



CAN ADAPTT

Canadian Action Network for the Advancement, Dissemination
and Adoption of Practice-informed Tobacco Treatment

PROJECT HIGHLIGHTS

2008-2012

VISION: A CANADA WHERE HEALTH CARE PROVIDERS HAVE ACCESS TO THE TOOLS NEEDED TO DELIVER UP TO DATE EVIDENCE-BASED SMOKING CESSATION INTERVENTIONS TO REDUCE THE PREVALENCE OF TOBACCO USE AND DEPENDENCE.

The CAN-ADAPTT initiative began in 2008, with funding from Health Canada, in an effort to address existing gaps between research and practice in the area of smoking cessation. The goal of the project was to establish a national practice-based research network (PBRN) to facilitate research and knowledge exchange to inform the development of a *dynamic* smoking cessation guideline for use in clinical practice and population-based strategies within Canada.

Objectives:

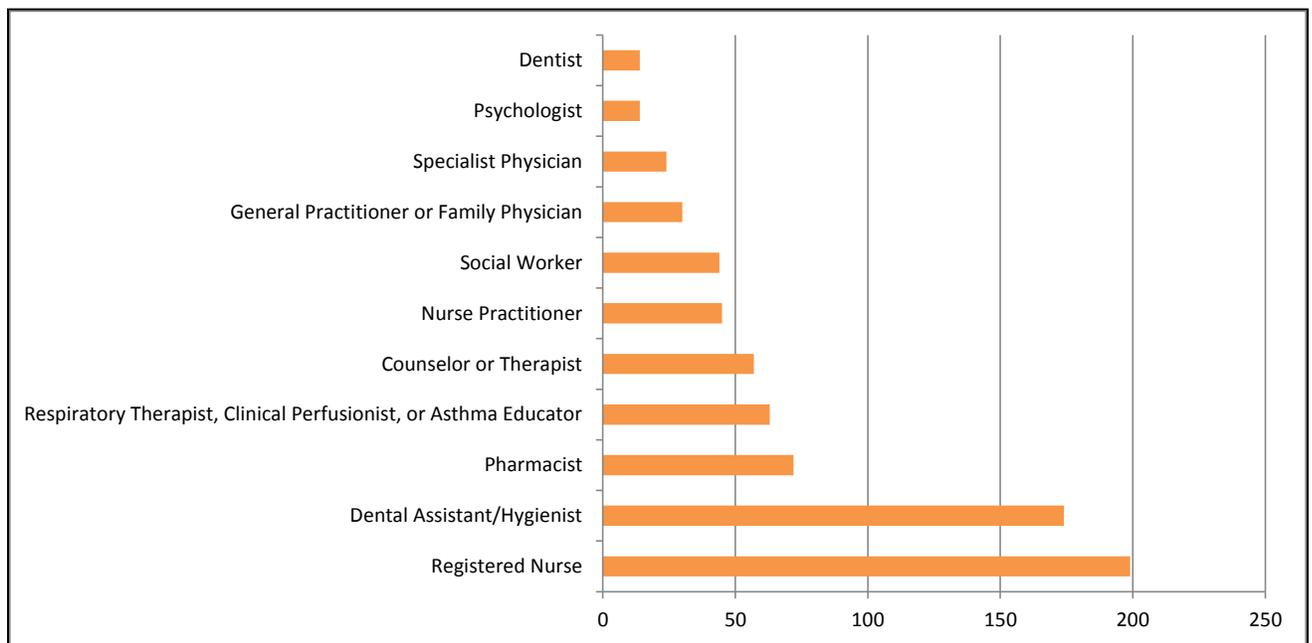
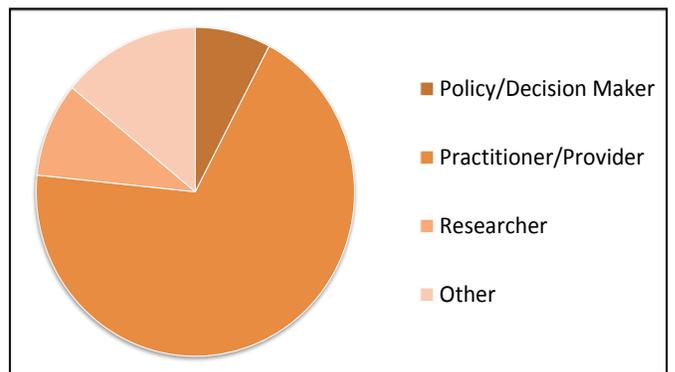
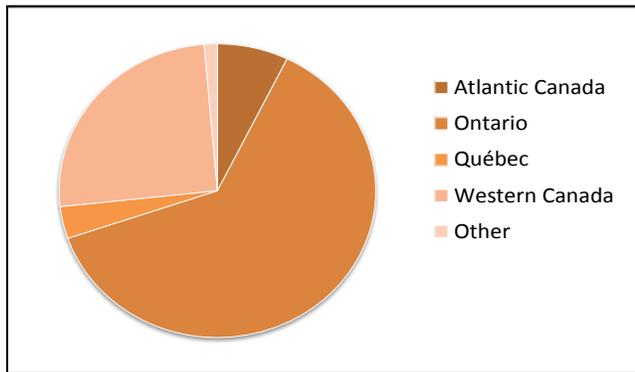
- *National Network*: Create a national network of tobacco control researchers, practitioners and policy/decision- makers to inform smoking cessation research and practice.
- *Research Agenda*: Develop a practice-informed research agenda for smoking cessation that bridges the gaps between clinical practice, research and theoretical frameworks.
- *Capacity Building*: Build capacity to conduct practice-based research in community settings to inform the development of a *dynamic* evidence-based guideline.
- *Knowledge Translation*: Translate research findings into a *dynamic* evidence-based guideline on smoking cessation.
- *Dissemination and Engagement*: Disseminate findings and engage stakeholders from national and professional organizations to promote the adoption of the guideline.
- *Collaboration*: Collaborate with other initiatives in the fields of smoking cessation and tobacco dependence.
- *Evaluation*: Evaluate the system and population impacts of the proposed PBRN to inform the development of the guideline.



Figure 1. CAN-ADAPTT aims to bridge research and practice through the development of a Clinical Practice Guideline and other activities as illustrated above.

NATIONAL NETWORK

CAN-ADAPTT's network includes approximately 1,000 healthcare providers, researchers, policy makers and other stakeholders from across Canada. The network includes national, inter professional and multi-disciplinary representation.



Note: CAN-ADAPTT's network includes a number of additional disciplines. This graph represents a selection only.

GUIDELINE

The CAN-ADAPTT initiative used a unique approach to guideline development, by building from existing high quality guidelines and incorporating feedback from end-users throughout the process. Six guideline sections have been completed to date, as listed below and is available to download at www.can-adaptt.net either by individual section or as a complete guideline, in both English and French.

Aboriginal Peoples

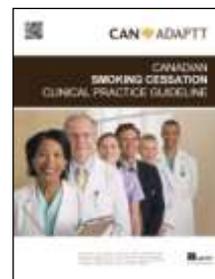
Counselling and Psychosocial Approaches

Hospital Based Populations

Mental Health and/or Other Addiction(s)

Pregnant and Breastfeeding Women

Youth (Children and Adolescents)



English (PDF)



French (PDF)

Note: A population level approaches report is available in English only.

The pharmacotherapy section is currently in development and will be available in spring 2012.

Evidence-based and Practice-informed

- Network members were engaged throughout the development process in order to ensure the resulting guideline is relevant to practice and applicable to diverse settings.
- The GRADE framework (www.gradeworkinggroup.org) was used to assign a level of evidence and grade of recommendation to each summary statement included in CAN-ADAPTT's guideline.

Ensuring applicability and usability

- Clinical considerations and a listing of tools/resources ensure summary statements can be implemented across a variety of practice settings and geographic locations.

Organizational support

- Opportunities are available for organizations/associations to formally support CAN-ADAPTT's guideline by becoming an endorser, supporter or collaborator.

DISSEMINATION AND ENGAGEMENT

A coordinated communication strategy was used to offer knowledge translation opportunities across regions, professions and settings. Four regional coordinators (Western Canada, Ontario, Quebec and Atlantic Canada) provided information on the CAN-ADAPTT initiative, and connected/ collaborated with regional practitioners, researchers, policy makers and other stakeholders to encourage dissemination and engagement. Select dissemination and engagement strategies are listed below.

Conferences	<ul style="list-style-type: none">• Participation at regional, provincial and national conferences including poster and oral presentations, exhibits, workshops and keynote presentations.
Partnerships	<ul style="list-style-type: none">• CAN-ADAPTT connected with over 100 organizations/associations across Canada and has partnered to deliver workshops, develop articles and adapt existing training programs.
Annual General Meetings	<ul style="list-style-type: none">• Four annual meetings have allowed network members and stakeholders to contribute to the development of the guideline and implementation tools.
Webinar Series	<ul style="list-style-type: none">• Each guideline development group section lead hosted an online lunch and learn session to coincide with the launch of each respective section of the guideline.
Website	<ul style="list-style-type: none">• An interactive website which includes a wiki platform and discussion board allows network members to contribute to guideline, discuss best practices, identify research gaps and share resources.
Workshops	<ul style="list-style-type: none">• CAN-ADAPTT partnered with various groups and conference organizers to deliver interactive workshops for providers across Canada.
Transdisciplinary Tobacco Rounds	<ul style="list-style-type: none">• Monthly rounds intended to stimulate knowledge exchange. Speakers from across Canada and internationally were invited to present on various topic areas.

GUIDELINE IMPLEMENTATION

In the 2011-2012 fiscal year, one of the main objectives of CAN-ADAPTT was guideline implementation. A number of strategies were used including the 2011-2012 Annual General Meeting as an opportunity to discuss implementation strategies, the development of various implementation tools, and provision of seed grants to encourage guideline implementation in practice.

GUIDELINE INCORPORATED INTO EXISTING PROGRAMMING

- Tobacco Reduction and Cessation (TRaC) (Alberta)
- Training Enhancement in Applied Cessation Counselling and Health (TEACH) (Ontario)
- Atlantic Centre of Excellence for Clinical Smoking Cessation (New Brunswick)

IMPLEMENTATION TOOLS

OVERVIEW OF SUMMARY STATEMENTS BOOKLET

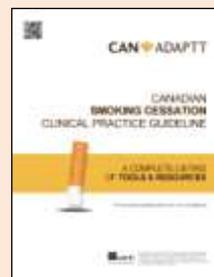


English (PDF)



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A LISTING OF EXISTING TOOLS/RESOURCES

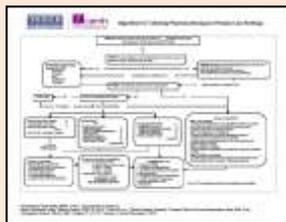


English (PDF)

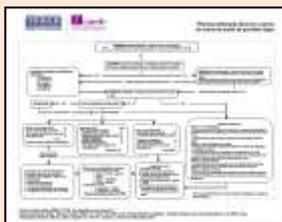


French (PDF)

TREATMENT ALGORITHM



English (PDF)



French (PDF)

SLIDE DECK



English (PPT)



French (PPT)

HAND DRAWN ANIMATED VIDEO VIGNETTE



ENGLISH ONLY

SEED GRANTS

GUIDELINE IMPLEMENTATION

CAN-ADAPTT's 2011-2012 seed grant iteration focused on the implementation of CAN-ADAPTT's smoking cessation guideline. The aim was to achieve knowledge transfer, increased uptake and capacity for evidence-based practice in smoking cessation. Six grants were awarded. A variety of guideline sections were implemented in different practice settings and geographic locations, as illustrated below.

GUIDELINE SECTION IMPLEMENTED	PRACTICE SETTING	LOCATION
Complete Clinical Practice Guideline	Dental Education Facilities & Practices	Nova Scotia
Complete Clinical Practice Guideline	Public Health Unit	Ontario
Population level interventions	University Campus	British Columbia
Hospital Based Populations	Pre-admission clinics	Manitoba
Mental Health and/or Other Addictions	Senior's Support Centre	Ontario
Counselling & Psychosocial Approaches	Community setting	Ontario

PRACTICE-INFORMED RESEARCH

Three additional iterations of seed grant opportunities were intended to support the practice-informed research approach by enabling collaborative, Canadian researcher-practitioner teams to conduct smoking cessation research related to a variety of health care specialties. Awards of \$5,000 were available to teams including at least one practitioner and one researcher to facilitate practice-informed research related to tobacco cessation. From 2008-2011, 22 applications were received and 12 grants were awarded.

FUTURE DIRECTIONS

CAN-ADAPTT's website will be sustained as part of the integrated Nicotine Dependence Service at the Centre for Addiction and Mental Health (CAMH). The Guideline is housed on an adapted wiki platform, in an effort to allow ongoing updates to be made to maintain an up-to-date national guideline.

Opportunities for CAN-ADAPTT's next steps include:

- Development of additional guideline sections
- Provision of educational webinars to promote use of the Wiki platform (CIHR grant received)
- Sustained guideline implementation through existing training programs
- Guideline implementation across Toronto's University Health Network (Grant received)

For more information, visit **www.can-adaptt.net**

or email us at **can_adaptt@camh.net**