



Minister's Medal Honouring Excellence in Health Quality and Safety

Team-based Initiative/Program

Ottawa Model for Smoking Cessation

The Ottawa Model for Smoking Cessation (OMSC), developed at the University of Ottawa Heart Institute (UOHI), is an evidence-based system for **identifying, treating, and following smokers in health care settings**. The OMSC uses change management processes, outreach facilitation, and high-quality program evaluation to embed **sustainable tobacco treatment interventions** within clinical practice, enabling health professionals to effectively support smokers with nicotine withdrawal management and long-term quitting.

The OMSC was first evaluated at UOHI in the early 2000's. It began expanding to acute care hospitals in the Champlain LHIN in 2006. Initial evaluations found the OMSC to improve quit smoking rates by an absolute 11.1% (18.3% to 29.4%) in general hospital populations. Today, UOHI has partnered with 400 sites across Canada to implement the OMSC, including 254 in 13 of 14 Ontario LHINs. As of March 2015, more than 200,000 smokers had been reached by OMSC programs across Canada. Annually, 58,000 smokers are being offered support through OMSC programs across Canada, 40,500 of whom live in Ontario. In 2014 alone, the OMSC reached over 1500 healthcare professions through a variety of training opportunities such as conference and grand rounds presentations, workshops, and online e-courses.

A recent study of the Ottawa Model for Smoking Cessation in Ontario hospital settings revealed significant cost-savings that can be achieved through implementation of the program:

- Providing the Ottawa Model program to Ontario smokers while they are hospitalized leads to a significant reduction in 30-day healthcare utilization, including a 50% reduction in all-cause readmission to hospital, a 45% reduction in smoking-related readmissions, and a 30% reduction in emergency department visits.

*The information provided above is taken directly from 2013 Minister's Medal applications –
Facts and information herein have been updated in 2015 but have not been verified for accuracy.*

- The Ottawa Model leads to a significant reduction in 2-year healthcare utilization and risk of death: a 21% reduction in all-cause readmissions, a 21% reduction in smoking-related readmissions, a 9% reduction in ER visits, and a 40% reduction in mortality.
- The Ottawa Model costs the system a maximum of \$80 per smoker, of which at most \$35 are direct and indirect costs incurred by a hospital.
- Two years following a hospitalization, our results indicate that patients who receive the Ottawa Model cost on average \$4100 less in overall healthcare expenditures compared to smokers who do not receive such an intervention.
- The potential impact of province-wide adoption (i.e., reaching the 200,000 hospitalized smokers) would require an investment of \$16 million in order to achieve a 2-year savings of \$800 million (ROI = \$784 million).

The program has been recognized by Accreditation Canada as a Leading Practice and has been adopted internationally by organizations including National Health Services of England, Colorado Department of Public Health, and the health department (ASSE) of Uruguay.

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