Hamilton

Supporting Nurses to Implement the CCHNSP and Meet the Community's Smoking Cessation Needs

Agenda

- Smoking and Pregnancy
- Evidence-Based Practice
- Hamilton Public Health Strategy
- Canadian Community Health Nursing Standards of Practice
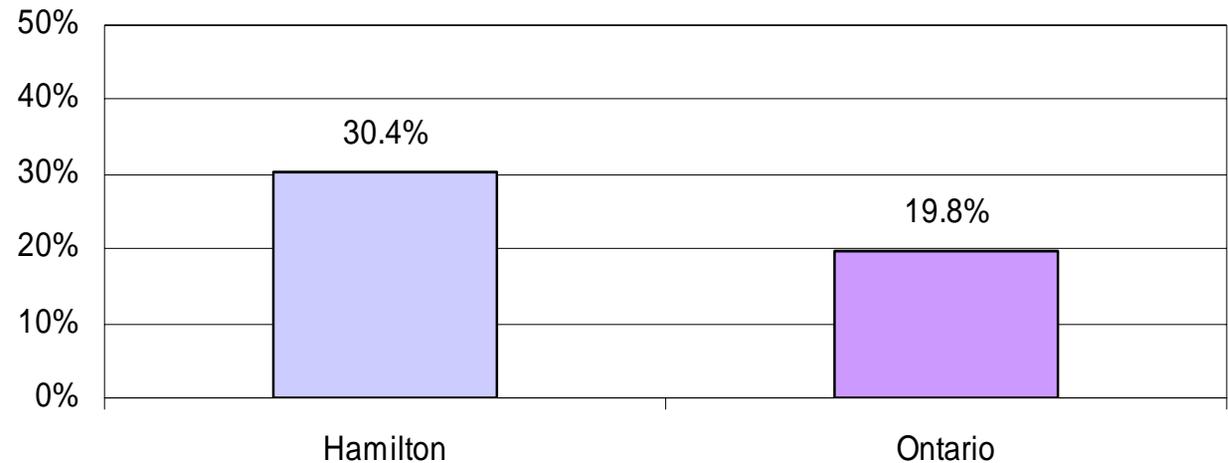- Challenges, Successes & Recommendations

Smoking and Pregnancy

Tobacco Use & Pregnancy in Hamilton

- Maternal smoking rates may be higher than 40% in some areas of Hamilton.

Incidence of Smoking Among Pregnant Women

Bar chart showing: Hamilton 30.4%, Ontario 19.8%

Statistics Canada, Canadian Community Health Survey, 3.1, 2005

Niday, 2006

Tobacco Use & Pregnancy

- Increased health risks:
  - Miscarriage
  - Premature delivery
  - Low birth weight (under 5lbs 8oz)
  - Sudden Infant Death Syndrome

Healthy Babies, Healthy Children
City of Hamilton

Becoming Smoke Free
A Quit Smoking Clinic
905-540-5566

Hamilton

Evidence-Based Practice

Minimal Contact Tobacco Intervention

- Implementation of minimal contact tobacco intervention:
  - *Ask* about tobacco use at every visit
  - *Advise* all tobacco users to quit
  - *Assess* tobacco users' readiness to quit
  - *Assist* tobacco users in quitting
  - *Arrange* for follow-up or referral

Treating Tobacco Use and Dependence: A Clinical Practice Guideline, US Public Health Services, 2000

Motivational Interviewing

- Evidence-based approach
- Client-centered
- Increases client's intrinsic motivation for behaviour change
- Builds client self-efficacy
- Helps to deal with client ambivalence and resistance to change

Intensive Tobacco Dependence Treatment

- Implementation of intensive tobacco dependence treatment:
  - Practical counselling (problem solving skills/skills training)
  - Social support as part of treatment
  - Help to obtain social support outside treatment
  - Use of pharmacotherapy (Nicotine Replacement Therapy, Zyban®, Champix®)

Treating Tobacco Use and Dependence: A Clinical Practice Guideline, US Public Health Services, 2000

Hamilton Public Health Services' Strategy

Process

- Gaps in service delivery and staff training needs identified
- Partnership between Family Health Division (FHD) and Tobacco Control Program (TCP)
- Proposal submitted to management to solicit support and training funds
- Tobacco control issues introduced to FHD staff through PRIMA training

Process

- Establishment of Quit Smoking Clinic by TCP
- Provision of MI training
  - 2 day training, 1 week apart
- MI follow-up sessions
  - 2 months after training
- Provision of further MI training
  - ½ day training
- Family Home Visitor training

Support Tools

- Self-reflection tools
- Performance review tools
- Training videos
- Interview tools
- Referral forms
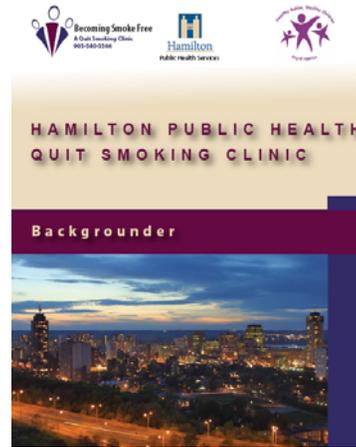
MI Follow Up Sessions

- Five home visiting teams
  - Administered readiness ruler and decisional balance to explore PHN feelings and concerns around MI implementation
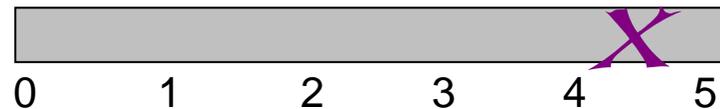
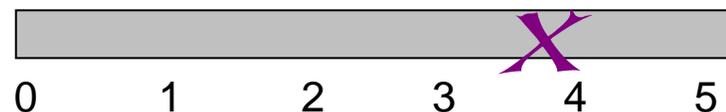- Concerns taken to management

Results from Follow-Up

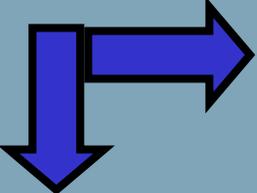1. How **important** is for you to use MI in your practice?

| 0 | 1 | 2 | 3 | 4 | 5 |

2. How **confident** are you in your ability to use MI in your practice?

| 0 | 1 | 2 | 3 | 4 | 5 |

3. How **ready** are you to use MI in your practice?

| 0 | 1 | 2 | 3 | 4 | 5 |

Results from Follow Up

	No Change to Practice	Change to Practice
Benefits	• Comfortable • Less time consuming	• Best practice • Client-centered care
Concerns	• Not best practice • Not meeting clients where they are at • Not client-centered care	• Need more practice to feel comfortable with MI • Current HBHC framework • Anxiety about change • Not enough time

Canadian Community Health Nursing Standards of Practice

Canadian Community Health Nursing Standards of Practice

- Promoting Health
- Building Capacity
- Building Relationships
- Facilitating Access & Equity
- Demonstrating Professional Responsibility

Challenges, Successes & Recommendations

Challenges

- High rate of staff turn over in Family Health Division

- Internal and external staffing of HBHC

- Broad implications of introducing an MI framework to HBHC

- Hard-to-reach clientele

Successes

- All staff attended training and participated in follow-up sessions
- Application of MI to initiate organizational change to support changes to practice
- Referrals to clinic

Successes

- Barriers to practice change identified:
  - Documentation
  - Orientation
  - Lack of clear policies and procedures
  - Lack of clear staff expectations
- Staff orientation and performance reviews being enhanced to reflect MI and client-centred care
- Working group being established to address practice change barriers

Recommendations

- Build support for MI with practitioners from outset
- Identify nurse champions from each team and involve in working group from outset
- Emphasize that MI can be applied broader and not only to tobacco

Jan Johnston RN

jajohnst@hamilton.ca

905-546-2424 ext 1974

Jennifer Mitton RN PhD

jemitton@hamilton.ca

905-546-2424 ext 4125