

Health System Improvement Proposal (HSIP) Form

Section 1 –Proposal Details

Proposal CEO Approved by Submitting Health Service Provider

Proposal Title

Smoking Cessation

Contact Information

Name: Tom Carroll

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Phone Number and Address: 613-432-4946
196 Argyle Street, South Renfrew
K7V 1T5

Legal Name of Health Service Provider: Mackay Manor Inc.

Date of Submission: December 1st, 2013

Community of Care Aligned with Proposal

Eastern Counties

North Lanark & North Grenville

Ottawa Central

Ottawa East

Ottawa West

Renfrew County

Regional

If this proposal has been submitted to other LHINs, please indicate which LHINs below and the status of the proposal.

N/A

Section 2 – Nature of Request

- Small Capital Required to Sustain Services (< \$100,000) (ex. equipment, renovations)
- Change to HSP Services (including Voluntary Integration)*
- Administrative/Operational Efficiency (Not Service Related)
- Other (Please Specify) _____

**I acknowledge that this is not a formal request for integration*

Section 3 – Description of Request

Description of Proposal

Please provide a brief description of the project including a description of any proposed services. (Maximum 200 words)

This is a collaborative proposal between Mackay Manor Inc. and the Canadian Mental Health Association (Ottawa) to provide our region’s most vulnerable individuals increased access to a smoking cessation program.

Both agencies have a Collaborative Agreement with the Centre for Addiction and Mental Health entitled “Stop with Addictions” to bring Nicotine Replacement Therapy to our clients. Both agencies have encountered staffing issues as we strive to comply with our reporting obligations with the funders on this project. Mackay Manor has 49 people currently enrolled in the Stop with Addictions program, including residential, Supportive Housing (ASH), Community Withdrawal Management, Community Mental Health, Outpatient Addictions and members of the community at large. The Canadian Mental Health Association has 45 clients enrolled, and offers three weekly support groups.

This pilot project will run until the end of the fiscal year 2013, and we sincerely hope it is extended. Both agencies can already report that a tremendous amount of harm reduction has occurred. In the proposed project, Mackay Manor would increase their capacity to provide smoking cessation services, and CMHA would offer programming to not only their clients, but to Ottawa Inner City Health, Dave Smith Centre and Ottawa Salus.

Proposed Budget

Please complete the following tables with your proposed budget. Please identify any funding for this project obtained from other sources (including previous LHIN funding received). Please identify any cost savings with a negative number.

Capital Expenditures

Name/Sub Account	Description	Fiscal 2013/14	Annualized Budget
			N/A
Total – Capital Expenditures			

One-Time Expenditures

Name/Sub Account	Description	Fiscal 2013/14	Annualized Budget
			N/A
Total – One-Time Expenditures			

Operational Expenditures

Name/Sub Account	Description	Fiscal 2013/14	Annualized Budget
1 FTE Registered Nurse (CMHA) x 3 months	Conduct a weekly nicotine dependency clinic at 4 sites for 10-12 clients for 12 weeks duration	2014/2015	\$29,531
1 Teach Trained Counselor (Mackay Manor) x 3 months	Meet weekly with up to 50 clients enrolled complete the CAMH visit questionnaire, and dispense NRT for 12 weeks	2014/2015	\$12,500
Total – Operating Expenditures			
			\$42,031

Other Funding Sources for this Project

Funding Sources	Description	Previous Fiscals	Fiscal 2013/14	Annualized Budget
				N/A
Total – Other Funding Sources				N/A

Is this request a priority for your organization in fiscal 2013-14?

If yes, please describe why this issue is a priority for your organization and why it should be completed in 2013-14. If you have submitted more than one HSIP during the current fiscal, please identify which has the highest priority.

Up to 85% of individuals with severe mental illness continue to use tobacco products. Forty percent of these individuals smoke more than 40 cigarettes a day (Smoking Cessation Interventions for Individuals with Severe Mental Illness, Discussion Paper, CMHA Ottawa, June 2010). CMHA Ottawa has been operating a smoking cessation program for the past four years with funding from various sources. Over these four years, there have been several lessons learned, and a successful, evidence based approach and curriculum has been developed. Funding for an additional outreach nurse would provide the opportunity to extend services and share knowledge with three community partners and their clients. This proposed project is a priority for CMHA Ottawa because it would enhance existing community partnerships by extending smoking cessation services to an increased number of individuals with addictions and/or mental illness who are highly dependent on nicotine.

A smoking cessation program has been offered at Mackay Manor to since April 1st 2013, and requests for this service have increased significantly. This funding is a priority at Mackay Manor as they have experienced some financial pressures, and they do not want to turn anyone away. A TEACH (Training Enhancement in Applied Cessation Counselling and Health) certified employee has been added for two days a week, however, this cannot be sustained indefinitely.

Section 4 – Alignment with LHIN Priorities

Note – In 2011-12 the Champlain LHIN implemented an updated Decision-Making Framework as part of the proposal review process. The following questions are directly related to the scoring metrics in this framework. Please reference sources where appropriate.

Alignment with Champlain LHIN Priorities

Please describe how your proposed service change will help advance one or more priorities or goals in the Champlain LHIN Integrated Health Services Plan and/or Annual Business Plan and/or Champlain eHealth Strategic Plan and/or Decision Support Strategic Plan by completing the following table.

Note – Please see www.champlainlhin.on.ca for a copy of these reports.

Priority/Goal	Impact of Project	Performance Measure	Source of Data
<i>Ex. People with complex conditions</i>	<i>10% reduction in emergency room visits for target population</i>	<i>Number of ED visits per year by project clients</i>	<i>Patient registration system at hospital</i>
More people receive quality, evidence based care.	This project, and access to NRT, will reduce the harm done due to tobacco addiction, and improve the overall health of our target population.	The leading cause for ER visits are smoking related issues. These numbers would decrease.	The Ottawa Model for Smoking Cessation.
People with mental health and addictions issues have access to services.	This project will close the circle of care for agencies that provide treatment for addictions. Program participation will be increased by offering free NRT.	Track clients at certain intervals for reducing tobacco and/or remaining smoke free	CAMH research

Alignment with Health Service Provider Mandate

Please provide a brief description on how this proposal is aligned with your role within the health system.

The Canadian Mental Health Association (Ottawa) was incorporated in 1953 and is a non-profit organization dedicated to promoting good mental health, developing and implementing support systems and services, and encouraging public action to strengthen community mental health services and related policies and legislation. A Canadian study that examined mortality rates among the homeless and marginally housed (predominantly individuals with mental health and substance use disorders) concluded that the probability of survival to age 75 for those living in the marginal housing environments was 32% for men and 60% for women compared with 51% and 72% respectively for those in even the lowest Canadian income percentile. Due to the profound impact of physical health problems for our population, it has become essential for both CMHA Ottawa and Mackay Manor to address these issues with initiatives such as smoking cessation programming.

Mackay Manor is a long term level one recovery home and has been in existence since 1975, serving over 2500 clients so far. Tobacco addiction related illness is the leading cause of death for our clients, and until now this issue has never been addressed (on the contrary, in the early days it was promoted and condoned). We have a mandate to treat addiction including Alcohol and Drugs, and now with full board support, we are treating Tobacco as well. We now realize that Tobacco is our client's true drug of choice! If we do not offer tobacco addiction treatment and support to our clients, we are being unethical, and a disservice is done to our clients.

Impact of Proposal on the Client Experience

Please describe how this proposal will improve continuity of care, safety, effectiveness, access to services, client empowerment and/or client experience with the health system by completing the following table.

Nature of Impact	Performance Measure	Source of Data
<i>Ex. Reduction in wait time to access project services</i>	<i>Average wait time per client</i>	<i>Client management system</i>
Treating Tobacco Addiction will become normalized in treatment settings	More clients will be able to access the services they are requesting, and therefore will reduce the number of cigarettes smoked or become smoke-free, and improve health	CAMH STOP Study research
Positive treatment outcomes will increase	Clients will continue to engage in recovery and addiction services for an increased period of time, enhancing their chances of success	Stopping all addictive substances at the same time increases overall rates of recovery

Health System Sustainability

Please describe the health care system efficiencies to be gained in quantitative terms on an annual basis (e.g. # visits, # patients, monetary terms, impact on human resources over time).

Outputs/Outcomes	Performance Measure	Source of Data
<i>Ex. 10% reduction in length of stay for admissions from project clients</i>	<i>Average Length of Stay and % ALC days</i>	<i>CIHI</i>
Tobacco use costs the Ontario economy an estimated \$1.6 billion in health care costs each year. Smokers have higher hospitalization rates than non-smokers, average at least twice the number of hospital bed-days. There is a causal relationship between tobacco-use and adverse surgical outcomes.	Smoking cessation is one of the most cost effective interventions available. Approaches such as this project will therefore decrease health care costs.	Champlain CVD Prevention Strategic Planning 2013-2016. Final Report, June 2012.

Integration of Services

Please describe the extent to which this proposal would improve the coordination of health care among health service providers to ensure continuity of care in the local health system and provision of care in the most appropriate setting.

As smoking cessation initiatives move forward at CMHA Ottawa and Mackay Manor, other community Addiction and Mental Health agencies have requested assistance from us to provide our expertise, knowledge, and services to their clientele. Treating Tobacco Addiction has long been the ‘elephant in the room’ in mental health and addictions services. As smoking cessation programming expands and becomes normalized in Addictions and Mental Health treatment settings, clients will come to expect that they will receive treatment for ALL of their addictions and mental illness issues. In this proposed program, the most vulnerable individuals will be served, including youth, homeless and at risk of being homeless, mental health and addiction clients.

Analysis of Alternatives

Please describe any other initiatives considered and why this option was chosen.

N/A

Integration of Innovative Practices

Please describe how you have leveraged leading practices and/or innovation in your proposal.

Assessment of Risk or Barriers

To help motivate clients, CMHA and Mackay Manor have purchased a smokerlyzer which records the level of Carbon Monoxide in our client’s lungs. This is used as a positive tool to provide incentive, rather than a punitive measure (although at Mackay Manor there are consequences for clients who continue to smoke while in residence). CMHA Ottawa offers three groups each week to provide information and support for individuals at various stages of quitting tobacco. Curriculum for these groups includes a number of educational and behavioural approaches, such as information about strategies for quitting tobacco, and cognitive restructuring to reframe an individual’s thinking about their smoking. Quantity and duration of nicotine replacement therapy is appropriate for the high level of nicotine dependence common in our clientele, and is based on medical directives from the Ottawa Heart Institute. Mackay Manor offers a support group on Tuesday evenings which is open to everyone enrolled in the STOP program.

Please describe any risks or barriers identified that may impact the implementation of this proposal by the HSP (incl. financial, reputational, policy, legislative, etc)

Type of Risk or Barrier	Risk Level	Mitigation Strategy
<i>Ex. Demand for program may exceed capacity</i>	<i>Likely</i>	<i>Implementation of surge capacity strategy</i>
N/A		

Implementation Timeline

Please describe the major activities for the first year of the project. Please ensure that you indicate the expected start date for service delivery (if applicable).

Activity	Start Date	Completion Date
Smoking Cessation groups and counseling, support, dispensing NRT	January 6 th , 2014	March 31, 2014

Section 5 – Target Population

Note – In 2011-12 the Champlain LHIN implemented an updated Decision-Making Framework as part of the proposal review process. The following questions are directly related to the scoring metrics in this framework. Please reference sources where appropriate.

Population of Focus

Please describe which LHIN population will benefit from this proposal. Please highlight the impact on any populations where there is a known health status gap (ie. Groups defined socially, economically, demographically, culturally, linguistically or geographically). Please specifically highlight the impact on the francophone or aboriginal populations. In determining the impact on the populations of focus, please consult the Health Equity Impact Assessment and the Francophone Assessment tools available at www.champlainlhin.on.ca.

While incredible gains have been made over the past four decades in reducing tobacco use and the associated negative health consequences, this has not been the case for individuals with mental illness and addictions to drugs and alcohol.

Up to 85% of the severely mentally ill continue to use tobacco products (Harris, Parle & Gagne, 2007), and 40% of individuals smoke more than forty cigarettes a day (Horsfall, Cleary, Hunt & Walter, 2009). This has contributed to such an astounding inequitable distribution of negative health outcomes that it is now estimated that individuals with severe mental illness die 25 years earlier than the general population, with 60% of these deaths due to cardiovascular and respiratory disease (Parks, Svendsen, Singer, & Foti, 2006).

Agencies such as CMHA Ottawa and Mackay Manor are offering innovative programs to address this inequity. However, additional funding is necessary to expand these initiatives to our target population in the community who receive services from our partnering agencies.

Impact on Population Health

Please describe any expected impacts on client health outcomes, quality of life, risk of adverse events, injury prevention and/or health promotion by completing the following table.

Nature of Impact	Performance Measure	Source of Data
<p>Each year in Ottawa, almost 1,000 smokers and nonsmokers die prematurely of tobacco related illness.</p> <p>Individuals who smoke are two to four times more likely to develop heart disease and/or stroke.</p> <p>Tobacco use is tied with hypertension as the most powerful risk factor for preventing CVD.</p> <p>Tobacco use accounts for 80 - 90% of all chronic obstructive pulmonary disease and 30% of all cancer deaths.</p>	<p>Reduced tobacco use will result in a decrease in modifiable risk factors for chronic illness and early death.</p>	<p>Champlain CVD Prevention Strategic Planning 2013-2016. Final Report, June 2012.</p>

Community Engagement Activities

Please describe any community engagement activities you have conducted to date, or plan to conduct if this proposal is approved. Please highlight any engagement with the francophone or aboriginal communities.

Section 6 – Capital Funding Requests

This project was developed in response to the interest expressed by the partnering agencies listed in this proposal. Discussions have taken place in which it has been determined that the proposed smoking cessation services would be feasible and welcomed in their agencies, and by their clients. Mackay Manor recently published an article on quitting smoking in Health Matters Magazine which reaches 20,000 people in Renfrew County.

In accordance with the Community Capital Projects Directive issued by the Ministry of Health and Long Term Care on May 1, 2012, the Champlain LHIN must not fund or approve any projects without first obtaining approval from the Ministry of Health and Long Term Care for the following:

- *All projects (including both leasehold and owner funded) with a value of over \$100,000 (as outlined in the Ministry’s Capital Planning Manual, 1996) and the provision set out in the MOHLTC-LHIN Joint Review Framework for Early Capital Planning Stages Toolkit, November 9, 2012; or*
- *Where the value is less than \$100,000 and where there is space utilized for the provision of primary care and/or allied health care services as part of the project, regardless of capital funding source(s), including Own-Funds Capital Projects and projects funded by LHINs.*

Please see www.champlainlhin.on.ca under the Health Service Providers section for more details on how to submit requests for projects of this nature.

Section 7 – Previously Funded Proposals

Note – This section may not be applicable for all proposals. Please contact your Champlain LHIN specialist with any questions.

N/A

Outcomes from Previous Project Phases

If components of this proposal have received previous funding from the Champlain LHIN or other sources, please describe the nature of this funding and the outcomes achieved. Please include a description of any funding received for planning activities related to this proposal.

Note – It is not necessary to attach all project documents and reports that have previously been submitted to the Champlain LHIN. N/A

Section 8 – Changes to Services Provided

Note – This section may not be applicable for small capital proposals.

Changes to Service Targets

Please complete the following table. Please consult the OHSR guidelines at www.mohltcfim.com if you are not familiar with functional centre names and definitions for any new services.

Service Activity					Individuals Served	
OHSR Functional Center Code	OHSR Functional Centre Name	Service Activity Unit	Fiscal 2013/14 (# units)	Annualized Budget (# units)	Fiscal 2013/14 (# clients)	Annualized Budget (# clients)
Ex. 7* 5 82 45	Assisted Living Services	Inpatient / Resident Days	0	0	10	10
N/A						

Note – This information may be used to update existing Service Accountability Agreements if funding is provided for this proposal.

Changes to FTE

Please complete the following table. Please consult the OHSR guidelines at www.mohltcfim.com if you are not familiar with functional centre names and definitions for any new services.

Functional Center					Type of FTE
OHSR Functional Center Code	OHSR Functional Centre Name	Service Activity Unit	Fiscal 2013/14 (# FTE)	Annualized Budget (# FTE)	Description of FTE (ie. Admin, RN, PSW, Physician, Case Manager, etc)
Ex. 7* 5 82 45	Assisted Living Services	Inpatient / Resident Days	0.75	1.5	PSW

Note – This information may be used to update existing Service Accountability Agreements if funding is provided for this proposal.

Other Performance Metrics

Identify any other performance metrics that will be used to assess success of this project.

Outputs/Outcomes	Performance Measure	Source of Data

Note – This information may be used to update existing Service Accountability Agreements if funding is provided for this proposal.

Section 9 – Project Collaboration

Collaboration with Champlain LHIN Partners or Networks

Please describe any networks or partnerships that will be established or strengthened through this proposal and the role each partner or network will play.

Partner/Network	Role	Involvement To-Date	Expected Future Role
Ottawa Inner City Health, Inc	Office space, promote smoking cessation program, arrange for clients to be available when Outreach Nurse visits to offer NRT and counselling.	Communication regarding best-practice approaches to Smoking Cessation.	Registered nurse to see clients once a week to provide NRT and smoking cessation counselling.
Dave Smith Centre			
Ottawa Salus Corporation			
Mackay Manor Inc. Community Withdrawal Management, Addiction Supportive Housing Addiction Treatment Services Pathways Alcohol and Drug Treatment Services	Refer client to the STOP program	Promotes a smoke free lifestyle in a treatment centre setting.	Increased staffing capacity to provide NRT and smoking cessation counselling

Knowledge Transfer

Please describe how results of this project will be communicated with other providers in order to share knowledge with the broader region.

Leaders at CMHA Ottawa have been presenting and discussing lessons-learned at a number of community forums and national conferences over the past four years, and will continue to do so. In addition, several community forums have held in the Ottawa region to develop a community of practice to address tobacco use in individuals with mental illness, addictions, and homelessness. This proposed project, if funded, will offer a practical, hands-on strategy for sharing knowledge between agencies.

Applicant HSP CEO/ED:

As the lead participant in this proposal, I support the project described above and believe that the performance measures identified will help advance the priorities identified in the Champlain LHIN Integrated Health Services Plan and/or Annual Business Plan and/or Champlain eHealth Strategic Plan and/or Decision Support Strategic Plan.

CEO / ED Name

Signature

Date

Please have authorized personnel from all partner agencies acknowledge their support of this proposal.

Partner(s):

As a partner in this proposal, I support the project described above and confirm my role as described in Section 8.

**CEO / ED Name
And Affiliation**

Signature

Date

As a partner in this proposal, I support the project described above and confirm my role as described in Section 8.

**CEO / ED Name
And Affiliation**

Signature

Date

As a partner in this proposal, I support the project described above and confirm my role as described in Section 8.

**CEO / ED Name
And Affiliation**

Signature

Date