# Creating Tobacco-Free Hospitals

*a resource guide*

MHA

MISSOURI HOSPITAL ASSOCIATION

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# Introduction

As health care leaders, improving the health of patients and the community is central to the mission of nearly every hospital. Eliminating tobacco use on hospital campuses is a proactive step toward that goal. Appropriately, many hospitals already have achieved this goal while many others are contemplating such an initiative.

It should be noted the new language in the proposed rule — indicated below in bold type — is sufficiently flexible to allow less limiting language to be used by a hospital. Sections below in italics indicate language in the current regulation that will be removed from the proposed rule.

Implementing a smoking ban for all patients, visitors and employees on a health care campus is an ambitious goal requiring comprehensive implementation and communication strategies. As with any progressive initiative, success may be hampered by opposition and barriers. However, the goal is worthwhile. Eliminating tobacco use on hospital campuses is a proactive step toward improving the health of all Missourians.

In 2006, it is anticipated the Missouri Department of Health and Senior Services will amend an existing regulation to further support a ban of tobacco use throughout hospitals and their facilities.

The Missouri Hospital Association Board of Trustees wanted to have the most encompassing ban the state's statutes and regulations would allow. Therefore, the following language is proposed by the MHA Task Force on Smoke-Free Hospitals and Campuses for inclusion in all hospital policies.

"A hospital and its facilities shall include all of the following areas owned and/or operated by the hospital: the physical campus; parking facilities; and adjacent offices, including administrative and physician offices and offices affiliated with the hospital or system but not physically adjacent to the hospital."

When drafting the tobacco-free hospital policies, the chief executive officer also should consider any special legal characteristics of his or her hospital system.

## Proposed Rule

**19 CSR 30-20.021 — Organization and Management for Hospitals — as published for review Oct. 3, 2005**

(2) Governing Body, Administration and Medical Staff.

(B) Administration, Chief Executive Officer.

13. The chief executive officer shall be responsible for the development and enforcement of written policies **and procedures** which prohibit *[smoking]* **the use of tobacco products** throughout the hospital *[except specific designated areas where smoking may be permitted. Lobbies and dining rooms having an area of at least one thousand (1,000) square feet which are enclosed and separated from the access to exit corridor systems may have a designated smoking area. This designated smoking area may not exceed twenty percent (20%) of the total area of the room and shall be located to minimize the spread of smoke into the nonsmoking areas. Lobbies, dining rooms and other rooms of less than one thousand (1,000) square feet which are enclosed and separated from the access to exit corridor systems may be designated smoking areas provided one hundred percent (100%) of the air supplied to the room is exhausted. Individual patients may be permitted to smoke in their rooms with the consent of any other patients occupying the room and with the permission of his/her attending physician. If a patient is confined to bed or classified as not being responsible, smoking is permitted only under the direct supervision of an authorized individual. Modification of the patient room ventilation system is not required to permit occasional authorized smoking by a patient.]* **and its facilities. At a minimum, such policies and procedures shall include a description of the area encompassed by the tobacco-free policy; how employees, patients and visitors will be educated and informed about the tobacco-free policy; who is responsible for enforcing the tobacco-free policy and how the tobacco-free policy will be enforced; how the hospital will address an employee's, patient's or visitor's failure to comply with the tobacco-free policy; and how the hospital, if subject to Medicare Conditions of Participation for Long-Term Care Facilities, will comply with 42 CFR 483.15(b)(3). The chief executive officer shall enforce compliance with the written policies and procedures prohibiting the use of tobacco products throughout the hospital and its facilities beginning one year from the effective date of this rule.**

# The Tobacco Toll

In 1964, the U.S. surgeon general issued the landmark report associating tobacco use with increased deaths from lung cancer, coronary artery disease, chronic bronchitis and emphysema. Since that publication, efforts have been under way to reduce and eliminate tobacco use. Throughout the past 40 years, thousands of studies have been conducted, 27 additional reports from the U.S. surgeon general have been released, and millions of dollars have been spent on tobacco cessation and avoidance education. These efforts have resulted in a nearly 50 percent decrease in smoking rates among U.S. adults and more than a 50 percent decrease in the annual consumption of tobacco.

Despite these efforts, tobacco use still remains the No. 1 cause of preventable and premature deaths in the United States. The toll on longevity, quality of life and health care costs has been substantial. The 2004 U.S. surgeon general's report concludes tobacco affects every system and nearly every organ in the body.

In addition to research on the health consequences of tobacco, considerable research has been conducted on the most effective methods of reducing and eliminating tobacco use. When tobacco cessation programming initially was developed, it targeted the individual smoker. However, subsequent research has shown encouragement, support and assistance from physicians and other health care providers play a critical role in an individual's success to reduce or eliminate tobacco consumption.

Recent evidence also indicates comprehensive programs combining school, health care, community, media and policy changes have proven effective at reducing overall rates of tobacco consumption.

## Effects of Tobacco on Missourians

- Tobacco contributes to or causes the death of 9,700 Missourians each year.
- Twenty-four percent of Missourians are current smokers — those who have smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.
- Smoking cigarettes with lower machine-measured yields of tar and nicotine provides no clear health benefit.
- Smoking causes harm to every age group from the unborn to the elderly.
- Missouri's annual health costs from tobacco use are estimated at $1.96 billion.
- Missouri's lost productivity caused by smoking is estimated at $2.34 billion.

Sources: Campaign for Tobacco Free Kids, 2005; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, 2004; U.S. surgeon general's reports, 2004

# The Effects of Nicotine

In 1989, the U.S. surgeon general's report concluded all forms of tobacco use are addictive, and nicotine is the drug in tobacco that causes addiction. Nicotine is considered to be as addictive as alcohol, opiates, amphetamines and cocaine.

Nicotine acts on the brain to produce several behavioral effects, including a feeling of pleasure with a heightened sense of alertness. Nicotine use also may cause a very mild sedative or calming effect. The combined effects of pleasure, alertness and calm create a desirable response during times of stress and anxiety. Those who use tobacco regularly become dependent on these physiological responses as a means of managing stress.

In a hospital setting, it is likely most patients, visitors and many employees are experiencing some level of stress. For those addicted to nicotine, smoking provides a likely coping mechanism.

# Missouri Pioneers

Although many Missouri hospitals and health care systems currently are considering or beginning to implement a campus ban on smoking, several Missouri hospitals and health care systems led the effort. Each of the Missouri hospitals known to have implemented a tobacco ban made the decision based on the philosophical belief that hospitals have a responsibility to promote healthy lifestyles.

In 1991, Fitzgibbon Hospital in Marshall, Mo., began moving toward a smoking ban. In 1996, its medical staff recommended a complete ban on smoking. With support from the hospital's administration and board, extensive research and planning were conducted from 1997-1999. In 1999, Fitzgibbon Hospital officially became a smoke-free campus.

In November 2004, during the American Cancer Society's "Great American Smokeout," Capital Region Medical Center in Jefferson City, Mo., and SSM Health Care implemented a smoking ban on all hospital campuses, satellite clinics and offices. All SSM facilities across Missouri, Oklahoma, Wisconsin and Illinois were affected.

Since January 2005, Truman Medical Centers Inc. in Kansas City, Mo., and Putnam County Memorial Hospital in Unionville, Mo., have implemented similar policies in their organizations.

# Keys To Success

The successful implementation of a tobacco ban requires top leadership to be the driving force. It is important to remember this is a cultural change, and shifts in culture require time, visible and ongoing support from executive leadership and constant reinforcement.

It also requires a team-based approach involving physician and nurse champions; staff from various departments, including human resources, communications and plant and facility management; and numerous others. In addition, some hospitals have included a team of smokers to assist in the planning and implementation of the tobacco ban.

After implementing the smoke-free policies, hospital leaders used coaching and support rather than strict discipline to address staff and visitors using tobacco on the hospital grounds. Although this approach may result in a longer transition to 100 percent compliance, those interviewed believed a "soft" approach was preferred. During the early implementation, many facilities occasionally made exceptions for patients and family members.

One concern raised about a campuswide tobacco ban was the potential loss of qualified employees in a time of workforce shortages. However, this concern did not materialize when the ban was implemented. To minimize the potential of this occurrence, especially in communities with more than one hospital, the MHA task force recommended all hospitals implement the tobacco-free ban on the same date.

# Employee Support

The hospitals that already have implemented a ban made numerous resources and support services available to their staff to assist them in quitting tobacco use. Teams including physicians, nurses and health educators were established to develop and disseminate information and provide support. Using physician, nurse and therapist champions to encourage and support smokers to stop was critical to the success in several hospitals. These clinical champions provided assistance in both formal and informal settings.

Nicotine replacement products, smoking cessation classes and counseling were the most common forms of assistance covered by employee benefit programs. Additional examples of services and support included the availability of gum and lollipops throughout the hospital and increased access to exercise facilities and nutrition counseling.

Several hospitals and systems have shared policies and procedures, along with other documents and signage, to assist other hospitals in this endeavor. The documents are included on the enclosed CD-ROM and also may be downloaded from the MHA Web site at www.mhanet.com.

Several hospitals were surprised by the interest in alternative therapies for smoking cessation. Several employees at Putnam County Memorial Hospital chose to pay out-of-pocket for hypnotic therapy, in addition to or in lieu of the covered nicotine supplements and behavioral counseling provided by the hospital.

Similarly, SSM Health Care experienced limited interest and participation in traditional smoking cessation classes, despite the opportunity for employee reimbursement simply based on attendance. Instead, many employees opted to pay out-of-pocket for auricular therapy, commonly thought of as ear acupuncture. Anecdotally, SSM staff reported many employees have had success with auricular therapy and still were abstaining from tobacco after six months.

# Communication Plan

All hospitals stressed the importance of a comprehensive communication plan from the point of decision and continuing throughout the implementation of a tobacco-free campus. Any hospital implementing such a ban should announce the date at least four to six months in advance and disseminate the announcement to vendors, employees, physicians and the community.

Some of the key communication tools used in the hospitals include the following.

- mandatory education of all employees to increase understanding of the importance of the decision and resources available to assist smokers in efforts to quit
- permanent signage on the grounds, entrances and inside all facilities announcing the smoking ban
- flyers and calendars announcing the countdown to implementation
- resources and services readily available to assist smokers in efforts to quit
- the use of media to communicate the plan to the community
- cards for all visitors and patients entering the hospital following the ban that inform them of the policy and provide resources available to smokers

# Policy Considerations

Several lessons have been shared by those hospitals that already have implemented a campuswide ban on tobacco use. Although no hospital regrets the decision to use a soft counseling approach toward people who smoked on campus after the ban, some did indicate it has prolonged the implementation phase. Because executive leaders are responsible for the enforcement of written policy and procedures, it is important to ensure the policies and procedures reflect the intended outcomes of a tobacco-free campus.

## Patient Populations

### Veterans and Long-term Care Patients

The proposed rule to strengthen the ban of tobacco throughout "hospitals and its facilities" only applies to hospitals licensed by the Missouri Department of Health and Senior Services under chapter RSMo 197. Therefore, hospitals licensed by other agencies, such as the Missouri Department of Mental Health or the U.S. Department of Veterans Affairs, are excluded. Federal law requires a VA facility to allow veterans to smoke on its campus.

Long-term care facilities licensed under RSMo Chapter 198 also are excluded. Hospital-based skilled nursing facilities are subject to the tobacco ban regulations but with special consideration. Under the Medicare Condition of Participation 483.15(b)(3) for long term care facilities, current residents who smoke must be allowed to continue to smoke in a defined area. Residents admitted after the tobacco ban is implemented must be informed of the policy before transfer to that facility and must provide a signed agreement acknowledging this policy at admission.

### Psychiatric Services

Providers responsible for patients receiving psychiatric services, including substance abuse and chemical dependency programs, express concern for this unique patient population. The following concerns often are expressed by providers.

- Research suggests there is an increased incidence of tobacco use among patients receiving psychiatric services. Therefore, the implementation would affect more patients.

### Medicare Condition of Participation 483.15(b)(3) Self-Determination and Participation

Under §483.15(b)(3), the resident has the right to:

(1) choose activities, schedules and health care consistent with his or her interests, assessments and plans of care,

(2) interact with members of the community both inside and outside the facility, and

(3) make choices about aspects of his or her life in the facility that are significant to the resident

### §483.15(b)(3) Interpretive Guidelines

This requirement's intent is to specify the facility must create an environment that respects each resident's right to exercise his or her autonomy regarding what the resident considers to be important facets of his or her life. For example, if a facility changes its policy and prohibits smoking, it must allow current residents who smoke to continue smoking in an area that maintains the quality of life for these residents. Weather permitting, this may be an outside area. Residents admitted after the facility changes its policy must be informed of this policy at admission.

- Patients may delay or refuse treatment.
- Attendance by patients in substance abuse outpatient or day programs may decrease.
- In areas of high methamphetamine use, a statewide ban may limit treatment options severely.
- Involuntarily admitted patients, denied any choice, may present increased safety risks.

However, the experience for providers of behavioral health services, including substance abuse and chemical dependency at SSM Health Care, indicates that despite concerns, the implementation provided several positive outcomes.

One year after implementation, the staff has realized there are fewer concerns with patient behavior because of the ban. Because cigarettes were often a unit of trade among patients, it fueled tension among patients. Patients, such as those on suicide precautions, were not allowed to leave the area to smoke or to smoke at all. These patients reacted negatively when other patients did receive such privileges. Each patient who uses tobacco is offered nicotine replacement therapy. The cost for this service for a hospital with more than 200 beds is approximately $45 per day.

When the ban was implemented, only five of approximately 250 patients are known to have refused treatment at SSM facilities because of this policy.

Research suggests a higher rate of nicotine dependency exists among individuals with mental illnesses. Consequently, these patients are at a higher risk for smoking-related mortality and comorbid diseases than the adult population as a whole. Because of this increased risk, hospitals providing psychiatric services, including substance abuse and chemical dependency programs, are encouraged to at least strongly consider uniform adoption of the policy among all services.

## Employee and Individual Issues

### Personal Rights

A common complaint voiced by patients and employees is that a ban on tobacco takes away the individual's rights. One effective response was to reply, "We are not taking away your right to smoke. We are simply asking you not to smoke on our campus." Also, several providers took the opportunity to emphasize this was a health issue, not a rights' issue.

### Personal Vehicles

One of the greatest challenges for employers is the issue of employees and visitors smoking in their personal vehicles. The following recommendations are based on the experiences of hospitals that already have implemented a tobacco ban.

- Employee and visitor vehicles parked in hospital parking facilities should be included in the ban and within the context of the definition for facility.
- Do not police the parking lot.
- If visitors are found smoking within their vehicle, simply hand them a reminder card or other communication tool and remind them the hospital is a tobacco-free campus.
- Manage employees through use of other existing human resource policies and procedures. For example, policies prohibiting excessive use of perfume may be expanded to prohibit excessive smell of tobacco smoke on clothing.
- Use or modify policies regarding breaks to manage the length of time employees are away from their designated areas.
- Human resource policies may require modification to include time clock procedures and the ability to be some distance from a work unit during a break.

# Smoking Cessation Programs

According to "Reducing Tobacco Use," a report issued by the U.S. surgeon general in 2000, "... our recent lack of progress in tobacco control is attributable more to the failure to implement proven strategies than it is to a lack of knowledge about what to do." Implementing strategies that incorporate clinical, regulatory, economic and social strategies has emerged as the guiding framework for effective results in reducing tobacco use.

Various programs and support services, such as those indicated in the following chart, are available to assist people who want to stop smoking. Often, these programs are used in combination to increase the likelihood of a successful effort to stop smoking.

## The Five "A"s To Help Smokers Quit

- Ask about tobacco use.
- Advise tobacco users to quit.
- Assess an individual's readiness to make a quit attempt.
- Assist with the quit attempt.
- Arrange follow-up care.

| Interventions for Tobacco Cessation and Avoidance | Policy Approach | | |
|---|---|---|---|
| | reducing environmental smoke | reducing initiation | increasing cessation |
| smoking bans and restrictions | ● | | |
| community education | o | | |
| increasing the unit price for tobacco | | ● | ● |
| media campaigns with interventions | | ● | ● |
| smoking-cessation series | | | o |
| smoking-cessation contests | | | o |
| provider education systems alone | | | o |
| provider reminder systems alone | | | + |
| provider reminder systems with provider education | | | ● |
| provider feedback system | | | o |
| reducing patient costs for treatments | | | + |
| quitter telephone support with interventions | | | ● |

strong evidence (recommended) ● sufficient evidence (recommended) o
insufficient evidence — effectiveness undetermined +

Source: The Community Prevention Services Guide, 2003

## Treating Tobacco Use and Dependence

The U.S. Department of Health and Human Services' Public Health Service updated the 1994 recommendations in 2000 with the release of "Treating Tobacco Use and Dependence: A Clinical Practice Guideline."

The following highlights the recommended intervention plan to optimize successful tobacco abstinence for at least five months.

1. brief clinical interventions, including patient education, motivational techniques to promote quitting and relapse prevention techniques
2. counseling and behavioral therapy, including:
   a. problem solving skills and skills training
   b. social support, including clinical and nonclinical encouragement and assistance
   c. aversive smoking techniques, such as rapid smoking or rapid puffing
3. pharmacotherapy — first-line recommendations
   a. bupropion sustained release
   b. nicotine gum
   c. nicotine inhaler
   d. nicotine nasal spray
   e. nicotine patch (over-the-counter or prescribed)
4. pharmacotherapy — second-line recommendations
   a. clonidine
   b. nortriptyline
   c. combination of nicotine replacement therapy
5. advice on weight gain after smoking
   (Tip: If your employee benefit package or health insurance does not currently provide reimbursement for weight loss counseling and physical fitness memberships, your employees will appreciate this added health benefit.)

Pharmacotherapies considered but not recommended in this guideline include the following.

- antidepressants other than bupropion SR and nortriptyline
- anxiolytics/benzodiazepines/beta-blockers
- silver acetate
- mecamylamine

# Smoking Cessation Resources

The following resources may assist health care leaders to implement smoke-free campuses for all employees, patients and visitors.

## Missouri Resources

### Missouri Tobacco Quitline —
800/QUIT – NOW (800/784-8669)

Recent research suggests although telephone quit lines are underused by clinicians and patients, they offer an affordable and effective method of customized support.

The Missouri Tobacco Quitline, managed by the Missouri Department of Health and Senior Services, can assist:

- tobacco users in any stage of readiness to quit
- pregnant smokers
- smokeless tobacco users
- former smokers seeking relapse prevention support
- Spanish-speaking smokers wanting assistance
- health care providers seeking assistance with patient treatment

## American Cancer Society

Contact local chapters or visit *www.cancer.org*.

The American Cancer Society provides numerous online resources to assist smokers with the motivation, knowledge and support to stop using tobacco. The Web site also allows visitors to locate local chapters of the American Cancer Society in their communities, including the following.

**Missouri**

- Cape Girardeau — 573/334-9197
- Chillicothe — 660/359-4484
- Columbia — 573/443-1496
- Hannibal — 573/221-4660
- Jefferson City — 573/635-4821
- Joplin — 417/624-6808
- Kansas City — 913/432-3277
- Lake Ozark — 417/881-4668
- Louisiana — 573/221-4660
- Maryville — 913/432-3277
- Sikeston — 573/471-1823
- Springfield — 417/881-4668
- St. Louis — 314/286-8100

**Kansas**

- Merriam — 913/432-3277
- Topeka — 785/273-4422
- Wichita — 316/265-3400

**Illinois**

- Maryville — 618/288-2320

## American Lung Association

Contact local chapters or visit *www.lungusa.org*.

The American Lung Association provides education, motivation and support services, including an online support group and Freedom From Smoking Online®, a free online resource that allows visitors to access tools and tips for quitting. The site also allows visitors to locate local chapters of the American Lung Association in their communities, including the following.

**Missouri**

- Cape Girardeau — 573/651-3313
- Kansas City — 816/842-5242
- Springfield — 417/883-7177
- St. Louis — 314/645-5505

**Kansas**

- Topeka — 785/272-9290

**Illinois**

- Collinsville — 618/344-8891

## Resources From Other States

**Maine** — *www.mainehealth.org*

This organization is a partnership of hospitals, physicians, home health agencies and long-term care facilities working to improve health outcomes in Maine. A manual, "Becoming Tobacco-Free: A Guide for Healthcare Organizations," is available online.

**Michigan** — *www.med.umich.edu/mfit/tobacco*

The University of Michigan has developed "Smoke-Free Hospital Implementation Plan," which is available on CD-ROM at no charge.

## National Associations

**American Cancer Society** — *www.cancer.org*

The American Cancer Society provides numerous resources to assist smokers with the motivation, knowledge and support to stop using tobacco.

**American Heart Association** — *www.americanheart.org*

The American Heart Association offers a variety of resources and information for providers and also offers worksheets and resources to assist smokers in cessation efforts.

**American Lung Association** — *www.lungusa.org*

The American Lung Association provides education, motivation and support services, including an online support group and Freedom From Smoking Online®, a free online resource that allows visitors to access to tools and tips for quitting.

## Education and Research Organizations

**Agency for Healthcare Research and Quality** — *www.ahrq.gov* and *www.guideline.gov*

These sites provide health systems, clinicians and consumers extensive tools and resources developed from evidence-based guidelines, including publications for the following.

- Health Care Systems — *www.ahrq.gov/path/tobacco*
  - "Treating Tobacco Use and Dependence, A Systems Approach — A Guide For Health Care Administrators, Insurers, Managed Care Organizations and Purchasers"
- Clinicians — *www.ahrq.gov/clinic/tobacco*
  - "Treating Tobacco Use And Dependence — A Clinical Practice Guideline"
  - "Treating Tobacco Use And Dependence, Clinician's Packet — A How-To Guide For Implementing The Public Health Service Clinical Practice Guideline"
  - "Help For Pregnant Smokers — Support and Advice From Your Prenatal Care Provider"
  - "Helping Smokers Quit: A Guide For Nurses"
- Consumers — *www.ahrq.gov/consumer/tobacco*
  - "You Can Quit Smoking — 5-Day Countdown"
  - "Good Information For Smokers — You Can Quit Smoking"
  - "You Can Quit Smoking — Consumer Guide"
  - "You Can Quit Smoking — Information Kit for Consumers"

**Center for Tobacco Cessation** — *www.ctcinfo.org*

In addition to consumer resources, this site, sponsored by the American Cancer Society and the Robert Wood Johnson Foundation, provides policy, research specific actions and resources for clinicians, employers, policymakers and health care provider organizations to assist in tobacco cessation programs. An electronic newsletter published bimonthly for clinicians, policymakers and health care organizations provides updates on strategies and research.

**Centers for Disease Control and Prevention** — *www.cdc.gov/tobacco*

The Office on Smoking and Health is a division within the National Center for Chronic Disease Prevention and Health Promotion, a center within the Centers for Disease Control and Prevention. The OSH provides resources for consumers and professionals that assist with the following.

- expanding the science base of tobacco control
- building capacity to conduct tobacco control programs
- communicating information to constituents and the public
- facilitating concerted action with and among partners

**National Cancer Institute** — *www.smokefree.gov*

This site is a combined resource of several government-based research and health education agencies, including the U.S. Department of Health and Human Services, the National Cancer Institute, the National Institute of Health and the Centers for Disease Control and Prevention.

This site primarily focuses on consumers but also includes resources for health care professionals.

- Health Care Professionals

  The National Cancer Institute's Handheld Computer Smoking Intervention Tool (HCSIT) is designed for clinicians to assist patients with smoking cessation counseling at the point-of-care. This program can be used with both Palm® and Microsoft™ Pocket PC handheld computers.

- Consumers

  LiveHelp Smoking Cessation Advice — online assistance for smoking cessation

  800/QUIT-NOW (800/784-8669) — This toll-free number provides consumers with resources, information and referrals about quitting.

## Grassroots and Other Organizations

**Nicotine Anonymous** — *www.nicotineanonymous.org*

This program is modeled after the 12-step Alcoholics Anonymous program and includes 12 steps to achieve abstinence from nicotine. The program primarily focuses on establishing fellowship meetings. Although there currently are no nicotine anonymous meeting groups listed for Missouri, there are instructions for establishing a meeting and fellowship group.

**Tobacco Free Kids** — *www.tobaccofreekids.org*

Developed primarily to assist in policy efforts to eliminate tobacco use among youth, this site includes data, research and other important resources for providers.

**WebMD Health®** — *www.webmd.com*

This Web site provides consumer-oriented tools and articles to assist with quitting tobacco use.

## Appendices

The following information is included in the CD-ROM attached to the back cover of this report.

- Appendix A: Policies and Procedures
- Appendix B: Patient Protocols
- Appendix C: Health Education Materials
- Appendix D: Social Marketing Materials

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