

Appendix 14: Sample Feedback Report #1

PROVIDER SUMMARY REPORT

Clinic Name : Greenboro Family Medicine Center

Physician Name : ALL

Report Date : 8/31/2010

Period : January 1, 2010 To June 1, 2010

Time : 3:05:29PM

	Follow-up	No Follow-up	Total
Patients	N (%)	N (%)	N (%)
Number of Patients	0 (0.0%)	0 (0.0%)	0 (100.0%)
Readiness to Quit			
Recently Quit	0 (0.0%)	0 (0.0%)	0 (0.0%)
Ready to Quit	0 (0.0%)	0 (0.0%)	0 (0.0%)
Not Ready to Quit	0 (0.0%)	0 (0.0%)	0 (0.0%)

SUMMARY OF OUTCOMES*

READY TO QUIT

Cessation Rates	Number of Patients	Smoke Free	Quit Rate (%)	Patients Reached	Smoke Free	Quit Rate (%)
Day 30	0	0	(0.0%)	0	0	(0.0%)
Day 60	0	0	(0.0%)	0	0	(0.0%)
Day 90	0	0	(0.0%)	0	0	(0.0%)
Day 180	0	0	(0.0%)	0	0	(0.0%)

NOT READY TO QUIT

Readiness to Quit	Number of Patients	Ready to Quit	Ready Rate (%)	Patients Reached	Ready to Quit	Quit Rate (%)
Day 30	0	0	(0.0%)	0	0	(0.0%)
Day 60	0	0	(0.0%)	0	0	(0.0%)
Day 90	0	0	(0.0%)	0	0	(0.0%)
Day 180	0	0	(0.0%)	0	0	(0.0%)

* Includes Smokers Ready to Quit and Not Ready to Quit Seen by Clinic Quit Smoking Cessation Counsellor.

Definitions:

Number of Patients	Number of patients whose call cycle had been completed at time point (whether reached or not reached) minus deceased patients
Smoke-Free	Number of patients responding No to 'Have you used any form of tobacco in last 7 days?'
Quit Rate	Percentage of patients who are smoke-free
Ready Rate	Percentage of patients who are ready to quit at time point
Patient Reached	Patients who received and responded to the call at time point
Ready to Quit	Patients ready to quit smoking in the next 30 days

Appendix 15: Mock Clinic Feedback Report



UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA

OTTAWA MODEL
FOR SMOKING CESSATION
IN PRIMARY CARE

MODÈLE D'OTTAWA
POUR L'ABANDON DU TABAC
EN SOINS DE PREMIÈRE LIGNE

FEEDBACK REPORT

Insert Clinic Name

October 2009

SUMMARY

Smoking is the most preventable cause of death and disability in our region. Helping a patient who smokes quit is perhaps the most important preventative intervention clinicians can offer to patients.

Most patients who smoke want to quit. A health professional's advice to quit can play a powerful role in motivating a patient to make a quit attempt.

Quitting isn't easy. However, providing patients with strategic guidance and support will increase the odds a patient will be successful with quitting.

As part of the Ottawa Model for Smoking Cessation a partnership was established with the <Insert Clinic Name>. The program involved ensuring the clinic processes and health professionals were using state of the art approaches to addressing smoking with patients.

The program involved:

- An assessment of current processes
- Support implementing best practices for smoking cessation
- Practice tools to systematize the delivery of smoking cessation treatments
- Training for all providers in smoking cessation
- Specialized training for dedicated counselors at the clinic
- Access to the smoker's follow-up system
- Collection of baseline and follow-up evaluation data

We are pleased to be collaborating with <Insert Clinic Name> in improving the delivery of smoking cessation in our region and are committed to continuing to work together to ensure there are systems and supports in your setting to help your patients and the residents in this region – QUIT.

IN THIS REPORT

In this report we present the results of the evaluation completed at the <Insert Clinic Name> as part of the implementation of the Ottawa Model for Smoking Cessation in Primary Care Pilot Program.

DATA COLLECTION METHODS

Data presented in this report is based on the collection of data from two samples of daily smokers screened before and after the implementation of the Ottawa Model for Smoking Cessation at the clinic.

Baseline data collection occurred from January 28th 2009 to March 13th 2009 and included a sample of 67 patients who smoked.

Follow-up data collection occurred from July 20th 2009 to September 15th 2009 and included a sample of 59 patients who smoked.

RESULTS

- Two and a half times more patients had their smoking status assessed and were advised to quit at the follow-up compared to baseline.
- There was a threefold increase in the number of patients who report they received assistance with quitting as well as a prescription for a quit smoking medication.
- 16% of smokers reported that they had a follow-up appointment to discuss smoking arranged compared to 0% at baseline.
- Among smokers who reported they were ready to quit in the next 30 days, a 37% increase in the rate advise to quit was provided was documented and a 31% increase in the number of patients who received assistance with quitting.

SMOKING PREVALENCE AT CLINIC

PARAMETER	BASELINE	FOLLOW-UP
	Jan 26 – Feb 28 2009	July 20 – Sept 15 2009
Patients Screened	1824	1238
Smoking Prevalence	15.3%	13.5%

PROFILE OF SMOKERS

PARAMETER	BASELINE	FOLLOW-UP	Δ
Mean Age (SD)	36 (12.5)	40.8 (13.5)	+3.2
% Male	24 (42.9%)	23 (51.9%)	-1
Mean Years Education (SD)	16.1 (3.9)	15.6 (3.99)	-0.5
Mean Cigarettes/Day (SD); Range	13.1 (9.2); 1-40	14.2 (9.6); 1-45	+1.1
Mean Years smoking (SD); Range	16.4 (14.0); 0.4-57	23.2 (14.6); 1-60	+6.8
Time to First Cigarette			
Smoke <30 mins of waking (%)	30 (53.6%)	29 (56.9)	-1
Smoke >30 mins (%)	26 (46.4%)	22 (43.1)	-4
Readiness to Quit			
Next 30 Days	21 (38.2%)	17 (34.7)	-4
Next 6-months	17 (30.9%)	20 (40.8)	-3
Not Ready	17 (30.9%)	12 (24.5)	-5

PROVIDER PERFORMANCE OF TOBACCO TREATMENT STRATEGIES (“5A’S”)

Best Practice Area	BASELINE	FOLLOW-UP	% Δ	P=
	% <i>Jan-Feb 2009</i>	% <i>July-Sept 2009</i>		
Ask <i>Today's Visit (Doctor)</i> <i>Today (Other Staff)</i>	35.7 9.3	73.1 67.9	+ 37.4 + 58.6	.001 .000
Advise <i>Today's visit</i> <i>Last 12-months</i>	23.2 57.1	57.7 61.8	+ 34.5 + 4.7	.002 ns
Assess <i>Today's visit</i> <i>Last 12-months</i>	23.2	60.0 69.1	+36.8	.000
Assist <i>Today's visit</i> <i>Last 12-months</i>	17.0	51.0 46.4	+34.0 -	.000
Medications <i>Today's visit</i> <i>Last 12-months</i>	14.5	32.7 35.7	+18.2	.045
Prescription	5.5	15.1	+ 9.6	ns
Quit Date	16.1	7.5	- 8.6	ns
Self-Help Material	9.1	20.8	+11.7	ns
Arrange Follow-up visit to address smoking	0	16.1	+16.1	.019

NOTES:

REDUCTIONS IN QUIT DATES BEING SCHEDULED ARE EXPECTED GIVEN THIS ACTIVITY HAS NOW BEEN DESIGNATED TO SMOKING CESSATION COUSELLORS AT THE CLINIC

HOW WE DID WITH SMOKERS READY TO QUIT

Best Practice Area	BASELINE % <i>Jan-Feb 2009</i>	FOLLOW-UP % <i>July-Sept 2009</i>	% Δ
Ask <i>Today's Visit (Doctor)</i> <i>Today (Other Staff)</i>	33.3 10.5	76.9 68.8	+ 41.7 + 58.3
Advise <i>Today's visit</i> <i>Last 12-months</i>	19.0 52.4	56.3 52.9	+ 37.3 +0.5
Assess <i>Today's visit</i> <i>Last 12-months</i>	27.8	73.3 76.5	+45.5
Assist <i>Today's visit</i> <i>Last 12-months</i>	22.2	53.3 52.9	+31.1 -
Medications <i>Today's visit</i> <i>Last 12-months</i>	30.0	37.5 41.2	+7.5
Prescription <i>Physician today</i> <i>Staff today</i>	15.0 5.6	12.5	- 2.5
Quit Date	42.9	12.5	- 30.4
Self-Help Material	10.0	18.8	+8.8
Arrange Follow-up visit to address smoking	0	29.4	+29.4

RECOMMENDATIONS

The smoking cessation pilot program evaluation has documented some important increases in rates at which patients are advised and assisted with quitting. Congratulations on the improvements made!

We would like to recommend a couple of activities moving forward:

- **Communicate Results:** Communicate results to all members of the clinical team.
- **Commit to continuing with the protocol as a new standard of care at the clinic:** Ensure clinic staff remain committed to addressing smoking as a priority issue with patients.
- **Set Annual Targets:** Determine what targets the clinic would like to achieve and if success should be measured on an annual basis or at each visit. We would recommend a target of 85% of smokers be advised about quitting at each clinic encounter and 85% of smokers receiving assisting ready smokers with quitting.
- **Quality Improvement Plan for Screening, Advising and Referring:** Work collaboratively with the UOHI to identify challenges in systematizing the screening, advising and referring patients into clinic routines. Develop action plan for addressing these quality improvement areas. Careful monitoring of these changes.
- **Institute monthly quality audits** to ensure the processes and systems developed are maintained over the next year. I am attaching a template we would suggest using for conducting these quality audits. It will be important to identify a staff member responsible for this activity.
- **Consider Introducing New Program Components in the New Year:** Discuss with the UOHI the clinics interest in introducing new supports for patients interested in quitting. This includes introducing the smoker's telephone follow-up system which was tested as part of the pilot program in half of the pilot sites. The UOHI will also have \$100.00 vouchers for smoking cessation medications available to distribute to patients as part of a new program through Health Canada over the next year.

ONGOING FEEDBACK AND REPORTING

We recognize the importance of ongoing evaluation and feedback to the success of the smoking cessation program. We will be following the sample of patients from the clinic who took part in the evaluation to establish to impact of the program on 4-month smoking abstinence. This evaluation will be completed in March 2010. These results will be shared with you as soon as the follow-up data collection has been completed.