

Tobacco Reduction Program Monitoring: March 2016

NRT (nicotine replacement therapy) use at hospitals, some LTCFs (by site)

In the year 2014-15, the dispensation of NRT increased most significantly at the Victoria General Hospital (increase of 44% from previous year). It is not indicated why this may have been the case, for example whether it occurred due to a change in practice or perhaps a change in client smoking behaviours.

Summary of Total Nicotine Withdrawal Medication Use Per Site

Site*	Total Nicotine Withdrawal Medications Utilized (% increase from previous year)		
	2012-13	2013-14	2014-15
Deer Lodge Centre			6135
Grace Hospital	5775	9303 (61%)	7947 (-15%)
St Boniface Hospital	7357.5	11396.5 (55%)	14492 (27%)
Seven Oaks General Hospital	5171	7588 (47%)	7910 (4%)
Victoria General Hospital	2564	3684 (44%)	5288 (44%)
Concordia Hospital	1350	2949 (118%)	2742 (-7%)
Health Sciences Centre	16468	18080 (10%)	19361 (7%)
Riverview Health Centre	3309	7413 (124%)	8661 (17%)

*Note: Site data was provided through the regional Pharmacy Program. No data provided for Misericordia Health Centre for all 3 years, or for Deer Lodge Centre prior to 2014-2015.

Source: Management of Tobacco Use and Dependence Regional CPG: Year 1 Implementation Report (July 1, 2014 – June 30, 2015); p 4. (compiled by Network co-facilitator, Caitlin Keyzer)

Number of sites/ programs that have identified a representative to the Tobacco Dependence Leadership Network

The Tobacco Dependence Leadership Network was formed with intention to meet quarterly to provide a forum for tobacco leads from acute care, community health services and long term care to connect and develop implementation tools. A Charter for the Network was developed on September 30, 2015 and sponsored by representatives of each community care and acute care, following project initiation on June 26, 2014. In a memo from the Vice President Interprofessional Practice and Chief Nursing Officer, Medicine Program Director and Vice President of Population and Aboriginal Health dated February 19, 2016, it was noted that this network of 13 representing members would no longer meet. Prior to its disbandment, contribution to the Network was noted from five Acute and Chronic Care sites (Grace Hospital, Seven Oaks General Hospital, St Boniface Hospital, Health Sciences Centre and Misericordia Health Centre), and five Community Health Services and Long Term Care facilities (Home Care Program, Population and Public Health Program, Primary Care Program, Community Mental Health Program and Long Term Care (Management of Tobacco Use and Dependence Regional CPG: Year 1 Implementation Report (July 1, 2014 – June 30, 2015); p 3. (compiled by Network co-facilitator, Caitlin Keyzer

Number of sites submitting 6-month Clinical Practice Guideline implementation planning reports

Number of sites submitting 6-month Clinical Practice Guideline implementation planning reports: The following table indicates that each WRHA program, Acute Care, Home Care, Population and Public Health, Primary Care and Community Mental Health had initiated Clinical Practice Guideline reporting in the 2014-2015 period. Work toward reviewing the CPGs and implementation tools had commenced within each program,

Chart of Progress Steps by Site/Program*

Progress Item	Site									Program				
	GGH/ WWIHSS	SOG H	SBH	HSC	MHC	VGH	CH	DLC	RHC	Home Care	PPH	Primary Care	Community Mental Health	LTC
Identify lead and implementation working group and/or reporting structure for implementation	X	X	X	X	X					X	X	X	X	X
Determine which program or service areas will be involved in initial roll-out (early adopters)	X	X	X	X	X					X	X	X		X
Baseline assessment of current practice on early adopter	X		X							X			X	

units/service areas														
Review regional CPG and implementation tools and templates developed	X	X	X	X	X					X	X	X	X	X
Physician engagement strategies	X		X	X						X				
Work with stakeholders to refine processes and modify tools and templates for use if appropriate; develop site (or CHS/LTC program) specific guidelines or protocols as required	X		X	X						X	X	X		X
Develop communications plan			X	X						X				
Develop training plan using training modules provided			X							X	X			
Develop 1-2 people as champions on units for additional/ongoing support if possible														
Implement new/changed protocols and tools if using				X							X			
Implement training and communications				X							X			
Develop and implement measures to support spread across site/program				X							X			
Develop and implement measures to support ongoing sustainability														

*Items marked with an “X” indicate tasks initiated during or prior to July 1, 2014 – June 30, 2015. A blank column indicates the site/program does not have a lead on the Tobacco Dependence Leadership Network and has not submitted tracking reports.

Source: Management of Tobacco Use and Dependence Regional CPG: Year 1 Implementation Report (July 1, 2014 – June 30, 2015); p 2.
(compiled by Network co-facilitator, Caitlin Keyzer)