



University of Michigan  
Health System

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# Policy Enforcement: A Collaborative Process

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University of Michigan Health  
System**



# Session Objectives

- **Identify what can be expected regarding staff enforcement of policy and how to improve involvement**
- **Describe why implementing a bedside program assists with SFE enforcement**
- **Describe why clinician training will assist with SFE policy enforcement**



# It is a 2 Phase Project:

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**1. Implementation**

**2. Sustainability**



# Issues of Concern

- **Survey of hospitals – top two concerns with implementation of SFE policy – 2007 data**
  - #1 – How to enforce the policy
  - #2 – People complying with policy moving to private property and/or leaving cigarette refuse on private property



# Can you afford the smoking police?

- **No security force can be the sole enforcement of any policy**
  - **The goal then is from the beginning to create an environment where staff will feel able to be part of the enforcement process**



# Enforcement

- **Back to communication – needs to go from the bottom-up**
- **Enforce before there is a violation**
- **Be supportive versus punitive**
- **Have effective signage**
- **Have resources for staff**

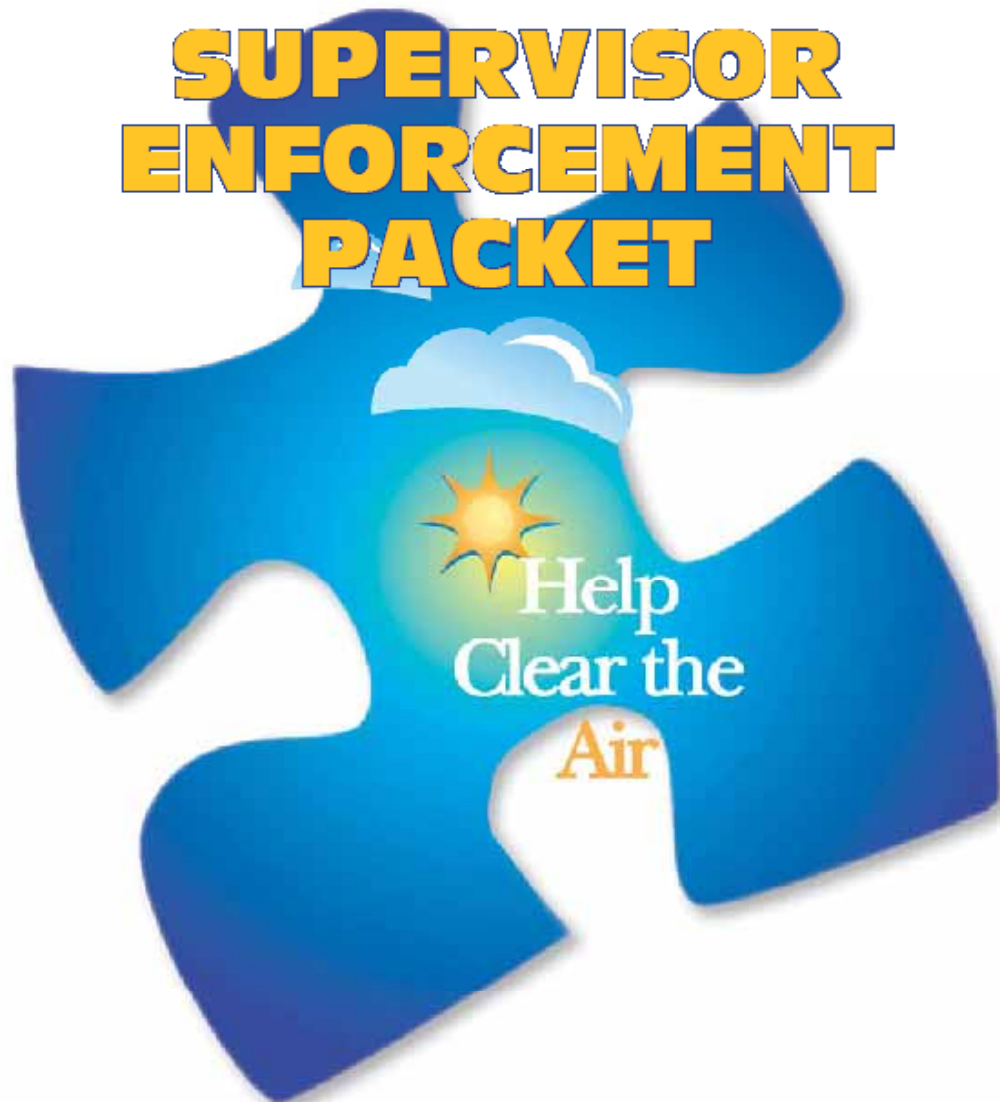


# Enforcement written into the policy

- **Create conditions that help staff feel empowered and part of enforcement**
  - **Scripts**
  - **Understanding of policy**
  - **Resources for guests and patients**
  - **Non-confrontational policy**
  - **Training of reality versus “what ifs”**
- **Statement of “expectation of all staff”**
- **Staff with supervisory duties**
- **Clear definition of smoke-free area**

UNIVERSITY OF MICHIGAN HEALTH SYSTEM  
**S**MOKE-**F**REE **E**NVIRONMENT

**SUPERVISOR  
ENFORCEMENT  
PACKET**



**Like a puzzle, each of us has a part to play**



## Talking Tips for Disciplinary Issues

1. Give the employee time to tell his or her side of the story.

*"I know the perspective of the person who brought this to my attention, but I'd like to give you an opportunity to share yours. What happened from your perspective?"*

2. Be respectful. Listen and have empathy for the employee's situation.

*"I know that this is a new policy and as a smoker, it must be difficult for you. I'm here to help you with this transition."*

3. Be direct. Make a clear statement that this is an important policy to UMHS and it is an expectation that everyone adheres to this policy and there are no exceptions at any time for employees.

*"Even though this is a new policy, we've always had policies around not smoking in certain areas. The difference now is that we are all held to enforcing those policies in ways that we might not have before. I need you to understand that violations to this policy are serious, and appropriate discipline will be taken just as any other misconduct within the University."*

4. Refocus the employee back to the issue (violating smoke-free boundary area) and ask them to come up with actions steps that will resolve their problem.

*"Now that we've discussed the importance of complying with the no-smoking policies, how will you manage to follow these guidelines in the future? Let's talk specifically about what you will do the next time you feel the need to smoke during working hours. How will you manage the situation?"*

5. Double-check that you understand (summarize what employee said).

*"So, what you've just said to me is [rephrase what you heard]. Another suggestion might be to [consider alternatives]."*

6. Offer assistance/support. Make sure they are aware of the Tobacco Consultation Service (TCS) and how they can assist the employee. TCS not only helps those wishing to quit tobacco but will also assist employees not ready to quit but interested in adhering to the policy.

*"I'd like to refer you to our Tobacco Consultation Service. They can assist you even if you aren't ready to quit smoking. They can be contacted at 936-5988. Also, if you are having a personal issue that may make it difficult for you to manage your smoking while at work, you may consider the Employee Assistance Program. They can be reached at 763-5409 or eap@umich.edu."*

7. Set up a future meeting to discuss progress.

*"Let's meet again in two weeks to discuss how you are doing. It's important to me that you succeed in this plan, so please let me know anytime between now and when we meet if you are having difficulties."*

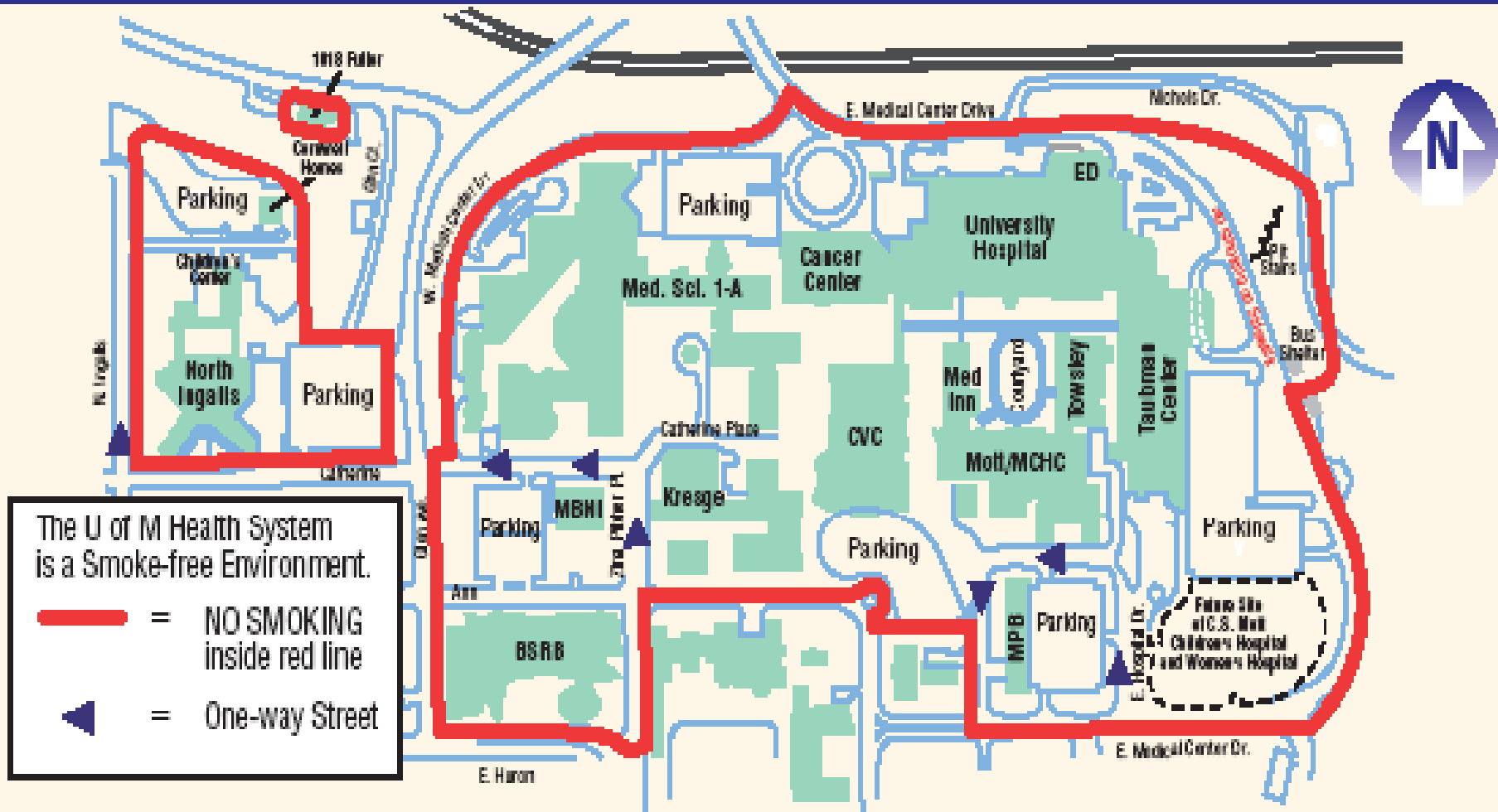


# Training Supervisors to work with staff

**Be direct. Make a clear statement that this is an important policy to UMHS and it is an expectation that everyone adheres to this policy and there are no exceptions at any time for employees.**

***“Even though this is a new policy, we’ve always had policies around not smoking in certain areas. The difference now is that we are all held to enforcing those policies in ways that we might not have before. I need you to understand that violations to this policy are serious, and appropriate discipline will be taken just as any other misconduct as the University.”***

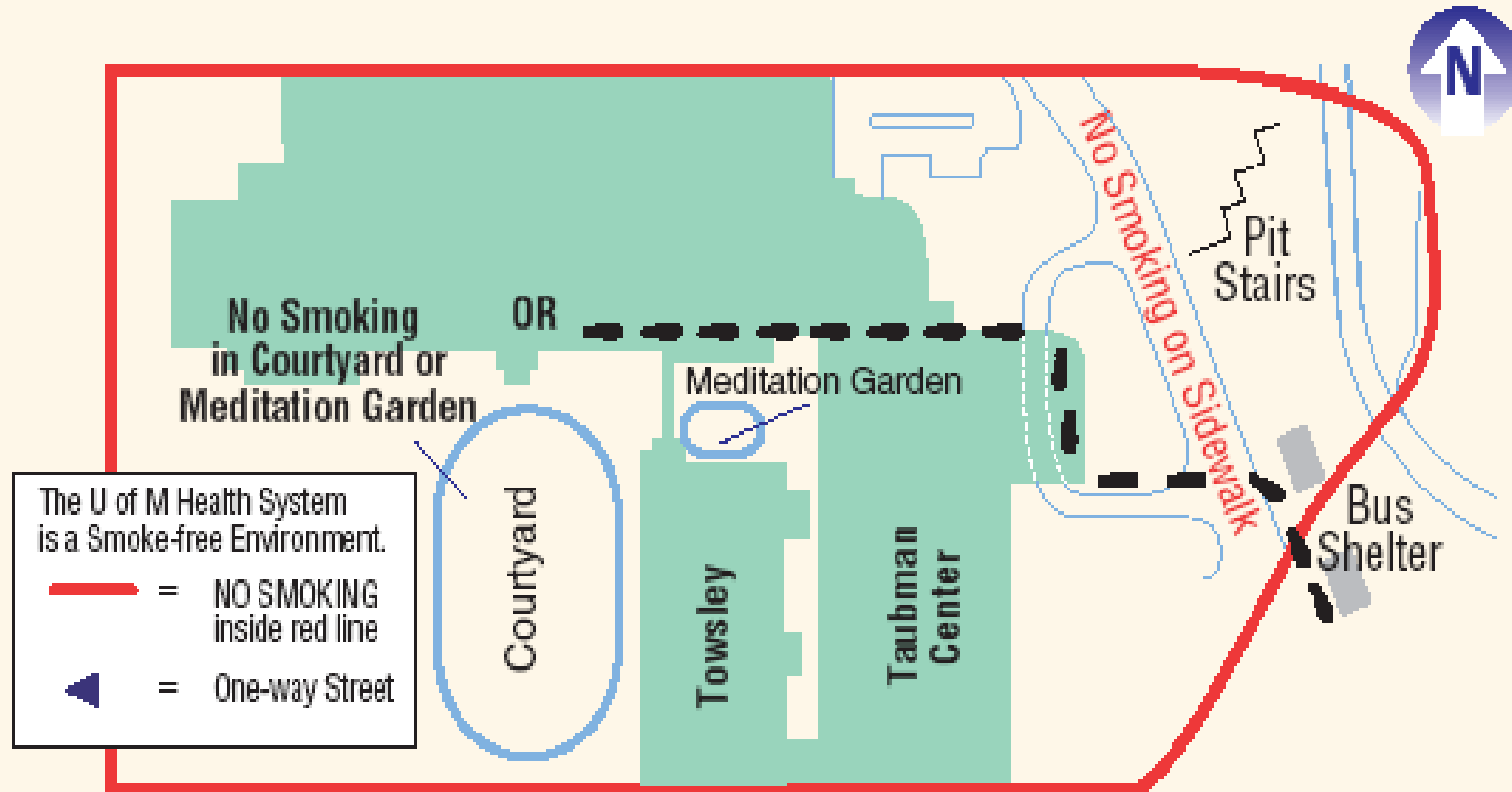
# No Smoking Within the **RED** Line



★ Please be careful when crossing street. Cross only at marked crosswalks.

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★ Please be careful when crossing street. Cross only at marked crosswalks.

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University of Michigan  
Health System

#### If the person asks where they can smoke

You cannot smoke within the smoke-free boundary. Here is a card that shows the boundary. I can also show you the quickest way off our smoke-free area if you like.

#### Can I smoke in my car?

Our policy does permit someone to smoke while inside his or her vehicle as long as the windows are rolled up and they do not leave their butts on the ground.

#### Argumentative Response

*Please remember this is meant to be a non-confrontation policy. The purpose is not to argue with someone about smoking. The goal is to deliver a message.*

*"I am sorry about your loss (or situation). I would appreciate your support of our policy. Thank you."*



The Tobacco Consultation Service is an affiliate of MFit Health Promotion Division. Tobacco Consultation Service can be reached at

**734-936-5988**



Tobacco Consultation Service  
300 N. Ingalls 2D19  
Ann Arbor, MI 48109-5430  
734-936-5988  
quitsmoking@med.umich.edu  
www.med.umich.edu/mfit/tobacco



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 to have Smoke-Free Environment Pocket Cards on hand if possible. These can be obtained from the Tobacco Consultation Service: 936-5988, from Security Service: 763-5511, or from any Information Desk.

Should you have any questions associated with this information, please feel free to discuss the matter further with your Supervisor or call the Tobacco Consultation Service at 936-5988.



**You find a patient who wants to smoke:**

**Option 1 (if you can escort him or her to the boundary)**

Hello. I'm not sure if you are aware of our smoke-free policy. At the U-M Health System, we do not allow smoking on or within any of our property or grounds, including the Courtyard. I would be happy to show you to the edge of our smoke-free boundary or contact a smoking cessation counselor to help make your stay more comfortable. A smoking cessation counselor would be happy to have your physician provide you, if appropriate, with nicotine replacement that you could use in your room to reduce cravings/withdrawal.

**Option 2 (if you cannot escort him or her to the boundary)**

Excuse me sir (ma'am). The University of Michigan Health System is a smoke-free environment both inside and outside. No smoking is permitted within a designated boundary. Here is a card that explains our policy and shows the boundary. We can also contact a counselor who can work with your physician to see if a nicotine replacement product is right for you.

**Option 3 (if the patient cannot leave)**

I'm sorry, but for your safety, patients are asked not to leave UMHS property. We can assist you with other options for your nicotine cravings.

**Option 4 (if the patient cannot leave)**

We realize that it may be physically difficult to get to the off-campus site where smoking is allowed. You might prefer to use nicotine replacement instead. One of our counselors would be glad to see if that is right for you.

**You find an employee smoking:**

I want to remind you of the smoke-free environment policy. This includes parking structures and all property and grounds. This policy is considered very important to the health and well-being of all our employees, guests and patients. It is important to role-model healthy behaviors for our guests and patients and you can play a role in this.

Smoking is only allowed inside your vehicle with the windows rolled up or outside the smoke-free border. In addition, the Tobacco Consultation Service may be able to help you obtain nicotine replacement, like the patch or gum, while at work to help manage your cravings/urges. If you would like to speak to a counselor please call 936-5988.

**You find a visitor who is smoking:**

**Option 1 (if you can escort him or her to the boundary)**

Excuse me sir (ma'am). I am not sure if you are aware of the U-M Health System's smoke-free policy. We do not allow smoking on or within any of our property or grounds, including parking structures and the Courtyard. I would be happy to show you to the edge of our smoke-free boundary or contact a smoking cessation counselor to help make your stay more comfortable. Thank you for putting your cigarette out.

**Option 2 (if you cannot escort him or her to the boundary)**

Excuse me sir (ma'am), did you know you are in a smoke-free area? Here is some helpful information on the policy and the smoke-free area (give him or her a pocket card). Thank you.





# Enforcement *(cont.)*

- **Employee compliance**
  - **Odor policy – include tobacco smoke**
  - **Scrubs/ white coats**
  - **Break time is your time**
    - **Limiting leaving work area**
    - **Enforcing return to work station**
  - **Communicate concerns/issues**
  - **Employee parking areas**



# Enforcement *(cont.)*

- **Employee compliance**
  - Patients and guest follow the example of your employees
  - Consistent policy for all staff
  - Whatever your policy, enforce it
  - Treat as your other policies

# Enforcement *(cont.)*

- **Patients**

- Patient care written into the policy
- AMA or not
- Bedside counseling program
- Smoking violation letter
  - Remove tobacco paraphernalia
  - Reading letter to patient

# Enforcement *(cont.)*

- **Admission letter**
  - **Notification of SFE and what that means**
    - **No smoking inside, outside, parking lots, etc.**
  - **Emphasize the safety aspect of policy**
  - **Opportunity for NRT**
  - **No smoking while on NRT**
  - **Visit from inpatient counselor**
  - **Signed acknowledgement**



# Bedside Program as part of Enforcement

- **Bedside Cessation Objectives**
- **Additional or front-end information of SFE policy**
- **To prevent nicotine withdrawal through use of NRT with appropriate patients**
- **To use hospitalization as a springboard to cessation**
  - **How many people should you expect to see – 17 - 35% of all hospitalizations (UM data)**



# Smoke-free Environment

- Not necessarily need for inpatient program but beside program is necessary for SFE
- Plan to attend to nicotine withdrawal issues of patient while on SFE property
- An opportunity to be the patient's advocate in asking about their comfort



# Inpatient Smoking Policy

- **Defines the process of responding to smoking violations across all departments**
- **The policy needs to address who contacts whom, how to attend to the needs of the patient – getting treating physicians, nursing, security, etc. involved in the process**



# Identification of Tobacco Users

- **Bedside visit for all tobacco users**
- **Identify hospital admittance access**
  - **Schedule admits, ER admits, transfer admits, direct admits (from outpatient clinics)**
- **Admitting screen fields**
- **Nursing assessment form**
- **Sooner users are identified and visited, the stronger the message of the seriousness of the policy**

# Staged Implementation

- **Identify your easy units**
  - Medicine versus Surgical
  - Tobacco aware units (e.g., cardiology, pulmonary)
- **What is working with CORE measures – how can you build throughout the whole hospital**
- **Identify units where bedside program is not appropriate (e.g., ICU, psych)**



# Tobacco Treatment Specialist

- **Identify who is already doing the work**
- **Optimal timing for intervention is first 24 hours**
  - Remember nicotine withdrawal begins 90 - 120 minutes after last dose
- **Need flexible schedules – AM visits best contact**
- **Get training for MI, addiction, nicotine addiction**
- **TTS provides the intervention but their best job is training other healthcare providers**



# Inpatient Intervention

- **5 A's and Motivational Interviewing**
- **Introducing counselor as an advocate for the patient**
- **Answer questions about SFE, NRT**
- **Address patient concerns**
- **Suggestions NRT**
- **Cognitive / behavioral coping strategies**
- **Stage appropriate message**



# Post Discharge Follow-up

- Identifying who you are going to call
- Increase cessation rates / new attempts at cessation
  - Nice reflection on patient care and your facility
  - Most patients, whether quit or not, will be pleased you have called
- Create pipeline for outpatient program
- Program evaluation



# Follow-up with PCP

- **Goal to include PCP in continuation with intervention started in hospital**
- **Medical record**
  - Discharge summary
  - Tobacco note
  - Suggestions for other healthcare providers
    - Staged example statement for physician
- **Avoid letters to PCP**



# Educational Materials

- Existing TJC requirements – brochure
- Economics & content – in-house vs commercial
- Recommend benefits of quitting and cessation strategies



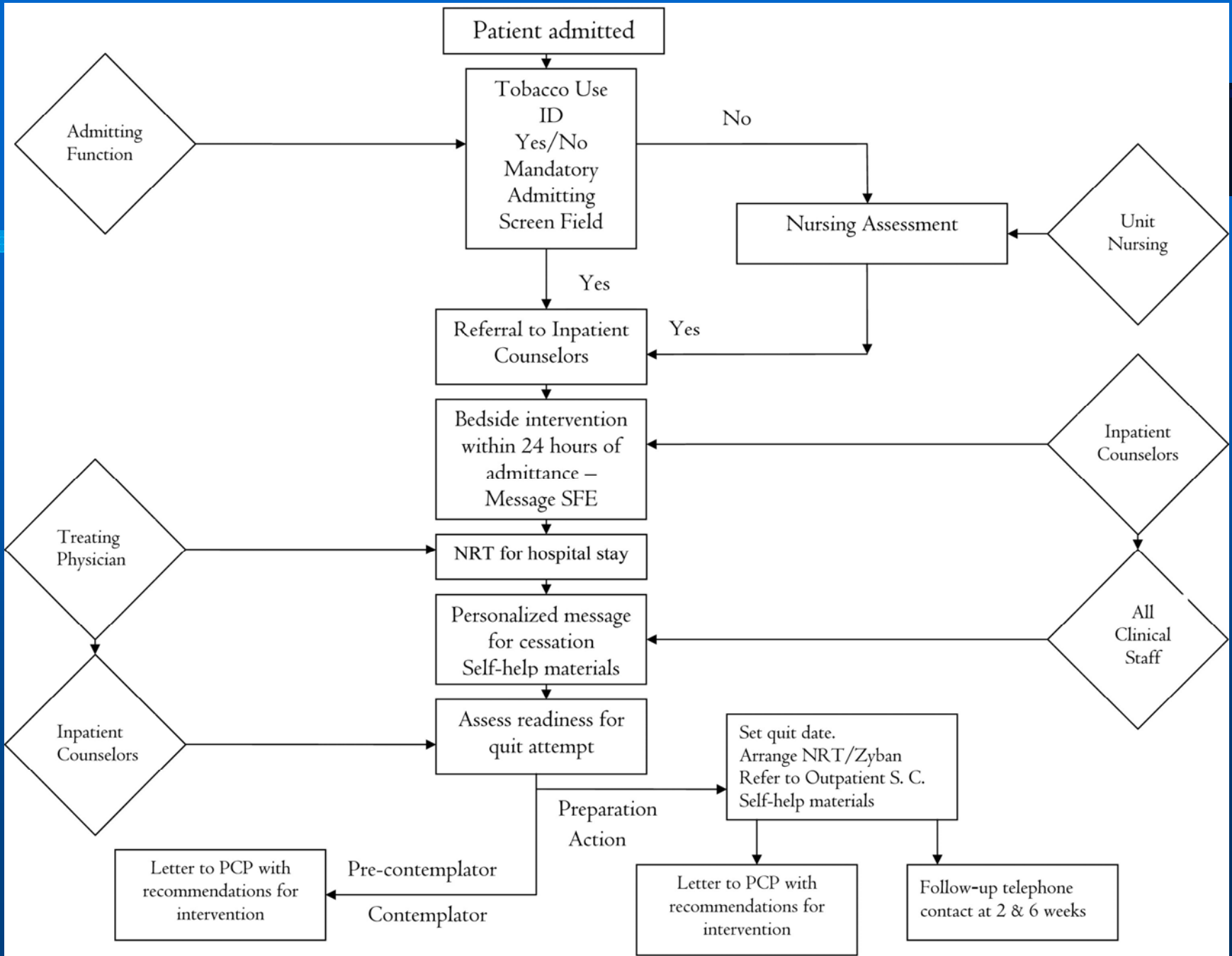
# Chart forms

- **Visit form – outcome & recommendations**
- **Medical chart information**
- **Order set**
- **Track for follow-up**



# PR Media

- **Print materials to communicate resources for patients, notify staff, and guests / family members**
- **Using different modalities - Patient channel, room posters, tent cards**





# How to Help Your Patients Quit Smoking

**ASK** all patients about smoking status and assess smoker's readiness to quit. Smoking status should be documented in the medical record.

**ADVISE** all smokers to seriously consider making a quit attempt using a clear and personalized message. Advice as brief as 3 minutes is effective.

**ASSESS** all smokers willingness to make a quit attempt. Is the patient ready to quit?

**REFER** patients interested in quitting within 30 days to a Tobacco Treatment Specialist\*

If your patient is not ready to quit offer motivational intervention using the Five "R's"

**Relevance** — Tie smoking to current health, or social and economic costs of tobacco use, motivation level, and/or the impact of smoking on children and others in the home. For example, "Your child's asthma flare is certainly related to your smoking habit. It would be in your child's best interest for you to set a quit date in the near future."

**Risks** — Ask patient to identify potential negative consequences of smoking.

- Acute risks — shortness of breath, exacerbation of asthma, impotence, infertility
- Long term risks — heart attacks, strokes, lung and other cancers, COPD
- Environmental risks — increased risk of lung cancer in spouse and children; higher rates of smoking by children; increased risk for SIDS, asthma, middle ear disease and respiratory infection in children

**Rewards** — Ask patient to identify 1) Any positive benefits they currently derive from smoking. Discuss alternative methods for filling the potential void after cessation. 2) The potential rewards of quitting including improved health, improved taste, money saved, healthier children, freedom from addiction.

**Roadblocks** — Ask patient to think about what barriers there are to quitting smoking (e.g., partner or co-worker who smokes, fears about quitting smoking, etc.).

**Repetition** — Repeat above strategies every time an unmotivated patient has a visit.

## Dosing and Administration of Medications for Tobacco Cessation

Agent	Available Dosages/Cost	Dosing	Duration	Instructions	Side Effects
<b>Nicotine Lozenge</b> Full dose of nicotine is released gradually by placing a lozenge in the mouth and sucking on it until it dissolves completely.	<b>Over-the-Counter</b> Camel1 Lozenge 2, 4 mg \$42 / \$12-14/10 pack	5 lozenges/daily during initial 6 weeks of therapy. 4 mg if first cigarette within 30 min of awakening; 2 mg if more than 30 min after awakening. 1 lozenge q 1-2 hrs for 6 wks, then q 4-8 hrs for last 3 wks.	12 weeks	Place the lozenge in mouth and allow to dissolve slowly over 20-30 mins. Do not chew, bite, or swallow lozenge. Avoid eating or drinking acidic beverages (i.e., orange juice, coffee) 15 min prior to, during, or after using a lozenge.	Headache, diarrhea, flatulence, heartburn, hiccups, nausea, coughing, sore throat, and upper respiratory infection (occurring in ~ 5% of patients)
<b>Nicotine Gum (polacriflox)</b> Maximum nicotine levels achieved within 20-30 minutes of chewing.	<b>Over-the-Counter</b> Nicorette - 2 and 4 mg sticks 2 mg - \$47 / 110 sticks 4 mg - \$53 / 110 sticks  Generic nicotine polacriflox (Watson) 2 mg - \$22 / 110 sticks 4 mg - \$26 / 110 sticks	≥ 20 cigs per day, use 4 mg stick q one hour.  < 20 cigs per day, use 2 mg stick q one hour.	2-3 months	Chew until spicy flavor begins, then "park" between cheek and gum for absorption. Remove after 1/2 hour. Acidic beverages decrease absorption.	Jaw fatigue, hiccups, belching, nausea.

\*Tobacco Consultation Service: 734-936-5988  
(Or Page: Inpatient Counselor #1105 • Outpatient Counselor #7071)

Agent	Available Dosages/Cost	Dosing	Duration	Instructions	Side Effects
<b>Transdermal nicotine patch</b> Continuous delivery of nicotine provides constant blood levels. Requires 2-3 days to achieve maximal serum levels.	<b>Over-the-Counter</b> Nicoderm CQ 21, 14, 7 mg/24 hr A4: \$9/20 patches  Nicotrol 15mg/16 hr \$9/20 patches  Other Generic Nicotine Transdermal Patches 21, 14, 7 mg - \$6/20 patches	>10 cigs per day, start with highest dose of given brand.  5 - 10 cigs per day, use mid-range dose.	8 weeks. No increase in cessation with longer duration.  Suggest: • Weeks 1-4: highest dose of given brand • Weeks 4-6: mid lowest dose of brand • Weeks 6-8: lowest dose Taper recommended for psychological reasons, but does not increase efficacy.	No smoking while on patch, rotate to new hairless skin site each day, remove before bed if insomnia. May consider supplement with 2 mg gum first 48 hrs while plasma levels building.	Skin reactions including pruritus, edema, rash, sleep disturbance.
<b>Nicotine Nasal Spray</b> Maximum levels of nicotine reached within 5-10 minutes. Levels begin to fall within 30 minutes of dose. Most closely mimics nicotine delivery pattern of cigarette.	<b>Prescription</b> Nicotrol NS 1 mg = 1 spray each nostril = 1 dose 1-10 ml spray - \$41	Spray q 30-60 minutes prn craving. Maximum 40 doses/day	2-3 months	Careful instruction on spray technique (see patient education handout).	Nasal irritation / rhinorrhea (98% of pts), sneeze, cough.  Decreased severity of effects after first week.
<b>Nicotine Inhaler</b> Nicotine absorbed through mouth and throat (not lungs) when smoker "puffs" on cylinder delivering nicotine and menthol. Peak nicotine levels in 30 minutes.	<b>Prescription</b> Each inhaler cartridge with 10 mg nicotine  Nicotrol inhaler: 42 cartridge, 1 mouthpiece - \$107/180 spray cartridge.	80 puffs = 1 mg Requires 3-4 puffs/minute for 20-30 minutes. Use prn or q 1 hour. Each cartridge good for approx. 20 minutes of continuous puffing.	2-3 months	Must puff more frequently than cigarettes.	Cough, mouth and throat irritation.
<b>Bupropion hydrochloride*</b>	<b>Prescription</b> 75, 150 mg \$306 / full 7-week course (brand)  \$96 / full 7-week course (generic)	150 mg in the morning for 3 days, then increase to 150 mg 2 times a day (MAX dose 300 mg/day)	7-12 weeks	Start 1 week before quit date.	Insomnia, dry mouth, nausea, and seizures (1 in 1000). <b>Contraindications:</b> Seizure disorder, major head trauma, eating disorder, or an MAOI inhibitor.
<b>Bupropion hydrochloride SR† (Zyban®)</b>	<b>Prescription</b> 150 mg SR \$222 / full 7-week course AMP  Generic: \$150 / full 7-week course	150 mg/day for 3 days, then 150 mg daily or BID	7-12 weeks	Start 1 week before quit date.	Insomnia, dry mouth, nausea, and seizures (1 in 1000). <b>Contraindications:</b> Seizure disorder, major head trauma, eating disorder, or an MAOI inhibitor.
<b>Varenicline (Chantrel®)</b>	<b>Prescription</b> 0.5, 1 mg \$391 / 12-week course	Start with 0.5 mg daily for three days, then 0.5 mg BID for four days, then 1 mg BID	12 weeks, with option to continue for another 12 weeks	Start 1 week before quit date. Take after eating with a full glass of water.	Nausea, insomnia, and unusual dreams.

\*Not FDA-approved for this use.  
AMP = Average Wholesale Price. For brand drug, Average Wholesale Price x 10%. Puff free Assessment Single Inhaler Cessation Study. For generic drug, Maximum Allowable Cost plus 30% of Manufacturer's List Price.

QuitSmoking@med.umich.edu • <http://www.med.umich.edu/mlit/tobacco/Referral.htm>

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## NICOTINE PATCH

The nicotine patch is a tool to help you quit tobacco by reducing your nicotine withdrawal symptoms. These symptoms can include dizziness, irritability, headaches, and lack of concentration. The patch gives you nicotine at a lower, more even and steady dose than a cigarette. **The patch may be purchased as an over-the-counter or as prescription medication.** You can purchase patches in 21mg, 15mg, 14mg, 10mg, 7mg, or 5mg dosages. The goal is to slowly “step down” the amount of nicotine.

The aim of any nicotine replacement program is to replace the nicotine your body is used to while you learn to live life as a nonsmoker. **The nicotine patch should only be used when all smoking has stopped – on quit day and beyond.** Do NOT smoke and use the patch!

**When used with a stop smoking program, the nicotine patch may help you quit for life.** Smoking cessation programs include group sessions and/or self-help booklets that will help you cope with your cravings to smoke.

When you wear the patch, it delivers a **steady dose of nicotine through your skin into your blood stream.** This will help you feel fewer withdrawal symptoms. Typically it takes about 1-2 hours for the nicotine to reach your brain.

Talk to your doctor or smoking cessation specialist and read the instructions that come with the patch to learn how to use it. Your doctor or smoking cessation specialist can help you with planning on when to put the patch on, what size patch to wear, how many hours to wear it, how long you should use it, and when you should begin to reduce dosage.

### Make Special Note of These Things When Using the Nicotine Patch

Start using the patch first thing in the morning on quit day. **Follow the directions.** Not following the directions can cause side effects such as nausea, headaches, and/or dizziness. Don't let children or pets touch the patch. You can swim, exercise, take a bath or shower, and go inside a sauna while you are wearing a nicotine patch.

### How to Use the Patch

- Do not smoke while using the patch.
- Place the patch, sticky side down on a hairless location above the waist (i.e., upper arm, shoulder blade area).
- Keep your hand on the patch for about 10-15 seconds after applying to make sure the adhesive has a chance to work.
- Do not use the patch on red, irritated, burned or broken skin.**

- Do not wear the patch in the same place for at least a week.
- Keep the patch sealed until ready to use it.
- If the patch falls off, throw it away and put a new one in a different, clean, dry place.
- Put a new patch on and take the old patch off at the same time each day.
- Contact your physician and discontinue use if you develop a rash or skin blistering.

### Some Important Things to Remember

Nicotine from any source can make some health problems like irregular heart beat, chest pain, high blood pressure, stomach ulcers, overactive thyroid, or diabetes worse. Speak with your doctor before using the nicotine patch if you have or have had life-threatening arrhythmias, severe or worsening angina, a recent heart attack, are pregnant or breast feeding. The nicotine patch may not work as well if you have skin problems or if your skin is irritated. In some users the patch may cause normal skin to become red and/or swollen.

**The nicotine patch is not for everyone. Check with your doctor to see if it is best for you.** Despite the possibility of side effects, it is safer to use the nicotine patch than to continue smoking.



## NICOTINE GUM

**Nicotine gum is a sugar-free, over-the-counter medication.** It is not a chewing gum but rather a tool to help you quit tobacco by reducing your withdrawal symptoms. Nicotine withdrawal includes dizziness, irritability, headaches, and lack of concentration. The nicotine gum comes in two dosages: **2mg or 4mg** of nicotine.

The goal of any nicotine replacement is to replace the nicotine your body is used to while you learn to live life as a nonsmoker. Once you have become adjusted to your routines and emotions without the use of cigarettes, the goal is to taper off the nicotine gum. **Nicotine gum should only be used when all smoking has stopped – on quit day and beyond.** Do NOT smoke and use the gum!

**When used with a stop smoking program, nicotine gum may help you quit for life.** Smoking cessation programs can include self-help booklets that will help you learn to cope with your cravings to smoke.

When you chew nicotine gum, **the nicotine is absorbed through the lining of your mouth and gums.** The nicotine travels through your blood to your brain. This will help you feel fewer withdrawal symptoms. Typically it takes about **ten minutes** for the nicotine to reach your brain.

Talk to your doctor or smoking cessation specialist and read the instructions that come with the gum to learn how to use it. They can also help you develop a plan of how much to use and when to start tapering off the gum.

### **Some Important Things to Remember:**

Start using the gum first thing in the morning on quit day. **Follow the directions.** Not following the directions can cause side effects such as nausea, headaches, dizziness, hiccups and/or heart burn. Most side effects can be prevented by chewing the gum more slowly.

### **How to Use the Gum**

- Do not smoke while using the gum.
- Chew the gum slowly until you begin to feel a “peppery” taste.
- Place the gum between your cheek and gum. Hold it there. **Do not continue to chew it.**
- After the “peppery” taste goes away, chew the gum slowly until the taste returns.
- Replace the gum between your cheek and gums.
- Each piece of nicotine gum is good for 20-30 minutes. Then throw it away.

### **Do not use liquids around the time you use the gum**

Wait at least fifteen minutes after drinking acidic beverages such as coffee, tea, milk, fruit juice, or soft drinks before using the gum. If you do not wait 15 minutes, you will lose much of the effect of the gum.

**Do not drink any liquids while the gum is in your mouth.**

**Stop using the gum when you are ready.** As the urge to smoke comes less often, slowly reduce the number of pieces of gum used each day.

### **Make special note of these things when using the gum.**

Nicotine from any source (smoking, nicotine gum, nicotine patch, etc.) can make some health problems worse such as heart or circulation problems, high blood pressure, stomach ulcers, overactive thyroid, or diabetes. Speak with your doctor before using nicotine gum if you have or have had life-threatening arrhythmias, severe or worsening angina, recent heart attack, are pregnant or breast feeding. Chewing nicotine gum may make jaw joint disease (TMJ) worse. The gum may also cause problems with dentures, bridges, or other dental conditions.

**Nicotine gum is not for everyone. Check with your doctor to see if it is best for you.** Despite the possibility of side effects, it is safer to use the nicotine gum than to continue smoking.



# SFE Sustainability

- **Implement a policy you can enforce**
- **Remember this policy is like hand washing or parking issues**
- **Never assume you have communicated enough**
- **Enforcement**
  - **Be clear, be consistent, start from the beginning**



# SFE Sustainability *(cont.)*

- Remember rule of reasonability –
  - One smoker is not hundreds
- Have supportive resources available
- Ongoing supportive efforts to assist patients, visitors and staff
- Make policy ongoing part of your culture
  - Yearly renewal
- Buy in from the top-down; communicate from the bottom-up



# Summary

- **Plan your implementation process**
- **Plan for sustainability**
- **Be flexible**
- **Expect issues, but be proactive to minimize them**
- **Measure success with employee prevalence and quit rates, patient interventions (all patients and Core Measures), and set example for other healthcare institutions**