Keeping Your Hospital Property Smoke-Free:

Successful Strategies for Effective Policy Enforcement and Maintenance

Henry Ford Health System

The Joint Commission

ACKNOWLEDGMENTS

The authors of this publication would like to acknowledge the support of the Flight Attendant Medical Research Institute and the Robert Wood Johnson Foundation, which provided funding for different aspects of the project. We are thankful for their ongoing interest in promoting healthy, smoke-free environments.

We gratefully acknowledge the assistance of hundreds of hospitals across the United States, who participated in the online survey and telephone interviews that provided the foundation for our research study and for this document. In addition, the ten organizations listed below agreed to host on-site meetings, during which they provided our research team with access to in-depth knowledge and lessons learned about the process of enforcing and maintaining a smoke-free hospital property. Examples of the materials they used to support their policy implementation and enforcement processes are reprinted in this document with their express permission. Their contributions are highly esteemed and appreciated.

Adventist Rehabilitation Hospital of Maryland and Shady Grove Adventist Hospital, Rockville, MD

Bucyrus Community Hospital, Bucyrus, Ohio

Cobb Memorial Hospital, Royston, GA

Duke University Hospital, Durham, NC

Eastern State Hospital, Williamsburg, VA

St. Vincent's Medical Center, Bridgeport, CT

University of Michigan Hospitals and Health Centers, Ann Arbor, MI

Virtua Health Inc., Marlton, NJ

WakeMed Health & Hospitals, Raleigh, NC

Washington Adventist Hospital, Takoma Park, MD

Finally, we acknowledge the pioneering leadership in this field of the late Ronald M. Davis, MD, former director of the Henry Ford Health System Center for Health Promotion and Disease Prevention. Ron's tireless efforts to encourage his own organization and others to adopt smoke-free policies for the health and well-being of hospital patients, visitors, and staff were crucial to ensuring that this project would come to fruition.

PROJECT STAFF

Sharon Milberger, Sc.D., Director
Amanda Holm, MPH, Project Manager
Center for Health Promotion and Disease Prevention
Henry Ford Health System, Detroit, MI

Scott Williams, Psy.D., Associate Director
Joanne M. Hafner, RN, MS, Associate Project Director
Brette Tschurtz, Associate Project Director
Department of Health Services Research
Division of Healthcare Quality Evaluation
The Joint Commission, Oakbrook Terrace, IL

DISCLAIMERS

This document was produced as part of a research study entitled "Evaluating Smoke-Free Campus Policies in U.S. Hospitals," and funded by the Flight Attendant Medical Research Institute (FAMRI) and the Robert Wood Johnson Foundation (RWJF). Neither FAMRI nor RWJF had any involvement in the design, implementation, analysis, results, or review of publications from the project. The goal of the study was to identify promising, practical strategies for the effective implementation of smoke-free hospital property policies. This document is the result of a three-year collaboration involving Henry Ford Health System and The Joint Commission. The findings and conclusions in this report are those of the authors and do not necessarily represent the positions of the collaborating organizations.

Many of the examples included in this document come from self-reported methods, strategies, and data submitted by health care organizations to our project. Examples included are intended to aid health care organizations in their own policy implementation efforts and should not be construed as an endorsement of any specific strategy, program, or policy discussed herein. The inclusion of a health care organization name, product or service should not be construed as an endorsement of that organization, product or service, nor is failure to include any organization name, product or service to be construed as disapproval.

The project staff members are solely responsible for the contents of this document. We have worked to ensure that this document contains useful information, but it is not intended to be a comprehensive source of all relevant information. In addition, because the information contained herein is derived from many sources, Henry Ford Health System and The Joint Commission cannot guarantee that the information is completely accurate or error-free. We are not responsible for any claims or losses arising from the use of this document, or from any errors or omissions in it.

TOOLKIT AT A GLANCE

SECTION 1 — BEFORE YOU IMPLEMENT:
Plan Ahead for Enforcement and Maintenance.....page 6

SECTION 2 — ON YOUR WAY:
Creating and Maintaining a Supportive Environment for Enforcement and Compliance.....page 10

SECTION 3 — COMMUNICATE, COMMUNICATE, COMMUNICATE: *Effective Communication Paves the Way for a Smooth Transition..... page 13*

SECTION 4 — KEEP THINGS FRESH: *Monitor the Policy's Ongoing Implementation ..... page 17*

SECTION 5 — STAND FIRM, BUT BE FLEXIBLE:
Enforcement Tips and Techniques..... page 19

SECTION 6 — PREVENTIVE MAINTENANCE:
Avoiding Common Enforcement Pitfalls .....page 21

SECTION 7 — MENTAL HEALTH FACILITIES:
Additional Unique Considerations..... page 23

INTRODUCTION

Many hospitals recognize the value in projecting a healthy image in their community, and adopting a tobacco-free or smoke-free hospital campus policy is one way to demonstrate this commitment to health. Over the last several years, hospitals have increasingly adopted these tobacco-free or smoke-free policies as part of a nationwide trend. Correspondingly, a number of toolkits and resources have been developed and disseminated to assist healthcare organizations with establishing and implementing these policies. Once a tobacco-free or smoke-free policy has been adopted, however, there are fewer resources available to support organizations as they seek to maintain and enforce their policies.

The contents of this document were developed with input from staff at hundreds of hospitals. The hospitals were selected from a pool of 1,916 healthcare organizations that completed a web-based survey about their smoking policies.[1] Subsequent to this survey, in-depth telephone interviews were conducted with key administrative personnel at 182 hospitals that reported having a 100% smoke-free campus property. From this group, ten organizations were selected to host an onsite visit based on their positive experiences with the implementation and enforcement of their smoke-free property policies. Examples from their narratives and the lessons they learned are used in this document to highlight important aspects of their experiences.

This document is divided into seven primary sections, each of which provides strategies to consider when enforcing your smoke-free property policy. Each section includes a list and description of successful strategies, as well as some brief examples to illustrate how the strategies were successfully implemented by hospitals. The first section, Before You Implement, is intended for organizations that have not yet implemented their smoke-free policies. This section is based upon various hospitals' successful planning strategies, as well as some lessons learned; these are things hospitals did or wished they had done prior to implementing their policy. If you've already implemented your policy, you may want to jump ahead to sections two through six. Section seven applies to the unique considerations of mental health facilities. References to additional implementation resources are listed at the end of this document.

1. Williams SC, Hafner JM, Morton DJ, Holm AL, Milberger SM, Koss RG, Loeb JM. The adoption of smoke-free hospital campuses in the United States. Tob Control. 2009;18:451-458 Published Online First: 20 August.

The strategies described in this document are intended to assist you in the ongoing implementation and enforcement of your policy – to address what happens after the "big day" has occurred and the milestone of going smoke-free is successfully reached and celebrated. These strategies are intended to be brief recommendations related to the effective enforcement of smoke-free policies, so that you can maintain your momentum after the initial implementation of your policy.

Please keep two things in mind as you read this document. First, we want to emphasize an overarching theme that emerged when discussing these policies with both administrative and front-line staff at dozens of organizations: The support of leadership in all areas of policy implementation and enforcement is crucial to success. Hospital staff members that we interviewed attested to the importance of this support, repeatedly emphasizing that the message that the policy is "the right thing to do" must come from the top. Leadership that is strongly supportive of the policy is a key element for successful implementation and enforcement.

Second, we also frequently heard that hospitals' worst fears about policy implementation were never realized. While you should definitely plan ahead to address concerns you foresee, don't let those concerns prevent you from moving forward. As one hospital representative put it, "I have been in health care for about 30 years and for 28 of them I was told this couldn't be done. But then it really couldn't have been any easier..." So take heart – many organizations have had success with these policies. Learn from them, and your organization will too.

We hope that you find the following material useful, and applaud your efforts to successfully implement your smoke-free hospital policy.

"Everything went just how it was supposed to. We spent a lot of time examining every possible thing that could happen and how we would handle it. How would we handle a patient refusing not to smoke, how would we handle and discipline an employee who refused to comply? How would we handle a family member who refused to follow the policy? When we finally did go live, all of these concerns just kind of went away, nothing happened. We've spoken to a lot of organizations who have sort of echoed this same sentiment. From an administration point of view, I think we always think we are going to be the bad guy, maybe that is just natural to think that way, but then none of it occurred."

Interim CEO, medium-sized hospital in a rural setting

"Integrate wellness into every process so it's built in and then you don't have to keep repeating the message..."
Director of Benefits and Wellness, large health system in a suburban setting

A note on terminology: Different facilities use different words and phrases to refer to their organizations and policies. This can create confusion. Is there a difference, for example, between an organization's claim of having a "smoke-free campus" versus a "tobacco-free property"? In this document we generally use the phrase *smoke-free property,* as our initial inquiries centered around facilities being 100% smoke-free. That is, they prohibit smoking everywhere, but they do not necessarily address other forms of tobacco use. An organization may opt to go "tobacco-free" by prohibiting all forms of tobacco use, but this is a more stringent standard that not all adopt.

Regarding the choice between "property" and "campus," we have opted for the word "property." Several hospitals explained that the concept of "property" (as opposed to "campus") is more easily understood by the general public. Lastly, we frequently use the term "hospital" in this document, because these organizations predominated in our interviews and site visits. However, many different types of healthcare organizations may benefit from the suggestions and strategies outlined in this document.

SECTION 1 BEFORE YOU IMPLEMENT:

Plan Ahead for Enforcement and Maintenance

Successful Strategies at a Glance:

- Approach the smoke-free policy as a health and wellness initiative.
- Collaborate with other organizations in the community.
- Form a task force dedicated to enforcement.
- Include smokers in planning the policy's implementation.
- Anticipate the impact on other corporate policies.
- Define your boundaries carefully.
- Allow for plenty of lead time, but don't phase the policy in.

Approach the smoke-free policy as a health and wellness initiative.

If you already have a policy in place, don't worry – there's still more you can do after the fact to enhance enforcement. However, if you're still in the planning stages, consider these strategies. The successful implementation of your policy often depends on your approach. Many organizations have found it helpful to promote the policy as one part of a comprehensive approach to health and wellness, in which employees are supported in making all kinds of healthy choices related to physical activity, nutrition, and other lifestyle behaviors. Incorporate the smoke-free property policy into your overall wellness planning, including the wellness incentives you expect to offer to employees. This may help avoid making smokers feel singled out, punished, or scolded. Approach the policy adoption and enforcement process as a chance to make a positive impact on the health of your employees, patients, and the community.

Case Examples: One small hospital in a rural setting understood that when smokers quit, they often experience a subsequent weight gain. The hospital therefore included in its employee wellness incentive program a 20-pound "credit" to those who quit smoking. That way, they reasoned, even if employees gained a little weight on their way to a tobacco-free lifestyle, they would still be recognized for their efforts and receive the benefit of the incentive. This demonstrated the hospital administration's understanding and compassion for those who undertook this crucial lifestyle behavior change.

Similarly, at a large healthcare organization in an urban setting, the smoke-free policy opened the door to other hospital-wide health initiatives. The wellness project that followed on the heels of the smoke-free property policy introduced healthier meal options in the cafeteria.

Collaborate with other organizations and local government entities in your community.

When the policy is similar at all health care organizations in the area, it's that much easier for everyone to comply — and no one can claim any competitive advantage. Collaborating with other healthcare organizations will likely garner you heightened media attention, and that attention will be much more positive when a united front is presented. Some organizations even agree to use similar language both in their policies and on signage.

This is also an excellent time to reach out to public health and prevention-oriented organizations, to ask for their assistance and join in their efforts to reduce tobacco use. Local ordinances may be useful in encouraging compliance, especially in public areas adjacent to your property. If smoking near perimeters or on public sidewalks is an issue, work with your local government to see if an ordinance can be adopted to bolster your policy and its enforcement. Enlisting community support for tobacco prevention and control through a variety of venues will help promote a consistent message. Be an active player in your local tobacco control coalition, and community members will see that you are addressing the issue from several angles.

Form a task force dedicated to enforcement which includes smokers in the planning and implementation.

Most organizations form at least one task force to direct the overall policy development and implementation, along with subcommittees to address specific issues. Consider forming a team specifically dedicated to enforcement. If possible, maintain your enforcement task force as a standing committee after the policy is in place, so that progress in policy implementation and enforcement can be monitored and procedures can be modified as needed.

It is important to have smokers and former smokers well-represented on these committees. This helps to ensure the policy and the support services you offer will meet smokers' needs, and eases concerns that the policy will be punitive. The smokers on the committee will know where problem areas are likely to be and what kind of resistance may be encountered.

In fact, during planning, consider forming an "all-smokers" committee to test out different aspects of the policy, including the resources and programs you plan to offer to employees, patients and visitors who smoke. These committee members may later become the champions of the policy among smokers, and often go on to become ex-smokers.

"Give people time to adjust. You can't just say 'tomorrow we are going smoke-free.' You have to have some sort of peace offering in the form of nicotine replacement therapy aids and support. Let them know that you are there to help."

Director of Healthcare Improvement, medium-sized hospital in an urban setting

Anticipate the impact on other corporate policies.

To ensure successful implementation, the smoke-free policy should mesh seamlessly with your existing policies and practices. Many hospitals make the smoke-free policy subject to the standard progressive discipline process. Consider how managers' job descriptions should be written or revised to incorporate enforcement of the policy. It is also important to account for the impact of the policy on break time for employees. For example, will hourly workers be able to clock in and out for breaks in a timely way? Should smoking on breaks be allowed? If so, does that include non-meal breaks? Whatever your team decides, these questions should be explicitly addressed in a consistent fashion.

Case Example: At one medium-sized medical center in a rural setting, adhering to the smoke-free policy is a condition of employment for staff, physicians, and even for those wishing to volunteer. Staff members are not allowed to leave during breaks taken on paid time, and may only leave on an unpaid break if they have permission, and if they clock out. If they violate the policy, they are subject to disciplinary action.

Define your boundaries carefully.

Take some time to precisely and clearly define the boundaries of your property, and consider distributing maps that illustrate where smoking is prohibited. This is especially important if your property is large or adjacent to properties that do not prohibit smoking. Public sidewalks can be especially tricky. Think carefully about how the policy will be enforced at all of your locations, including satellite clinics, health centers, or other types of facilities. This may involve reaching agreements with owners of leased property, determining whether your employees must abide by the organization's policy or the property owner's, or negotiating compliance with the policy by tenants who lease space in properties you own.

Allow for plenty of lead time, but don't phase the policy in.

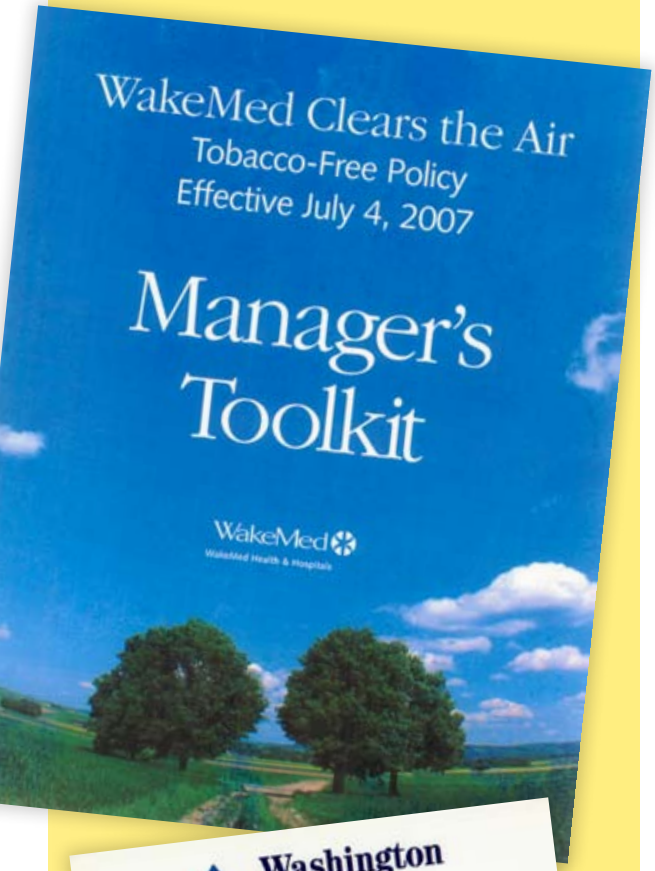
When considering how to make policy implementation easiest for

staff, patients, and visitors, don't give in to the impulse to ease them into the policy too gently. For example, a phased-in approach in defining the perimeter of your smoke-free property complicates enforcement much more than it helps or softens the impact. Similarly, implementing the policy at different times for different locations can cause confusion too. It's easier and less confusing for your staff, patients and visitors to adjust to one big organization-wide change than to a series of small changes over time, and it also makes your job easier in terms of communicating consistently.

> **Case Example:** In discussing the organization's decision to implement a "tobacco-free workday all day," instead of just a smoke-free property policy, a representative of a large hospital in a suburban setting noted: "I strongly recommend not just going smoke-free – we didn't want any employee near an entrance of the hospital smoking or coming back smelling like smoke. I encourage you to bite the bullet – we've had no headaches from it and it's just one implementation [instead of many]."

While some organizations opt for "soft enforcement" during the first few months of implementation to lessen the perception that the policy is unduly harsh, others approach the policy's implementation as they do any other hospital policy. Many employ the "three strikes and you're out" model when an employee is reported to have violated the smoking policy; however, few organizations report ever reaching this point with any employee.

Generally speaking, as long as you've provided plenty of lead time to prepare everyone for the change, people will adjust quickly. Remember, in nearly every organization we spoke to, the anticipation of resistance to the policy was much worse than the actual pushback they encountered.



SECTION 2
ON YOUR WAY:
Creating and Maintaining a Supportive Environment for Enforcement and Compliance

Successful Strategies at a Glance:

- Take a compassionate approach when interacting with smokers.
- Document and track employee tobacco use and cessation prior to and after policy implementation.
- Be consistent.
- All employees should participate in enforcing the policy.

Take a compassionate approach when interacting with smokers.

While the great majority of smokers want to quit, the smoke-free policy may still seem like a hardship to some. Taking a compassionate and non-judgmental approach will help alleviate the stress of complying with the new rules. Keep in mind the addictive nature of nicotine and the difficulty involved in quitting as you craft your enforcement strategies. Offer resources for short-term cessation and relief of withdrawal symptoms to staff, patients and, if possible, visitors. It's also important to support the long-term cessation efforts of employees who use tobacco. Living with a smoker can be a major obstacle to quitting, so if you can afford to, offer programs and resources to employees' loved ones as well. Any resources you can provide to help employees quit using tobacco products will foster acceptance of and compliance with the policy. Incentives such as wellness credits towards reducing health insurance deductibles, or reduced cost (or free) cessation programs or nicotine replacement therapy (NRT), for instance, are well-received and can aid in compliance.

Document and track employee tobacco use and cessation prior to and after policy implementation.

As stakeholders see tangible benefits resulting from the policy, they are more likely to continue supporting its enforcement and any future enhancements to it. Some facilities even screen new employees for tobacco use and refer them directly to cessation services.

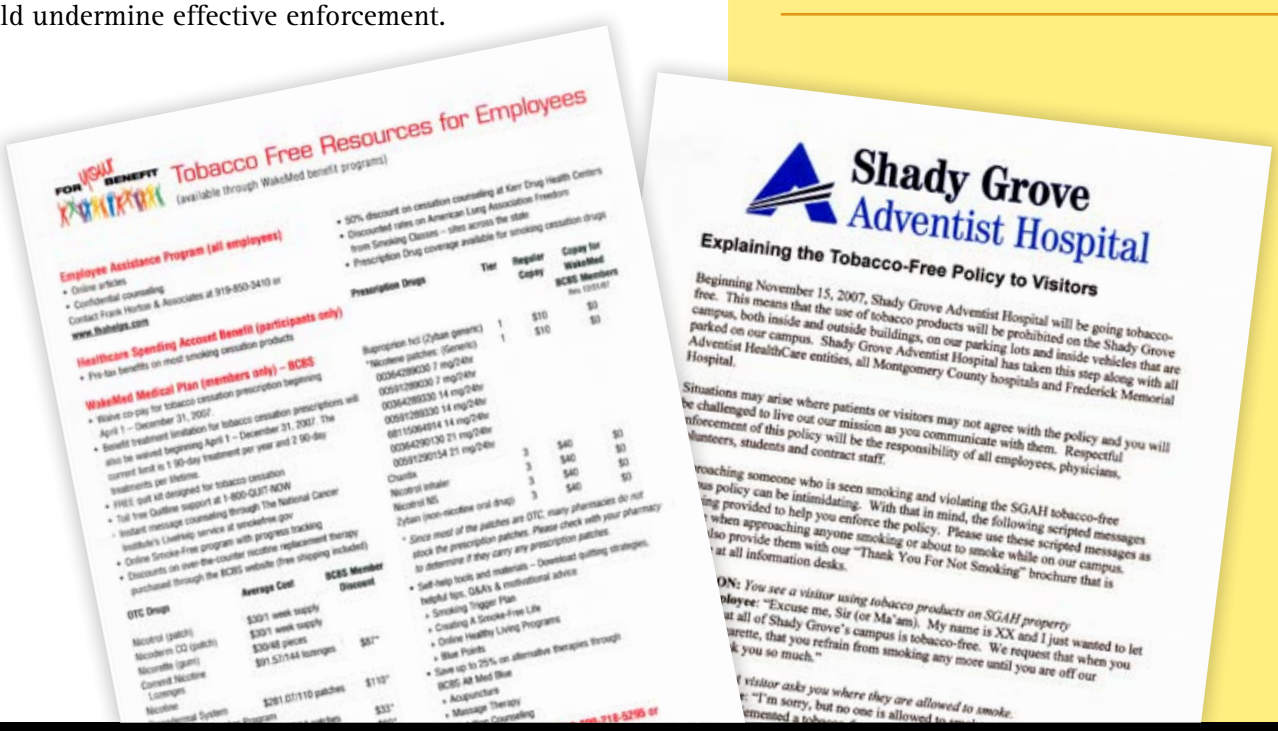
Case Example: Some hospitals created innovative, novel strategies to support smokers compassionately through the policy implementation process. One large health system in a suburban setting offered tobacco cessation medication to its employees at no cost, established "quit centers," offered 15 "How to Make it Through the Day" seminars to assist those who were not planning to quit using tobacco, and had a 24-hour hotline for support. They also provided cash-back incentives and employed a hypnotist. Care packages were prepared with puzzles, a stress ball, and a coupon for a free soft drink to distribute to smokers. These gifts and resources helped support their employees through the workday and allayed concerns that the policy was adopted to punish smokers.

Be consistent.

If employees already feel targeted by the smoke-free policy, imagine how much worse they will feel if it is applied unevenly. Do your best to ensure consistent enforcement of the policy, including provisions affecting whether employees can smoke during break times, across all departments, locales, and shifts. Perceptions of unequal or unfair treatment could undermine effective enforcement.

"For us it was making everybody responsible for the policy. It was not just the directors or the administrators, it was everybody, and they were given credit if they approached someone in a non-confrontational manner and informed them of the policy. We had education around that and we have these 'excellent job' cards that are given as incentives. If we saw an employee approach someone or heard about it, we'd give them a card. And actually if they didn't it could count against them. If we knew that they saw someone smoking and didn't do anything about it, that would be a strike against them."

Director of Quality Management, small hospital in a suburban setting


Tobacco Free Resources for Employees

Shady Grove Adventist Hospital

Explaining the Tobacco-Free Policy to Visitors

All employees should participate in enforcing the policy.

Most organizations find that placing the burden of enforcement solely on security staff is impractical. Instead they ask and expect all employees to take part in enforcing the policy. However, not everyone will be comfortable approaching people who are violating the policy. To alleviate their anxieties, offer training and "how-to" resources – including scripted messages that employees can simply read off cards – to help your staff speak to individuals in a non-confrontational manner. Provide several variations on scripted messages that employees can use to start conversations about the policy, and provide print materials (cards or brochures) with policy information and cessation resources that can be handed out without engaging smokers in debate.

Case Example: One large hospital in a suburban setting found that visitors smoking on the property reacted much more favorably if they were approached by employees who were not security officers. Their patients were intimidated by a person in a police-style uniform telling them they were breaking rules. Having other staff reach out to visitors put a friendlier face on the policy's enforcement.

SECTION 3
COMMUNICATE, COMMUNICATE, COMMUNICATE:
Effective Communication Paves the Way for a Smooth Transition

Successful Strategies at a Glance:

- Communicate early and often.
- Inform patients of the policy as soon as possible.
- Word your signs carefully and update signage as needed.
- Solicit input from neighbors and the local community.
- Inform your vendors and contractors.

Communicate early and often.

From the planning phase to the implementation date and beyond, keep lines of communication open with all constituencies affected by the policy – patients, staff, visitors, neighbors, contractors, vendors, volunteers, and the general public. Use all available media, including signage, print materials, emails, paper mailings, newspaper or radio advertisements, and earned media from issuing press releases.

Repeat your messages over the course of the planning and implementation periods by a variety of means. Consider holding a town hall meeting or educational session – or better yet, a series of them – during which employees can ask questions of leadership. Besides helping to disseminate correct information and dispel rumors about the policy, these events give employees opportunities to have their concerns heard, which can help to defuse complaints and morale issues.

After the implementation date, provide ongoing reminders about the policy in internal publications, emails, and on your intranet and internet websites. Centralizing the flow of information can help bolster effective enforcement. Consider setting up a hotline that can serve as a "one-stop" source of information about the policy, and a means by which noncompliance can be reported.

Share success stories of employees or others who quit tobacco as a result of the policy. This helps keep the focus on its positive health benefits. A smoke-free campus fits in well with the "green community" movement, so consider including the environmental benefits of your policy in your communications about your green initiatives.

As one organization told us, there is "no wrong way, just many right ways" to get the message out.

Case Examples: A large health system in a suburban setting held multiple "CEO Forum" events where employees could ask questions and make their concerns heard.

A representative of another large hospital in a suburban setting explained, "When [our CEO] spoke at the policy announcement meeting it was just so peaceful, so reaffirming. There were some employees who attended with the idea that they were going to start a petition, they were really against it, and she just gently and non-judgmentally informed them that this was going to happen, that it was a done deal. She explained why we were doing this, why it was so important. She made it clear that there was help for those who wanted it, but that we were not saying they couldn't smoke, we weren't being judgmental, they just can't smoke here because we are promoting a message of health. As she said, we wanted to use the carrot and not the stick."

Inform patients of the policy.

Patients who smoke should be informed of the policy as soon as possible, in appointment reminders, prior to planned admissions, and upon admission for acute or emergent concerns. Signs should be visible the moment anyone steps onto the property. Protocols should be in place to assist admitted patients in dealing with nicotine withdrawal during their stays. A hospital stay can also be an excellent teachable moment for quitting tobacco, so consider developing an inpatient cessation program and implementing standing orders for nicotine replacement therapy (NRT) for eligible patients.

Word your signs carefully and update signage as needed.

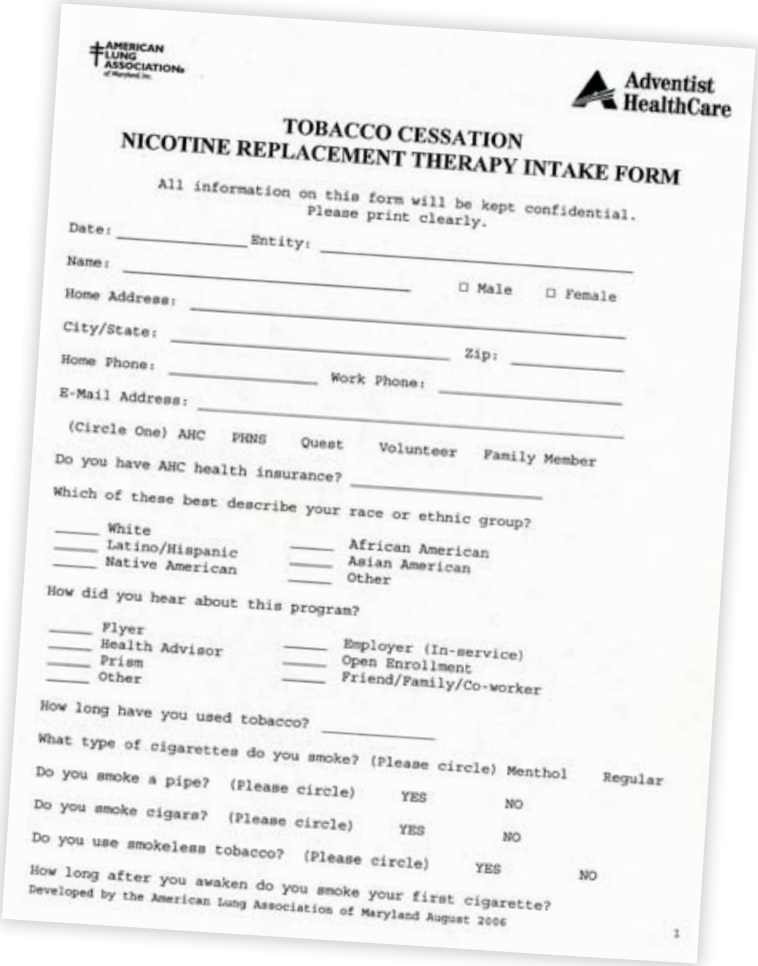
One key medium of communication will be the signs you place around your property indicating its smoke-free status. The signs and the specific wording of them are crucial to successful implementation and enforcement. So take a positive approach – be a "smoke-free property," instead of a place where "smoking is prohibited." The signs should be easily legible and visible, but pay attention to the connotation of the words you choose for them. For example, those that say "no smoking in this area" could be misinterpreted to mean there are smoking areas somewhere on the grounds. Instead, emphasize that the entire property is smoke-free. Based on your patient population, it might be helpful to have additional signs in languages other than English.

After a period of time, you may find that employees, visitors, and patients become "sign-blind" to smoke-free property signs that they have seen many times, or that signs have become so weathered or discolored that they are hard to read. When it comes time to replace or revamp signage, consider modifying the wording of your signs to make them clearer or use this opportunity to translate

them into additional languages that may be common among the communities your organization serves.

Solicit input from neighbors and the local community.

In almost all organizations, some employees and visitors will continue to smoke, and will often travel to the border of your property to do so, which can create hard feelings among your neighbors. Inform neighboring homes, businesses, or other adjacent organizations about the policy, and solicit their input on how best to minimize the impact on their properties. Provide them with contact information for someone they can go to with concerns or to report policy violations. Some hospitals have sent their own maintenance crews to assist with cigarette litter clean-up at the beginning of the policy implementation. Make sure employees are aware of how to be "good neighbors," and instruct them to avoid loitering and littering.



AMERICAN LUNG ASSOCIATION of Maryland, Inc.

Adventist HealthCare

TOBACCO CESSATION
NICOTINE REPLACEMENT THERAPY INTAKE FORM

All information on this form will be kept confidential.
Please print clearly.

Date: _____ Entity: _____

Name: _____ ☐ Male ☐ Female

Home Address: _____

City/State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-Mail Address: _____

(Circle One) AHC PHNS Quest Volunteer Family Member

Do you have AHC health insurance? _____

Which of these best describe your race or ethnic group?

_____ White
_____ Latino/Hispanic
_____ Native American
_____ African American
_____ Asian American
_____ Other

How did you hear about this program?

_____ Flyer
_____ Health Advisor
_____ Prism
_____ Other
_____ Employer (In-service)
_____ Open Enrollment
_____ Friend/Family/Co-worker

How long have you used tobacco? _____

What type of cigarettes do you smoke? (Please circle) Menthol Regular

Do you smoke a pipe? (Please circle) YES NO

Do you smoke cigars? (Please circle) YES NO

Do you use smokeless tobacco? (Please circle) YES NO

How long after you awaken do you smoke your first cigarette?

Developed by the American Lung Association of Maryland August 2006

1

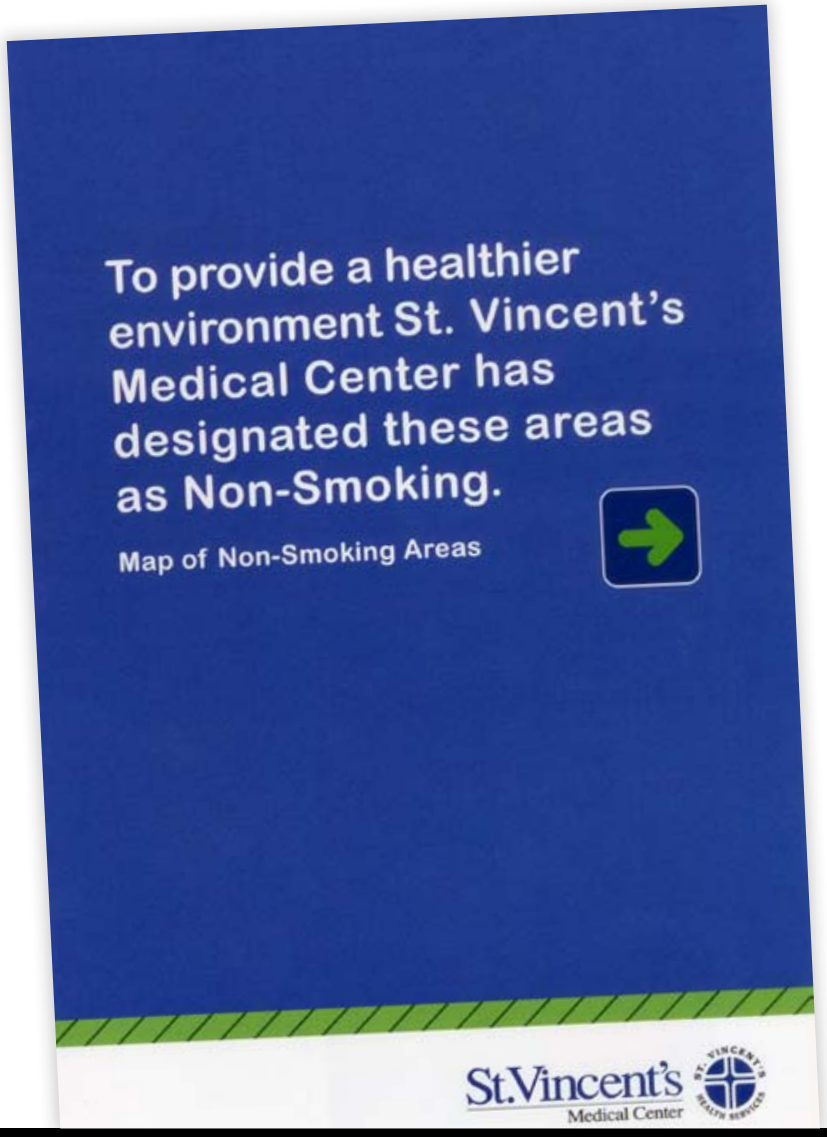
Take a leadership role in tobacco prevention activities in your community. Hospitals are well-positioned to provide cessation services, influence policy, and take part in educational activities that positively impact community health. This, in turn, reinforces the message promoted by the adoption of the smoke-free property policy and fosters a positive image of the organization in the community.

Case Example: One small hospital in a rural setting used its tobacco use prevention and control activities to promote and improve the hospital's image and standing in the community. The hospital became a place where people wanted to go to get better, and the tobacco program paved the way for subsequent collaborative public health initiatives between the hospital and the community.

"Visitors are always a problem because it is a population that keeps changing, you keep getting new people who need to be informed of your policy. We send press releases, we need to constantly remind people. You know how you can be looking at something but not really see it? It is like that! Despite all the signs people still will smoke! We might have someone leaning against one of the no-smoking signs while smoking (laughs). We have our good days and our bad days."
Representative of a large hospital in a suburban setting

Inform your vendors and contractors.

Make sure construction and other vendor contracts include information about adherence to the smoke-free policy. Sometimes this falls under a clause that requires contractors to follow all hospital policies, but pointing it out separately ahead of time may prevent problems later.



SECTION 4
KEEP THINGS FRESH:
Monitor the Policy's Ongoing Implementation

Successful Strategies at a Glance:

- Look for ways to integrate tobacco-free language into other policies.
- Plan to review the policy and enforcement tactics regularly.
- Celebrate ongoing success.

Look for ways to integrate tobacco-free language into other policies.

Keep looking for ways in which smoke-free language and ideas fit in with other policies. Adopt integrated, interconnected policies that support the smoke-free environment. For example, consider incorporating smoke-free language into your dress code or scent policy. If you feel that taking a stronger stance would benefit everyone's health, consider going to a smoke-free workday or adopting other strengthening measures such as a policy that prohibits employees from leaving the property for break times. These policies can help reinforce the smoke-free message and achieve further health and productivity gains.

In terms of patient care policies, work with your inpatient units to implement standing orders for nicotine replacement, so that they have an alternative to offer smokers who experience cravings while hospitalized – or who find being in a smoke-free environment is an incentive to quit.

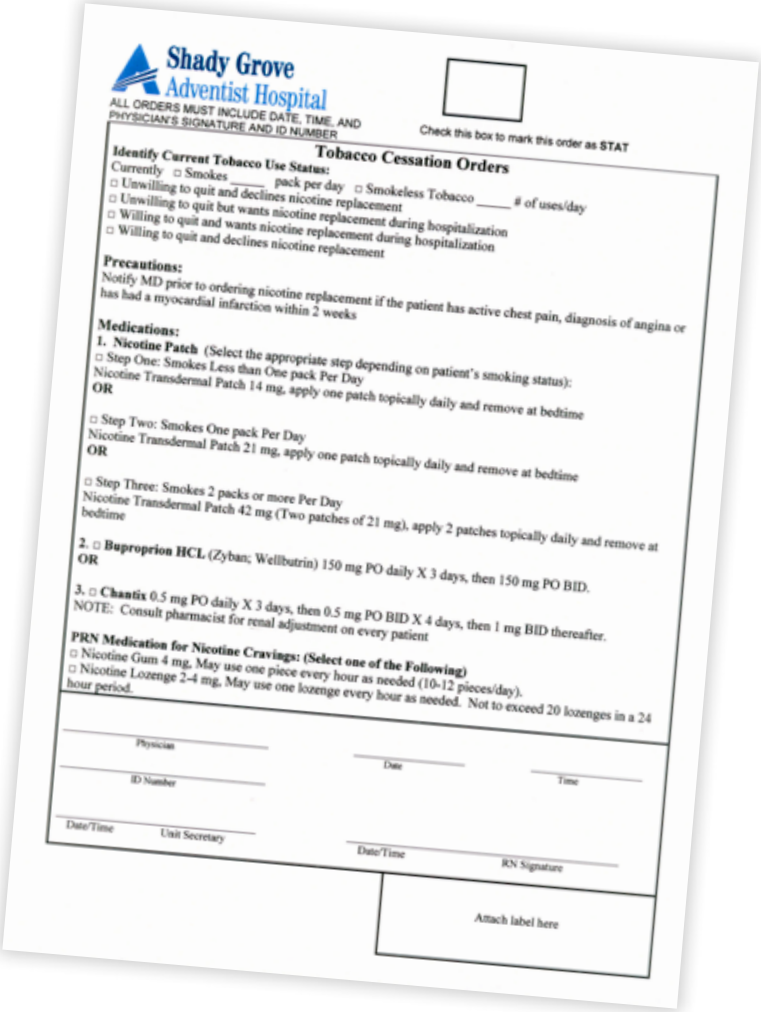
Plan to review the policy regularly.

Once implemented, your smoke-free policy will be largely self-sustaining, but it will benefit from ongoing monitoring to ensure momentum is maintained. Of course, it will be easier to keep refreshing your policy if you establish a process by which the policy and its enforcement are reviewed on a regular basis. Whether the original smoke-free policy task force or its enforcement subcommittee continue to meet periodically, or another of the organization's

standing committees (such as Environment of Care) takes it on, make sure a group of hospital leaders is monitoring its implementation.

Celebrate ongoing success.

Many organizations take the opportunity to celebrate the implementation of their smoke-free policy. To keep the policy at the top of everyone's mind, consider celebrating the anniversary of the policy's adoption. This reinforces, in a positive way, that the policy is here to stay and is something in which the organization can take pride. It also keeps the policy visible to everyone. If you participate in other tobacco-related events or observances during the year (such as the Great American Smokeout or World No-Tobacco Day), incorporate a reminder to everyone about your smoke-free property in your displays and other promotional materials.



Shady Grove Adventist Hospital

ALL ORDERS MUST INCLUDE DATE, TIME, AND PHYSICIAN'S SIGNATURE AND ID NUMBER

Check this box to mark this order as STAT

Tobacco Cessation Orders

Identify Current Tobacco Use Status:
Currently □ Smokes _____ pack per day □ Smokeless Tobacco _____ # of uses/day
□ Unwilling to quit and declines nicotine replacement
□ Unwilling to quit but wants nicotine replacement during hospitalization
□ Willing to quit and wants nicotine replacement during hospitalization
□ Willing to quit and declines nicotine replacement

Precautions:
Notify MD prior to ordering nicotine replacement if the patient has active chest pain, diagnosis of angina or has had a myocardial infarction within 2 weeks

Medications:
1. **Nicotine Patch** (Select the appropriate step depending on patient's smoking status):
□ Step One: Smokes Less than One pack Per Day
Nicotine Transdermal Patch 14 mg, apply one patch topically daily and remove at bedtime
OR

□ Step Two: Smokes One pack Per Day
Nicotine Transdermal Patch 21 mg, apply one patch topically daily and remove at bedtime
OR

□ Step Three: Smokes 2 packs or more Per Day
Nicotine Transdermal Patch 42 mg (Two patches of 21 mg), apply 2 patches topically daily and remove at bedtime

2. □ **Buproprion HCL** (Zyban; Wellbutrin) 150 mg PO daily X 3 days, then 150 mg PO BID.
OR

3. □ **Chantix** 0.5 mg PO daily X 3 days, then 0.5 mg PO BID X 4 days, then 1 mg BID thereafter.
NOTE: Consult pharmacist for renal adjustment on every patient

PRN Medication for Nicotine Cravings: (Select one of the Following)
□ Nicotine Gum 4 mg, May use one piece every hour as needed (10-12 pieces/day).
□ Nicotine Lozenge 2-4 mg, May use one lozenge every hour as needed. Not to exceed 20 lozenges in a 24 hour period.

Physician _____ Date _____ Time _____
ID Number _____
Date/Time _____ Unit Secretary _____ Date/Time _____ RN Signature _____

Attach label here

SECTION 5
STAND FIRM, BUT BE FLEXIBLE:
Enforcement Tips and Techniques

Successful Strategies at a Glance:

- Foster a non-confrontational approach.
- Stand firm and don't backtrack.
- Expect the unexpected.

Foster a non-confrontational approach.

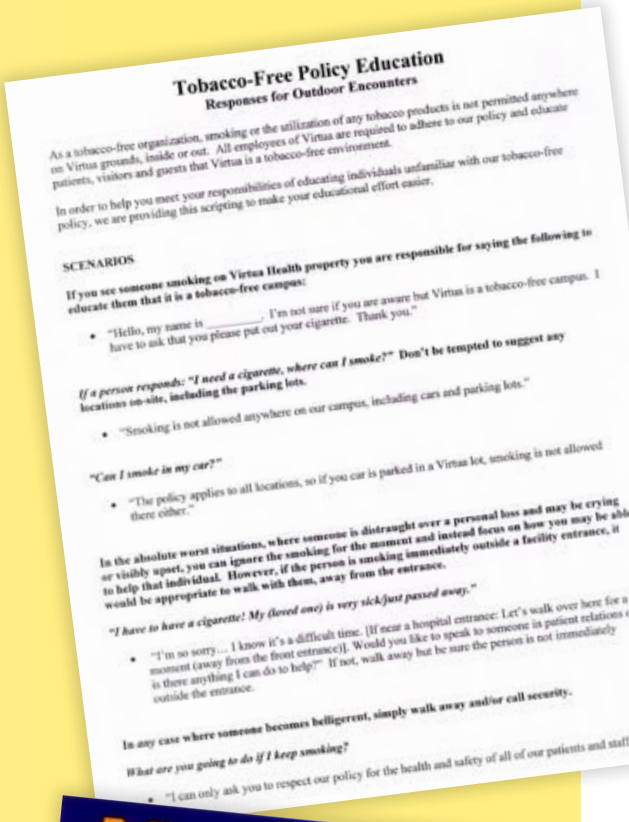
Successful facilities instruct employees to approach smokers with courtesy and respect, and foster a non-confrontational approach to enforcement. Employees who approach smoking visitors can politely inform them of the policy, but need not engage them in conversation or debate – they may simply provide information and walk away. If members of your security staff are involved in enforcement, encourage them to "redirect" individuals who are seen smoking by first requesting them to stop, and if necessary, directing them to locations away from the property.

Stand firm and don't backtrack.

Most organizations encounter much less resistance to the policy than they anticipate. If you've planned well, given everyone a chance to have input, and communicated what's happening as broadly and consistently as possible, few people will be surprised and even fewer will raise strong objections. However, many organizations experience some policy implementation or enforcement "hiccups" along the way. Proper preparation and planning will help minimize these and allow you to respond appropriately when they do happen, without backing down from the policy and its enforcement.

Expect the unexpected.

Even organizations with the most perfectly planned and implemented policies will experience imperfect compliance or enforcement. No health promotion effort achieves 100% success, but adopting a smoke-free property policy and enforcing it as consistently as possible will benefit everyone's health and safety. Be ready to



Tobacco-Free Policy Education
Responses for Outdoor Encounters

As a tobacco-free organization, smoking or the utilization of any tobacco products is not permitted anywhere on Virtua grounds, inside or out. All employees of Virtua are required to adhere to our policy and educate patients, visitors and guests that Virtua is a tobacco-free environment.

In order to help you meet your responsibilities of educating individuals unfamiliar with our tobacco-free policy, we are providing this scripting to make your educational effort easier.

SCENARIOS

If you see someone smoking on Virtua Health property you are responsible for saying the following to educate them that it is a tobacco-free campus:

- "Hello, my name is _____. I'm not sure if you are aware but Virtua is a tobacco-free campus. I have to ask that you please put out your cigarette. Thank you."

***If a person responds: "I need a cigarette, where can I smoke?"* Don't be tempted to suggest any locations on-site, including the parking lots.**

- "Smoking is not allowed anywhere on our campus, including cars and parking lots."

"Can I smoke in my car?"

- "The policy applies to all locations, so if you car is parked in a Virtua lot, smoking is not allowed there either."

In the absolute worst situations, where someone is distraught over a personal loss and may be crying or visibly upset, you can ignore the smoking for the moment and instead focus on how you may be able to help that individual. However, if the person is smoking immediately outside a facility entrance, it would be appropriate to walk with them, away from the entrance.

"I have to have a cigarette! My (loved one) is very sick/just passed away."

- "I'm so sorry… I know it's a difficult time. [If near a hospital entrance: Let's walk over here for a moment (away from the front entrance)]. Would you like to speak to someone in patient relations or is there anything I can do to help?" If not, walk away but be sure the person is not immediately outside the entrance.

In any case where someone becomes belligerent, simply walk away and/or call security.

What are you going to do if I keep smoking?

- "I can only ask you to respect our policy for the health and safety of all of our patients and staff

University of Michigan Health System

Welcome to the University of Michigan Health System – a Smoke-Free Environment

For everyone's health, the University of Michigan Health System (UMHS) is a smoke-free environment, both indoors and outdoors.

A smoke-free environment is an important step toward providing patients, visitors, and staff with a safe and healthy environment.

We are not asking you to quit smoking, only that you do not smoke on UMHS property. Please see map on the reverse side for the smoke-free boundaries.

Thank you for observing our smoke-free environment. Your cooperation is greatly appreciated.

If you are interested in help to stop smoking, please contact:
UMHS Tobacco Consultation Service 734-936-5988;
or e-mail: **quitsmoking@med.umich.edu**

"Be fearless, but be patient. It's not going to be perfect; it's best not to have expectations of perfection. The policy will need ongoing commitment."

A representative of a large health system in a suburban setting

address any issues that may arise. Remember, even the best-prepared organizations encounter unexpected obstacles during the course of implementation and enforcement. Take an optimistic stance so you can be ready to confront these in a constructive fashion. Keep your eyes on the big picture, even as you deal with occasional non-compliance. And hang in there – policy enforcement will get easier over time as your hospital culture gradually changes in response to the policy.

SECTION 6
PREVENTIVE MAINTENANCE:
Avoiding Common Enforcement Pitfalls

Successful Strategies at a Glance:

- Identify and monitor "hot spots" where enforcement may be troublesome.
- Anticipate where problems are likely to occur.
- Keep the grounds clean.
- Be consistent.

Identify and monitor "hot spots" where enforcement may be troublesome.

If any smokers who visit or work at your hospital are going to break the rules, some areas of your property will naturally provide more hiding places than others. Actively identify and monitor these "hot spots" where covert smoking tends to occur. Watch for where cigarette ends are dropped, and ask your smoking employees who have assisted with the development and implementation of the policy to help you document where policy violations tend to occur.

> **Case Example:** One very engaged CEO walked around the hospital property and took photographs of cigarette butts when he came across them. He then brought the photos to management group meetings to foster a little playful competition. The managers would attempt not to be "caught" with photographic evidence of noncompliance in their respective areas.

Anticipate where problems are likely to occur.

Several areas frequently present special challenges to smoke-free policy enforcement. The area outside the Emergency Department is perhaps the most common. A compassionate, non-confrontational approach can be particularly helpful here. Some hospitals opt to hold back on enforcing the policy when a distraught family member or loved one is seen using tobacco. Others take the opportunity to offer sympathy and assistance in getting through the difficult time,

> **"If we see someone smoking, we are supposed to just say, 'You may not be aware but we are a non-smoking campus.' If they are going through a very stressful situation, we would acknowledge that in our discussion and remind them of our policy. But you know, we sort of got to the point of, how far do you want to take this – it is not illegal. So we tell them once and let it go. All we can do is ask and then hopefully the next time they come they are at least aware of the policy…"**
> *Director of Environmental Health and Safety, medium-sized hospital in an urban setting*

either offering a nicotine replacement product, or guiding the individual to locations off the property. If your organization develops a "tobacco-free care kit" for distribution to people seen smoking on the grounds, this can be offered as well. Ambulatory (same day) surgery centers, especially those located away from the main property, often present similar issues for enforcement.

Another frequent trouble spot is the hospital parking lot, which presents many interesting challenges as you differentiate what is permitted on hospital property from what is allowed in personal vehicles. Will your policy allow individuals to smoke in their cars while parked on hospital property? If so, will employees be allowed to do this also? No easy answer or universal policy was noted among the hospitals we interviewed, and many struggled with this issue. Some chose to allow all smokers to smoke in their cars; some allowed only visitors to smoke in their cars; and some did not allow any smoking by anyone in cars parked on hospital property. The choice is yours about which level of enforcement is most appropriate, but the decision-making and communication about this component of the policy should come early in the development and planning process.

Keep the grounds clean.

Subtle environmental cues can also help convey the smoke-free message non-confrontationally. Monitor the outside grounds and keep them clean, especially near your known trouble spots. The lack of cigarette litter in a given area serves as an indicator that smoking isn't supposed to occur there.

No organization has perfect compliance with a smoke-free policy, so you may still see cigarette ends being left on your property. Clean them up periodically to avoid sending an unintended message that tobacco use is acceptable in any location. Consider staging a "Clean-up Day" during which all cigarette ends are collected. Even smoke-free facilities can collect literally thousands of pieces of litter. One hospital that held such an event subsequently displayed all the cigarette-end litter in a large, clear container, both to encourage compliance and to remind everyone to help keep the property clean.

SECTION 7
MENTAL HEALTH FACILITIES:
Additional Unique Considerations

Successful Strategies at a Glance:

- Keep the focus on health.
- Find new rewards.
- Involve patients in policy development and in developing a care plan that includes quitting.
- Expect good outcomes.

Over the course of our project, we encountered several organizations that successfully adopted smoke-free policies in their mental health facilities. There is a widespread misconception that patients in these facilities will find it too difficult to quit, and thus a smoke-free policy would represent a hardship for them and the employees caring for them. While these organizations do face additional challenges, the strategies described in this report also apply to mental health facilities. Below we offer some tips for overcoming potential obstacles.

Keep the focus on health.

One key point to reinforce is that tobacco use is a health issue, and the addiction to it is likely to cause patients great harm in the future – perhaps more so than other substances of abuse. Keep your organization's focus on the health issue, and the interrelationships between nicotine addiction, mental health, and other substance use. This will help foster acceptance of the policy.

Involve patients in policy development and in developing a care plan that includes quitting.

Psychiatric facilities, especially those providing long-term care, ideally should involve patients – smokers and non-smokers – in the planning process for policy implementation. Because the facility may serve as their residence for an extended period of time, their voices are essential to creating an enforcement plan they can abide by, and they will adhere to it better when they feel their concerns have been heard. On an individual level, be sure to incorporate ongoing tobacco

cessation into patients' treatment plans. If patients spend part of their treatment time at their own home or in a group home setting where smoking is allowed, they will need additional support to stay quit and continue to be compliant when they return to your facility. Medication may be an important factor in these patients' success, so if you prescribe nicotine replacement, allow patients to control their own dosage to the extent possible. Be aware of the benefits of incorporating cessation into treatment; a psychiatric facility we visited reported that patients who quit tobacco ended up needing fewer psychotropic medications.

Find new rewards.

For many years, behavioral health settings have used tobacco as a "treat" and have allowed patients to take "smoke breaks" as a reward for good behavior. Recast these as "fresh air breaks," or brainstorm other privileges or activities that could serve as incentives. For example, you might organize a walking club or other physical or interactive activity for your patients who continue to smoke.

Case Example: A medium-sized psychiatric facility in an urban setting realized a number of benefits from adopting a smoke-free policy, from the residents' improved health to their pride in their new smoke-free status. Former smokers realized social benefits as well: Instead of simply standing outside and not interacting as they had done during smoke breaks, they found themselves talking and socializing with each other during their "fresh air" breaks.

By the same token, it never helps to allow temptations to remain close at hand. Eliminate cigarette sales in on-site canteen or sundry stores. In addition, it might be necessary to include cigarettes or chewing tobacco on the list of contraband items that are confiscated during the screening process that occurs after day and overnight excursions and passes. Be sure to communicate with patients' friends and loved ones about the policy – let them know it's no longer acceptable to supply patients with cigarettes during visits or in care packages.

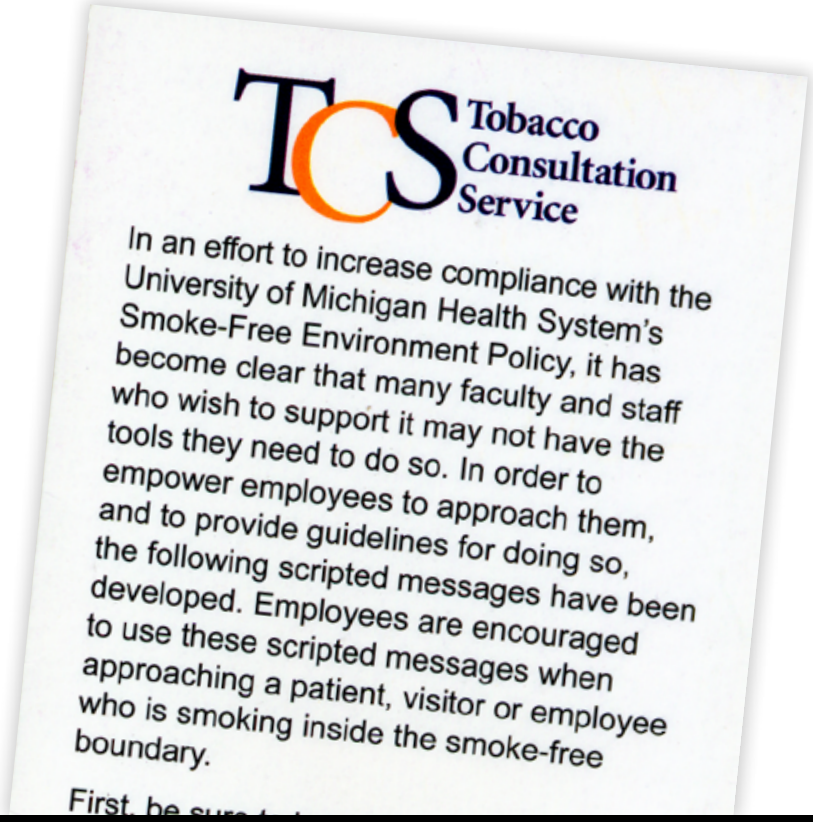
Expect good outcomes.

Like any organization, mental health facilities encounter obstacles and roadblocks in the way of success, and must solve these problems in order to implement a policy successfully. However, the mental health facilities we interviewed found their patients to be extremely successful in adapting to the policy. Like other healthcare organizations, most mental health facilities experience fewer problems with the policy than they anticipate.

ADDITIONAL IMPLEMENTATION RESOURCES

- The Washington Health Foundation's "Destination Tobacco Free" toolkit, developed with the assistance of nationally-known smoke-free property policy experts, offers "practical advice, examples, and adaptable templates" for your use in developing and implementing a smoke-free campus policy. Find it on the web at *http://www.whf.org/DestinationTobaccoFree*.

- The University of Michigan Health System has been smoke-free since 1999. The UMHS Tobacco Consultation Service has led the way in gathering and distributing smoke-free campus policy implementation resources nationwide and around the world. View their implementation checklist, or order a CD-ROM of resources, at *http://hr.umich.edu/mhealthy/programs/tobacco/consultation/smoke_free.html*.


TCS Tobacco Consultation Service

In an effort to increase compliance with the University of Michigan Health System's Smoke-Free Environment Policy, it has become clear that many faculty and staff who wish to support it may not have the tools they need to do so. In order to empower employees to approach them, and to provide guidelines for doing so, the following scripted messages have been developed. Employees are encouraged to use these scripted messages when approaching a patient, visitor or employee who is smoking inside the smoke-free boundary.

First, be sure

Notes

Notes

Publication Date: April 2011

78097_11