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Expanding the Uptake of Hospital-based Tobacco-use Cessation Supports Across Ontario

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McMaster HEALTH FORUM

Topic Overview

Expanding the Uptake of Hospital-based Tobacco-use Cessation Supports Across Ontario

Stakeholder Dialogue
18 January 2012

The McMaster Health Forum convened a stakeholder dialogue on the subject of expanding the uptake of hospital-based tobacco-use cessation supports across Ontario. With the support of the Ontario Ministry of Health and Long-Term Care, the dialogue brought together participants – two policymakers, 11 executives and managers from a broad range of settings, four individuals involved in leading profession/ region/province-wide tobacco-use cessation programs, and three researchers – from across Ontario to examine the problem, elements of a comprehensive approach for addressing it, and key implementation considerations.

Ontario

The views expressed in the evidence brief and dialogue summary are the views of the authors and should not be taken to represent the views of the Ontario Ministry of Health and Long-Term Care.

Deliberation about the problem

Dialogue participants generally agreed that Ontario hospitals lack a common, feasible, cost-effective and sustainable approach to delivering tobacco-use cessation supports. They attributed the lack of a common approach to factors operating at the individual level among hospital executives and staff (e.g., lack of awareness and commitment) and at the system level (e.g., lack of agreed hospital practices that are supported by the best available data and research evidence, and that are scalable to local contexts, as well as a lack of a systematic, province-wide effort to support the adoption of these agreed practices). Dialogue participants also commented on the lack of measurement of existing practices, appropriate resourcing and accountability agreements.

Dialogue deliverables

To learn more about this topic, consult the evidence brief that was presented to participants before the dialogue, the summary of the dialogue, and view or listen to the interviews with dialogue participants. For an electronic copy of the evidence brief or dialogue summary, or to view or listen to the interviews, visit our website www.mcmasterhealthforum.com and click on 'Products' along the sidebar, or for direct access to our YouTube and iTunes U channels, simply click on the icons below.

Participants drawn from government and from health, professional and research organizations gather during a McMaster Health Forum event on 18 January 2012

Deliberation about an approach

Dialogue participants generally supported the following principles: 1) the goal for a 'population-based' tobacco-use cessation support initiative in Ontario hospitals should be 100% coverage of all tobacco users (even if an intensive 'clinical' response is targeted only at select patients); 2) the elements of such an initiative should be based on leading practices as determined by an expert group with experience in administering such hospital-based programs and in related domains, but with a focus on describing incremental or scalable enhancements (or packages of or options for enhancements) that can be flexibly introduced by each Ontario hospital as it moves from wherever it currently is towards full implementation; and 3) the system-wide roll-out of such an initiative should begin with the measurement of existing practices, then move to appropriate resourcing, and finally move to clear accountability agreements.

In order to inform the process for documenting leading practices, dialogue participants deliberated about the following six questions: 1) what is the ideal process? 2) who should do what? 3) what resources would be needed? 4) what are the indicators for success?; 5) what reminder systems are needed to ensure this is done?; and 6) who do you hold accountable to do this?

Deliberation about next steps

A number of dialogue participants argued that one key set of next steps – the development of a performance-management model to support organizational change – would ideally come in a sequenced way from the Ontario Ministry of Health and Long-Term Care, which could: 1) issue a directive about the need to develop a small set of indicators that would be tracked across all Ontario hospitals; 2) request Local Health Integration Networks to add to hospital global budgets a budget line that provides the necessary resources for each hospital to provide the tobacco-use cessation supports that indicators suggest there is a need for; and 3) request Local Health Integration Networks to add to accountability agreements with hospitals what is expected in return for these dedicated funds (as well as add to accountability agreements with community-based clinics what is expected of them). Dialogue participants also argued that a complementary set of next steps could be undertaken by Health Quality Ontario (e.g., convening the proposed expert panel and supporting the system-wide roll-out of the enhancements), as well as by a number of other provincial and national organizations.

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