

# Smoking cessation program for patients garners provincial recognition

By Tracie Smith

Local researchers have received a provincial award that recognizes the development of new processes, products, or programs which are bold and experimental and which enhance cancer care in Ontario. A Quality Honourable Mention from the Cancer Quality Council of Ontario (CQCO), Cancer Care Ontario (CCO), and the Ontario Division of the Canadian Cancer Society award was presented in December to Dr. Patricia Smith and Dr. Scott Sellick in December.

"It is an honour to be recognized," says Smith, Associate Professor at the Northern Ontario School of Medicine. The award was presented for "Implementing Tobacco Cessation Clinical Practice Guidelines into North West Ontario Hospitals".

"Our program is a comprehensive one that is helping patients in Northwestern Ontario communities reduce their risk for, and rates of, chronic diseases related to smoking," she explains.

Smith and Sellick's work addressed high smoking rates by implementing

Tobacco Cessation Clinical Practice guidelines into all 13 hospitals in Northwestern Ontario. The program was implemented in partnership with the Atikokan General Hospital, the Dryden Regional Health Centre, Riverside Health Care, the Geraldton District Hospital, the Lake of the Woods District Hospital, the Manitowadge General Hospital, Wilson Memorial General Hospital, the Nipigon District Memorial Hospital, the Red Lake Margaret Cochenour Memorial Hospital, the Sioux Lookout Meno-Ya-Win Health Centre, the McCausland Hospital and the Thunder Bay Regional Health Sciences Centre.

With a \$270,000 grant from the Northern Cancer Fund, Drs. Smith and Sellick conducted research and created a program to enable healthcare providers to deliver tobacco cessation interventions and supports for patients directly at the point of care, ensuring a standard for quality care across the region.

Providing bedside smoking cessation interventions is patient-focused care. Hospitalization provides a window of opportunity for

patients to quit smoking and increases their chances of success. 20-19% of smokers who receive a brief intervention while in hospital quit smoking. Only 3-10% of those who do not get help quit smoking.

"I am confident that cancer rates in our region will be reduced because of this program," says Sellick, who works closely with patients of the Regional Cancer Care Program at Thunder Bay Regional Health Sciences Centre. Smoking is directly related to 85% of lung cancers, 30% of all other cancers and to cardiac disease. Smith & Sellick's work contributes to decreased rates of cancer and cardiac disease in Northwestern Ontario, which are some of the highest in Canada.

"The people of Northwestern Ontario funded this research and we will all benefit from it, directly or indirectly," says Brian McKinnon, Chair of the Thunder Bay Regional Health Sciences Foundation. "Drs. Smith and Sellick are to be commended for realizing such positive outcomes in the healthcare environment and recognition from their peers."



Dr. Patricia Smith and Dr. Scott Sellick received provincial recognition for "Implementing Tobacco Cessation Clinical Practice Guidelines into North West Ontario Hospitals".

The smoking cessation program Smith & Sellick helped implement is especially important in Northwestern Ontario, where smoking rates are much higher than provincial averages, but the tools created to assist hospitals to implement it are relevant anywhere. It has attracted attention well beyond Canadian borders.

Smith presented the program to

international audiences at The Society of Behavioural Medicine conference in Montreal and the Society for Research in Nicotine and Tobacco conference in Ireland. Smith's 2006 book, "Implementing an Inpatient Smoking Cessation Program," became a best-seller and is used worldwide to help hospitals implement programs to help interested patients quit smoking.

## Cardiac disease rates highest in Northwestern Ontario

### Donations support local cardiac patients

By Athena Kreiner  
Senior Development Officer  
Thunder Bay Regional Health Sciences Foundation

February is Cardiac Month. Now more than ever, it's important to reflect on what that means to you. Cardiac disease (or heart disease) is the number one killer in Canada. It is also the most costly disease in Canada, putting the greatest burden on our national health care system. Here in Northwestern Ontario, rates are among the highest in the country.

As a result, more people in our community need cardiac care. Thanks to donations to the Northern Cardiac Fund, cardiac care at the Thunder Bay Regional Health Sciences Centre has never been better. Tremendous advancements have been made, because of generous people and businesses.

Just a few short years ago, people believed angioplasty service would never be available in Northwestern Ontario. We didn't have the infrastructure, the cardiac specialists, or the funds to buy the necessary equipment. We had no reason to believe that patients in our community would ever get the life-saving procedure without flying to another city.

Now, thanks to a vision, a good plan, and a generous, caring community, a new, second Cardiac Catheterization lab, where angioplasties, angiograms and other cardiac care services take place, is up and running. Access to life-saving angioplasty services is available 24/7. Over 2,000 people have received angioplasty services close to home, with family by their side.

What's more, wait times for other cardiac treatment and diagnostic services are lower than ever. Patients also have a better place to recover with the new Angioplasty Short-Stay recovery area dedicated to their care.



An angioplasty is performed in the cardiac catheterization lab at Thunder Bay Regional Health Sciences Centre. 2,000 patients have received the service since it has been available in our community.

With all this progress – why does the Northern Cardiac Fund of the Thunder Bay Regional Health Sciences Foundation still need your help? The simple answer is to advance cardiac care. To continue to offer world-class cardiac care, there is an ongoing need to upgrade programs and equipment. Due to the high demand for service, specialized cardiac equipment requires replacement.

Donations allow our Health Sciences Centre to provide the cardiac diagnostic and treatment care needed by so many of our family members, friends and neighbours. 100% of every donation to the Northern Cardiac Fund stays in Northwestern Ontario.

We've proven that despite obstacles, together, we can achieve the level of cardiac care we deserve. Now, when we dream of cardiac surgery here, it seems perfectly achievable. And, with your help – it is.

With your continued support, we can heal more hearts; we can save more lives – here, close to home. Please donate today. Call 345-4673 or visit [www.healthsciencesfoundation.ca](http://www.healthsciencesfoundation.ca). You can also make your donation on Facebook: [Facebook.com/healthsciencesfoundation](https://www.facebook.com/healthsciencesfoundation).

**A number of factors, individually or in combination, can lead to cardiac disease, including:**

- Smoking;
- Diets rich in saturated fat;
- Physical inactivity;
- Stress;
- A family history of heart disease;
- Being overweight.

(Source: Health Canada)

**To reduce your risk for cardiac disease, lead a healthy, active lifestyle.**



Wayne Vanderwees presents the toy truck he bid \$900 on to paediatric patient Lucas Bertoni. His bid supports the Northern Cancer Fund.

## Toy truck goes the distance

By Maryanne Matthews

When Wayne Vanderwees attended the Thunder Bay Regional Health Sciences Foundation's Tony Villeneuve Memorial Auto Rally this past September, he made a special purchase during the live auction portion of the event.

"There were a lot of great prizes and items available for bid, but I have more than enough and I don't need anything else for myself," says Vanderwees. "I knew my money would be better spent as a donation to the Foundation. The idea that the truck would put a smile on a child's face was another bonus."

That's why the toy truck caught his eye. The amount of the highest bid would go to the Tony Villeneuve Endowment Fund of the Health Sciences Foundation, and the toy would be given to a paediatric patient.

Wayne made the tremendously generous bid of \$900 to 'win' the truck and support the Foundation. The toy truck was then given to Lucas Bertoni to help him pass the time spent at the Health Sciences Centre. "Lucas loves trucks, so this is great," says his mother, Stephanie Bertoni. "He really doesn't like having to come to the hospital so this has really brightened his day."

## "Turtle" Reduces Need for Readmission to Hospital

By Graham Strong

For most heart failure patients, their first episode comes with little warning.

The real journey starts once they are sent home with a care plan designed to modify their lifestyle to prevent future episodes. However, the data suggests a high re-admission rate – in short, patients are having difficulties adapting to a new lifestyle without ongoing support systems.

"When we looked at our cardiac patient data, we were actually well above the provincial average for re-admission within seven days, and even worse in 7-28 days," said Gwen Third, Manager Complex and Chronic Diseases at the Thunder Bay Regional Health Sciences Centre.

Recently the Ontario Telemedicine Network (OTN) introduced a new TeleHomeCare Heart Failure Monitoring Program designed to reduce re-admission rates and decrease the length of stay for those re-admitted with heart failure. It's a program that's been adopted by the Internal Medicine Clinic (IMC) at the Health Sciences Centre – and the data indicates it's working.

At the heart of the TeleHomeCare Monitoring Program is the "Turtle", a unit that connects directly to the patient's telephone – in fact it looks similar

to a large phone itself. Several devices connect to it including a blood pressure cuff, an oxygenation level monitor, and a weigh scale.

At least once a day, patients connect themselves up to the Turtle to take their vital signs. They also answer a few basic questions like "How do you feel compared to yesterday, less tired, more tired, or about the same?" by pressing corresponding buttons. The data is sent to a secure central database where it can be accessed by IMC staff.

Dona Ree, the Nurse Practitioner lead for the TeleHomeCare Monitoring Program, follows patients daily to ensure they are within normal levels. If they aren't, Ree can contact the patient to find out what is happening, and help them get involved with their own healthcare.

"It's part of a plan that we develop with the patient," Ree said. "Essentially, we ask them, 'What are you willing to do to keep yourself out of the hospital?'"

The TeleHomeCare Heart Failure Program helps in two ways. First, by monitoring levels daily, Ree can catch the early warning signs so that patients can adjust their diet and medication, and be treated before they reach the stage of needing hospitalization again. Second, daily monitoring of things like blood pressure and weight helps improve pa-

tient adherence to diet and exercise plans.

Research indicates that most heart failure patients require education and counselling to be able to follow the diets recommended to them as well as to take the medications prescribed to them by their healthcare provider. The IMC has a dietitian available to instruct patients and their families about the importance of following a strict diet and avoiding salt.

A pharmacist is also available to educate patients about what their medications are doing for their condition. They will also assist in recommending changes when patients experience potential side effects.

The program closely monitors enrolled patients who have required re-admission to hospital. Many of them are admitted for reasons other than their heart failure. It is anticipated that these same patients can be discharged earlier than may be expected with the ongoing supports provided by the TeleHomeCare services.

Plans are under way to provide access to this program for residents within the North West LHIN residing outside of Thunder Bay. IMC is also looking at adapting the model to suit the needs of residents of the region in assisted living residences.



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your squash buddy,  
your dad.**

World-class cardiac care can save his life. Your donation helps us get the job done, right here at home.

**Together, we bring cardiac care closer to home.**



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