.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
r. I felt sad.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
s. I felt that people disliked me.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
t. I could not get "going".	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Client Score: _____ /60

Nursing Assessment:

Client Statements:

Plan:

RN Signature and Designation: _____

Date and Time: _____

Scoring the CES-Depression Scale: Question scores are summed to provide an overall score ranging from 0 to 60. Scores of 16 or more are commonly taken as indicative of depression in the general population.

Appendix B6:

Smoking Progress Notes – Patient Profile									
Patient:					Date:				
Ask	No	Yes	Years Smoking:	# cigarettes/ day:	Previous quit attempt? Yes No				
Advise	“As you physician, n.p., nurse, I am concerned about your health and advise you to quit smoking. I can help you.”								
Assist	Motivational Interviewing: Q: On a scale of 1-10 how would you rate your motivation to quit smoking at this time?								
1	2	3	4	5	6	7	8	9	10
Not ready to change		Unsure			Getting ready to change			Trying to change	
Not ready to quit Pre-contemplative/Contemplative Stage <ul style="list-style-type: none"> • Ask patient if they would be willing to cut down? • Focus on motivating patient • Offer help when patient is ready 					Ready to quit Preparation/Action Stage: <ul style="list-style-type: none"> • Set a quit date (try to arrange 1st counseling session within 1 week of quit date) • Discuss pharmacotherapy if ready • Offer patient educational material 				
Patient’s reasons to quit:			Health	Children/Spouse		Financial	Social	Other	
Patient’s concerns about quitting:			Weight	Withdrawal	Social	Stress	Relapse	Other	
Counseling Visit #1									
PATTERN OF SMOKING: Harder to quit if smokes >15 cigs/day, <1 wk smoke free in past year, started < 16 years of age					Date:				
Age started to smoke					Notes/Comments:				
Time of 1 st cigarette after awakening (e.g. 30 minutes)									
Date of last quit attempt:									
Duration of last quit attempt:									
Reason for relapse (or n/a)									
PREVIOUS MEDICATION USE:		Nicotine Gum	Nicotine Patch	Nicotine Inhaler		Bupropion HCL		Champix	

Comments:					
QUIT PLAN:	Already quit? Yes No	Ready to set a quit date? Yes No Uncertain			Quit date (if applicable):
Consider Pharmacotherapy:	Nicotine Gum	Nicotine Patch	Nicotine Inhaler	Bupropion HCL	Champix
Follow-up – Relapse Prevention	Reinforcement	Intensive Intervention	Withdrawal symptoms	Not required	
Referral to Community Smoking Cessation Program?				Yes	No
Counselling Visit #2					
PATTERN OF SMOKING: Harder to quit if smokes >15 cigs/day, <1 wk smoke free in past year, started < 16 years of age			Date: (Should be within 1 month of 1 st counselling visit)		
Current smoking status:		Notes/Comments:			
Time of 1 st cigarette after awakening (e.g. 30 minutes)					
Date of last quit attempt:					
Duration of last quit attempt:					
Reason for relapse (or n/a)					
MEDICATION USE DURING QUIT ATTEMPT:	Nicotine Gum	Nicotine Patch	Nicotine Inhaler	Bupropion HCL	Champix
Comments:					
Consider Pharmacotherapy:	Nicotine Gum	Nicotine Patch	Nicotine Inhaler	Bupropion HCL	Champix
Follow-up – Relapse Prevention	Reinforcement	Intensive Intervention	Withdrawal symptoms	Not required	
Referral to Community Smoking Cessation Program?				Yes	No

From: Motivational Interviewing GP Drug & Alcohol Supplement No. 6, April 1997 - Guide Your Patients to a Smoke Free Future, Canadian Council for Tobacco Control – Adapted from the Teen Health Centre, Windsor



Adult Nicotine Replacement Therapy (NRT) Order Set

These Orders Are For:

Assisting patient to quit smoking **OR** To manage nicotine withdrawal symptoms in hospital

****** For Clients who are pregnant please see Physician Guidelines for Nicotine Replacement Therapy for recommendations regarding treatment options*******

Pharmacist consult for clients **less than 18 years of age**

Provide patient with Medications to help you quit Smoking Patient Information Pamphlet and Smoker's Helpline Patient Education Resources

Nicotine Replacement Therapy (NRT) Patch:

Protocol One - (Patient smoking greater than 40 cigarettes per day)

Nicotine Transdermal Patch 42 mg (21mg + 21 mg) applied once daily for 6 weeks, followed by Nicotine Transdermal Patch 35 mg (21mg +14 mg) applied once daily for 2 weeks, followed by Nicotine Transdermal Patch 28 mg (14mg +14mg) applied once daily for 2 weeks followed by, Nicotine Transdermal Patch 21 mg applied once daily for 2 weeks followed by Nicotine Transdermal Patch 7 mg applied once daily for two weeks

OR

Protocol Two - (Patient smoking 30-40 cigarettes per day)

Nicotine Transdermal Patch 28 mg (14 mg + 14 mg) applied once daily for 6 weeks followed by, Nicotine Transdermal Patch 21 mg applied once daily for 4 weeks followed by Nicotine Transdermal Patch 14 mg applied once daily for two ,followed by Nicotine Transdermal Patch 7 mg applied once daily for 2

OR

Protocol Three - (Patient smoking 10-30 cigarettes per day)

Nicotine Transdermal Patch 21 mg applied once daily for 6weeks followed by Nicotine Transdermal Patch 14 mg applied once daily for 2 weeks ,followed by Nicotine Transdermal Patch 7 mg applied once daily for 2

OR

Protocol Four - (Patient smoking less than 10 cigarettes per day or weighing less than 45 kg)

Nicotine Transdermal Patch 14 mg applied once daily for 6 weeks followed by
Nicotine Transdermal Patch 7mg applied once daily for 2 weeks

Nicotine 2 mg Gum. q 30 minutes prn (max 20 pieces per day)

Nicotine 2 mg Lozenge q30 minutes prn (max 20 lozenges per day)

Nicotine 10mg Inhaler prn (max 12 cartridges per day)

***** Nicotine Inhaler and lozenges should be reserved for patients who cannot tolerate/refuse to use the gum or lozenge***

Consult MRP for reassessment of ordered NRT if patient:

- develops a skin rash or
- has a sensitivity to adhesive or
- experiences withdrawal symptoms ranking 3 or 4 on Withdrawal Scale, despite NRT patch and short acting NRT use

Pharmacist Consult for other Tobacco Cessation Pharmacotherapy or patient's using other forms of tobacco (see reverse)

Arrange community follow-up based on patient preferences

Provide patient with instructions for continued NRT prior to discharge or transfer to next level of care

Signature: _____ Pager # _____ Date _____ Time _____

Signature/Printed Name/Designation

Co-Signature: _____ Pager # _____ Date _____ Time _____ Signatu

Transcribed By: _____ Date _____

Time _____ Signature/Printed Name/Designation (YYYY/MM/DD)

Checked By: _____ Date _____

Time _____ Signature/Printed Name/Designation (YYYY/MM/DD)



**Copy Made For
Pharmacy**



Physician Guidelines for Titration of Nicotine Replacement Therapy

Encourage the use of Short-acting NRT, to address cravings as necessary. Ensure patient has access to Short-acting NRT at bedside.

Assess Q shift for withdrawal symptoms or cravings. If these persist move to the next higher dose protocol.

When Using protocol one (greater than 40 Cigarettes per day):

If within 24 hours of initial application, withdrawal or cravings persist, add Nicotine Transdermal Patch 7mg patch and repeat as needed every 24 hours until cravings controlled.

May Consult pharmacist for other Tobacco cessation pharmacotherapies

For all protocols: If patient experiences persistent nausea or palpitations, discontinue protocol and move to the next lower dose protocol.

It may be necessary for patient to remain on Nicotine Replacement Therapy longer than above schedule.

It may be necessary for patient to remain on a particular step of Nicotine Replacement Therapy longer than above schedule.

For Pregnant Women: Ontario Medical Association guidelines state “ *NRT is safer than smoking for the pregnant woman and her fetus if she is unable to quit smoking with a behavioural intervention.*”

A Discussion regarding the risks and benefits of any form of nicotine to the developing fetus should be discussed with the patient. However, it should be stressed that NRT removes the risk of other highly toxic chemicals from the developing fetus. Dosing should be based on an individuals needs.

Physician Guidelines for Titration of Nicotine Replacement Therapy

Nicotine Replacement Therapy (NRT) Instructions

Instructions for NRT Patch: Apply patch to dry, hairless area between neck and waist. Remove old nicotine patch daily prior to applying new patch. Application sites should be rotated to avoid local skin irritation. Patch may be removed 1 hour prior to bed time if patient complains of insomnia and/or vivid dreams.

There are three forms of short acting NRT. The patient should be provided with guidance as to which form may be most suitable for them. For example, gum may not be appropriate for patients with dentures. However, the patient's choice should be the ultimate factor in deciding which form to use.

Instructions for NRT Gum: Bite gum once or twice, then “park it” between cheek and gum. This is done because the nicotine is absorbed through the cheeks and not by the act of chewing the gum. Encourage the patient to repeat the bite each time they would have normally taken another puff on a cigarette. After 30 minutes, all medication is released and gum can be discarded. Chew a new piece as soon as the urge for a cigarette occurs.

Instructions for NRT Lozenge: Suck on the lozenge until a strong taste is noted, then park it between gum and cheek and allow it to dissolve. Periodically, the lozenge should be moved from one side of the mouth to the other, and repeated, until the lozenge is completely dissolved (Approximately 20-30 minutes). The lozenge should not be chewed or swallowed whole.

Instructions for NRT Inhaler: Place cartridge into inhaler. Place the tapered end of the inhaler in mouth and puff in short breaths. Puff on inhaler as often as needed. Replace cartridge when taste or tingling in mouth is no longer present

● **WITHDRAWAL SCALE** (Symptoms based on last 24 hours)

0 = None 1 = Slight 2 = Mild 3 = Moderate 4 = Severe

Withdrawal Symptom

- Desire or craving to smoke
- Anger, irritability, frustration
- Anxiety, restlessness
- Other (headache, coughing, sore throat)
- Difficulty concentrating
- Depressed mood
- Insomnia, waking at night

Alternate Tobacco Cessation

Pharmacotherapies

Varenicline, Bupropion SR

Appendix C3:

Retrieved from the Centre for Addiction and Mental Health website
at
http://knowledgex.camh.net/primary_care/toolkits/addiction_toolkit/smoking/Pages/faq_recommending_nrt.aspx

What dose of NRT patch should I recommend?

Several tools have been designed to attempt to objectively assess the appropriate NRT patch dose. The most well known tool is the [Fagerström Test for Nicotine Dependence](#) score.

For most people who smoke one pack per day or less, the following is a reasonable starting point:

- More than 15 cigarettes per day: 21 mg patch (Step 1)
- Between seven and 15 cigarettes per day: 14 mg patch (Step 2)
- Fewer than seven cigarettes per day: 7 mg patch (Step 3).

People who smoke one pack per day will absorb between 1.8 mg and 26.8 mg of nicotine (usually from 16 mg to 20 mg), depending on how they smoke.

How do I know that the dose of NRT is appropriate?

- If the NRT patch dose is adequate, patients should feel relatively comfortable between cravings. In other words, they may still have strong urges during the day, but most of the time they will not feel physical cravings or discomfort.
- If the dose is inadequate, the patient will experience some of the ongoing physical discomfort of withdrawal, including irritability, dysphoria, restlessness, anxiety, insomnia, headache, myalgias, decreased concentration and strong cravings.
- If the dose is too high, the patient will experience symptoms of nicotine overdose, including nausea, cramps, dizziness, palpitations and/or dysphoria.

Can I recommend more than one patch at a time for patients who smoke heavily?

- A good starting point is to recommend one 21 mg patch per pack of cigarettes smoked per day.
- If a patient experiences symptoms of withdrawal on a 21 mg patch, the dose should be increased. Recommend that the patient increase the dose in 7 mg increments, every three to seven days.
- A patient who smokes two packs per day will experience a reduction in nicotine levels if he or she uses 42 mg of nicotine (two 21 mg patches) daily.
- The use of larger doses of nicotine by patients who smoke heavily and who are highly tolerant to the effects of the drug makes theoretical sense.
- At the CAMH Nicotine Dependence Clinic, doses from 21 mg to 42 mg are routinely used (in addition to gum as needed). Doses as high as 84 mg (four 21 mg patches) have been used successfully with patients who smoke very heavily.
- The efficacy of using more than one patch at a time – doses of 28 mg and up – is currently being investigated in randomized clinical trials.

How long should patients take NRT?

- NRT product monographs recommend approximately two to three months of use, which is the length of time these products were used in early clinical trials.
- The Lung Health study demonstrated that long-term NRT use is safe.
- Many patients are not ready to stop using NRT after three months.

It is recommended that the nicotine patch and other forms of replacement should be used for as long as needed to maintain or prolong abstinence.

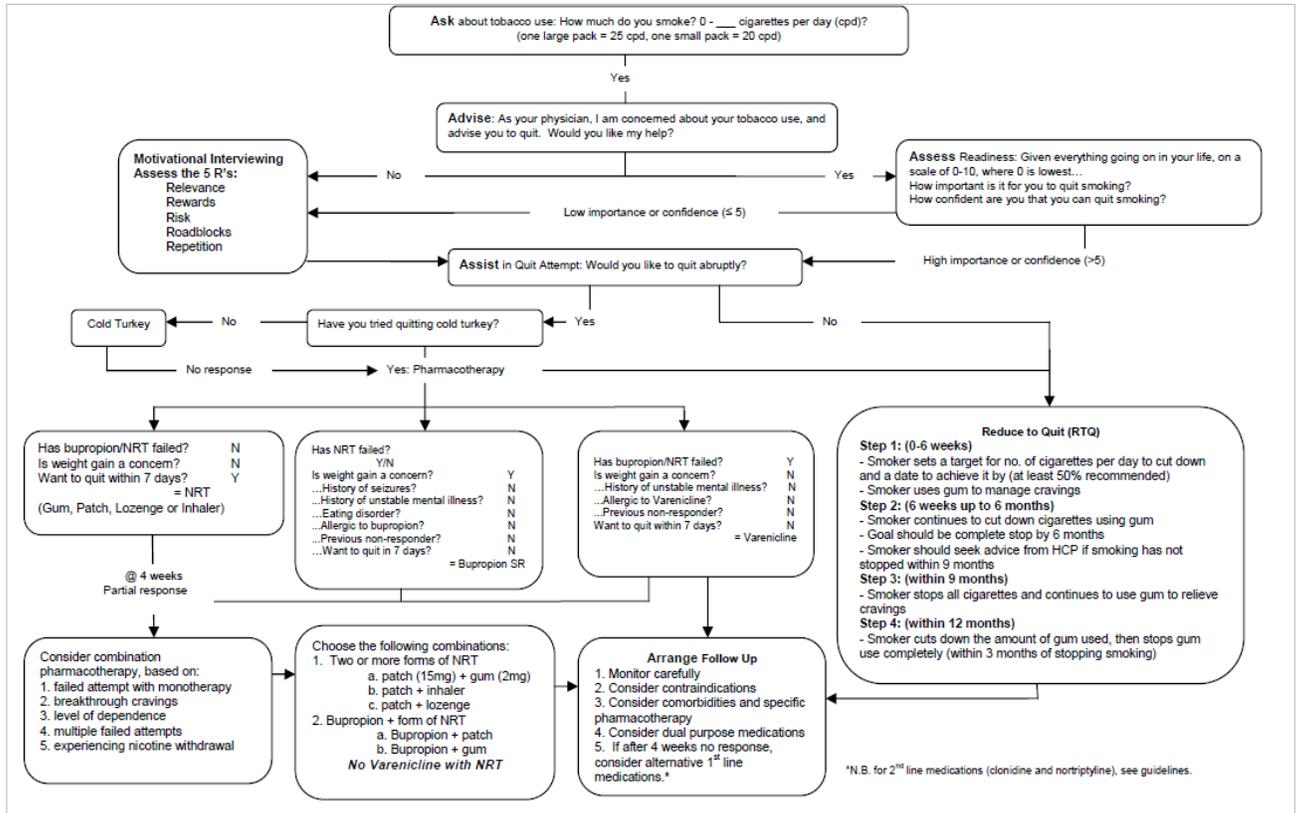
Here is the website:

http://knowledgex.camh.net/primary_care/toolkits/addiction_toolkit/smoking/Pages/faq_recommending_nrt.aspx

Appendix C4:



Algorithm for Tailoring Pharmacotherapy in Primary Care Settings



Developed by Peter Selby, MBBS, CCFP. This algorithm is based on:
 Bader, McDonald, Selby, *Tobacco Control*, 2009; 18: 34-42. Fiore MC et al., *Clinical Practice Guideline: Treating Tobacco Use and Dependence*, May 2008. Gray, *Therapeutic Choices: 5th Ed.*, 2007, Chapter 10: 147-157. Version 2, revised December 8, 2010.

Clinical Guidelines:

Dispensing of Nicotine Replacement Therapy

(Nicotine Patch and Nicotine Gum)

Nicotine Replacement Therapies (NRT) are an essential component in successful smoking cessation. The Quit Clinic will provide free NRT (nicotine patch and nicotine gum) to Brant County residents. The Quit Clinic will not provide clients with other forms of stop-smoking medications beyond the NRT patch and gum.

Following client assessment the clinic nurse may determine that a trial of NRT would be beneficial (see Appendix 1 & 2). The clinic nurse can distribute NRT providing the appropriate assessment and health teaching has been completed. The NRT will be dispensed with appropriate labelling and manufacturer's instructions. Nurses can recommend the purchase of an over the counter (OTC) medication but the client is accountable in his or her actions in doing so. Clients who choose to use other forms of stop-smoking medications or therapies will still be eligible to receive individual counselling at the Quit Clinic.

A Registered Nurse (RN) employed by the Brant County Health Unit may dispense NRT, including nicotine patch and nicotine gum, for the purpose of tobacco cessation, without prior consultation with a physician provided the following conditions are met:

Eligibility criteria to receive NRT products:

- Client is a resident of Brant County.
- Client has a set quit date or plans to establish one as part of their quit plan.
- Client has agreed to attend counselling sessions at the Quit Clinic during NRT treatment.
- Client has expressed a preference for using NRT over other pharmacotherapy options.
- Client is not currently taking Varenicline or Bupropion SR.
- Client uses cigarettes or cigars daily (NRT not applicable for occasional users)
- A medical history must be completed with no identified contraindications to commencing NRT.

Level 1 Contraindications to use:

Clients with the following contraindications will be required to receive pharmacotherapy treatment from their health care provider. They may receive counselling at the Quit Clinic.

- Recent cardiovascular accident (<= 4 weeks)
- A recent heart attack (myocardial infarction) (<= 4 weeks)
- Pregnant or breastfeeding
- Unstable or worsening angina pectoris
- Severely irregular heart beat (arrhythmia)
- Under 18 years of age (≤17 yrs)

Level 2 Contraindications to use:

The RN will not dispense, without review and approval from an outside physician or RN(EC), any form of NRT products to clients in the presence of the following contraindications:

- irregular heart beat (arrhythmia)
- angina
- hypertension (high blood pressure)
- heart failure
- hyperthyroidism (overactive thyroid)
- stomach ulcers
- kidney or liver disease (renal or hepatic insufficiency)
- diabetes requiring insulin
- treatment for poor circulation
- peripheral vascular disease
- stroke, or treatment for circulation disorders of the brain (cerebral ischemia)

The RN will not dispense NRT patch to clients with:

- Skin sensitivity to adhesive (*If client has expressed sensitivity to a specific NRT patch, the RN will avoid prescribing that specific brand. An alternate brand may be prescribed. If client has topical reaction to all brands, discontinue patch and provide nicotine gum instead.)

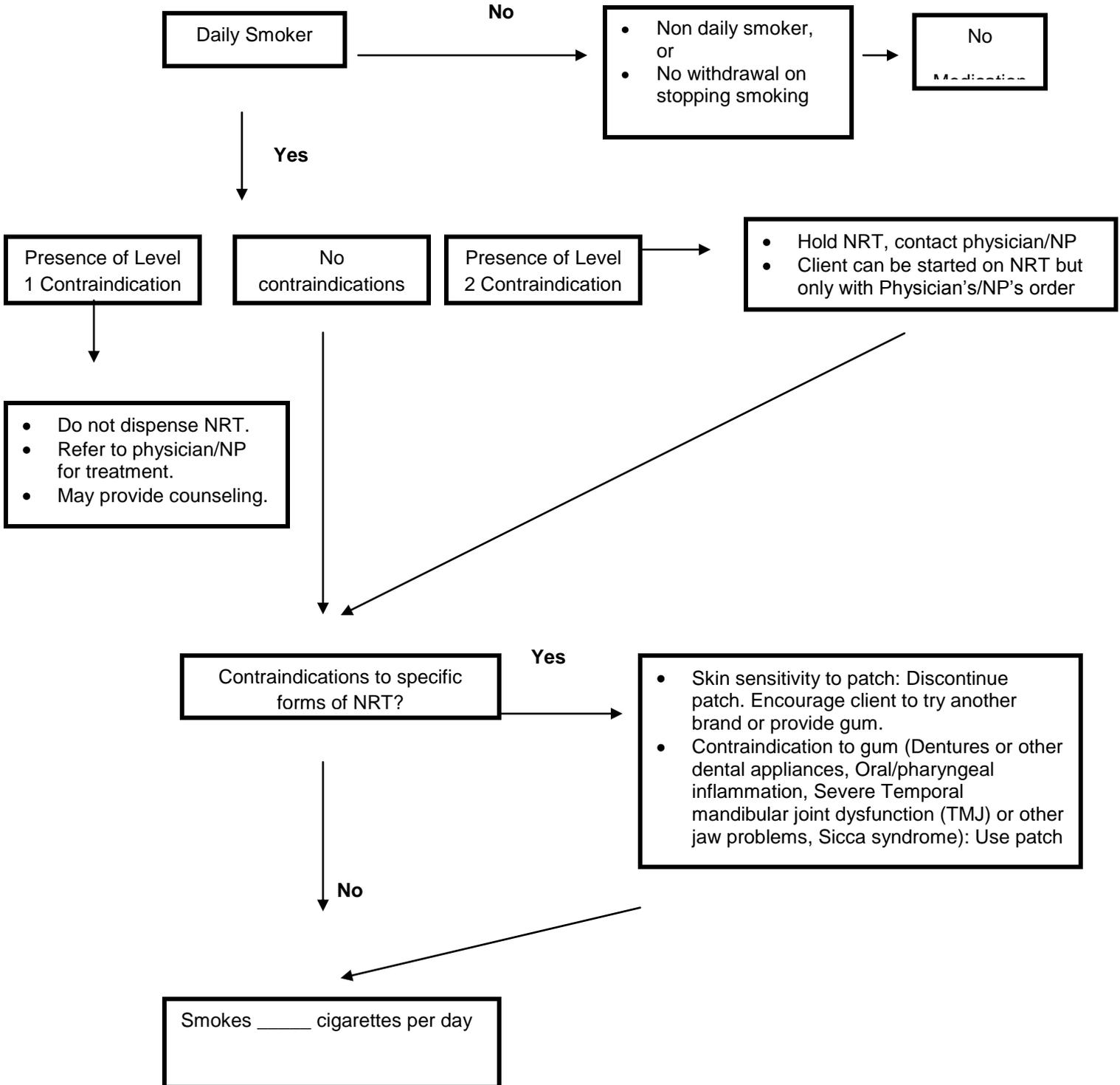
The RN will not dispense NRT Gum to clients with:

- Dentures or other dental appliances
- Oral/pharyngeal inflammation
- Severe Temporal mandibular joint dysfunction (TMJ) or other jaw problems
- Sicca syndrome

Clients will be referred to an outside MD or RN (EC) in the following instances:

- If client possesses Level 1 contraindications and chooses to use pharmacotherapy → for pharmacotherapy prescription and dosing from their MD or RN (EC).
- If client possesses Level 2 contraindications → for review and approval to receive NRT at the Quit Clinic. A copy of the signed approval form from the MD or RN (EC) must be included in the chart for these clients.
- If the client prefers to use Burpropion SR or Varenicline.

Algorithm for Nicotine Replacement Therapy





Refer to appropriate NRT Regimen

NRT Gum



NRT Patch



2 mg Gum:

- smokes less than 25 cigarettes/day or
- scores less than or equal to 7 on Fagerstrom Test for Nicotine Dependence

4 mg Gum:

- client smokes more than 25 cigarettes/day or
- scores more than or equal to 7 on Fagerstrom Test for Nicotine Dependence



Smokes > 10 cigarettes per day:

2

Smokes 10 or less cigarettes per day:

Nicotine Replacement Therapy Regimen

NICOTINE PATCH

Regimen A:

Smokes > 10 cigarettes per day.

Dose Regimen
21 mg x 4 weeks
14 mg x 2 weeks
7 mg x 2 weeks

21 mg x 4 weeks

- 7 patches per week
- 28 patches in a 4 week period

14 mg x 2 weeks

- 7 patches per week
- 14 patches in a 2 week period

7 mg x 2 weeks

- 7 patches per week
- 14 patches in a 2 week period

Regimen B:

Smokes 10 or less cigarettes.

Dose Regimen
14 mg x 6 weeks
7 mg x 2 weeks

14 mg x 6 weeks

- 7 patches per week
- 42 patches in a 6 week period

7 mg x 2 weeks

- 7 patches per week
- 14 patches in a 2 week period

NICOTINE GUM – 2mg

*If client smokes **less than 25 cigarettes/day** or scores **less than or equal to 6 on Fagerstrom Test**, then they should use the 2 mg gum strength.*

Client smokes 20+ cigarettes /day.

Dose Regimen
20 pieces/day x 2 weeks= 280 pieces
15 pieces/day x 2 weeks = 210 pieces
10 pieces/day x 4 weeks = 280 pieces
5 pieces /day x 4 weeks = 140 pieces

Client smokes 15-19 cigarettes /day.

Dose Regimen
16 pieces/day x 2 weeks= 224 pieces
12 pieces/day x 2 weeks = 168 pieces
6 pieces/day x 4 weeks = 168 pieces
3 pieces /day x 4 weeks = 84 pieces

Client smokes 11-14 cigarettes/day.

Dose Regimen
12 pieces/day x 2 weeks= 168 pieces
9 pieces/day x 2 weeks = 126 pieces
5 pieces/day x 4 weeks = 140 pieces
3 pieces /day x 4 weeks = 84 pieces

Client smokes 10 cigarettes or less.

Dose Regimen
10 pieces/day x 2 weeks= 140 pieces
8 pieces/day x 2 weeks = 112 pieces
4 pieces/day x 4 weeks = 112 pieces
2 pieces /day x 4 weeks = 56 pieces

NICOTINE GUM – 4 mg

*If client smokes **more than 25 cigarettes/day** or score **more than or equal to 7 on Fagerstrom Test**, then they should use the 4 mg gum strength.*

Client smokes 20+ cigarettes /day.

Dose Regimen
20 pieces/day x 2 weeks= 280 pieces
15 pieces/day x 2 weeks = 210 pieces
10 pieces/day x 4 weeks = 280 pieces
5 pieces /day x 4 weeks = 140 pieces

Client smokes 15-19 cigarettes/day.

Dose Regimen
16 pieces/day x 2 weeks= 224 pieces
12 pieces/day x 2 weeks = 168 pieces
6 pieces/day x 4 weeks = 168 pieces
3 pieces /day x 4 weeks = 84 pieces

Client smokes 11-14 cigarettes/day.

Dose Regimen
12 pieces/day x 2 weeks= 168 pieces
9 pieces/day x 2 weeks = 126 pieces
5 pieces/day x 4 weeks = 140 pieces
3 pieces /day x 4 weeks = 84 pieces

Client smokes 10 cigarettes or less.

Dose Regimen
10 pieces/day x 2 weeks= 140 pieces
8 pieces/day x 2 weeks = 112 pieces
4 pieces/day x 4 weeks = 112 pieces
2 pieces /day x 4 weeks = 56 pieces

Reference

Rexall Nic-Assist Transdermal Nicotine Patch Product Monograph
Rexall Nic-Assist Gum Product Monograph.

Nicotine Gum

- Session 1: Intake Form B, Assessment and Counselling
- Session 2: Initial Provision of Nicotine Replacement Therapy
- before Quit Date
 - provide week 1 supply of gum
- Session 3: Assessment and Counselling
- one week after quit date
 - provide week 2 and 3 supply of gum
- Session 4: Assessment and Counselling
- provide week 4, 5, 6, 7 supply of gum
- Session 5: Assessment and Counselling
- provide week 8, 9, 10, 11, 12 supply of gum
- Session 6: Final Appointment
- Quit Clinic Evaluation

Nicotine Patch

- Session 1: Intake Form B, Assessment and Counselling
- Session 2: Initial Provision of Nicotine Replacement Therapy
- before Quit Date
 - provide 1 week supply of patch
- Session 3: Assessment and Counselling
- one week after quit date
 - provide week 2 and 3 supply of patch
- Session 4: Assessment and Counselling
- provide week 4 and 5 supply of patch
- Session 5: Assessment and Counselling
- provide week 6, 7, 8 supply of patch
- Session 6: Final Appointment
- Quit Clinic Evaluation

Appendix C6:

Quit Smoking Aid:	How to Use:	How long to take it:	Possible side effects:	Cautions:	When not to take it:	Advantages:
Nicotine Gum (available OTC)	Bite and park gum. 1 piece every 1 to 2 hours 2mg for light smokers (<20/day) 4 mg for heavy smokers (<20/day) Stop smoking before starting	Several weeks to several months, or longer if necessary.	Burning throat, hiccups if chewed too quickly, dental problems.	Pregnant * Breastfeeding*	Check with your doctor if you are pregnant* or breastfeeding*, or have an unstable medical condition.	You can control when to take the nicotine and how much. Satisfies oral craving. Delays some weight gain during use.
Nicotine Patch (available OTC)	Light smokers (<20/day) start at 14 or 7mg Heavy smokers (>20/day) start at 21mg and taper down	8-12 weeks (longer if needed)	Skin reaction at site of patch, disturbed sleep, nightmares	Pregnant * Breastfeeding*	Check with your doctor if you are pregnant* or breastfeeding*, or have an unstable medical condition.	You only need to apply it once/day. No chewing. Can control cravings for 24 hours. Delays some weight gain during use.
Nicotine Inhaler	For the first 3 to 12 weeks of treatment, use at least 6 cartridges/day. Do not use more than 12 cartridges/day. The inhaler has a flexible dosing system. One nicotine cartridge is used up after 20 minutes of continuous puffing.	Initial treatment duration is up to 12 weeks. Following this initial treatment, for the next 6-12 weeks the dosage is gradually reduced. Use beyond 6 months is not recommended.	Possible mild irritation of the mouth or throat, cough during initial use. Stomach upset may occur.	Pregnant * Breastfeeding*	Check with your doctor if you are pregnant* or breastfeeding*, or have an unstable medical condition.	Can help relieve nicotine withdrawal symptoms and provide the comfort of the hand-to-mouth ritual.
Nicotine lozenge	Light smokers start at 1-2mg.Heavy smokers start at 4mg. Place in mouth between cheek and gum, suck until nicotine taste, stop until taste fades, repeat. Do not chew or swallow lozenge.One lozenge lasts 20-30 minutes. Do not use more than one at a time or one right after another. Do not use more than five lozenges in 6 hours or more than 20/day.	Initial treatment duration is up to 12 weeks. Weeks 1-6 take one lozenge per hour. Weeks 7-9 , 1 per 2-4 hours. Weeks 10-12, 1 every 4-8 hours.	Hiccups, heartburn, nausea.	Pregnant * Breastfeeding*	Check with your doctor if you are pregnant* or breastfeeding*, or have an unstable medical condition.	You can control when to take the nicotine and how much. Satisfies oral craving.

Bupropion (Zyban®), available only by prescription)	150 mg tablet once/day for 3 days, then twice/day. Start 7 to 14 days before quit date.	7-12 weeks or longer if necessary.	Dry mouth, insomnia.	If you drink more than 4 drinks/day. If you take St. Johns Wort; take seizure medication**, are pregnant* or breastfeeding*	If you are pregnant * or breastfeeding *, have a seizure disorder, have an eating disorder, take monoamine oxidase inhibitors**	Inexpensive Improves depression Minimal weight gain during use
Varenicline (Champix ©) Available by prescription only.	0.5mg tablet once/day for 3 days, then 0.5mg twice a day for 4 days, then i)remain at this dose, or ii) increase to maximum of 0.1mg pill twice/day Start 7-14 days before quit date.	12 weeks	Nausea, insomnia	Do not use with nicotine patch or gum. See Pfizer/Health Canada Safety information ***	If you are pregnant or hypersensitive to varenicline.	Very effective. Well-tolerated Minimal side effects See Pfizer/Health Canada Safety Information.

* Many doctors believe that using the nicotine patch or gum is better than smoking during pregnancy and while breastfeeding because by stopping smoking, you are not inhaling thousands of toxic chemicals from cigarette smoke.

** Remember to tell your doctor about any other medications you are taking. It is always a good idea to check with your doctor before beginning any medications for smoking cessation

*** May 31, 2010, Pfizer and Health Canada issued the following Safety Information related to varenicline tartrate (Champix): Patients using CHAMPIX® should stop the treatment and contact their healthcare provider immediately if they experience, or if their families or caregivers observe, signs or symptoms including:

- Changes in mood or behaviour (such as depressed mood, agitation, aggression, hostility, thoughts of self-harm or harm towards others);
- Serious allergic reactions (such as swelling of the face, lips, gums, tongue and throat that can cause trouble breathing) and skin reactions (such as rash, swelling, redness, and peeling of the skin).

Patients should also be aware that:

- Neuropsychiatric side-effects have occurred in patients taking CHAMPIX® with or without a history of psychiatric disorder;
- Quitting smoking can be associated with changes in mood or behaviour, even without taking medication to help quit;
- Drinking alcohol may increase the risk of experiencing neuropsychiatric side effects; and
- Side-effects such as sleepiness, dizziness, loss of consciousness, seizures, or difficulty concentrating may also occur. Patients should not engage in potentially hazardous activities, such as

driving a car or operating dangerous machinery until they know how they may be affected by CHAMPIX®.

http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/public/_2010/champix_2_pc-cp-eng.php

Adapted from: Integrating Smoking Cessation into Daily Nursing Practice. RNAO, October 2007.



Smokers' Helpline
CONFIDENTIAL
Fax Referral Form
Fax: 1 877 513-5334



CONNECT TO QUIT
 smokershelpline.ca
 1 877 513-5333

HEALTH PROFESSIONAL REFERRAL SOURCE – REQUIRED – PLEASE PRINT

Health Care provider (select one)
 Physician Nurse Dentist Pharmacist Physiotherapist Other (specify) _____

Contact Information of Referring Clinician
 (or include fax transmissible stamp with equivalent information)

First name _____ Last name _____
 (_____) _____ (_____) _____

Telephone _____ Fax _____

Office stamp

PATIENT/CLIENT- CONTACT INFORMATION – REQUIRED – PLEASE PRINT

FIRST NAME _____	LAST NAME _____
STREET ADDRESS _____	CITY/TOWN _____
Ontario _____	POSTAL CODE _____ BIRTHDATE (mm/yyyy) _____
PROVINCE _____	
(_____) _____ TELEPHONE _____	Language preference of service <input type="radio"/> English <input type="radio"/> French <input type="radio"/> Interpreter requested (specify language) _____
<input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work	Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other _____
email ADDRESS (optional) _____	

Smokers' Helpline usually calls the client within 3 business days of receiving a referral. When should we call?

Please call me in the Morning Afternoon Evening Anytime

May we leave a message identifying ourselves as *Smokers' Helpline*? Yes No

PATIENT/CLIENT-INFORMED CONSENT

I give permission for this form to be faxed to *Smokers' Helpline* (SHL), so that SHL can contact me regarding my attempt to quit smoking, and also for SHL to communicate with my healthcare provider. I understand that SHL will keep my information confidential and will only use it for the purpose of administering the fax referral program.

SIGNATURE OF CLIENT _____ DATE (mm/dd/yyyy) _____

This fax is private and confidential and may contain privileged information. It is intended for *Smokers' Helpline* only. If you have received this fax in error please notify the sender and destroy this faxed message immediately. Any unauthorized use or disclosure of this faxed information is strictly prohibited.
 Template Revised April 2010

Quit Connection

smokers' helpline

CONNECT TO QUIT
smokershelpline.ca
1 877 513-5333

What is *Smokers' Helpline*?

The Canadian Cancer Society *Smokers' Helpline* (SHL) is a free, confidential, service that provides personalized support, advice and information about quitting smoking and tobacco use. *Smokers' Helpline* is an evidence-based program, offered by telephone, online and by text messaging that increases a tobacco user's chance of quitting successfully.

What is *Smokers' Helpline Quit Connection*?

Smokers' Helpline Quit Connection provides a seamless integration between the cessation services of SHL and health professionals who identify and refer clients who smoke or want to remain smoke-free. The *Quit Connection* Program eliminates the need for clients to call SHL. Instead, a *Smokers' Helpline* Quit Specialist will contact the tobacco user to provide services.

What is my role as a health professional?

Health professionals are in a unique position to assist tobacco users. You encounter people at "teachable moments" when patients may be more inspired than usual to change unhealthy behaviours. Even a minimal contact intervention can powerfully motivate clients to make a quit attempt. *Smokers' Helpline Quit Connection* is a program that can be used on its own, or as a positive adjunct to clinician intervention. Clinicians can simply follow the **5 As**:

- 1. Ask** your patient if he/she uses tobacco.
- 2. Advise** your patient to quit.
- 3. Assess** your patient's readiness to quit smoking.
- 4. Assist** your patient to quit smoking.
- 5. Arrange** follow up by obtaining consent to fax a referral to *Smokers' Helpline*.

How will SHL follow up with my patients?

Upon receipt of a faxed consent form, the referral is entered into the SHL's confidential database and a call is scheduled for a preferred time of day that the client has identified. Four attempts will be made to contact the client. Quit Specialists provide information about the service, assess a client's readiness to quit, and offer services based on each individual client's situation.

How do I get started?

You can obtain a form and information from your *Smokers' Helpline* Regional Coordinator. To get in touch with the Coordinator in your area, call *Smokers' Helpline* at **1 877 513-5333** or e-mail smokershelpline@ontario.cancer.ca.

IT' S HAMILTON' S TIME TO QUIT

<u>Smoking Cessation Codes</u> CODE	DETAILS
E079A	<ul style="list-style-type: none"> • Initial discussion with patient to eligible services • Annual incentive payment available to all primary care physicians who dialogue with their own patients who smoke • E079 is only eligible for payment when rendered in conjunction with one of the following services: <ul style="list-style-type: none"> A001, A003, A004, A005, A006, A007, A008, A903, A905, K005, K007, K013, K017, P003, P004, P005, P008, W001, W002, W003, W004, W008, W010, W102, W104, W107, W109 or W121 • This code replaced Q041A
K039	<ul style="list-style-type: none"> • Dedicated smoking cessation follow-up visit • A physician is eligible to receipt payment for a maximum of two annually • K039A Smoking Cessation follow-up fees if: <ul style="list-style-type: none"> The physician had previously billed a valid E079 K039 is billed in the 365 day

	<p>period following the service date of a valid E079</p> <ul style="list-style-type: none"> • Just like E079 – this is only eligible when rendered to the physician’s own patients
Q042A	<p>Available for CCM, FHG, FHN and FHO’s</p> <p>Dedicated smoking cessation follow-up visit for enrolled patients who have committed to quit smoking</p> <p>This additional fee (on top of the E079A and K039) – is payable alongside K039 but not E079</p> <p>Billing for this fee is unlimited – this is limited to two per year</p>
A007	<p>Claimed for ongoing follow-up counseling</p> <p>Billing for this fee is unlimited</p> <p>NOTE: that there is no time requirement for this code (to distinguish it from K013)</p>
K013	<p>Claimed for ongoing follow-up counseling</p> <p>Can only claim three times per year with a 20 minute patient visit minimum</p> <p>K033 can be billed in place of K013, once K013 maximums have been reached</p>

Appendix E2:

ODHA Dental Fee Guide:

00820 Counseling for tobacco use cessation

1 unit of time 00821 \$35.00
2 units of time 00822 \$70.00
3 units of time 00823 \$105.00
4 units of time 00824 \$140.00
½ unit of time 00827 \$17.50
each additional unit of time >4 00829 \$35.00

Appendix E3:

UPDATE Z

Ontario Drug Benefit

Formulary/Comparative Drug Index

No. 41

Effective August 04, 2011

02291177 Champix 0.5mg Tab VARENICLINE TARTRATE PFI 1.6850

02291185 Champix 1.0mg Tab VARENICLINE TARTRATE PFI 1.6850

New Single Source Drug(s)

Reason for

Use Code

423

Clinical Criteria

For smoking-cessation treatment in adults, in conjunction with Smoking-cessation counseling.

Network Note: Limited to 12 weeks (168 tablets) of reimbursement per 365 days per patient.

LU Authorization Period: 12 Weeks.

02238441 Zyban 150mg SR Tab BUPROPION HCL VAL 0.9228

Reason for

Use Code

423

Clinical Criteria

For smoking-cessation treatment in adults, in conjunction with Smoking-cessation counseling.

Network Note: Limited to 12 weeks (168 tablets) of reimbursement per 365 days per patient.

LU Authorization Period: 12 Weeks.

Reason for

Use Code

191

Clinical Criteria

For the treatment of psoriasis in patients who have failed topical corticosteroids alone, or are intolerant to topical corticosteroids.

LU Authorization Period: Indefinite.

Full document can be accessed at:

http://www.health.gov.on.ca/english/providers/program/drugs/formulary/41_update_z_20110726.pdf

Appendix F1:

**Possible Roles for Development and Implementation of
Systematic Tobacco Dependence Treatment in Primary Care Setting**

Physicians:

- Convene office team to solicit support for the program and to determine the office plan of action.
- Appoint a member of your healthcare team to function as the tobacco intervention coordinator.
- Use the 5A model of minimal contact intervention to counsel patients in smoking cessation and health effects of tobacco use and benefits of quitting.
 1. *Ask* every patient about their tobacco use status via medical history and personal interview.
 2. *Advise* each patient who uses tobacco to quit in a non-judgemental and personally relevant way.
 3. *Assess* the patients' intentions to quit by assuring completion of the assessment questions on *Tobacco Use Questionnaire* form.
 4. *Assist* patients who want to quit by recommending nicotine replacement products, and/or prescribe varenicline (Champix®); bupropion SR (Zyban®); or a combination of bupropion SR and nicotine replacement medication(s).
 5. *Arrange* for intensive tobacco dependence treatment by asking patients if they would like Smokers' Helpline to call them directly. Notify office staff that a Smokers' Helpline Quit Connection Fax Referral Form should be completed and signed by the patient. All fax form fields must be completed and faxed within 2 business days.

Tobacco Intervention Coordinator:

- Assess and implement necessary changes to documentation system.
- Track and assess the effectiveness of tobacco cessation interventions for each patient.
- Negotiate roles of other team members.
- Establish meetings to monitor program progress and evaluate personnel time and commitment; reassign responsibilities if needed.
- Introduce new team members to program-related responsibilities; delegate training to appropriate personnel, when necessary.
- Organize on-going professional development opportunities for staff by connecting with the Hamilton Tobacco Cessation Community of Practice.

Nurse Practitioner, Nurse and Allied Health Professionals :

- Execute role and attend smoking cessation meetings as determined by the tobacco intervention coordinator.
- Work with physician and healthcare team to evaluate the effectiveness of the program and implement any necessary changes.
- Use the 5A model of minimal contact intervention to counsel patients in smoking cessation.
 1. *Ask* every patient about their tobacco use status via medical history and personal interview.
 2. *Advise* each patient who uses tobacco to quit in a non-judgemental and personally relevant way.
 3. *Assess* the patients' intentions to quit by assuring completion of the assessment questions on *Tobacco Use Questionnaire* form.
 4. *Assist* each patient who wishes to quit tobacco use by helping them set a quit date and providing education about quitting smoking. Recommend nicotine replacement products, varenicline (Champix®); bupropion SR (Zyban®); or a combination of bupropion SR and nicotine replacement medication(s).
 5. *Arrange* for intensive tobacco dependence treatment by asking patients if they would like Smokers' Helpline to call them directly. If the client/patient consents to this service, the staff person will complete a Smokers' Helpline Quit Connection Fax Referral Form when the client/patient is present. All fax form fields must be completed and faxed within 2 business days.
- Record tobacco use status, counselling interactions and any medications in client record/chart.
- **Nurse or Allied Health Professional:** if patient is interested the medications varenicline (Champix®) or bupropion SR (Zyban®), refer the patient to the physician.
- **Nurse practitioner:** can recommend nicotine replacement products, and/or prescribe bupropion (Zyban®); or a combination of bupropion and nicotine replacement medication. Refer the patient to the physician if interested in varenicline (Champix®).

Receptionist:

- Provide client with *Tobacco Use Questionnaire* and identify patient's smoking status in patient file.
- Ensure patient has been asked about Smokers' Helpline Quit Connection Fax Referral.
- Fax referral Smokers' Helpline Quit Connection Fax Referral forms to Smokers' Helpline within 2 business days.
- Keep patient's smoking status up-to-date on patient file.
- Remind patient to check with their insurer regarding coverage for quit smoking medications.
- Ensure tobacco interventions are reflected in billing.
- Execute role and attend smoking cessation meetings as determined by the tobacco intervention coordinator.

Appendix F2:

Possible Tobacco Dependence Treatment Roles

Dentist:

- Convene office team to solicit support for the program and to determine the office plan of action.
- Use the 5A model of minimal contact intervention to counsel patients in smoking cessation and provide education on oral effects of tobacco use.
- Recommend nicotine replacement products; varenicline (Champix®); bupropion (Zyban®); or a combination of bupropion and nicotine replacement medication.
- Ask clients/patients if they would like Smokers' Helpline to call them directly. Notify office staff that a Smokers' Helpline Quit Connection Fax Referral Form should be completed and signed by client/patient. All fax form fields must be completed and faxed within 2 business days.
- Appoint a dental hygienist as tobacco intervention coordinator.

Dental Hygienists:

- Act as tobacco intervention coordinator. Responsibilities:
 - Track and assess the effectiveness of tobacco cessation interventions for each patient;
 - Negotiate roles of other team members;
 - Establish meetings to monitor program progress and evaluate personnel time and commitment; reassign responsibilities if needed.
 - Introduce new team members to program-related responsibilities;
 - Organize professional development opportunities for appropriate staff.
- Assess tobacco use for every patient via medical history and personal interview. Assess their willingness to quit.
- Use the 5A model of minimal contact intervention to counsel patients in smoking cessation and provide education on the oral effects of tobacco use.
- Assess the clients/patients intentions to quit by completing the assessment questions on X documentation form. Staff must ask for the client's permission to proceed with the assessment questions. If the client declines, the staff person documents this and does not proceed to complete the 5 As protocol.
- Record tobacco use status, counselling interactions and any medications by completing the assessment questions on X documentation form.
- Ask clients/patients if they would like Smokers' Helpline to call them directly. If the client/patient consents to this service, the staff person will complete a Smokers' Helpline

Quit Connection Fax Referral Form when the client/patient is present. All fax form fields must be completed and faxed within 2 business days.

- Suggest follow up with dentist, physician, or pharmacist if client is interested in quit smoking medications.
- Work with dentist to evaluate the effectiveness of the program and implement any necessary changes.

Dental Assistant:

- Provide interested clients/patients with self-help educational package/materials containing the self-help booklet series from the Canadian Cancer Society's Smokers' Helpline.
- Order supplies, such as chart stickers and tobacco history questionnaires, as directed by the tobacco intervention coordinator.
- Monitor pamphlets/forms and reorder as necessary.
- Assist the receptionist, as needed.
- Provide encouragement to patients/clients who are going through the quitting process.
- Execute role and attend smoking cessation meetings as determined by the tobacco intervention coordinator.

Receptionist:

- Provide client with appropriate screening tool; identify client's smoking status in patient record such as a non-tobacco-use indicator sticker.
- Ensure client has been asked about SHL Quit Connection Fax Referral.
- Fax referral forms to SHL.
- Replace tobacco-use indicator with non-tobacco-use indicator after a successful quit attempt.
- Remind client to check with their insurer re. Quit smoking medication coverage.
- Execute role and attend smoking cessation meetings as determined by the tobacco intervention coordinator.

Adapted from University of Wisconsin, Centre for Tobacco Research and Intervention