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Health System

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# Steps to Implement a Smoke-free Environment

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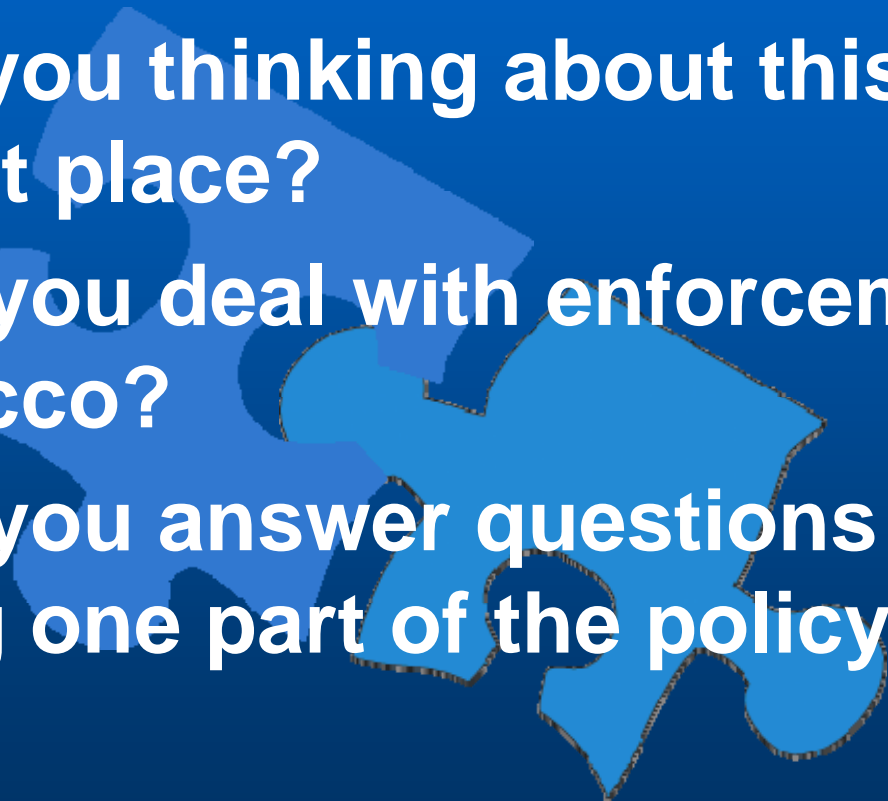


# Smoke-free or Tobacco-free?

- **Obvious choice is tobacco-free BUT whatever policy you implement, it needs to be enforceable**



# Smoke-free or Tobacco-free?

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- A decorative graphic consisting of several overlapping, semi-transparent blue shapes, including a large outline of the state of Michigan, positioned behind the list of questions.
- Why are you thinking about this policy in the first place?
  - How will you deal with enforcement of spit tobacco?
  - How will you answer questions of enforcing one part of the policy but not another?

# Policy Development

- **Write a policy you can enforce**
  - Smoke-free or tobacco free
  - All property or boundary area
  - Broad-base policy – works the same for all
    - Enforcement needs to be the same for all staff
  - Different policies for staff, patients, and guests



# Keys to Successful Implementation

- **Early public commitment from upper administration (participating groups)**
- **Physician champion(s)**
- **Coordinated, regular planning meetings**
- **Continuous communication**
- **Commitment of staff/budget**
- **Window to plan but not lose steam – eight – 12 months from announcement to implementation**
- **Policy applies to all from the beginning**



# First Steps to Implement a Smoke-free Environment

- **Change attitudes**
- **Changes people's roles**
- **Change standards of health care**




# Our message is....

- **Becoming a smoke-free environment does not mean “smoker-free” or “anti-smoker”**
- **Welcome people, not smoke**
- **The key to avoiding misconceptions is an excellent communication plan and offering assistance to tobacco users**

# A Checklist for Action

- ✓ **Announce senior management's commitment**
  - Electronic and hard copy
    - Remember the staff most likely to smoke will least likely to use or have access to electronic communication
  - Clinical and operational leadership
  - Boards or Regents
- ✓ **Identify your Champions**

# A Checklist for Action *(cont.)*

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- A large red checkmark icon with a black outline, positioned to the left of the main bullet point.
- Assign responsibility and **AUTHORITY** for coordinating SFE implementation**
    - Role – Task force Chair
    - Keep different facility entities talking to each other
    - Keep the ball rolling
    - Needs time, resources, and leadership support



# A Checklist for Action *(cont.)*

- ✓ Create task force to plan implementation & sustain SFE

Senior Mgt.

Risk Mgt.

Safety Mgt.

Patient Ed.

PR

HR

QI

Contractor liaison

Environmental Svcs.

Facility Mgt.

Security

Clinical Rep.

Staff – users/nonusers

EHS

Parking Svcs.

Union Rep.

# A Checklist for Action *(cont.)*



## Task force

- Anticipate issues prior to implementation but the greatest utility is post-implementation in the sustainability phase

# A Checklist for Action *(cont.)*



## **Gather information**

- Walk your facility
- Smoking rate among staff



## **Develop a time-table**

- Have a specific implementation date
- Have communication events
- Outpatient cessation services
- Bedside program
- Pharmacy formulary
- Working with insurance plans

# A Checklist for Action *(cont.)*



## Communications

- Start early
- Be clear of the goal and why
- Communicate often
- Use different modalities



## Cessation Services

- At least 6 months prior to implementation

# A Checklist for Action *(cont.)*

- ✓ **Begin clinician training early**
  - SFE policy – their role
  - Tobacco cessation aids
  - Brief interventions (5 A's, MI)
- ✓ **Make physical changes to facility**
  - Signage
  - Remove ash urns



## A Checklist for Action *(cont.)*

- ✓ Plan a celebration for the day of implementation
- ✓ Enforce policy from day one
- ✓ Evaluate and refine as needed
- ✓ Exercise flexibility and patience



# A Checklist for Action *(cont.)*

- **Bedside treatment program**
  - **Core Measures**
    - ACS, CHF, Pneumonia



# Clear communication is...



Important!



# Communications: Cornerstone to success

- **Delivering the message to 5 populations – all are important!**
  - **Employees**
  - **Patients**
  - **Patient Families/Guests**
  - **Outside Contractors**
  - **Community**



# Your message is to....

- **Focus on the positive aspects of SFE**
  - A policy to be proud of...
  - A leadership role in your community
  - Modeling good behavior for patients and families
  - Establishing a healthy and safe environment
  - Policy applies to **EVERYONE**



# Employees

## ● Communicate

- Why – Reason for SFE
- When - Date for implementation
- Who – Patients, patient families, and employees
- Where - Clearly define smoke-free area
- What – Cessation service/strategies for urges at work
- **IMPORTANT** – need a clear message, this is important and will be enforced
- Acknowledge challenges for the smoker



# Employees *(cont.)*

- **Arrange for employee forums or feedback survey**
  - Allow employees to ask questions
  - Make complaints
  - Make suggestions
  - Your goal is for them to feel they have been heard
- **Global Emails**
  - Remember your highest tobacco users will often be staff with the least access to electronic communication



# Employees Continued *(cont.)*

- **Advertise cessation assistance plan**
  - Offer free programs to employees and family members who live within the same home
  - Groups, individual counseling, cessation aids
  - Arrange with insurance carrier about coverage/or free for employees
  - During shift – barrier solving for time



# Employees *(cont.)*

- New Employee orientation
  - Employee handbook – Security, Risk Management, and Health Behavior Change group
- AHQR Guidelines training for clinical staff
- Enforcement procedures with Human Resources and Security services
- Employee forums
- SFE date on check stubs



## Employees (*cont.*)

- **Have a countdown for implementation on the institution's website**
- **Leadership training for employee compliance**
  - Managers who are users vs Managers who are not users
- **Training for employees: how to talk to patients/guests via supervisors**



## Employees *(cont.)*

- **Employee Health Service**
  - **Capture smoking rate data with current employees during TB testing**
  - **New employees – message and smoking rate**
  - **Talk about quitting or strategies to not smoke while at work**



## Employees (*cont.*)

- **Clearly define expectation of staff in enforcement of policy**
  - **Develop and communicate resources for employees such as scripts**
  - **Part of enforcement assistance**
  - **Fear of reactions from patients and guests**
  - **Lack of education of how, what, and when to intervene**



## Employees (*cont.*)

- **Communicate what you are doing for staff and patients that smoke**
  - Assistance
  - Procedure for obtaining assistance
  - Remove barriers for assistance
    - TCS website
  - What resources are available



# Patients

- Identify tobacco using patients
- Ask every patient smoking status and note in chart by using vital sign concept
- Admission letter – part of nursing assessment
- Identifying and training Tobacco Treatment Specialists
  - Patient intervention
  - \*\*Training other healthcare providers



## Patients *(cont.)*

- **Intervene with all tobacco users**
  - **Notification of SFE**
    - **Inpatient Smoking Violation Policy**
  - **Withdrawal prevention**
  - **Using hospitalization as springboard to cessation**



## Patients *(cont.)*

- **Provide pharmacotherapy if appropriate**
  - Order set for clinicians
  - Put cessation pharmaceuticals on formulary
- **Education for clinicians**
  - Brief intervention techniques
  - Nicotine replacement products
  - Bupropion and Varenicline
    - Patients will come into hospital on medications
- **All clinicians giving the same message...**
  - MD, RN, RT, PT SW, etc.



## Patients *(cont.)*

- Flyers in all appointment reminders
- Signage in rooms
- Notification at registration
  - Smokers field on admitting screen
- Nursing intake form
- Patient handbook
- Tent cards
  - Cafeteria, registration desks, information desks, unit desks, unit hosts
- Patient channel



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## University of Michigan Health System



### Smoke-Free Environment



As part of the University of Michigan Health System's continued commitment to provide a safe and healthy environment for all our patients, visitors, and employees all buildings and outside locations are smoke-free. All patients and visitors are asked to observe our smoke-free policy while on our property. For information on our policy or on how to get help when visiting University hospitals, please contact any information desk or 734-936-5988.

We thank you for your cooperation



# Patient Families/Guests

- **Most difficult group to inform**
  - Transient
  - No consequences if they do not comply
  - Smokers are not unreasonable people and most will comply with policy
- **Signage**
  - Vary signage – people become “sign blind”



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# Patient Families/Guests *(cont.)*

- **Information Desk**
- **Information cards and/or brochures**
  - **Security Officers**
  - **Greeters**
  - **Staff**
  - **Registration area**
  - **Waiting areas**
  - **Elevators**



## Patient Families/Guests *(cont.)*

- **Nicotine replacement aids such as nicotine patch, gum, or lozenge**
  - Staff education
  - Who is going to deliver
  - Cost
  - Packaging/Instructions
  - Sell or give away
  - How much

# Patient Families/Guests *(cont.)*

- **NRT considerations**
  - **Can break up blister packs if giving away**
    - **Must have some dosing instructions attached**
  - **UM parents of children patients took advantage of program**
  - **TJC concerns**
    - **Dispensed by licensed staff person**
    - **Route for follow-up if adverse event**



## Patient Families/Guests *(cont.)*

- **Problem areas – OR waiting and/or ER waiting areas**
  - Advocacy vs. policing
  - Staff comfort with intervening – Non-confrontational policy
  - Marquee signs
  - Use of hosts
  - Restaurant pagers
  - Volunteer musicians



# Contractors

- Letter to all outside contractors
  - Stress policy applies to all on your property
- Second letter two weeks prior to implementation date
- Dock areas need to be watched
- Notification of policy and consequences of violating policy
- Written into contracts
- Follow through Supervisors



# Community

- **Media**
  - Not just local also surrounding communities
- Letter to community from senior management via paper
- PSA's
- Community leadership
- County Health Department
- Tobacco Reduction Coalition
- Banner signs/Property signs
- Cessation services

# Potential Costs of Implementation

- Cessation Aids
- Modify Signage
- Survey Employees
- Supplemental support to help employees become smoke free
- Educational media for patients & guests
- Tobacco Treatment Specialist(s)
- Committee Time
- Presentation Costs
- Education for clinical staff
- Bedside Program costs

# Lessons learned

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- **Never enough communication**
- **Recognize this is a change in culture – needs to be imbedded in culture to be sustainable**
- **More education of the community – they don't pay attention until they come to the hospital**



# Lessons Learned *(cont.)*

- **Staffing – hire/appoint a coordinator for administrative and logistical issues**
- **Develop adequate budgets to do this work**
- **Be clear on the goal ... eliminate tobacco or simply move smoking off campus to the community and into the view of the public**
- **Remember this policy is like hand washing or parking issues**
- **Enforcement**
  - **Be clear, be consistent, start from the beginning**



# Lessons Learned *(cont.)*

- **When you announce anticipate media interviewing your employees**
- **Bring directors, managers and supervisors into the loop sooner – get them on board and role modeling (especially those who smoke)**
- **Stress the policy is about ETS and creating a safe work/patient care environment**



# Lessons Learned *(cont.)*

- **Define campus carefully – consider tobacco free zones where you have exits to the street or buildings on both sides of the street**
- **Clinical issues – Info needs to be called out visibly and not imbedded in consent to treat**
- **Make sure physicians are on board and will treat for smoking cessation while admitted**



## Lessons Learned *(cont.)*

- **Enforcement is biggest issue – train, script, use customer service approach - make it everyone's job to enforce. Security can't do it alone**
- **Invest in maintenance to clean up where people can legitimately smoke**



# 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**