

STOP IN LONG - TERM CARE

EVALUATION FINDINGS

camh
INTREPID Lab

PROGRAM BACKGROUND

Barriers existed to smoking treatment in older adults

- Health inequities for older adults transitioning from hospital to LTC and less likely to receive counselling

COVID pandemic highlighted lack of support for smoking with lock-downs increasing the risk of withdrawal, fire risks

CAMH STOP Program worked with Behavioural Supports Ontario (BSO) to develop a tailored program for LTCHs



EVALUATION METHODOLOGY

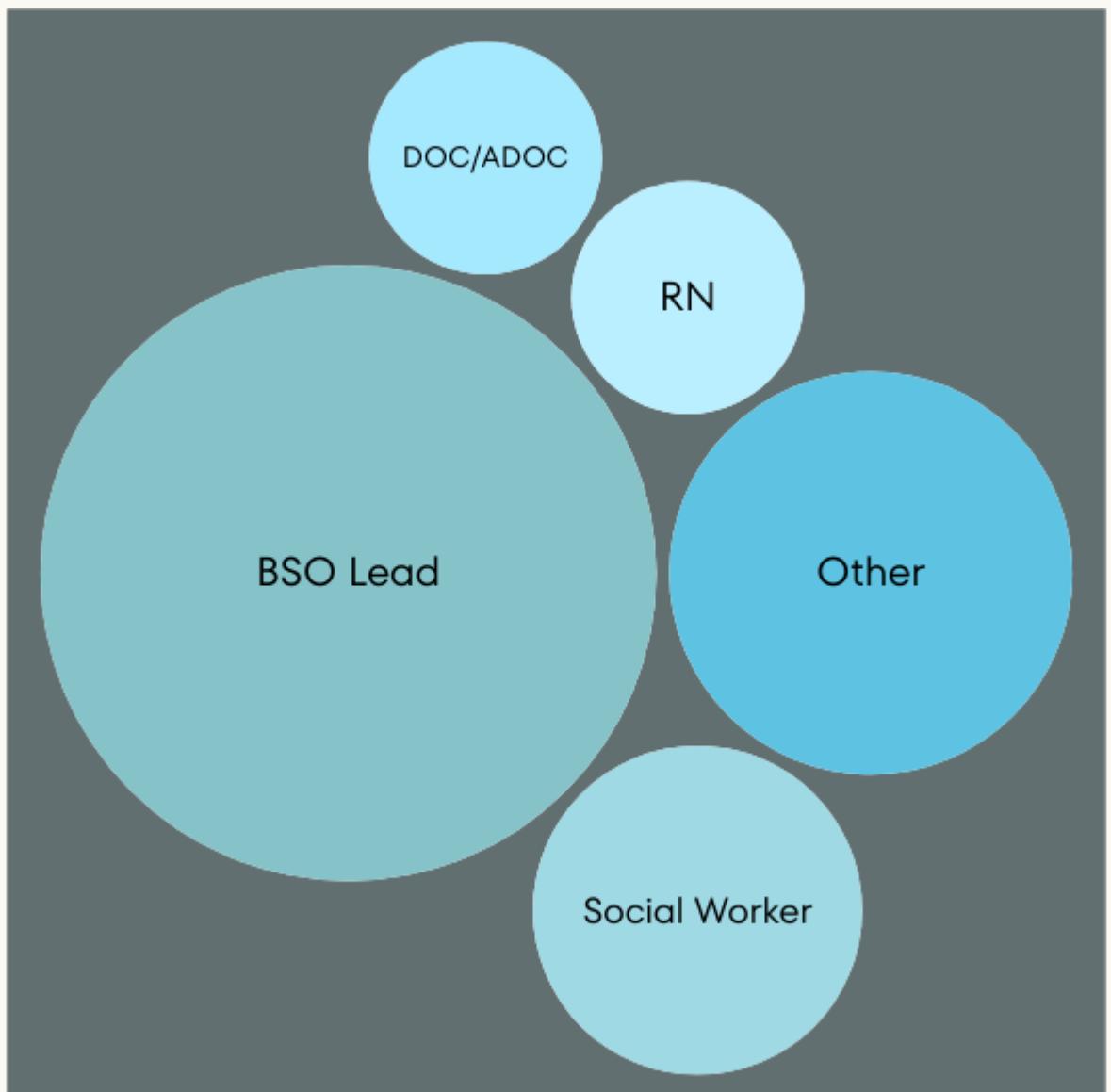
Mixed Method Project Evaluation

Six months post -implementation, staff were invited to complete a brief survey and participate in a semi -structured interview.

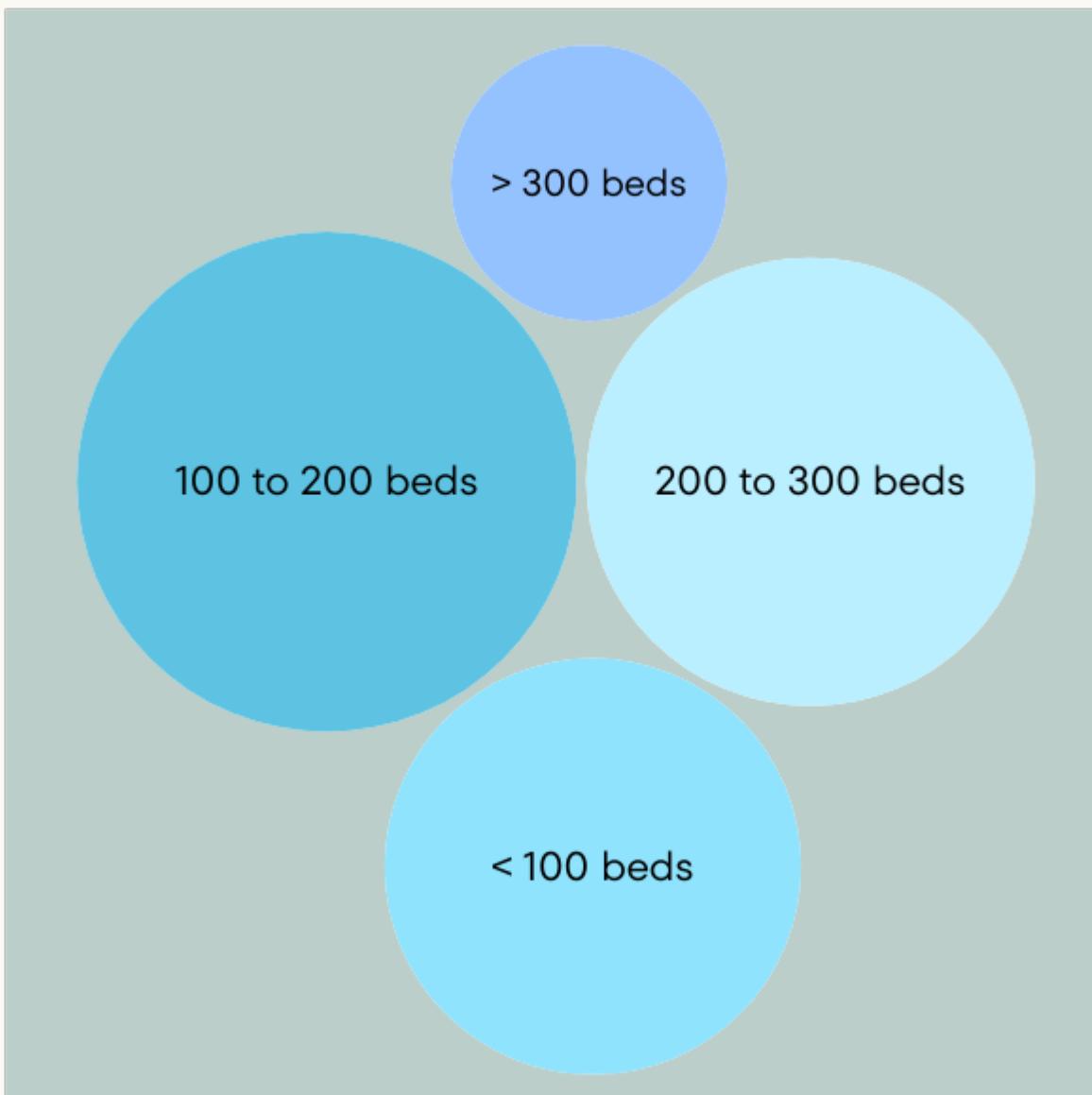
- An anonymous short survey was distributed to staff in each long -term care home
- During the interview, staff were asked to share their perspectives on how the STOP program was implemented at their facility. The questions focused on:
 - knowledge of the program
 - its relevance and effectiveness
 - challenges faced during implementation
 - suggestions for improving the process.



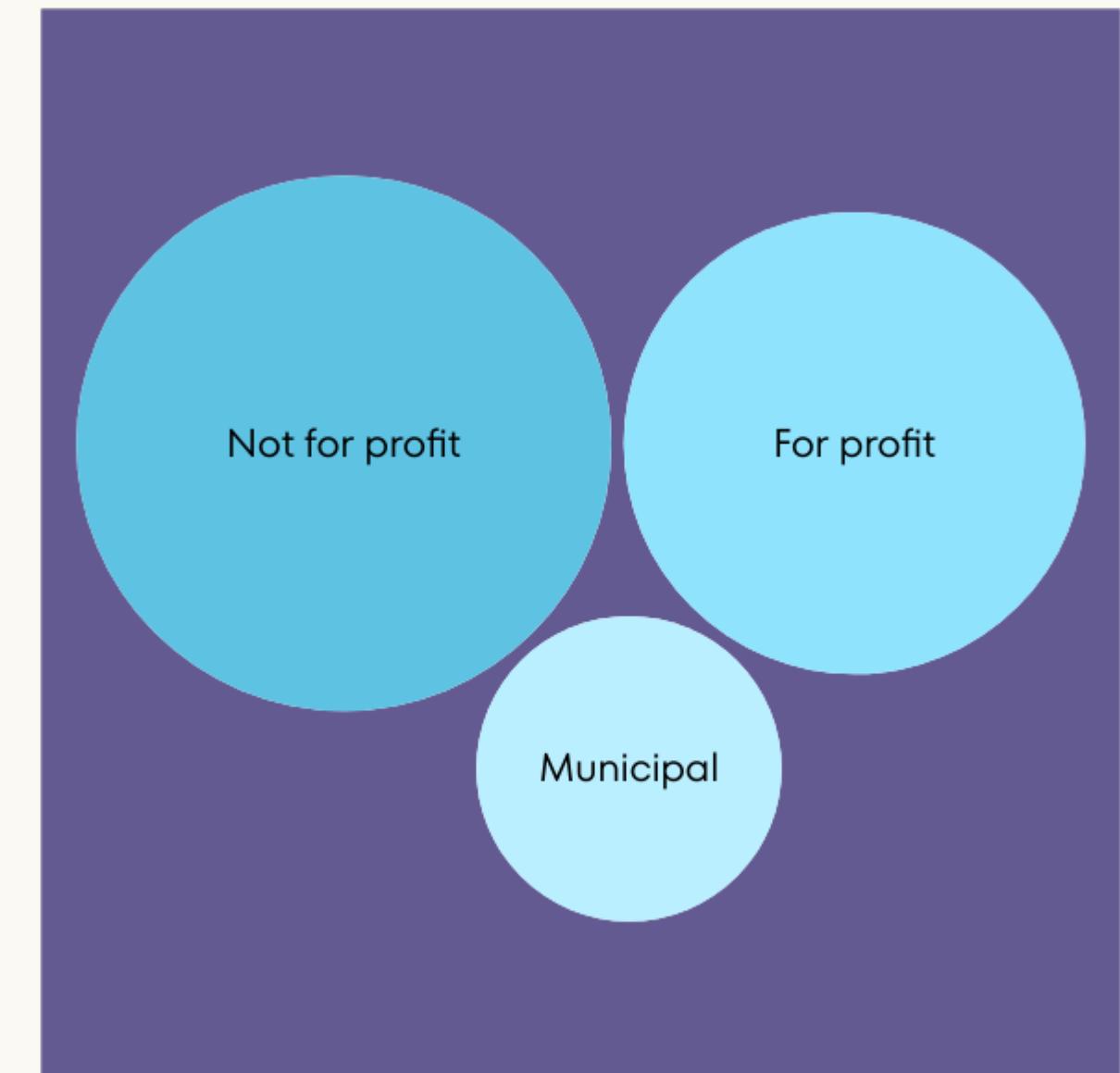
SURVEY RESPONDENTS



Profession



Size of Home

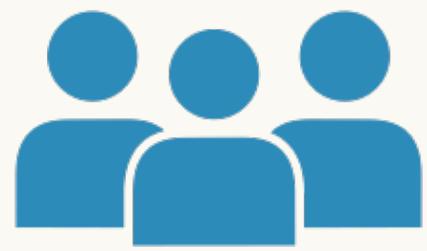


Type of Home

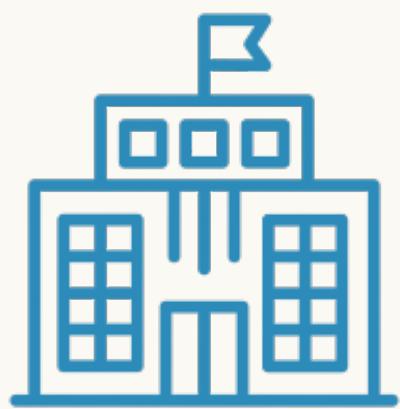


INTERVIEW RESPONDENTS

For the interviews, we recruited a variety of participants from the Long-Term Care Homes.



- 14 participants from 10 LTCHs
- Mix of professions - DOCs, BSO Leads, RNs, RPNs, PSW



- Mix of urban and mixed urban/rural
- Mix of small to large sized homes
- Mix of For profit and Not for profit

SUPPORTING RESIDENTS AND STAFF

Staff at the homes expressed need for the program, not just for residents but also for staff

To find a way to support them to reduce the craving and then eventually quit. And then if they can't afford it, then they will resort to certain behaviours like aggression with other residents, taking money from people. There are so many possibilities. So that's why we thought it was a good idea to enter into this program. IDI 07

The biggest thing with the management here is they wanted to see if it could be utilized with staff as well since we do have a large amount of staff who smoke. They thought it was a very good idea. They're very open here to anything we can do to help with quality of life for residents. IDI 08

SUPPORTING RESIDENTS AND STAFF

We are short of staff. So if a resident started smoking,.., should go nine meters away from the entrance. And we don't have the manpower. IDI 02

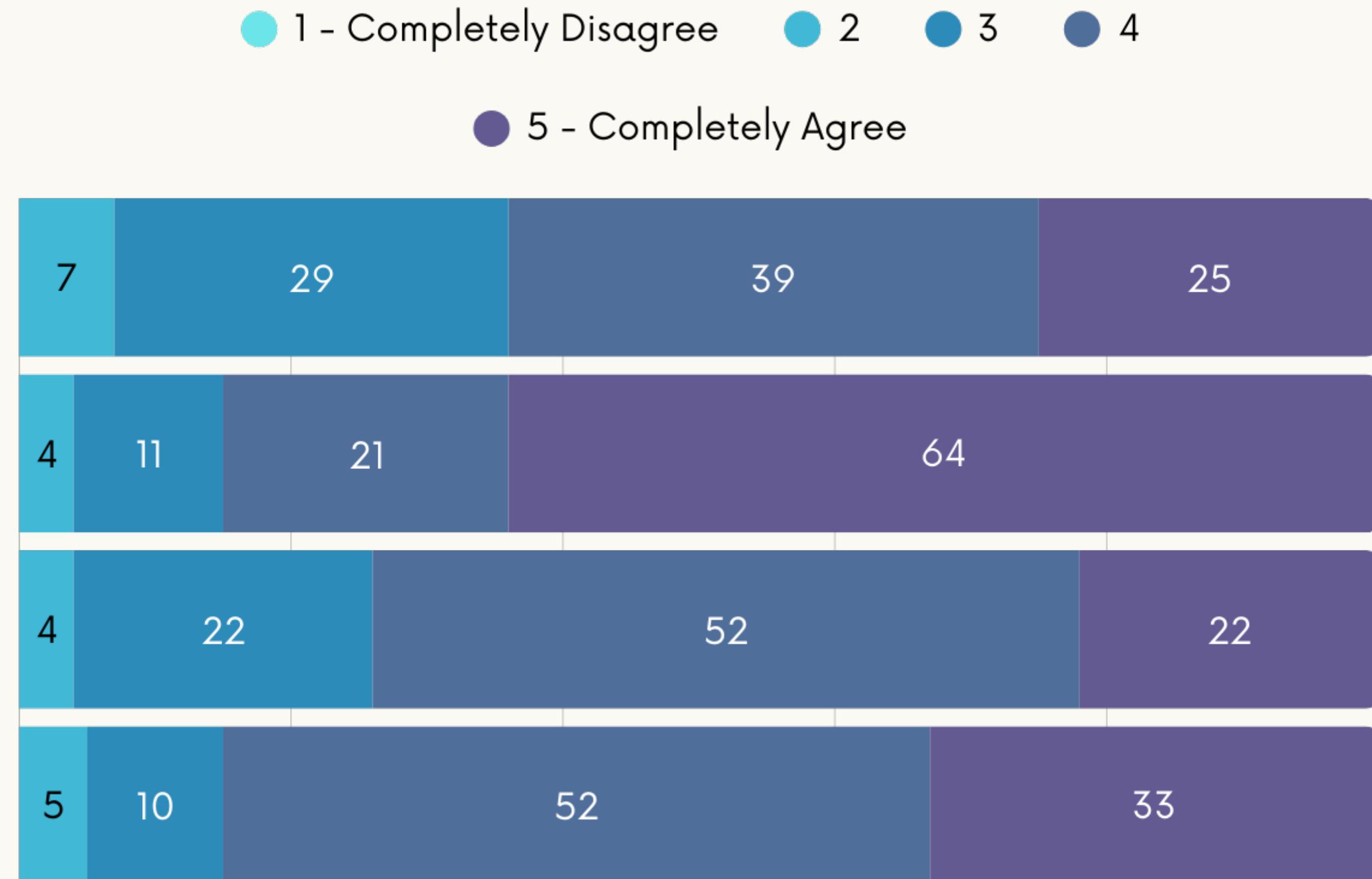
Residents have few resources for buying either cigarettes or NRT

Staff can't support residents going out to smoke

So the STOP program has been really helpful. Also the demographic of this home, they don't have a lot of money to purchase the patches and the other things. So this has been really beneficial in providing them with something. IDI 04

RESIDENT USE OF NRT

“Has Made My Job Easier”



“I have noticed fewer incidents due to smoking since the STOP Program began”

IMPLEMENTATION OF PROGRAM

Staff noted that there were no issues with implementation

The implementation, nine [scale 1 – 10]... It's been really good. Very smooth, seamless transition from getting the consent to the referral, to the recommendation, to having the doctors prescribe it. And ordering process, it's very easy. It's not hard at all. IDI 01

There was some mention of challenges with internal communication related to NRT ordering

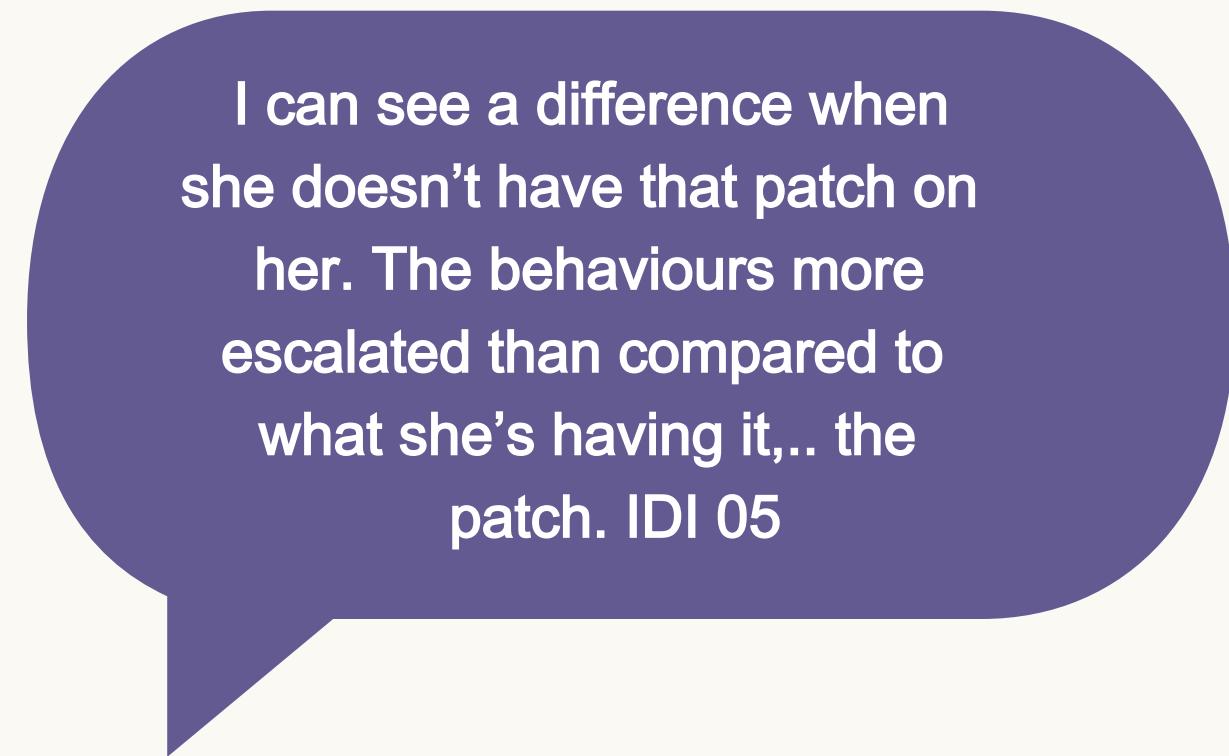
They don't always tell me when they're running low. They tell me when it's out. And I might not always be here when they're out. So that's just the challenge. Before, it used to be delivered by pharmacy,... so they would just get each week supply with all of the medications. So in terms of the delivery for them, I feel like it was more consistent before. So then the residents aren't seeing it some days. IDI 04

POSITIVE BEHAVIOURAL CHANGES AMONG RESIDENTS

Staff saw some behaviours mitigated by the use of NRT



So it's definitely relevant to our long -term care home. It has definitely helped in terms of mitigating some of the responsive behaviours. IDI 04



I can see a difference when she doesn't have that patch on her. The behaviours more escalated than compared to what she's having it,.. the patch. IDI 05

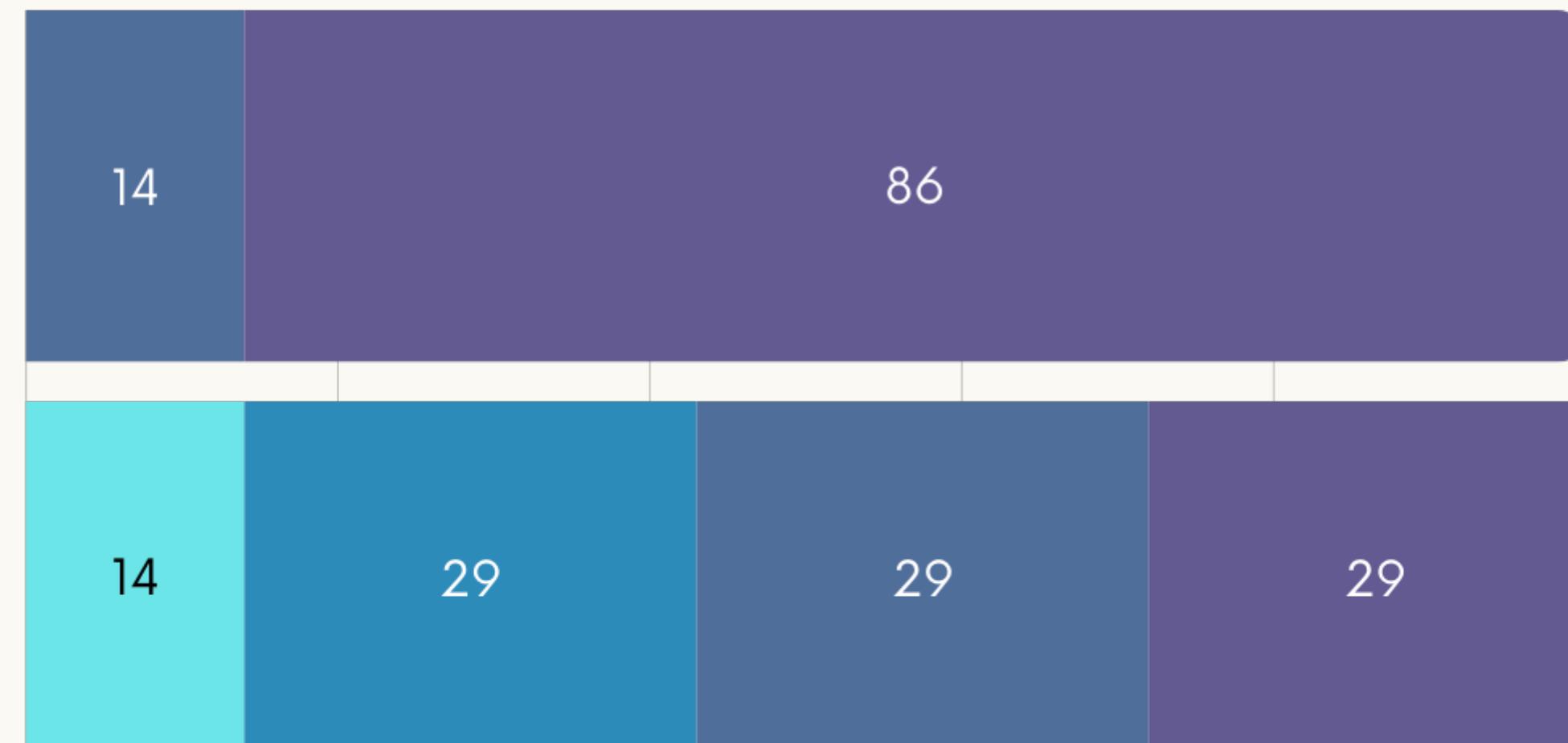
STAFF USE OF NRT

Fifty percent of the staff responding to survey indicated that staff were using the NRT provided by STOP

● 1 - Completely Disagree ● 2 ● 3 ● 4

● 5 - Completely Agree

“Staff are appreciative of no cost NRT through the LTCH



“Staff use of NRT to reduce smoking has been helpful for residents wanting to reduce tobacco/nicotine use”

STAFF APPRECIATE THE NRT

Another success story is we have a staff that is on the program, approached me and wanted to quit smoking. And she actually was able to quit smoking. And she had even mentioned that, "I know I still have some of the supplies because he gave me supplies and I shared that with my husband. And now my husband quit smoking too" IDI 02

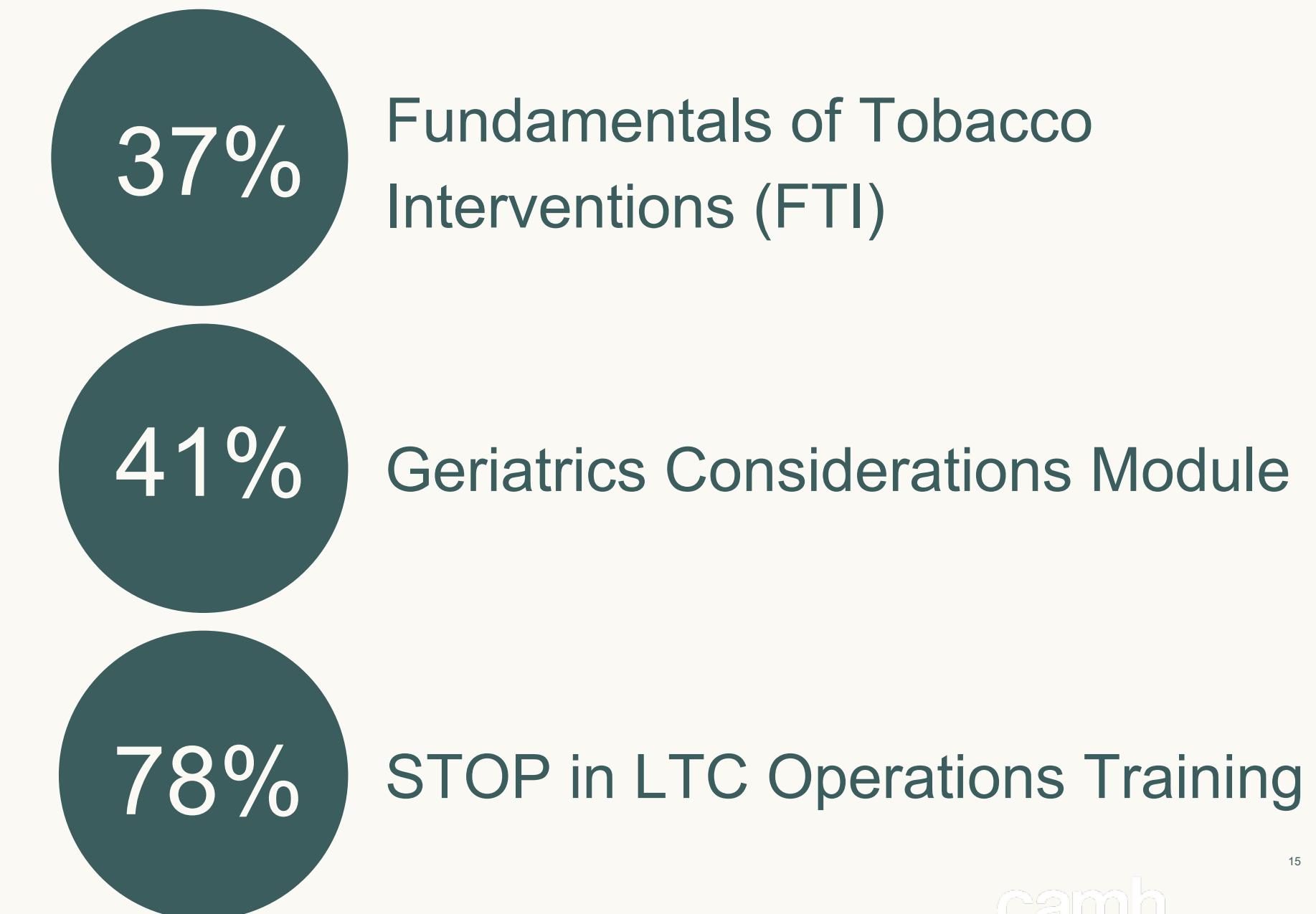
Staff smoking can be a trigger for residents trying to quit

Use of NRT by staff has been successful for some LTCs

Actually that is interesting because if one resident wants to quit smoking and the staff goes in the room and the staff smell [of tobacco smoke], it can trigger that event, smoking. So we just deal with professionally and speak to the staff. IDI 02

TRAINING COMPLETED AMONG IMPLEMENTERS

Which training did you complete?

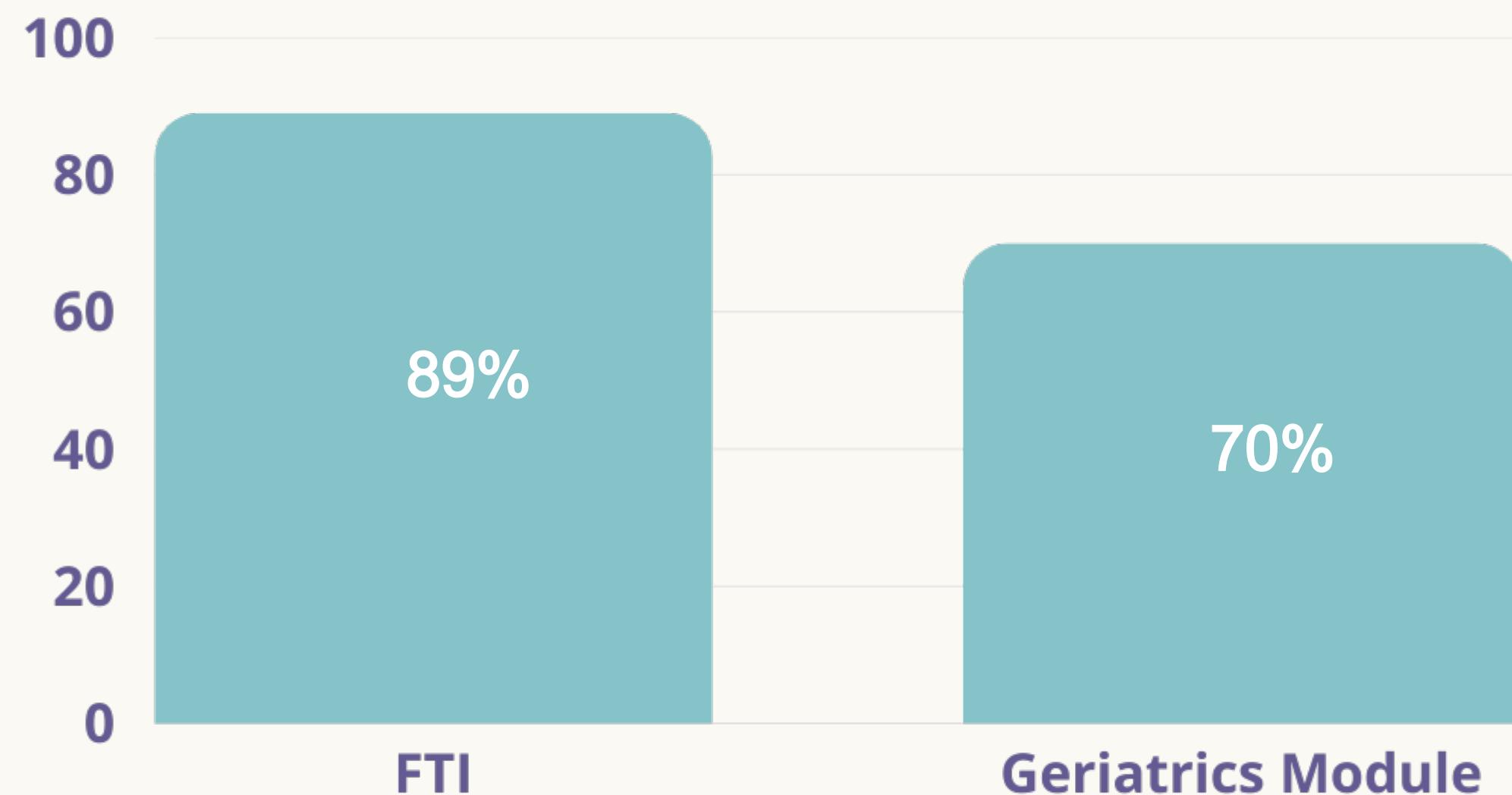


TRAINING

I'm confident in the knowledge that I gained through the STOP program... implementing it. I know what I'm saying and how I can get them [residents] to become involved. IDI 01



HOW HELPFUL WAS TRAINING IN INCREASING CONFIDENCE TO PROVIDE NRT TO THE RESIDENTS (TOP 3 SCORE)



TRAINING CHALLENGES

I did the education courses for the nicotine cessation and nicotine cessation specifically in elderly. I feel like a lot of the staff didn't – the education didn't reach them as well. IDI 08

For training, it's really hard to send staff for training just because of the time, the shortage in staff. IDI 10

Training is not always being utilized by staff at LTCH

We attended in the beginning a training, a virtual training... on how to do ordering, how to write the names, the booklet, where to sign, but not specifically what is the dosing. So even us, we have to consult, because we don't have the solid knowledge on five cigarettes is equivalent to this. IDI 02

Even with training being offered, more support may be needed for staff less familiar with dosing

Community of Practice

HAVE YOU ATTENDED ANY OF THE STOP
COMMUNITY OF PRACTICE TELECONFERENCES?



58%

Yes, some or all of them



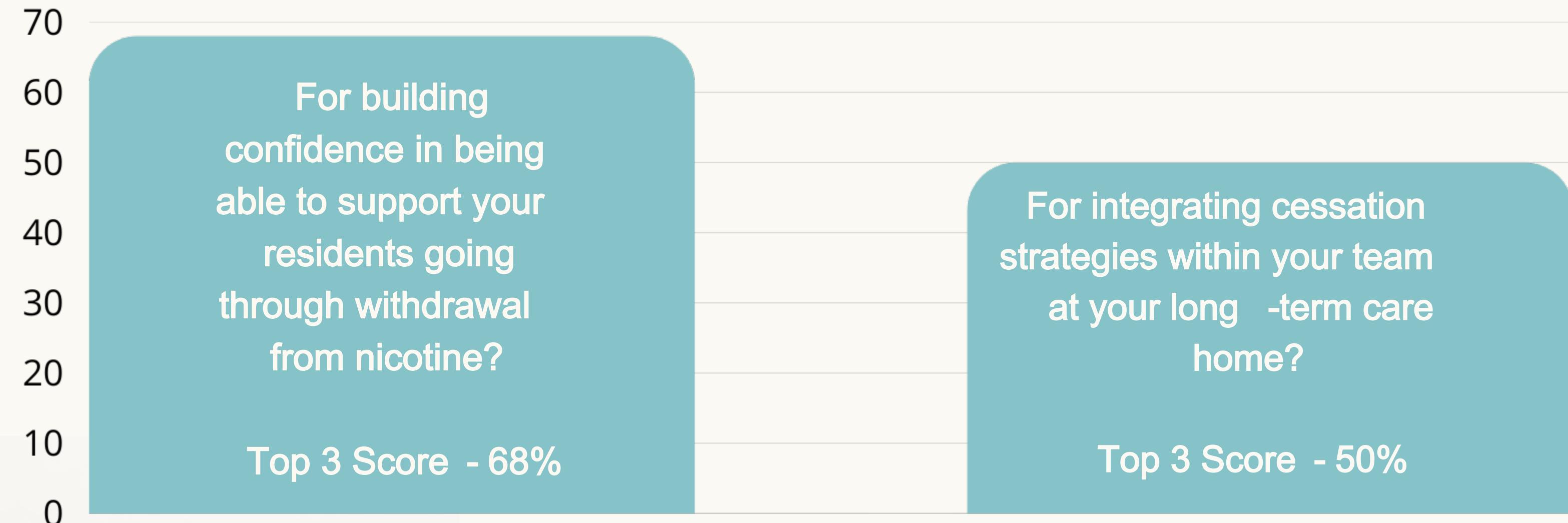
23%

No, but read minutes



Community of Practice

How Helpful are the Teleconferences For...



Challenges for Residents and Staff

Residents don't see the need to quit

I think the hard part is, so we have one resident whose family really advocated for her... they were like, "You have to let her smoke. It's the only joy she has in life. IDI 05

Residents have challenges in understanding the benefits due to cognitive issues

POA does not feel like she needs to go in the program, so a lot of education that we need to provide. IDI 02

And also not just that mental illness plays in as a factor, personality disorder plays in as a factor, depending though. So that is one barrier. Their cognition and their ability to understand and recognize what the benefits are is one of the challenges. Some are close -minded, some are considering it as their social life. IDI 02

IMPLEMENTATION ENHANCEMENTS



Additional resources: increasing the number of trained staff by providing dedicated time for staff to participate in STOP training and support program delivery.



Train staff on strategies to explain the program in ways that is helpful and digestible for this specific residents and their families understand its purpose and benefits.



Boost enrollment by raising awareness through posters and other written materials.



Educational sessions at planned community engagement activities for residents and families.



Thank
you!