

Study shows effectiveness of hospital-initiated smoking cessation programs

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Credit: Vera Kratochvil/public domain

A new study from the University of Ottawa Heart Institute (UOHI), in collaboration with the Institute for Clinical Evaluative Sciences (ICES), has established that greater adoption of hospital-initiated tobacco cessation interventions improve patient outcomes and decrease further healthcare utilization. The study is published today in the British Medical Journal's *Tobacco Control*.

In Canada, [tobacco smoking](#) is a leading cause of hospitalization, of overall healthcare utilization, and of mortality, and people who smoke daily average twice as many hospital days as people who have never been daily smokers. Hospitalization therefore provides a unique opportunity to initiate smoking cessation interventions.

The before and after study compared hospitalized people who smoke at one of 14 Ontario hospitals who had received the Ottawa Model for Smoking Cessation (n=726), to hospitalized people who smoke who had not (n=641), or who had received "usual care", to determine if implementation of the Ottawa Model for Smoking Cessation would reduce mortality and downstream healthcare use.

Results showed that:

- 35% of the patients who participated in the Ottawa Model were smoke-free at 6-month follow up, compared to only 20% of the usual care participants.
- Patients who received the Ottawa Model were 50% less likely to be re-admitted to the hospital for any cause, and 30% less likely to visit an emergency department in the 30 days following their initial hospitalization.
- Smokers who received the Ottawa Model were 21% less likely to be re-hospitalized and 9% less likely to visit an emergency department, 2 years following their hospitalization.
- Most importantly, the study showed a 40% reduction in 2-year mortality risk among patients who received the Ottawa Model.

"Given the low cost of these interventions, systematic [smoking cessation](#) programs that initiate treatments in hospital and attach patients to follow up support should be offered to all patients who smoke," said Kerri-Anne Mullen, lead author and program manager for the Ottawa Model for Smoking Cessation Network at the University of Ottawa Heart

Institute, and also a student scientist at ICES at the time of the study. "It's a healthcare no-brainer. Strategies like this are cost-effective, will reduce subsequent healthcare use, but most importantly, they are life-saving and will distinctly enhance the well-being of our patients who smoke."

Developed and powered by the University of Ottawa Heart Institute, the Ottawa Model for Smoking Cessation is a change management strategy that offers practical training to healthcare staff and implements clinical tools and procedures that ultimately lead to: the systematic identification and documentation of smoking status of all [patients](#); the offer of strategic advice and pharmacological support to all smokers; and, the long-term follow up of smokers after hospital discharge.

Provided by University of Ottawa

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