

Appendix 1 to Sadek J, Moloo H, Belanger P, et al. Implementation of a systematic tobacco treatment protocol in a surgical outpatient setting: a feasibility study. *Can J Surg* 2021.

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Tobacco Control Protocol – Outpatient – Riverside Colorectal Clinic

Identification and Documentation of smoking status of all patients at intake.

Ask every patient if he/she has used any form of tobacco in the last 6 months and document on the patient's chart.

- For new patients: Asked and documented in the **New Consult Questionnaire**
- For returning patients:
 - **Ward clerk stamps** 6-month tobacco use question on patients' clinic consult form.
 - **Nurse** asks and documents patients' smoking status.



If patient has used tobacco in the last 6 months, **nurse provides strong, personalized advice** to quit with offer of support.

"You probably already know the risks involved with smoking, but I cannot stress enough how important it is to try to stop. I / Dr. _____ will ask you about your feelings about quitting or reducing and support you if you're ready to make a change."



Complete a **Smoking Cessation Consultation / Treatment**

- Nurse** will give Smoking Cessation Consult form to patient to complete patient section (Tobacco use Hx, Readiness, and Enroll in Follow-up) while waiting in assessment room.
 - Smoking Cessation Consult forms are kept at the nursing station
- Physician or nurse** will complete Clinic Use Only section, guided by prompts on form, which includes:
 - Review SC Consult patient section
 - Recommend appropriate pharmacotherapy and provide patient with NRT prescription.
 - Offer QuitCard and confirm patient has accepted referral to OMSC Automated Follow-up.
 - Provide Your Quit Smoking Plan booklet
 - Inform patient that they will receive a live follow-up call within 1 week
 - Include in clinic note that smoking has been addressed and what treatment plan has been made
- Physician or nurse** will give Smoking Cessation Consult form to ward clerk



Follow-up

- Ward clerk** will fax completed Smoking Cessation Consult form to OMSC **613-761-5309**
- HI QSP nurse** will
 - call patient within 1 week
 - enter the Smoking Cessation Consultation forms in OMSC Database.
 - monitor the follow-up database and call patient if needed.

Final: October 12 2016



OUTPATIENT PRESCRIPTION
ORDONNANCE EXTERNE

SMOKING CESSATION
PHARMACOTHERAPY

PHARMACOTHÉRAPIE POUR
CESSER DE FUMER

Proof 4



**NICOTINE REPLACEMENT THERAPY (NRT)
THÉRAPIE DE SUBSTITUTION DE LA NICOTINE (TSN)**

NICOTINE PATCH/PATCH DE NICOTINE

check *one* box

Patient smoking less than 10 cigarettes per day:

Nicotine Patch 7 mg daily x 6 weeks

Patient smoking 10-20 cigarettes per day:

Nicotine Patch 14 mg daily x 6 weeks

THEN Nicotine Patch 7 mg daily x 4 weeks

Patients smoking more than 20 cigarettes per day:

Nicotine Patch 21 mg daily x 6 weeks

THEN Nicotine Patch 14 mg daily x 2 weeks

THEN Nicotine Patch 7 mg daily x 2 weeks

Patient smoking more than 30 cigarettes per day:

Nicotine Patch 28 mg (21 mg + 7 mg) daily x 6 weeks

THEN Nicotine Patch 21 mg daily x 4 weeks

THEN Nicotine Patch 14 mg daily x 2 weeks

THEN Nicotine Patch 7 mg daily x 2 weeks

Patient smoking more than 40 cigarettes per day:

Nicotine Patch 42 mg (21 mg + 21 mg) daily x 6 weeks

THEN Nicotine Patch 35 mg (21 mg + 14 mg) daily x 2 weeks

THEN Nicotine Patch 28 mg (21 mg + 7 mg) daily x 2 weeks

THEN Nicotine Patch 21 mg daily x 2 weeks

THEN Nicotine Patch 14 mg daily x 2 weeks

THEN Nicotine Patch 7 mg daily x 2 weeks

**ADJUNCTIVE THERAPY
THÉRAPIE ADJUVANTE**

check *one or more* boxes based on patient preference

Nicotine Inhaler prn
max. 12 cartridges per day

Nicotine Gum 2 mg pieces prn
max. 20 pieces per day

Nicotine Lozenge 2 mg pieces prn
max. 20 pieces per day

*can use adjunctive therapies in any combination, with no change to max doses.

*evidence shows that using the patch (for baseline control) plus adjunctive therapies (for breakthrough cravings) leads to higher rates of quitting smoking.

Signature (physician-médecin)

DATE (yyaa/mm/dj)

Registration No. Enregistrement



SMOKING CESSATION CONSULT

Please complete the following questions:

- Have you used any form of tobacco in the past 6 months? YES NO
If you answered YES to question 1, please continue.
- Have you used any form of tobacco in the past 7 days? YES NO
- What form(s) of tobacco do you currently use? Cigarettes Cigars Pipe Smokeless
- How much do you smoke per day?(cigarettes/cigars/pipes, etc.) _____(#/day)
 If not a daily smoker, how many per month? _____(#/month)
- For how many years have you smoked? _____(years)
- How many minutes after waking up do you smoke your first cigarette? _____(minutes)
- How confident are you that you can quit smoking? (Circle one) (not) 1 2 3 4 5 (very)

Are you ready to quit smoking?

- If **YES** (select one) Quit within the last 6 months. Planning to quit today Planning to quit in the next month
 Set Quit Date: _____(yy/mm/dd)
- If **NO** (select one) Planning to quit in the next 6 months Not ready to quit in the next 6 months

Follow up support is very important. As part of this program, you will be referred to the University of Ottawa Heart Institute (UOHI) Quit Smoking Program. You will receive a series of automated calls to respond to and quit smoking specialists are available by phone if you need more support.

Please complete the following information for this referral:

- Preferred language:** English French
Preferred call time: Early (7-9am) Morning(9am-12pm) Afternoon(1-5pm) Evening(6-9pm) Any

Printed Name	Signature	Date (yy/mm/dd)	Phone (no extensions)
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- PLEASE RETURN FORM TO NURSE -

SMOKING CESSATION STEPS - CLINICIAN TO COMPLETE

- Briefly **review patient section**
- Provide Nicotine Replacement Therapy (NRT)** prescription
 *If patient asks about Varenicline/Bupropion, refer to GP or OHI quit smoking specialist
- Provide booklet:** Your Quit Smoking Plan
- Inform** patient that you will make a referral to OHI and that patient will receive automated calls from a OHI.
- Include in **clinic note to GP** that smoking has been addressed, and if/what treatment plan has been made
- Give consult form to clerk to be entered into OMSC database

NOTES:

UNIT/CLINIC	DIAGNOSIS (IF APPLICABLE)	CLINICIAN NAME	CLINICIAN SIGNATURE	DATE
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CONSULTATION SUR L'ABANDON DU TABAC

Veillez répondre aux questions suivantes:

1. Avez-vous consommé du tabac au cours des six derniers mois? OUI NON
Si oui, veuillez répondre aux questions suivantes.
2. Avez-vous consommé du tabac au cours des sept derniers jours? OUI NON
3. De quelle(s) forme(s) de tabac faites-vous usage? Cigarettes Cigares Pipes Sans fumée
4. Combien de fois par jour fumez-vous (cigarettes/cigares/pipes)? _____(par jour)
 Si vous fumez occasionnellement, combien de fois par mois fumez-vous? _____(par mois)
5. Depuis combien d'années fumez-vous? _____(années)
6. Combien de temps après votre réveil fumez-vous votre première cigarette? _____(minutes)
7. À quel point vous estimez-vous capable de cesser de fumer? (aucunement) 1 2 3 4 5 (très)

Êtes-vous prêt(e) à cesser de fumer?

- Si **OUI** (choisissez une) J'ai cessé au cours des 6 derniers mois. Je prévois cesser dès aujourd'hui. Je prévois cesser d'ici un mois.
 Choisir une date d'abandon: _____(aa/mm/jj)
- Si **NON** (choisissez une) Je prévois cesser au cours des 6 prochains mois. Je ne suis pas prêt(e) à cesser d'ici 6 mois.

Le soutien à l'abandon du tabac est très important. Dans le cadre de ce programme, vous serez référé au Programme d'abandon du tabac de l'Institut de cardiologie de l'Université d'Ottawa (ICUO). Vous recevrez une série d'appels automatisés et des spécialistes en abandon du tabac seront disponibles par téléphone si vous avez besoin de soutien additionnel.

Veillez nous fournir les renseignements suivants:

- Langue préférée:** Français Anglais
- Heure d'appel:** Tôt (7h à 9h) Matin (9h à midi) Après-midi (13h à 17h) Soir (18h à 21h) NO
- Nom en lettres moulées | Signature | Date (aa/mm/jj) | Téléphone (pas de poste)

- REMETTRE CE FORMULAIRE À L'INFIRMIÈRE -

ÉTAPES DE LA PROCÉDURE D'ABANDON DU TABAC - À COMPLÉTER PAR LE MÉDECIN

- Examiner les **renseignements du patient**
- Fournir ordonnance pour une **thérapie de substitution de la nicotine (TSN)**
 *Si le patient s'intéresse au Varenicline/Bupropion, rapportez-vous au MG ou au spécialiste de l'ICUO
- Remettre le livret** Votre plan pour cesser de fumer
- Inform** le patient que vous ferez une référence à l'ICUO et que le patient recevra des appels automatisés de l'ICUO.
- Écrire une **note au MG** pour signaler qu'un plan de traitement du tabagisme a été établi pour le patient
- Remettre le formulaire de consultation au réceptionniste, pour qu'il le faxe à l'ICUO au 613-696-7114

NOTES:

UNITE/CLINIQUE | DIAGNOSTIC (SI APPLICABLE) | NOM DU CLINICIEN | SIGNATURE DU CLINICIEN | DATE

Health Provider Feedback Anonymous Questionnaire [n=10; 4 surgeons, 4 residents, 2 nurses]

Health Provider Feedback Anonymous Questionnaire	
1. How often would you previously offer interventions to identified smokers in clinic?	Almost never (<20%)- 100% Rarely (20-40%)- 0% Sometimes (40-60%)- 0% Often (60-80%)-0% Almost always (>80%)-0%
2. What barriers previously prevented you from providing smoking cessation interventions? (free-text available)	Lack of time-70% Lack of knowledge-60% Inability to follow up-80% Unaware of risks of smoking-0%
3. How easy or challenging was this intervention to use?	Extremely easy-60% Somewhat easy-40% Neutral-0% Somewhat challenging-0% Very challenging-0%
4. How long would you estimate it took to use this intervention?	1-3 mins- 40% 4-6 mins- 40% 7-9 mins- 20% >10 mins- 0%
5. What barriers existed to using this intervention? (free-text available)	No barriers-20% Time-40% Knowledge-20% Not my job-10%
6. Did offering the intervention require baseline knowledge about smoking cessation? How did patients respond to this intervention?	None-10% Minimal knowledge-40% Some knowledge-50% Significant knowledge-0%
7. How did patients respond to this intervention?	Very positive-20% Somewhat positive-80% Somewhat negative-0% Very negative- 0%
8. Would you willingly use this intervention again in the future?	Yes-100% No-0%
9. Would you recommend this intervention to other healthcare workers to use in their clinic?	Yes-100% No-0%
10. Has this intervention made you more likely to address smoking cessation in other clinical settings?	Yes-80% No 20%
11. After using this protocol, how often do you expect you will offer interventions to identified smokers in clinic?	Almost never (<20%)- 0% Rarely (20-40%)- 10% Sometimes (40-60%)- 20% Often (60-80%)-30% Almost always (>80%)-40%