Partnering to Create a Tobacco-Free Culture

An Oklahoma Hospital Association initiative

HOSPITALS helping PATIENTS QUIT
Advancing Tobacco Treatment

Acknowledgements

This document was

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The Oklahoma Tobacco Settlement Endowment Trust

Oklahoma Hospital Association's Board of Trustees

It's no secret that tobacco use is a serious issue. In Oklahoma, 6,300 people die each year from tobacco use and exposure to secondhand smoke. Approximately 87,000 of Oklahoma's youth alive today will die a premature death due to tobacco use.

Oklahoma hospitals admit approximately 163,000 tobacco users each year. A significant number of these hospitalizations are due to chronic diseases associated with tobacco use. Hospitalization is often a critical time for lifestyle change decision making, including quitting tobacco use. Approximately 65% of smokers with myocardial infarction report intentions to quit smoking within the next 30 days. Hospitalization can be an efficient, effective opportunity to identify and treat tobacco users, yet this opportunity is too often overlooked.

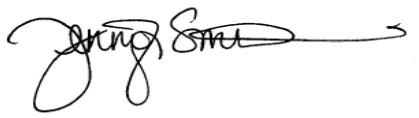
In response to this, hospitals and health systems should develop a permanent, documented and comprehensive tobacco treatment plan that will ensure that tobacco use is addressed with every patient. Those who use tobacco should be offered the best cessation assistance available, including clear, consistent and personalized support, as well as appropriate nicotine replacement therapy options to handle the symptoms of nicotine withdrawal.

However, Oklahoma hospitals need to address more than just inpatient tobacco treatment to improve our health outcomes. The time has come for a comprehensive tobacco-free approach, creating true ***culture change***. Across the country, increasing numbers of hospitals are enacting tobacco-free campus policies to improve the health of patients, visitors and employees. To support these policy changes, the Oklahoma Hospital Association (OHA) is partnering with the Oklahoma Tobacco Settlement Endowment Trust (TSET) to implement health system changes to integrate a sustainable tobacco treatment protocol for all tobacco-using patients and employees.

Implementing strategies that are clinically and cost effective, brief and evidence-based throughout health systems will create sustained health improvement of employees and patients. At the completion of this system change, tobacco use and cessation will be a permanent and routine part of health care for staff and patients. It will also send health and wellness messages throughout the communities we serve.

I hope that you will use this manual as a guide as you establish your new tobacco-free system. For additional assistance please contact the Oklahoma Hospital at (405) 427-9537.

Sincerely,



Jennifer Watkins Smith, MS
Tobacco Treatment Systems Coordinator

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Introduction

As a health care system, hospital co-workers must be leaders in assisting fellow Oklahomans in breaking away from this deadly addiction by utilizing the best evidence available to create a tobacco-free environment for patients, visitors, employees, volunteers, vendors and contractors.

Hospitals should continuously strive to be a model of health to those we serve. Creating a positive tobacco free culture and healthy environment is one of the best ways we can serve our communities and demonstrate our commitment to health. Creating a high standard of communication and enforcement is not an easy task; however the rewards reaped are worth the effort. This document should serves as a guide to enhance your system's efforts at establishing and sustaining a truly comprehensive tobacco free culture, while emphasizing that tobacco use does not fit into the mission of promoting good health.

Goal

Hospitals and health care systems should be committed to developing a successful tobacco-free culture by implementing strategies that are cost effective and evidence-based throughout all health services to achieve a permanent system of care. This will result in sustained health improvement of employees and patients. However, you cannot develop a truly tobacco free culture without addressing the property as well as the system. "System changes" that are sustainable require visible and continuous endorsement and support by corporate, administrative and clinical leadership.

At the completion of this system change, tobacco use and cessation will be a permanent and routine part of health care for staff and patients. It will also send health and wellness messages throughout the communities we serve.

Systems Change

Research clearly shows that systems-level changes can reduce smoking prevalence among enrollees of managed health care plans. Guideline recommendations for systems changes and systems strategies and actions are summarized in this section.

What is Systems Change?

Systems change describes specific strategies that health care administrators, managed care organizations, and purchasers of health plans can implement to treat tobacco dependence. These strategies include implementing a tobacco-user identification system, providing training, resources, and feed; dedicating staff to provide tobacco dependence treatments and assessing delivery of treatment in staff performance evaluations; and promoting hospital policies that support and provide tobacco dependence services. (Systems Change: Treating Tobacco Use and Dependence handout)

Changes are needed in health care systems to support clinician interventions. Efforts to integrate tobacco intervention into the delivery of health care require the active involvement of clinicians, health care systems, insurers and purchasers of health insurance. Such integration represents an opportunity to increase rates of delivering tobacco dependence treatments, quit attempts, and successful smoking cessation. In contrast to strategies that target only the clinician or the tobacco user, systems strategies are intended to ensure that tobacco user is systematically assessed and treated at every clinical encounter. (Systems Change: Treating Tobacco Use and Dependence handout)

Why Should Tobacco Treatment be Addressed with a Systems Change Approach?

Several considerations argue for the adoption of systems-level tobacco intervention efforts. First, such strategies have the potential to substantially improve population abstinence rates. Second, despite recent progress in this area, many clinicians have yet to use evidence-based interventions consistently with their patients who use tobacco. Finally, agents such as administrators, insurers, employers, purchasers, and health care delivery organizations have the potential to craft and implement supporting systems, policies and environmental prompts that can facilitate the delivery of tobacco dependence treatment for millions of Americans.

Unfortunately, potential benefits of a collaborative partnership amongst health care organizations, insurers, employers and

Findings such as these resulted in the *Health People 2010* objective:

Increase insurance coverage of evidence-based treatment for nicotine dependency to 100 percent.

purchasers have not been fully realized. For example, treatments for tobacco user (both medication and counseling) are not provided consistently as paid services for subscribers of health insurance packages. Neither private insurers nor state Medicaid programs consistently provide comprehensive coverage of evidence-based tobacco interventions.

In sum, without supportive systems, policies, insurance coverage and environmental prompts, the individual clinician will likely not access and treat tobacco use consistently. Therefore, just as clinicians must assume responsibility to treat their patients for tobacco use, so must health care administrators, insurers, and purchases assume responsibility to craft policies, provide resources, and display leadership that results in a health care system that delivers consistent and effective tobacco use treatment.

Strategies for Systems Change

Specific strategies will help ensure that tobacco intervention is consistently integrated into health care delivery:

1. Implement a tobacco-User Identification System in Every Clinic.
2. Provide Education, Resources, and Feedback to Promote Provider Intervention.
3. Dedicate Staff to Provide Tobacco Dependence Treatment and Assess Its Delivery in Staff Performance Evaluations.
4. Promote Hospital Policies That Support and Provide Inpatient Tobacco Dependence Services.
5. Include Tobacco Dependence Treatments (Both Counseling and Medication) Identified As Effective in the Guideline, as Paid or Covered Services in All Subscribers or Members of Health Insurance Packages.
6. Insurers and Managed Care Organizations (MCO's) should reimburse clinicians and specialists for delivery of effective tobacco dependence treatments and include these interventions among the defined duties of clinicians.

The full text of the guidelines outlined in this section can be found at

Systems Change: Treating Tobacco Use and Dependence

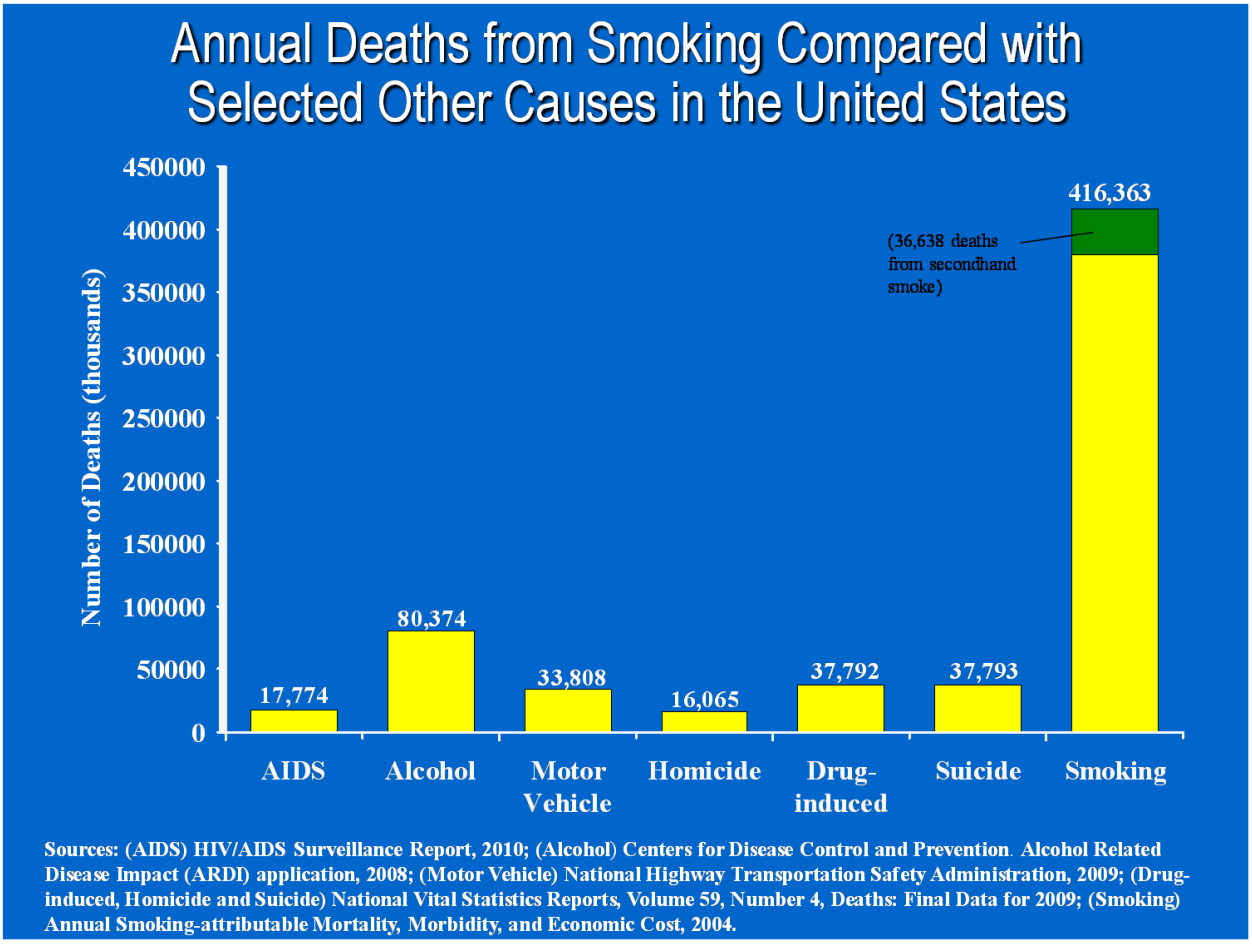
Systems Change - CDC Guidelines

Impact of Tobacco

Tobacco Use:

Impact on Health and Health Care Costs

Cigarette smoking has been identified as the most important source of preventable morbidity and premature mortality.[1] Tobacco related diseases account for the deaths of more than 400,000 people each year – ***more than AIDS, homicide, suicide, alcohol, drug use and motor vehicle accidents combined***! [2]



Smoking is the primary causal factor for at least 30% of all cancer deaths, for nearly 80% of deaths from chronic obstructive pulmonary disease, and for early cardiovascular disease and deaths.[3]

Tobacco use continues to impose a substantial health and financial burden on the United States. **Average annual smoking-attributable health-care expenditures are approximately $96 billion.** Accounting for direct health-care expenditures and productivity losses (approximately $97 billion), the

total economic burden of smoking is approximately **$193 billion** per year.[3] Additional smoking-caused health costs caused by tobacco use include annual expenditures for health and developmental problems of infants and children caused by mothers smoking or being exposed to second-hand smoke during pregnancy or by children being exposed to parents' smoking after birth (at least $1.4 to $4.0 **billion**).[2] According to the most recent data, Oklahoma **ranks 43rd in the nation for overall health status and 39th in the nation in nicotine addiction[18]. In Oklahoma,** 6,300 people die each year from tobacco use, including 700 from exposure to secondhand smoke. Additionally, an estimated 163,000 Oklahomans are hospitalized each year, statewide, suffering from chronic diseases that are a direct result of tobacco use.

> *If nobody smoked, one of every three cancer deaths in the United States would not happen.*
>
> *-Centers for Disease Control and Prevention*

Tobacco use is not just an "adult" issue, despite youth purchasing regulations. Most tobacco users began using tobacco long before it was a legal option. In the US, about 4,000 children under age 18 smoke their first cigarette. If current patterns persist, an estimated 6.4 million youth, **including 87,000 of Oklahoma's youth alive today**, will ultimately die a premature death due to tobacco use.

The Toll of Tobacco Use

Tobacco use by adults in the United States and Oklahoma has decreased over the past decades to 19% and 26%, respectfully, in 2011.

In spite of declining use, the toxins in tobacco smoke still kill more than 438,000 people each year in the United States – 1 in 5 deaths. Secondhand smoke causes approximately 3,000 lung cancer deaths annually, as well as exacerbation of lung disease in nonsmoking adults and respiratory problems in children.

For every person who dies of a smoking-related illness, there are 20 more who suffer from a serious illness caused by smoking.

Neonatal health care costs, attributed to maternal smoking, are estimated in excess of $366 million per year.

Secondhand smoke is responsible for 150,000 to 300,000 lower respiratory tract infections in infants and children younger than 18 months of age.

While smoking is decreasing, the **use of smokeless tobacco products is increasing**, overall with 3.5 % of all U.S. adults using some form of it or 8.7 million people. Its use has tripled since the mid 1980's.

Each year there are an estimated 37,000 heart disease deaths of non-smokers as a result of secondhand smoke.

Secondhand smoke contributes to 7,500 to 15,000 hospital stays each year.

Prohibiting smoking in the workplace can have an immediate and dramatic impact on the health of workers and patrons. A study conducted in Helena, MT, found that the number of heart attacks fell by 40 percent during a six-month period in 2002 after a comprehensive smoke-free air law went into effect in the city. The use of smokeless tobacco products is increasing nationally with 3.5% of all adults using these.

15% of high school boys use smokeless tobacco and an estimated 9% of all high school students use smokeless tobacco**.**

Smokeless tobacco is a known cause of oral, esophageal, digestive system, kidney and pancreatic cancers; increases the risks for preeclampsia, premature birth, and low birth weight babies when used by pregnant women, and causes reduced sperm count and abnormal sperm cells in men.

Effects of Smoking on Inpatients

Patients who smoke regularly before surgery had twice the rate of wound infections as non-smokers.

Tobacco use slows wound healing, whether the wound is surgical or the result of trauma or burns.

Longer stays in the recovery room results in health care costs that are at least twenty- percent higher for smokers than non-smokers.

Smoking is the most common cause of pulmonary morbidity during surgery and anesthesia.

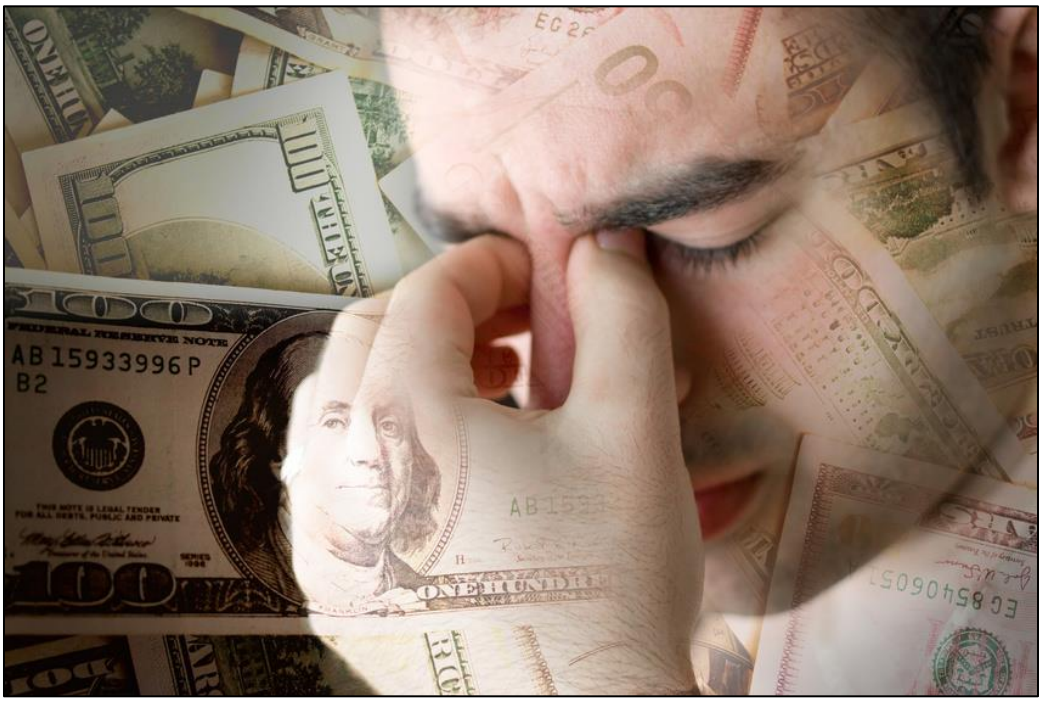
Workplace Costs from Smoking

Smokers have higher medical and dental care costs resulting in more medical insurance claims.

Approximately 35 minutes per workday (18.2 days per year) is lost to smoking rituals.

Workers who smoke have a fifty-percent (50%) greater chance of hospitalization than nonsmokers.

Adapted from the Tobacco-Free Hospitals Campus Resource Guide



Tobacco-Free Environments

Why Implement a Tobacco-Free Environment?

In order to provide the best health care possible, we have a responsibility to set an example for our patients and the community we serve. Research shows that true tobacco-free cultures are associated with reduced daily cigarette consumption and increased cessation among employees.[5,6,7]

Furthermore, creating a smoke-free workplace can have a fiscal impact as well. It may reduce fire insurance premiums as much as 30 percent.[17] Health care costs for a privately insured child of a smoker average $174 more per year than the child of a nonsmoker. Employers often pay these costs as well as the cost due to reduced productivity as parents care for sick children.[17]

Did you know?

- ✓ *Health insurance coverage for comprehensive tobacco cessation benefits costs between **$1.20 and $4.80** per member annually.*
- ✓ *In comparison, the annual cost to employers, in lost productivity and increased medical costs, from tobacco use is **$3,400** per tobacco user.*
- ✓ *Neonatal health care costs related to smoking are equivalent to **$704** for each maternal smoker.*
- ✓ *Research indicates that a smoking cessation program for pregnant women can **save as much as $6 for each $1 spent***

Coverage for Tobacco Use Cessation Treatments, CDC

Benefits of a Tobacco-Free Environment

Benefits for Patients

- Healthier environment for improved recovery.
- Hospitalized patients are more motivated to make a quit attempt in a supportive tobacco-free environment.
- Easier access to FDA approved cessation medications and other assistance improves cessation success. Effective medication support eases patient discomfort during nicotine withdrawal.

Benefits for Co-workers

- Co-workers bothered by the smell or particles from tobacco smoke will no longer have to encounter potential health issues while at work.
- Sets a positive example for staff working with patients who are attempting to quit or coping with nicotine withdrawal.

Tobacco-Free Environments can decrease liability from tobacco use and decrease employee health care costs.

- Improved cessation health benefits and access to effective treatment in a supportive environment improves co-workers' success with quitting.
- Patients who are more comfortable with nicotine withdrawal are easier to manage and other medications are more effective.

Benefits for Administrators

- Improved management of patient nicotine withdrawal, decreases potential liability, both medically and in terms of safety, by reducing patient need to go outside to use tobacco.
- Visually improves the physical appearance of the grounds and environment.
- Reduces maintenance costs from clean-up by decreasing discarded cigarette butts and other tobacco related trash.
- Tobacco cessation reduces hospital insurance costs, employee health care costs and improves employee productivity as employee tobacco use is reduced. On average, an employee using tobacco costs their employer between $1,000 and $1,400 per year in health care costs, absenteeism and presenteeism.

Adapted from *Tobacco-Free Hospital Campus Resource Guide*

Establishing a Tobacco-Free Environment

Establishing a sound and functional comprehensive tobacco-free environment requires policies and procedures.

Essential Components of an Effective, Comprehensive Tobacco-Free Culture:

- **Tobacco-Free Environment and Properties:** Implement and communicate a clear, comprehensive, visible and enforceable tobacco-free policy for all properties owned, operated and leased by your hospital or health care system, indoors and outdoors, to address tobacco use by patients, visitors, co-workers , volunteers, vendors, and contractors. This policy should extend to all hospital sponsored events including those that are held off of hospital property as well as all hospital vehicles and personal vehicles while they are on hospital property.
- **Patient Centered Tobacco Cessation/Nicotine Addiction Treatment - Inpatients:** Develop a permanent (electronic) documented process of tobacco cessation intervention with inpatients and family members utilizing the evidence-based treatment protocol.
- **Patient Centered Tobacco Cessation/Nicotine Addiction Treatment - Outpatients:** Develop a permanent (electronic) documented process of tobacco cessation intervention with Clinic patients utilizing the evidence-based treatment protocol.
- **Employee Cessation Support and Treatment:** Personnel policy development or revision that includes incentives to quit, improves health benefits and implements evidence-based treatment protocol to encourage and support cessation for employees and their family members.

Getting Started

The following provides a basic guide to be followed in implementing a new tobacco-free policy.

- ☐ Appoint small group to review and become familiar with all aspects of the new policy.
- ☐ Assess the current state of tobacco use within your environment.
  - Take pictures to identify your current smoking areas. (Flower beds, ER Entrance, ICU Entrance, parking lots and areas that appear hidden from "plain sight".)
- ☐ Develop a communication plan for co-workers, patients, visitors and neighboring properties regarding new policy or policy changes.
- ☐ Develop consistent and supportive signage throughout campus – inside and outside – beginning at all property perimeters and entrances to property, at all areas where tobacco users congregate, and all facility entrances.

100% Tobacco-Free Environment Policy

Smoking and tobacco products, that are non-FDA approved, are not allowed on any hospital property, grounds or vehicles. This policy applies to employees, visitors, patients, vendors and volunteers. People who use tobacco will need to refrain from use throughout the workday, during their time on hospital property, or leave hospital grounds to smoke or use other tobacco products.

A tobacco-free environment change will affect everyone involved with the hospital, including employees, patients, visitors, contractors and volunteers.

Historically, hospitals' worst fears about tobacco-free environmental change rarely materialize especially if those impacted by it know in advance that is coming. The majority of employees, patients, visitors, contractors and volunteers will be supportive of and comply with the new changes as long as they know about them.

Establishing a Comprehensive Policy

First, you'll need to ensure that you have a comprehensive tobacco-free policy in place to support your change. The policy should be clear, comprehensive, visible and enforceable for all properties owned, operated and leased by your hospital or health care system, indoors and outdoors. The policy should address tobacco use by patients, visitors, employees, volunteers, vendors, and contractors. This policy should extend to all hospital sponsored events including those that are held off of hospital property. This policy needs to cover all tobacco products, as well as non-FDA approved nicotine based products, such as e-cigarettes. *(A sample policy has been provided in the Resources Section.)*

Communicating the Message

When communicating the change to a tobacco-free environment, it's vital to include the importance of and rationale behind the change.

Utilize all available media to communicate your new tobacco-free environment, including newsletter, intranet, email updates, staff meetings, signage and print materials.

To create the best opportunity for success, begin with a well-planned, evidence based implementation plan. This next section will lay out the steps necessary to achieve a positive successful transition.

- **Focus on a health message**.
  Use your mission and vision to support a tobacco-free culture. Preventive services, health care and providing a positive example to the community further enhance the value of a tobacco-free policy.

- **Keep the focus on tobacco.**
  Hospitals can be a stressful place as providers, patients and loved ones deal with illness. Offer compassionate support rather than reprimanding and forcing guilt on those who don't comply with the policy. Communicating the policy in a positive way will help ease the tension of enforcement.

- **Include diverse players**
  Creating a task force that can see the situation from various perspectives, will foster buy in from all areas, as well as decrease the potential barriers your plan may encounter.

- **Offer support**
  Appropriate medications and counseling can help the user manage their nicotine withdrawal symptoms and cravings. Studies show 70% of tobacco users want to quit – they don't know how to quit or are not quite ready. Offering effective, proven methods and support will be a win-win for the hospital and those on hospital property.

Signage

Signage is an essential component within effective communication of healthy culture and adherence to policies. Effective signage should support the tobacco free culture change while being innovative. It should be evident, noticeable, yet environmentally aesthetic.

Placement locations are crucial

Signage should immediately be placed in multiple, highly visible areas to convey a repeated message to those entering the property.

- **Hospital property boundaries**
  Place large signage to notify everyone entering your premises, via walkways and roadways, that they are entering a tobacco-free zone.

- **Placement on buildings**
  These must be visible signs, large enough to easily be seen by anyone entering covered driveway areas and buildings.

- **Place freestanding signage**
  Communicate your policy in pedestrian walk-ways and in areas that people typically congregate to smoke. Signage that is only placed on the building and doors results in "sign blindness" and p entering the property will likely not understand the full scope of your tobacco free culture.

- **All parking areas**
  Placement must include all parking lot entrances and periodically throughout all parking areas. Placing tobacco free signs under "24 hour surveillance" signs can be particularly effective.

- **Cling signs**
  Place signs on all doors through which people enter all facilities.

Size and color is important

Perimeter signs at roadway entrances should be large enough to be easily read, preferably, at least 4' by 2'. When creating signs, choose color, fonts and a layout with high contrast, including **BIG, BOLD FONT**. Testing should be done to ensure that people are able to read the sign from their cars upon entering the property.[10]

Signage should be "regulatory" in nature and supportive of health improvement

Messages should put forth an understanding of this addiction such as "for everyone's health, all tobacco products are not allowed on ALL hospital property". Signage should also include the words "campus",

"100%" and "tobacco" to fully relay a comprehensive tobacco-free campus message. The universal "No Smoking" symbol should also be incorporated for those with low-literacy issues. *(See Effective Signage Samples in Resource Section)*

Clean Environment

Effective signage eventually results in less tobacco trash across the campus as people begin to understand that this campus wide policy applied outdoors and indoors. This is a cost savings for maintenance staff and improves the appearance of the grounds.

Developing a Plan to Enhance Compliance

A comprehensive **tobacco-free campus** policy is the best option, providing the best health and safety benefits for your employees, patients, visitors, contractors and volunteers. A comprehensive policy is easier to communicate and enforce.

Potential Legal Issues to Consider

Inpatient Risks

- Anaphylactic shock (from e-cigarette use)
- Accident or attack (heart or asthma) while going outside to smoke
- Fall risk while outside
- Oxygen use

Employee Risks

- Potential danger of exposing patients to thirdhand smoke (tobacco residue).

HR Hiring Practices

- Smokers are currently a protected class and cannot be turned away solely on their tobacco use status.
- Inform all position applicants of policy at recruitment and hiring phase, and include an explanation of employee cessation benefits.

Additional Considerations

Family Member Stress

Hospitals can be a stressful place as family members deal with decisions and information regarding loved ones. However, co-workers can ease their nicotine withdrawal stress by providing over-the-counter nicotine replacement products (gum, patches or lozenges) in your enforcement plan. Most smokers will recognize that smoking at a hospital is counterintuitive to good health and will comply with your policy.

Personal Vehicles

Tobacco-Free policies should include personal vehicles, while on hospital property. While we do not recommend policing the parking lot for violations, if an employee is found smoking in their vehicle, the disciplinary procedure outlined in the policy should be followed.

Employees Leaving Campus on Work Breaks

Policy revisions include that “co-workers may not use tobacco off campus if they can clearly be identified as a hospital employee.” Additionally, if they return to work smelling of tobacco smoke, the co-worker will be asked to leave the premises by clocking out to return home to clean up and change

their clothing.

Loss of Qualified Employees

Most hospitals implementing these policies have not experienced a loss of qualified employees following a tobacco-free policy change. This is especially true in communities where competing hospitals held a similar policy.

Patient Admission and Policy Notification

Upon admission to the hospital, the admitting staff, nursing staff and attending physician or designee should clearly advise patients and their visitors (if present) of the tobacco-free policy. Patients should be reassured that options are available to them to assist with their nicotine cravings including pharmacotherapy, if not medically contraindicated, regardless of whether the patient wishes to quit or not.

Compliance & Enforcement

Once the tobacco-free policy has been effectively promoted, policy enforcement should begin. It is crucial that any violations are addressed consistently and in a positive manner. Listed below are some ways that your hospital can begin to enforce the new tobacco-free culture. It is important for all co-workers to understand that it is everyone's responsibility to assist with this and not just the job of security.

- ### Health Ticket
  Develop a "Health Ticket" that can be handed to those who are not in compliance, which outlines the tobacco free policy and specifically addresses ways that individuals can deal with their cravings while on your property. Include resources available for them if they want to quit.

- ### See Something, Say Something
  Develop a "see something, say something" strategy that gives all staff ownership of the policy. If employees see someone using tobacco on hospital property, they have the right and responsibility to address the use in a respectful manner that can be done without confrontation. Scripting and support materials that can be given to the individual will be provided to support their efforts.

- ### Nicotine Replacement Therapy (NRT)
  Physicians play a vital role in the acceptance of this policy with patients dealing with nicotine withdrawal while on hospital property. By providing appropriate and effective NRT type and dosage to treat each individual patient's addiction level, the patient's need to go outside to use tobacco will be greatly reduced.

- ### Odor Policy for Personnel
  Supervisors can rely on a policy that supports personnel in not wearing strong odors during working hours, including perfume, cologne and the odor of tobacco smoke. Employees who do not comply with the policy should clock out and be sent home to shower and change clothes.

Co-Worker Disciplinary Procedures

Co-workers who do not comply with tobacco-free policies should be subject to the same disciplinary process as violating any other policy. Consistency in the use of documentation of progressive discipline can avoid legal pitfalls. Enforcement procedures should make it clear that supervisors are responsible for ensuring that employees under their charge are aware of the policy and are in compliance. This can be done by including a "Policy Acknowledgement From" in the employee personnel file. Supervisors should also be responsible for taking appropriate action to correct noncompliance.

Hospital Visitors

The responsibility of informing visitors of the tobacco-free policy falls to all hospital staff and volunteers. First, visitors should be politely informed of the policy. In a non-confrontational way, smile and assess the situation. Remember, hospitals can be a stressful place, as visitors deal with the health situation of their loved ones. Most smokers will immediately put out their cigarette when informed of the no-tobacco policy. When possible, compassionately discuss possible options to make their visit more comfortable, such as over-the-counter NRT (gum, patches or lozenges) and help them locate these items. In the event of a non-compliant visitor, security personnel should be notified to help handle the situation.

Tobacco Free Environmental Change Tools

Implementation Process Checklist

To achieve success, this process requires supportive executive leadership as well as planning and participation by various personnel in all components of the system, ensuring buy-in by all. The process includes the following:

Corporate, Executive and Administrative Endorsement

- ☐ Strong and visible endorsement of all processes by executive leadership.
- ☐ Appointment of administrative leaders for various areas to oversee progress and processes.
- ☐ Involvement and endorsement by medical leadership.

Tobacco Free Properties Policy and Messaging

- ☐ Appoint small group to develop or review and revise policy.
- ☐ Route policy through process for approval.
- ☐ Develop a communication plan for employees, patients and visitors regarding new policy or policy changes.
- ☐ Communicate to neighboring properties to work collaboratively regarding new policy and possible impact on them.
- ☐ Develop consistent and supportive signage throughout campus – inside and outside.

Cessation Implementation for Inpatients:

- ☐ Develop a multidisciplinary team of active participants to develop a plan that assures processes are tailored to fit each hospital.
  - Identify and include champions – physicians, nurses, respiratory therapists, social workers, case managers, pharmacy, information technology, human resources, etc.
  - Assess current level of cessation activities for patients and visitors.
  - Determine detailed procedures and timeline for system-wide implementation. For large health systems consider piloting the implementation in a few areas first to work out system obstacles.

The Hospital Multidisciplinary Team should consist of:

- *Nursing and Medical Staff*
- *Respiratory Therapists*
- *Pharmacy Staff*
- *Case Workers*
- *E.H.R. & I.T. Staff*
- *Employee Health Staff*
- *Communications Staff*
- *Operations Staff*
- *Education/ Development Staff*
- *Smokers and Nonsmokers*

- Determine how patients who typically go outside to smoke will be handled.

- Determine the Intervention Process
  - Identify process of 5 A's intervention for patients and the personnel to provide it.
  - Using the Social History – Tobacco Use section in EPIC, assess each patient's tobacco use status through 5 specific screening questions.
  - Determine how *Oklahoma Tobacco Helpline* fax referral forms will be designated to track patient referrals.
  - Develop a medication order set of FDA-approved pharmacotherapies to be included in the hospital pharmacy formulary
  - Acquire hospital-wide approval and integration of standing orders for cessation intervention and medication order sets.

- Implement the Intervention into the Treatment Process
  - Determine a training schedule for designated staff providing the intervention.
  - Provide specific in-service training for all staff on the 5 A's process and system processes to provide the intervention.
  - Review progress and processes of pilot sites and make adjustments as necessary.
  - Fully implement screening and treatment process.

Cessation Implementation for Outpatients:

- Identify a team to develop a plan of clinic implementation and assure that processes are tailored to fit each clinic.
  - Identify clinic champions – physicians, nurses, nurse practitioners, physician assistants, etc.
  - Assess current level of cessation activities for clinic patients.

- Determine the intervention process.
  - Integrate the 5 A's into the clinic system and processes including:
    - Assessing each patient's tobacco use status through 5 specific screening questions.
    - Prescribing medication based on FDA approved tobacco treatment medications.
    - Developing customized

The Clinical Implementation Team should consist of:

- *Physicians*
- *Physician Assistants*
- *Nursing Staff*
- *Office Managers*
- *E.H.R. & I.T. Staff*
- *Education/Development Staff*

Oklahoma Tobacco Helpline fax referral forms for each clinic.

- Determine who will be designated to track patient referrals.

- Implement the intervention process.
  - Review progress and processes of clinics and make adjustments as necessary.
  - Order and maintain OTH or other approved tobacco cessation materials for display in clinics and for patients.
  - Follow-up with patient within one week to assess cessation progress and provide support.

Cessation Assistance for Employees:

- Conduct employee health assessment to determine tobacco use prevalence.

- Examine current personnel policies regarding tobacco use on property. Revise policies as necessary.

- Review employee health benefits for tobacco cessation and identify improvements to be made.
  - Develop a process of 5 A's implementation for employees.
  - Include medications and coaching support through resources such as the *Oklahoma Tobacco Helpline*.
  - Determine how *Oklahoma Tobacco Helpline* fax referral forms will be designated to track employee referrals.

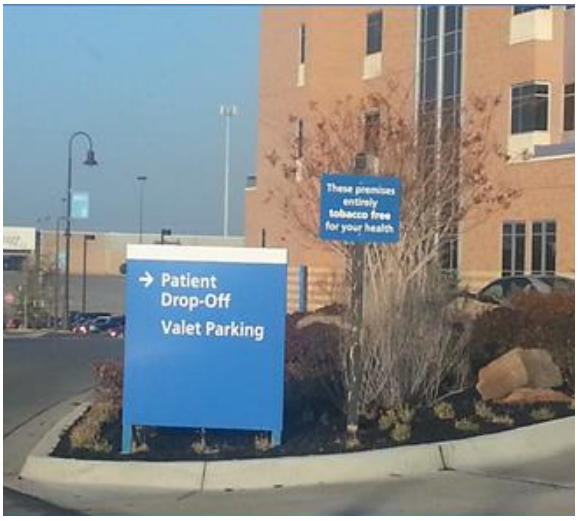
- Develop a communication plan and announce new benefits for employees with sufficient lead time.

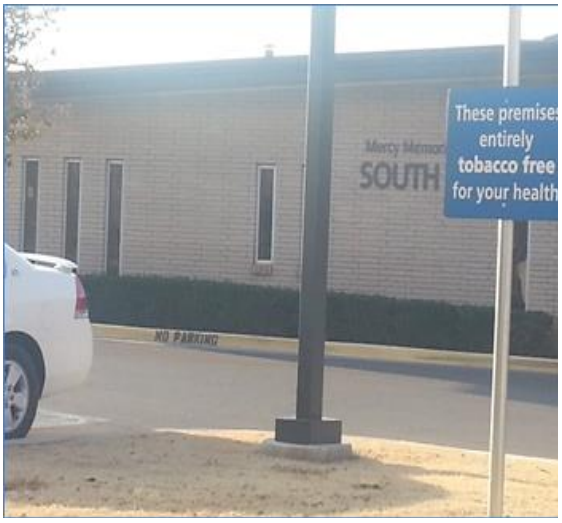
Evaluation of Progress and Success:

- Identify desired outcome measures for varying components.
- Determine how these measures will be evaluated, data to be gathered and analyzed.
- Review OTH fax referral data, monthly; evaluate progress and impact; make adjustments to optimize success.
- Determine a process and provide regular feedback to clinicians about their successes to motivate continued interventions and sustainability of processes.

Effective Signage Samples

The following are examples of signage from different organizational campuses in Oklahoma to illustrate how signage can be designed to clearly and visibly display the intended messages while still fitting in with organizational branding and appearing environmentally aesthetic.



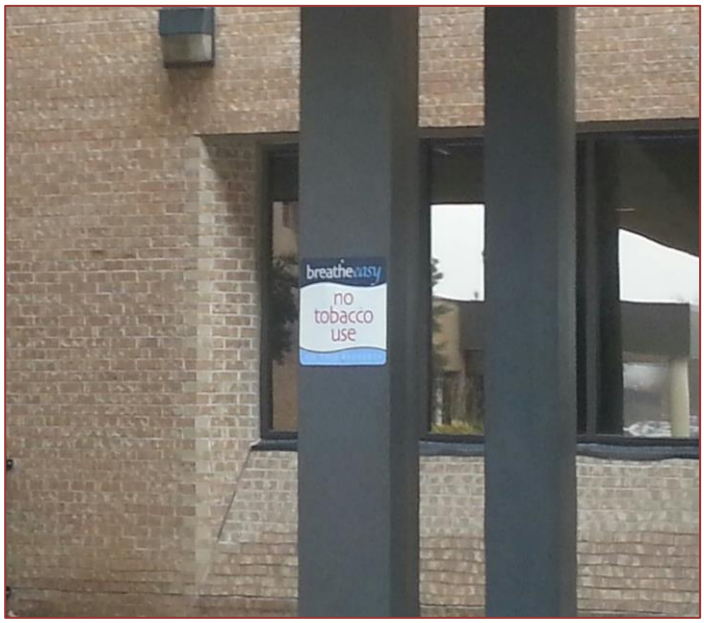


This signage, displayed at Mercy's Ardmore Campus, reflects a positive compassionate message. It is displayed in numerous locations across campus, lending to the comprehensive **Tobacco Free Campus** Culture.

Driving around the campus, we found signs along the perimeter of the campus, at entrances and within each parking lot and next to building entrances.

This is an excellent example of placement and messaging.

Mercy Hospital, Ardmore, OK



This signage, at McAlester Regional Health Center, is the standard "Breathe Easy" signage developed and supported by the Oklahoma State Department of Health.

This signage is branded to reflect the state's support of No Tobacco Use.

The placement and wording of the signage reflects the commitment to a **tobacco free campus**. It is located in strategic places across the property, such as parking lot entrances, sidewalks and building entrances.

McAlester Regional Health Center, McAlester, OK

Signage on OSU's Campus meets the required branding needs while communicating a comprehensive **tobacco free culture** across campus. These signs, as well as individual smaller signs are located all across campus in parking areas, building entrances, public areas, and at the campus perimeter.

This example shows a mix of larger perimeter signs as well as smaller entrance signs.

Oklahoma State University, Stillwater, OK

This signage, developed by the Oklahoma Hospital Association, communicates a **100% Tobacco Free Policy, inside and out**. Signage is located at parking lot entrances, building entrances and various locations within the building.

Oklahoma Hospital Association, Oklahoma City, OK

Sample Health System Tobacco-Free Policy

(NAME OF (ORGANIZATION)

(CITY, STATE)

DATE: _____ **ADMINISTRATIVE POLICY NO. _____**

SUBJECT: Tobacco Free Properties Policy **APPROVED: _____**

Chief Executive Officer

SUPERSEDES: Policy #

Policy #

I. POLICY:

All (ORGANIZATION) facilities, campuses, and properties that are owned or leased shall be tobacco-free, inside and outside, as of this date. Specifically, this means the use of any tobacco product that is not FDA approved including, but not limited to, cigarettes, cigars, pipes, smokeless tobacco and electronic cigarettes (e-cigarettes) is prohibited in facilities or on properties of (ORGANIZATION). The use of any nicotine deliver device that is not approved by the Federal Drug Administration is also prohibited. In addition, the sale or distribution of tobacco products is not permitted at any (ORGANIZATION) facility or on (ORGANIZATION) property.

II. PURPOSE:

Tobacco use is the leading cause of preventable death in our society and the most important public health issue of our time. As a health care organization committed to the health and safety of its employees, patients and visitors, it is (ORGANIZATION)'s responsibility to take a leadership role on the major public health issue of tobacco usage, prevention and cessation. This policy demonstrates our commitment to the health and safety of our employees, patients, visitors, and the community.

III. SCOPE:

This policy is applicable to all employees, medical staff, patients, visitors, students, volunteers, vendors, and contractors of (ORGANIZATION). "Facilities, campuses or properties" includes, but is not limited to hospitals, clinics, office buildings, campus grounds, parking lots, parking garages, roadways, (ORGANIZATION) vehicles, and private vehicles on (ORGANIZATION) property. This policy applies regardless of whether a (ORGANIZATION) facility or property is owned, leased, or rented and whether or not the owner or other tenants follow similar guidelines. This also applies to all off-property events sponsored by (ORGANIZATION).

IV. PROCEDURE:

A. COMMUNICATION AND SIGNAGE

1. Prominent signs announcing this policy will be posted in various locations on the campus of each facility including property perimeters, driveways and roads leading to each facility, parking lots, entrances of each facility and any other area as determined necessary.
2. No tobacco receptacles will be allowed to be placed on any (ORGANIZATION) property.
3. The community, patients, and visitors will be informed of the policy through a variety of communication methods which may include (ORGANIZATION) newsletters, the (ORGANIZATION) website, bill inserts, paycheck enclosures, print and electronic media, meetings, and other communication materials.
4. (ORGANIZATION) Human Resources Department will communicate this policy to employees with its effective date well in advance. Candidates for employment will be informed of the policy both during the application process and during the employee orientation process.

B. EMPLOYEES

1. Employees are prohibited from using any and all tobacco or non-FDA approved nicotine products during all paid time including breaks.
2. Employees are not allowed to use tobacco during unpaid meal times if they remain on the (ORGANIZATION) campus or on any (ORGANIZATION) property.
3. During unpaid meal times, employees are discouraged from using tobacco on properties adjacent to (ORGANIZATION) facilities or properties that are not owned, leased, or rented by (ORGANIZATION).
4. Wearing a (ORGANIZATION) name badge or clothing identifying themselves in public as (ORGANIZATION) employees, while using tobacco products, is not permitted.
5. During work time, residual odors of any kind, including perfume, cologne, smoke or tobacco will not be present on an employee's breath, body, or clothing. Individuals not in compliance will be asked to remedy this situation, which may require the use of unpaid time.
6. Employees are encouraged to quit tobacco use and offered assistance, which may include discounted nicotine replacement therapy, individual cessation assistance from human resources staff, and linkage with additional cessation resources.

7. Failure to adhere to this policy will result in standard disciplinary action as defined in personnel policies.

C. PATIENTS, RESIDENTS, AND VISITORS

1. Respectful enforcement of this policy is the responsibility of all (ORGANIZATION) employees and medical staff.
2. Tobacco use during any portion of an inpatient's hospitalization, outpatient visit, or resident's stay will not be permitted.
3. All patients and/or residents admitted to (ORGANIZATION) will be advised clearly that tobacco use of any kind by them or their visitors will not be permitted.
4. All patients and/or residents admitted to (ORGANIZATION) shall be screened for tobacco use and nicotine dependency during the admission assessment.
5. Patients identified as current tobacco users will be advised to quit, will receive nicotine dependence information and will be offered evidence-based treatment based on the US Public Health Service Clinical Guidelines for treatment of tobacco and nicotine dependence.
6. Patients and/or residents are encouraged to communicate with their treating physician to request nicotine replacement products or other pharmacotherapy.
7. Patients, residents, and visitors who fail to comply with this policy will be reminded that (ORGANIZATION) has a tobacco-free campus and will be advised of resources available to them to assist with compliance while they are on (ORGANIZATION) property. Appropriate follow-up will be conducted with the physician, Risk Management, and/or Safety Officer as needed.

V. TOBACCO USE TREATMENT ASSISTANCE:

1) (ORGANIZATION) is committed to provide effective, evidence-based support to all employees who wish to stop using tobacco products. (ORGANIZATION) is committed to ensuring that its employees have access to several types of assistance, including over-the-counter tobacco cessation medications, prescription medications and telephone helpline counseling.
2) Supervisors are encouraged to refer employees, contractors, and other personnel to the (ORGANIZATION) department responsible for screening and treatment assistance, including referral to the *Oklahoma Tobacco Helpline* (1-800-QUIT NOW) for counseling support for tobacco cessation.

Health Ticket Example

The Benefits of Quitting Tobacco

20 minutes after quitting your heart rate and blood pressure drop.
12 hours after quitting the carbon monoxide level in your blood drops to normal.
2 weeks to 3 months after quitting your circulation improves and your lung function increases.
1 to 9 months after quitting coughing and shortness of breath decrease; cilia start to regain normal function in the lungs, increasing the ability to handle mucus, clean the lungs, and reduce the risk of infection.
1 year after quitting the excess risk of coronary heart disease is half that of a continuing smoker's.
5 years after quitting the risk of cancer of the mouth, throat, esophagus, and bladder are cut in half. Cervical cancer risk falls to that of a non-smoker. Stroke risk can fall to that of a non-smoker after 2-5 years.

We are **tobacco-free** because we care about your health and our community.

We know that being at a hospital can be a stressful time as, together, we care for your loved one. If you are dealing with nicotine withdrawal and need help making your time at our facility more comfortable, please visit our gift shop or one of our concierge locations to receive a free nicotine replacement patch or gum.

Oklahoma Tobacco Helpline
1 800 QUIT NOW
1-800-784-8669 OKhelpline.com

HOSPITALS helping PATIENTS QUIT

Employee Card Example

Tobacco-Free Hospitals

Asking Visitors to Comply

S *Smile, introduce yourself, be friendly and personable.

M * Make the assumption they do not know our policy.

O * Offer resources for tobacco cessation.

K * Keep remind them of the link between tobacco use and healthcare.

E * Empathize. Depending on their situation, we may not want to insist.

Adapted from Tobacco Free Asante

Tobacco-Free Hospitals

Facts and Resources

Tobacco Use is the #1 cause of preventable death in the US

Smoking-related disease cost the United States more than $150 billion a year

Non-smokers who are exposed to secondhand smoke are at a 30% higher risk for developing heart disease

Resources:

smokefree.gov

Oklahoma Tobacco Helpline
1 800 QUIT NOW
1-800-784-8669 OKhelpline.com

Key Talking Points to Support Your System Change

The following talking points are designed to provide a context for discussion with our staff, partners and patients, while maintaining a consistent message. These talking points are for internal use only.

Some Examples

As a health care organization, we are committed to the health and safety of our employees, patients, physicians, volunteers and visitors.

The issue is not about whether someone chooses to smoke; rather it is about WHERE they smoke. This policy does not mandate individuals quit using tobacco products; they just have to be used off of hospital property.

This is a health issue, not a personal rights issue. We are not taking away your choice to use tobacco products. We are asking you not to use them on hospital property.

Tobacco-free initiatives have the potential to improve the health of thousands of Oklahomans, reduce health care costs, and generally contribute to community health improvement.

Hospital will use coaching and support rather than strict discipline to address staff and visitors using tobacco on hospital grounds.

In addition to improved health, the hospital will see a cleaner workplace, decreased risk of fire, decreased maintenance costs, lower medical costs and improved productivity.

Our mission calls us to improve the health of the individuals and communities we serve. Because of our mission, we believe that we have a responsibility to take a leadership role on this major health issue and promote a healthier environment by becoming tobacco-free.

Adapted from Tobacco-Free Hospital Campus Resource Guide

"There is no safe level of exposure to secondhand smoke. Tobacco smoke is deadly."

Dr Richard H Carmona,
U.S. Surgeon General Report, July 2006

Frequently Asked Questions

What does a 100% Tobacco Free Environment Policy mean?
The use of tobacco products (including, but not limited to cigarettes, cigars, chewing tobacco, snuff, e-cigarettes and pipe smoking) are not permitted on any property or vehicles owned or leased by the hospital or health system.

Why is our hospital tobacco-free?
As a health care leader in the community, it is important to set an example by creating a healthy environment for patients, employees and visitors.

Are other local hospitals going tobacco-free?
Yes, the number of tobacco-free hospitals is growing, as hospitals begin to change the healthy culture within their systems.

Who does this policy apply to?
This policy applies to anyone on campus, such as employees, visitors, patients, volunteers, and contractors.

Where can tobacco be used on campus? Can we use it in personal vehicles?
Tobacco is prohibited across all areas of campus, indoors and outdoors, including in personal vehicles parked on hospital property.

How will visitors and patients be notified?
Signage will be placed across campus to notify patients and visitors as they arrive on campus. Communication should also happen during the pre-admission process, as possible.

Will physicians support other staff in enforcing this policy with patients?
Yes. Within any health system, physicians should be fully supportive of this policy, as it is in the best interest of their patient's health treatment. Physicians should support other staff, with policy enforcement, by educating patients on the importance of tobacco cessation to the patient's health. Physicians should also provide appropriate NRT options for hospitalized patients, to assist with any withdrawal symptoms.

Isn't smoking a personal right?
We are not forcing employees, patients or visitors to quit using tobacco products, but we are asking that they refrain from tobacco use while on hospital property.

What kind of support is being offered to co-workers who use tobacco?
It is recommended that the hospital offers FDA approved cessation medications and Nicotine Replacement Therapy (NRT) to employees making a quit attempt. It is also important to encourage employees to access cessation support resources such as the *Oklahoma Tobacco Helpline* at 1 800 QUIT NOW or www.okhelpline.com.

What kind of support is being offered to patients who use tobacco?
Any tobacco using patient will be offered the opportunity to make a quit attempt using the *Oklahoma Tobacco Helpline*. Regardless of readiness to make a quit attempt, patients will be offered NRT (unless contraindicated) to ease withdrawal symptoms while hospitalized.

What kind of support is being offered to visitors?
Hospitals should consider offering visitors nicotine gum, at no charge, while on hospital property. Additional support such as a "health ticket" can explain quitting resources for visitors, such as health benefits of quitting, as well as referring them to the *Oklahoma Tobacco Helpline*.

What do I do if a patient or visitor becomes angry or disruptive because of the policy or being asked to stop using tobacco while at our hospital?
Remain calm and non-confrontational. Acknowledge that they may be facing a difficult time right now, due to their loved ones health situation. Offer support, if they need assistance dealing with their nicotine withdrawal while on campus. Remind them that other staff members will likely ask them to stop using tobacco if they continue to use tobacco while on campus.

How will this policy be enforced?
It is recommended that all employees develop a "See something, Say something" approach. Non-compliant employees should be dealt with as specified in the disciplinary policy. Non-compliant visitors and patients should be handled in a firm, consistent, yet compassionate manner.

What is my responsibility as a manager related to the tobacco-free policy?
Managers should:

a) Understand and abide by the policy themselves.
b) Educate their direct reports on the policy.
c) Review suggested scripts with employees and support their actions to inform patients, visitors and other family members about the policy.

As a manager, what do I do if an employee leaves his or her work area for an extended period of time to smoke?
Any employee that leaves their work area for an extended period of time should be dealt with by managers and supervisors, in accordance with personnel policies.

What do I do if I see an employee who is violating the policy?
This should be dealt with discretely. Be supportive and respectful, reminding the employee that this is a tobacco-free campus.

Will our smoking policy be explained to job applicants?
Yes. All potential job applicants should be informed of the policy. The policy should also be reviewed during New Employee Orientation.

Adapted from the *Tobacco-Free Hospitals Campus Resource Guide*

Scripting

Outdoor Encounters

You walk outside for lunch and encounter an EMS staff smoking near the Emergency Room entrance. What could you say?
"Excuse me but this campus, including parking areas, is tobacco-free. If you wish to continue your tobacco use, you will have to leave the hospital grounds. Thank you."

You are leaving for the day, when you encounter a family member smoking outside of ICU. They appear visibly upset and you learn that they are concerned about the respiratory issues of their loved one. What could you say?
"I'm very sorry to hear about your loved one. Is there something I can do to help? I'll be happy to find someone who can assist you through this difficult time."

Unit and Clinic Issues

Where am I (patient) allowed to smoke (or use tobacco) while I'm here?
"We have implemented a tobacco-free campus policy. If you feel that following this policy will be too difficult, we can discuss this with your doctor who can order a Nicotine Replacement Therapy option or other quit aid to help you during your hospital stay. This may help with the cravings."

Someone from the hospital took me out to use tobacco when I was here last time, why can't I go outside now?
"Since your last visit, we have become a tobacco-free environment. In an effort to promote the health and safety of our patients, visitors and employees, we no longer permit the use of tobacco products on our property."

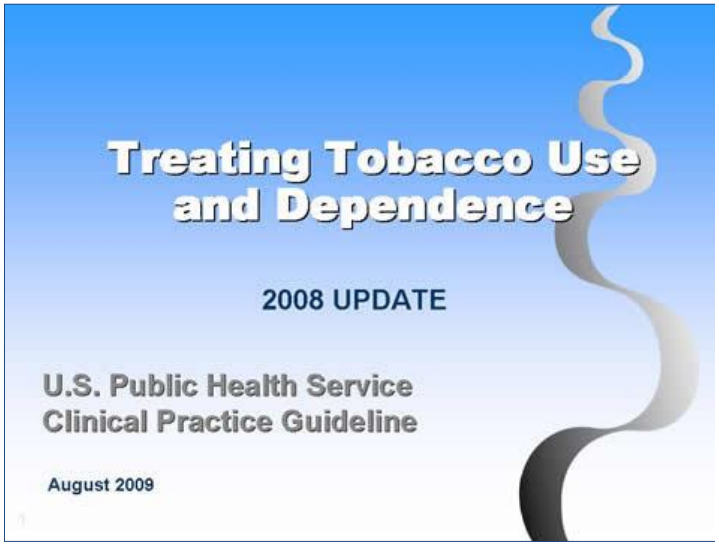
The vitals for the patient are complete and the patient is left alone in the room to wait for the doctor. A co-worker steps back in the room for a follow up question and finds the patient using an e-cigarette. What message should be shared with that patient?
"The use of tobacco products is strictly prohibited. I'm sorry, but this includes e-cigarettes. We only allow FDA approved cessation options in this facility."

Adapted from the *Tobacco-Free Hospitals Campus Resource Guide*

Evidence-Based Tobacco Treatment

Evidence-Based Strategies and Best Practices

According to the U.S. Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence*, many factors affect the acceptance, use and effectiveness of tobacco dependence treatments. The Guideline was developed through an analysis by national experts over more than a decade of nearly 9,000 research studies of tobacco use cessation. Their goal was to determine, from the science, the most effective nicotine dependence treatment strategies. From that meta-analysis, the following ten principles for effective treatment were determined to be the foundation of the most effective treatment, currently.



Recommendation Goals:

- Clinicians strongly and repeatedly recommend the use of effective tobacco dependence counseling and medication treatments to their patients who use tobacco,
- Health care systems, insurers, and purchasers assist clinicians in making such effective treatments available.

1. **Tobacco dependence is a chronic disease** that often requires repeated intervention and multiple attempts to quit.

2. It is essential that clinicians and health care delivery systems consistently **identify and document tobacco use status and treat every tobacco user seen in a health care setting.**

3. Tobacco dependence treatments are effective across a broad range of populations. Clinicians should encourage every patient willing to make a quit attempt using recommended treatments.

4. Brief tobacco dependence treatment is effective.

5. Individual, group, and telephone counseling are effective and their effectiveness increases with treatment intensity.

6. Several effective, FDA approved, medications are available for tobacco dependence treatment and clinicians should encourage their use by all patients attempting to quit smoking, except when medically contraindicated. Both over-the-counter and prescription medications reliably increase long-term tobacco abstinence rates. Certain FDA approved combinations of medications are even more effective.

7. Counseling and medication are effective when used by themselves, but the combination of counseling and medication can double or triple a tobacco user's likelihood of a successful quit. Thus, clinicians should encourage all individuals making a quit attempt to use both.

8. Telephone quitline counseling is effective with diverse populations and has broad reach. Therefore, clinicians and health care delivery systems should both ensure patient access to quitlines and promote quitline use.

9. If a tobacco user is currently not yet ready to make a quit attempt, clinicians should use the motivational treatments to be effective in increasing future quit attempts and educating patients of the most effective options that are available.

10. Tobacco dependence treatments are both clinically effective and highly cost-effective relative to interventions for other clinical disorders. [11]

> *There is no clinical treatment available today that can reduce illness, prevent death, and increase quality of life more than effective tobacco treatment interventions."*
>
> Treating Tobacco Use and Dependence,
> US Public Health Service,
> US Department of Health & Human Services

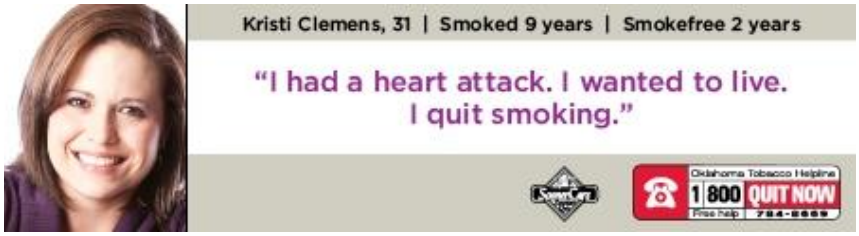
Treating Hospitalized Patients

Nicotine Addiction Treatment for Hospitalized Patients

> *It is vital that hospitalized patients attempt to quit using tobacco because tobacco may interfere with their recovery and overall health.*

Hospitalized patients present a unique opportunity to address tobacco dependence and treatment. According to the US Department of Health and Human Services, "it is vital that hospitalized patients attempt to quit using tobacco because tobacco may interfere with their recovery and overall health… Hospitalized patients may be particularly motivated to make a quit attempt for two reasons. First, the illness resulting in hospitalization may have been caused or exacerbated by tobacco use. Second, every hospital in the United States must now be smoke-free if it is to be accredited by The Joint Commission. As result, every hospitalized smoker is temporarily housed in a smoke-free environment."[11] This environment provides physicians with an opportunity to address and promote tobacco cessation.

When dealing with tobacco treatment in a hospital setting, you must consider unique factors that impact patients and family members. Once your campus is truly tobacco free, patients will face a "hospital acquired abstinence" from tobacco. Work with your team to determine how FDA approved cessation medications will be distributed to assist with nicotine withdrawal needs. It is also crucial that you develop a permanent electronic documented process of tobacco cessation intervention with inpatients and family members to create sustainability.



Implementing a Successful Tobacco Treatment Process in Your Hospital

As you develop your inpatient treatment process, you'll need to consider some specific items to ensure that your tobacco cessation program is successful and sustainable.

First, assemble a multidisciplinary team to support this process.

This team should include staff from a variety of key areas including (but not limited to) physicians, nurses, respiratory therapists, pharmacists, discharge planners and EHR/ I.T. staff. Involving staff from multiple areas will ensure that all "voices" are heard during this process and not all the roles are delegated to one department.

There are some essential decisions and tasks this team must achieve.

- Identify a "**Physician Champion**" to lead this treatment system change.
- Ensure leadership endorsement and visual participation.
- Determine what service areas will perform the necessary parts of the screening and treatment (5 A's) process.

Conduct an assessment of the current hospital tobacco culture and what treatment services are currently provided.

This assessment should review current services and activities are currently taking place within your system.

- Do hospital staff have an understanding of current state of tobacco in Oklahoma, as well as the need for tobacco treatment and its impact on patient health (and possible readmission)?
- Are patients currently being asked about tobacco use? How often is this taking place and within what departments or units?
- Does hospital staff have comprehensive understanding of the evidence regarding evidence-based tobacco treatment strategies?
- Is nicotine withdrawal being adequately addressed for those patients addicted to tobacco?

Assess your current medical record system and determine how to effectively document tobacco use status and cessation interventions.

Your EMR system offers a valuable opportunity to streamline the tobacco treatment process. You will want to standardize tobacco treatment by building triggers into the EMR system that drive the best practice. Standard questions

*Develop a **permanent electronic documented process** of tobacco cessation intervention with inpatients and family members.*

should be established regarding patient tobacco use, to be asked with every patient, during admission. Making these screening questions mandatory, leading to automatic interventions, will enhance your treatment process.

Now you are ready to begin developing an effective, evidence-based process to treat tobacco using patients.

Once you have assessed your current services, you will be better equipped to develop a process that will support the effective treatment of your patients. Consider necessary systems to include, providers you plan to engage in this process, types of support you plan to offer to patients. During this process, you may want to select specific units to "pilot" your process, using rapid-cycle ("Plan, Do, Check, Act") methods. The PDCA model will help you quickly gather information on parts of your process that needs to be improved or changed.

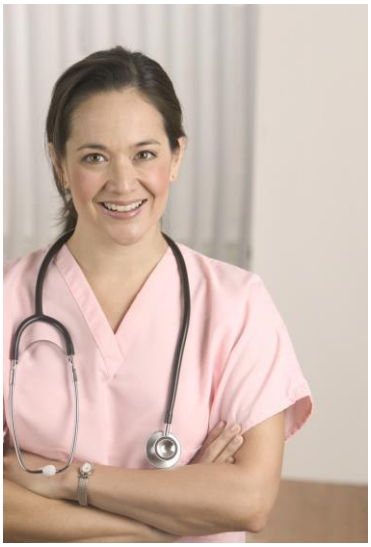
Determine who will be responsible for handling the tobacco screening and providing the tobacco cessation counseling.

Your multi-disciplinary team will determine which department (or professional) will be responsible for addressing the steps of your treatment process. This includes screening patients for tobacco use, as well as the bedside treatment delivery with each patient. This process varies between hospitals depending on size and existing processes. Establishing this process up front allows you to create consistency within your intervention and referral process. Keep in mind that a single member or department is not expected to handle every step of the 5 A's process. Your team will need to clearly define who will handle each step. You may want to consider working with Respiratory Therapy staff, as they may already see many of the tobacco using patients. Other options may include social workers or discharge planners.

Following the Clinical Practice Guideline 5 A's model

Ask about tobacco use.

- The Joint Commission requires acute care hospitals to identify **all** inpatients (excluding outpatients visiting a hospital or patients on observation status). Document this information within the patient's medical record.



Screening questions should include:

- ✓ Do you use tobacco?
- ✓ What kind of tobacco do you use?
- ✓ How much tobacco do you use daily?
- ✓ Have you used any type of tobacco in the last 30 days?
- ✓ Are you exposed to secondhand smoke?

Advise the patient to quit using tobacco.

- In a clear, strong and personalized manner, urge every tobacco user to quit.
- Tie their use of tobacco to their specific health issues.
- Many patients cite that advice from their health care provider is a strong motivator to quit using tobacco.

Sample Statements

- ✓ As your health care provider, I need to let you know that quitting tobacco use is the most important thing you can do to improve your [COPD, Cancer, Diabetes, Heart Disease, etc.]. We have specific tools that can help you with nicotine withdrawal symptoms while you are hospitalized and improve your ability to be successful.

- ✓ As you prepare for your surgery, your current smoking can slow your recovery time by interfering with wound healing due to poor vascularization, increase the risk of further surgery, or increase the need of admission into Intensive Care Unit after surgery.

- ✓ Your tobacco use contributed to your heart attack. Cutting back while you are in the hospital is not enough. In order to speed your recovery and improve your health, quitting tobacco use completely is the most important thing you can do. We have new treatment options that can help you quit.

- ✓ Quitting can help other family members as well. Your son has been hospitalized following a severe asthma attack. Quitting smoking, especially around him, or areas where he will be, will significantly improve his health.

Assess the patient's readiness to quit using tobacco.

- While talking with the patient you will be able to determine if they are ready to make a quit attempt.

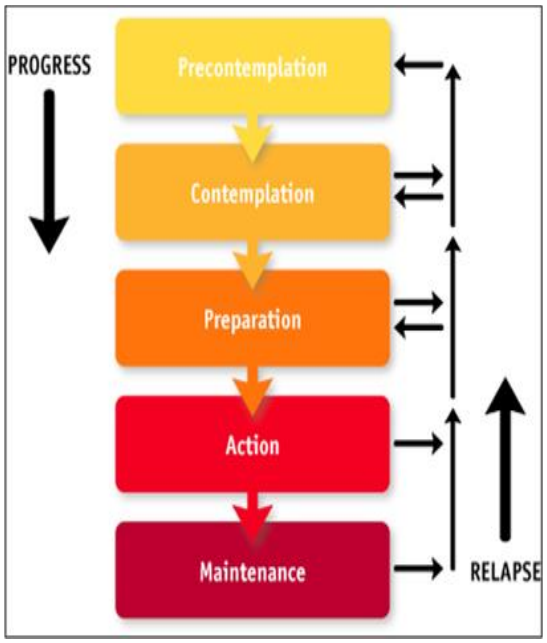
- Providing them with information on new more effective methods of quitting can often assist them in this decision.

- They may often feel hopeless about making another attempt. Help them understand that past attempts were necessary to learn how to quit. They are further along in the process and with knowledge and new tools this could be a success.

- If the patient is ready to make a quit attempt, you will move on to the next step, to assist them with quitting resources.

- If the patient is not yet ready to make a quit attempt, acknowledge that this is an important decision and you will be available during their stay, if they change their mind or need additional support.

Achieving Readiness to Change is a Process



- **Pre-contemplation** – Resisting change
  - Denial of the problem or
  - Awareness of the problem but not ready or willing to change
- **Contemplation** – Change is on the horizon
  - Awareness of a problem
  - Understanding of the pros and cons of change, but fear of change.
- **Preparation** – Getting ready to change
  - Clear awareness of the problem
  - Clear awareness of the need to learn how to change
- **Action** – Time to move
  - Start to terminate unhealthy behaviors
  - Develop new, more positive behaviors
- **Maintenance** – Staying there.
  - Action behaviors are practiced and
  - Reinforced until they become automatic.
  - Action behaviors last for extended time period.

Assist the patient in quitting tobacco using evidence-based resources.

- For the patient willing to make a quit attempt, offer assistance in getting medication through the physician in charge and refer to the *Oklahoma Tobacco Helpline* for counseling/coaching.
- For hospitalized patients, it is important to offer appropriate NRT dosing; reducing nicotine withdrawal, as much as possible, alleviates cravings and reduces cravings that may lead them to leave the hospital to use tobacco.

FDA Approved Cessation Medication and Nicotine Replacement Therapy

- ✓ Numerous effective FDA approved medications are available and should be utilized except when contraindicated.

- ✓ The FDA has approved both Over the Counter and Prescription options for cessation.

  Over the Counter options include:

  - Nicotine Patch
  - Nicotine Gum
  - Nicotine Lozenge

  Prescription options include:

  - Nicotine Inhaler
  - Nicotine Nasal Spray
  - Varenicline (Chantix)
  - Bupropion SR (Wellbutrin)

- ✓ New evidence has revealed that particular medications or combinations of medications are especially effective or have higher quit rates:
  - Combination patch + gum or nasal spray
  - Varenicline (Chantix)

Oklahoma Tobacco Helpline

- ✓ Free personalized assistance by professionally trained cessation specialists.
- ✓ Up to five proactive telephone sessions.
- ✓ Quit plans are based on the individual's needs.
- ✓ Callers are assisted with identifying & accessing benefits available.
- ✓ Available 24 hours a day.
- ✓ Available online as well.

Arrange for follow-up to support the quit attempt and provide any necessary additional resources.

- Arrange for follow-up contacts, beginning within the first week of discharge if possible, by utilizing the *Oklahoma Tobacco Helpline* Fax Referral.
- Advise them to follow-up with their physician once discharged.
- Note their decision in their medical record and discharge information for follow-up with their Primary Care Provider.

Helpline Fax Referral System

- ✓ Hospitals can co-brand this form for them and the Helpline.
- ✓ With **consent** of the patient, this is faxed to the *Oklahoma Tobacco Helpline* .
- ✓ The OTH will contact the patient.
- ✓ The OTH will let the hospital know the patients response to offered services.

Finally, train staff to deliver evidence-based tobacco cessation treatment.

You will need to develop a training plan that will effectively help staff understand their role within this process and the importance of their consistent involvement.

The Joint Commission Tobacco Quality Measure Set

The Joint Commission Tobacco Quality Measure Set

When implementing your inpatient treatment process, you will also want to consider how the Joint Commission Tobacco Measure Set will impact your decisions. While these measures are optional, Mercy can benefit from implementation, helping you address tobacco related illnesses as chronic diseases. Many of these reasons are outlined by the **Treating Tobacco Use and Dependence in Hospitalized Patients**[14] guide put out by the University of Wisconsin, Center for Treatment, Research and Intervention, led by Michael Fiore, MD, MPH, a leading national expert in tobacco addiction treatment.

- Health of Patients
- Public Health Impact of Tobacco Use
- Health Care Reform Requirements including Meaningful Use Provisions
- Commitment to Quality Care
- Commitment to Community Wellness/ Hospital Mission
- CMS Endorsement and Eventual Adoption tied to Reimbursement

Understanding the Joint Commission Tobacco Measure Set

In 2011, performance measures were developed that were intended to encourage better assessment and treatment of hospitalized tobacco users. These measures require acute care hospitals to identify all inpatients who use tobacco, to offer them counseling and medication, and to follow-up post-discharge to maximize the benefits of in-hospital cessation interventions. These measures are applicable to all hospitalized patients 18-years of age or older. [14]

Tobacco Treatment Measures (TTM) Set

Measure ID #	Measure Short Name
TTM-1	Tobacco Use Screening
TTM-2 TTM-2a	Tobacco Use Treatment Provided or Offered (during hospital stay) Tobacco Use Treatment (during hospital stay)
TTM -3 TTM-3a	Tobacco Use Treatment Provided or Offered at Discharge Tobacco Use Treatment at Discharge
TTM-4	Tobacco Use Assessing Status after Discharge

TTM-1 Tobacco Use Screening
Numerator: The number of patients who were screened for tobacco use status
Denominator: The number of hospitalized inpatients 18 years of age and older

TTM-2 Tobacco Use Treatment Provided or Offered
Numerator: The number of patients who received or refused practical counseling to quit **AND** received or refused FDA-approved cessation medications.
Denominator: The number of hospitalized inpatients 18 years of age and older identified as current

tobacco users

TTM-2a Tobacco Use Treatment
Numerator: The number of patients who received practical counseling to quit **AND** received FDA-approved cessation medications.
Denominator: The number of hospitalized inpatients 18 years of age and older identified as current tobacco users

TTM-3 Tobacco Use Treatment Provided or Offered at Discharge
Numerator: The number of patients who were referred to or refused evidence-based outpatient counseling **AND** received or refused a prescription for FDA-approved cessation medication at discharge.
Denominator: The number of hospitalized inpatients 18 years of age and older identified as current tobacco users.

TTM-3a Tobacco Use Treatment at Discharge
Numerator: The number of patients who were referred to evidence-based outpatient counseling **AND** received a prescription for FDA-approved cessation medication at discharge
Denominator: The number of hospitalized inpatients 18 years of age and older identified as current tobacco users.

TTM-4 Tobacco Use: Assessing Status after Discharge
Numerator: The number of discharged patients who are contacted within 30 days after hospital discharge and follow-up information regarding tobacco use status is collected.
Denominator: The number of discharged patients 18 years of age and older identified as current tobacco users

While these quality measures are not yet required, it is anticipated that at some time CMS may adopt these and require for them all hospitals. For more specific details on the Joint Commission Tobacco Measures Set, see http://www.jointcommission.org/tobacco_treatment/

Implementation Steps

The following steps were established to assist you as you develop your comprehensive tobacco treatment plan.

- Develop a multidisciplinary team of active participants to develop a plan that assures processes are tailored to fit each hospital.

    - Identify and include champions – physicians, nurses, respiratory therapists, social workers, case managers, pharmacy, information technology, human resources, etc.
    - Assess current level of cessation activities for patients and visitors.
    - Determine detailed procedures and timeline for system-wide implementation. For large health systems, consider piloting the implementation in a few areas first to work out system obstacles.
    - Determine how to support patients who typically go outside to smoke.

- Determine the Intervention Process

    - Identify process of 5 A's intervention for patients and the personnel to provide it.
    - Using the Social History – Tobacco Use section in EHR, assess each patient's tobacco use status through 5 specific screening questions.
    - Determine how *Oklahoma Tobacco Helpline* fax referral forms will be designated to track patient referrals.
    - Develop a medication order set of FDA-approved pharmacotherapies to be included in the hospital pharmacy formulary
    - Acquire hospital-wide approval and integration of standing orders for cessation intervention and medication order sets.

- Implement the Intervention into the Treatment Process

    - Determine a training schedule for designated staff providing the intervention.
    - Provide specific in-service training for all staff on the 5 A's process and system processes to provide the intervention.
    - Review progress and processes of pilot sites and make adjustments as necessary.
    - Fully implement screening and treatment process.

Hospitals and Inpatient Treatment Tools

*"It is vital that hospitalized patients attempt to quit using tobacco because **tobacco may interfere with their recovery** and overall health... **Hospitalized patients may be particularly motivated to make a quit attempt** for two reasons. First, the illness resulting in hospitalization may have been caused or exacerbated by tobacco use. Second, every hospital in the United States must now be smoke-free if it is to be accredited by The Joint Commission. As result, every hospitalized smoker is temporarily housed in a smoke-free environment."*

US Clinical Practice Guidelines

How Does Tobacco Use Impact My Diabetes Treatment?

A significant number of chronic diseases and hospitalizations by Oklahomans are a direct result of tobacco use. If there weren't already enough reasons to stop using tobacco, ***quitting is even more important if you have diabetes***. Using tobacco can interfere with how your insulin works (a situation called "insulin resistance"). Cigarette smoking produces insulin resistance and chronic inflammation, which can accelerate macrovascular and microvascular complications, including nephropathy (kidney disease).

If you use tobacco, you are more likely to have serious health problems from diabetes.

Smokers with diabetes have higher risks for serious complications including:

- Heart disease
- Kidney disease
- Stroke
- Retinopathy (eye disease causing blindness)
- Vascular disease
- Amputation
- Foot problems
- Peripheral neuropathy (nerve damage). Such damage short circuits your body's electrical system. It causes numbness, pain, weakness and poor coordination. People with diabetes who smoke, are three times more likely to have this nerve damage.

The health benefits for people with diabetes who stop smoking begin immediately.

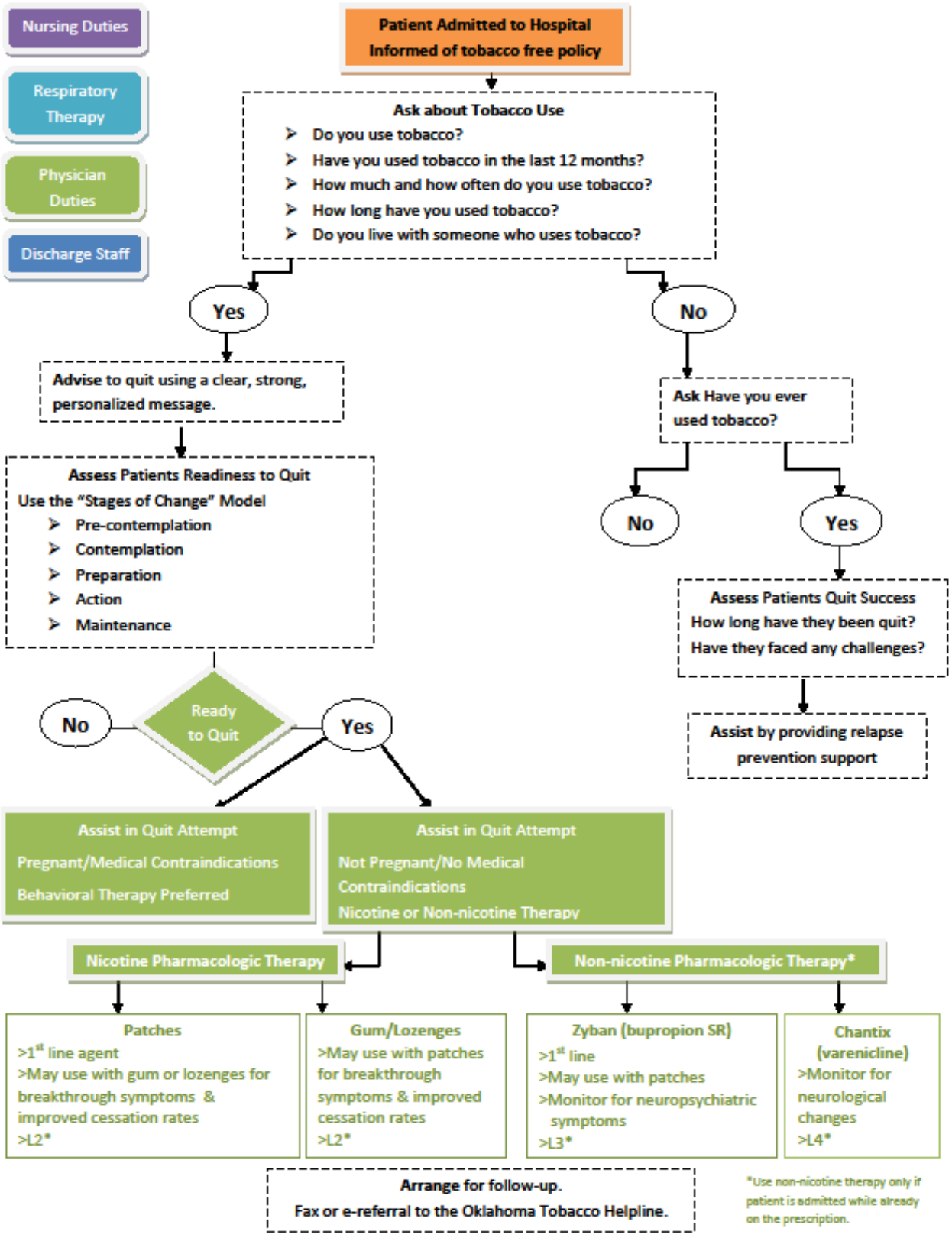
Diabetics who quit smoking have better control over their blood sugar levels. They also can recover from surgery faster.

If You Use Tobacco, There Are Ways We Can Help

If you use tobacco, there are some things you can do to help you quit.

- **Talk to your doctor**. Your doctor can help you understand what medications and resources are available to help you quit.
- **Contact the *Oklahoma Tobacco Helpline***. The Helpline is a **free and effective service** that provides a series of one-on-one cessation counseling sessions over the telephone, information and tips about stopping tobacco use, referrals to community resources, if needed, and nicotine replacement "starter kits" for some.
- **Get the support of your family and friends**. Seek encouragement and support as you work to improve your health. You might even encourage them to quit with you, if they use tobacco.
- **Don't give up!** It often takes multiple quit attempts, but don't be discouraged. With every attempt, you are one step closer to a tobacco-free lifestyle.

> *"**There is no clinical treatment available today** that can reduce illness, prevent death, and increase quality of life **more than effective tobacco treatment interventions.**"*
>
> Treating Tobacco Use and Dependence, US Department of Health & Human Services


Nursing Duties
Respiratory Therapy
Physician Duties
Discharge Staff
Patient Admitted to Hospital
Informed of tobacco free policy
Ask about Tobacco Use
Do you use tobacco?
Have you used tobacco in the last 12 months?
How much and how often do you use tobacco?
How long have you used tobacco?
Do you live with someone who uses tobacco?
Yes
No
Advise to quit using a clear, strong, personalized message.
Ask Have you ever used tobacco?
No
Yes
Assess Patients Readiness to Quit
Use the "Stages of Change" Model
Pre-contemplation
Contemplation
Preparation
Action
Maintenance
Assess Patients Quit Success
How long have they been quit?
Have they faced any challenges?
Assist by providing relapse prevention support
No
Ready to Quit
Yes
Assist in Quit Attempt
Pregnant/Medical Contraindications
Behavioral Therapy Preferred
Assist in Quit Attempt
Not Pregnant/No Medical Contraindications
Nicotine or Non-nicotine Therapy
Nicotine Pharmacologic Therapy
Non-nicotine Pharmacologic Therapy*
Patches
>1st line agent
>May use with gum or lozenges for breakthrough symptoms & improved cessation rates
>L2*
Gum/Lozenges
>May use with patches for breakthrough symptoms & improved cessation rates
>L2*
Zyban (bupropion SR)
>1st line
>May use with patches
>Monitor for neuropsychiatric symptoms
>L3*
Chantix (varenicline)
>Monitor for neurological changes
>L4*
Arrange for follow-up.
Fax or e-referral to the Oklahoma Tobacco Helpline.
*Use non-nicotine therapy only if patient is admitted while already on the prescription.

Oklahoma Tobacco Helpline Fax Referral Flowsheet

Refer Tobacco User (and any present family members interested) to the *Oklahoma Tobacco Helpline* via Customized Fax Referral or e-referral.

Oklahoma Tobacco Helpline contacts the tobacco user.

Hospital will receive an "Outcome Report"

Report will inform hospital whether patient:

- **"accepted services"**
  - **Multiple Call**
  - **Single Call**
  - **NRT**
- **"declined services"**
- **"already enrolled"**
- **"unreached"**

***Will need to determine where these outcome reports will be sent within Mercy and how they will be attached to the patient's medical record.**

Evaluation:

Patients who accept services with the Helpline may be contacted at 4-, 7- & 13-months to determine quit rates.

Current quit rates for the Helpline are approximately

OKLAHOMA HELPLINE FAX REFERRAL FORM

Fax Number: 1-800-483-3114

FAX SENT DATE: _____/_____/_____

Provider Information:

CLINIC NAME

CLINIC ZIP CODE

HEALTH CARE PROVIDER

CONTACT NAME

FAX NUMBER

PHONE NUMBER

I AM A HIPAA COVERED ENTITY (PLEASE CHECK ONE) YES ☐ NO ☐ DON'T KNOW ☐

Patient Information:

PATIENT NAME

DATE OF BIRTH

GENDER ☐ MALE ☐ FEMALE

ADDRESS

CITY

ZIP CODE

PRIMARY PHONE NUMBER HM ☐ WK ☐ CELL ☐

SECONDARY PHONE NUMBER HM ☐ WK ☐ CELL ☐

LANGUAGE PREFERENCE (*PLEASE CHECK ONE*) ENGLISH ☐ SPANISH ☐ OTHER

_____ (*Initial*) I am ready to quit tobacco and request the Oklahoma Tobacco Helpline contact me to help me with my quit plan.

_____ (*Initial*) I **DO NOT** give my permission to the Oklahoma Tobacco Helpline to leave a message when contacting me.
*** By not initialing, you are giving your permission for the quitline to leave a message.*

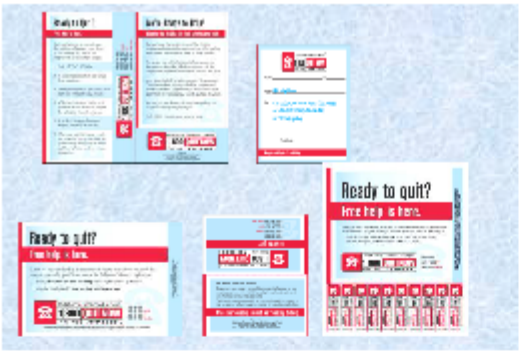
PATIENT SIGNATURE: _____ DATE: _____/_____/_____

The Oklahoma Tobacco Helpline will call you. Please check the BEST 3-hour time frame for them to reach you. ***NOTE: The Helpline is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.***

☐ 6AM – 9AM ☐ 9AM – 12PM ☐ 12PM – 3PM ☐ 3PM – 6PM ☐ 6PM – 9PM

WITHIN THIS 3-HOUR TIME FRAME, PLEASE CONTACT ME AT (*CHECK ONE*): ☐ Primary # ☐ Secondary #

Confidentiality Notice: This facsimile contains confidential information. If you have received this facsimile in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy, or distribute.



OKLAHOMA TOBACCO HELPLINE

PROMOTIONAL MATERIALS – PLEASE PRINT

Date: _____

Ship To: _____

Organization: _____

Address: _____

City: _____ State: OK

Zip Code: _____ Phone: (_____)_____

E-mail: _____

Ordering Information

Catalog Number	Title	Description	Quantity
INV 212 003	OTH Consumer Information Card-English	This information card refers tobacco users to the Helpline and provides motivational statements to encourage them to quit tobacco.	OUT OF STOCK
INV 212 004	OTH Consumer Information Card – Spanish		
P725/ INV 212 006	OTH Tips Cards – English	This wallet sized card provides the Helpline number and tips to help tobacco users when they have a craving to smoke.	OUT OF STOCK
P725-S/ INV 212 007	OTH Tips Cards – Spanish		
P726/ INV 212 008	OTH Guidance Cards – English	Healthcare professionals use this card that provides a brief description of the 5 A's protocol for smoking cessation intervention on one side and the FDA approved medications for treatment options on the other side.	
P727/ INV 212 009	OTH Prescription Pads – English	The prescription pad can be utilized by healthcare professionals to "prescribe" their patient to quit tobacco and call the Helpline for cessation coaching. The back of the prescription pad provides additional information about the Helpline.	
P727-S/ INV 212 010	OTH Prescription Pads – Spanish		OUT OF STOCK
INV 212 011	OTH Table Tent	The table tent is a tri-folded card stock display of the Helpline number. It is intended to be used in a waiting room or an exam room.	
INV 212 012	OTH Tear Off Poster – English	The tear off poster is a temporary display of the Helpline number. It is intended to be placed on bulletin boards so that the tobacco user may "tear off" the Helpline number and take it with them.	
INV 212 018	OTH Tear Off Poster – Native American Female		
INV 212 019	OTH Tear Off Poster – Native American Male		
INV 212 020	OTH Tear Off Poster – African American Female		
INV 212 021	OTH Tear Off Poster – African American Male		
INV 212 022	OTH Tear Off Poster – Spanish Hispanic/Latino Female		OUT OF STOCK
INV 212 023	OTH Tear Off Poster – Spanish Hispanic/Latino Male		OUT OF STOCK
INV 212 016	OTH Poster – English	Poster designed to promote the Helpline and informs tobacco users that free NRT is available.	
INV 212 024	OTH Poster – Spanish		OUT OF STOCK

If you have any questions please contact
Center for the Advancement of Wellness
405.271.3619 or email mailto: mailto:cessation@health.ok.gov
Fax: 405.271.9053


Ready to quit?
Free help is here.
Even if you have tried before, there are new tools and medications that can help you quit tobacco for good. When you call the Oklahoma Tobacco Helpline or go online you:
• Receive free coaching with highly trained quit coaches.
• May also be eligible for free nicotine patches, gum, or lozenges.
Free help
Oklahoma Tobacco Helpline
1 800 QUIT NOW
1-800-793-1552 Spanish
1-800-777-6534 TTY
Sponsored by Oklahoma Tobacco Settlement Endowment Trust,
Oklahoma State Department of Health and U.S. Center for Disease Control and Prevention

Physicians Approach: Addressing Patients Who Use Tobacco

Liability issues of letting patients go outside to smoke or use tobacco

Previously, patients have been allowed to go outside (and smoke). Nurses are forced to make the choice of overriding a physician's order of "May go outside" which are often interpreted by patients as "May go outside and smoke" or the choice of keeping patients safe and within the Mercy policy. In addition to the conflicting messages, there is the issue of the health and safety of the patients.

With a 100% Tobacco-Free Policy (inside and outside), no patient should be allowed to go outside to smoke. Why?

Consider Your Hospital's Mission

- Allowing a patient to use a substance that is contributing to their health problems is the antithesis to good care. It is a double message.
- Allowing patients to do this sends a conflicting message to personnel and visitors about your commitment to health and no tobacco use policy. It is counterproductive to developing a "tobacco-free culture".

Overall Care and Recovery

- Patients polled about their health care had greater satisfaction with their health care, overall, when their tobacco use was addressed; and were concerned about overall good health care when it was not. ("What else have they missed in evaluating and treating my health"?)
- NRT should be used to adequately manage cravings so that patients don't have the desire to go outside to smoke. That includes FDA approved combination therapy.

Health Liability Issues

- Allowing a patient to use tobacco interferes with their healing process and can contribute to healing complications. (Physician oath – "do no harm")
- Legally, allowing someone to use a substance that is contributing to their health problems could come back to 'bite' the health provider and health system, especially if their health issues are tobacco related.

Safety Liability Issues

- Legally, a patient's safety is a concern if they are allowed outside to smoke.
  (Crossing busy streets, risk of being victimized criminally, etc.)
  - Some doctors stand their ground and advise the patient that if they insist on this, they will be discharged (AMA) or they make them sign a waiver releasing the doc and hospital of any responsibility.
  - An example - several years ago, a patient at a hospital back east was allowed to go off property to smoke. She was hit by a car and killed when crossing the street to re-enter the hospital.

How do we create a *culture change* that supports the 100% Tobacco Free Policy, while improving the health care of our patients when it comes to treating their tobacco use?

- Tobacco use is viewed on a scale of "no tolerance" to a "gradient policy", determining what, ultimately, is the safest and best decision for the patient's care.
    - Issues of the significant risk of allowing a patient to smoke or use other methods of tobacco need to be weighed, including:
        - Fall Risk
        - Oxygen Use
        - Other potential immediate risks.

- Ultimately, health systems need to create a **culture change** of tobacco cessation as it pertains to health and safety.
    - Rather than taking a "hard stop" approach to tobacco use, some systems commit to work **compassionately and tirelessly** with the patient to ensure their nicotine withdrawal needs are being met.

- Patient **culture change** needs to be **physician driven**, and embraced by all staff.
    - We will provide appropriate tools to assist physicians to lead this change by identifying **the best evidence–based standard of care** to assist patients with easing nicotine withdrawal.
        - Ensure that patients are offered the **appropriate NRT type and dosage** to treat each individual patient addiction level, to more effectively reduce patient need to leave the facility for tobacco use.
        - Provide supportive, clear and consistent messages to patients and their families about prohibited tobacco use and NRT available, from admission to discharge.
        - **Tobacco treatment needs to be a priority** within the health care setting as the illness resulting in hospitalization may have been **caused or exacerbated by tobacco use.**

- This **culture change** will assist patients, employees and visitors by providing appropriate resources and support.

- As your system moves forward with a **tobacco-free culture change**, ensure that your legal team is on board and is committed to collaborate with staff and departments in creating the proper supportive environment and approach.

Tobacco Free Hospitals Intervention Process Checklist

Intervention Process: Essential Steps	Purpose

Admissions

During the admission process, advise every patient that your hospital is a tobacco free facility, inside and outside.	Provide a clear message to the patient and family members of the tobacco free policy.
Advise the patient that while they are hospitalized, they will have access to medications to help with nicotine withdrawal symptoms.	Provide patient and family members with supportive information about managing nicotine withdrawal symptoms to quell anxieties and keep them comfortable. Prevent the patient from leaving the hospital to use tobacco.
Integrate the Tobacco Free message into the admission procedures.	

Build a Multidisciplinary Team

Identify and include champions – physicians, nurses, respiratory therapists, social workers, case managers, pharmacy, information technology, human resources, etc	
Assess current level of cessation activities for patients and employees.	Ensures resources are in place to support co-workers. Creates employee buy in to policy. Supports patients during withdrawal period.

Determine the Intervention Process

Identify process of 5 A's intervention for patients and the personnel to provide it.	Establish a systematic role for tobacco screening and intervention. Creates an embedded process for sustainability.
Integrate tobacco use screening questions into the patient health history (minimum five questions)	Identify all patients using tobacco and individual level of addiction to adequately treat while hospitalized
Map out the Intervention Process: ➢ Who will do the bedside intervention? ➢ Who will complete the fax referral to the *Oklahoma Tobacco Helpline*? ➢ Develop an algorithm to show the process.	Establish a clear understanding of staff roles related to the actual intervention encounter and Helpline fax referrals.

Determine the Medication Order Set

Develop a medication order set of FDA approved medications for tobacco cessation.	Assure that FDA approved medications are available to patients to treat nicotine withdrawal symptoms. Prevent inpatients from using tobacco on property, inside and outside.
Submit the order set to appropriate committees for approval (Med Exec Committee, P&T, other)	Gain support from physicians and pharmacy staff.
Review the formulary and add medications as needed.	
Train providers on the appropriate uses, contraindications and prescribing issues associated with Nicotine Replacement Therapy and FDA medication options.	Ensure that providers are using the medications appropriately to support tobacco users as they deal with nicotine withdrawal symptoms.

Implement the 5A's process into the Treatment System

Train designated staff on: Intervention – How to effectively talk with patient. Navigating the new process.	Develop comfort level and skills in effectively talking to patients about their tobacco use and how it affects their particular health problems. Motivate patients who are nearly ready to quit and provide new tools for successful quit.
ASK: Screen every patient on their tobacco use using a minimum of five recommended questions. ➢ Do you use any type of tobacco? ➢ What kind of tobacco and how much? ➢ How long have you used tobacco? ➢ Have you used in the last 12 months? ➢ Do you live with anyone who uses tobacco?	Obtain accurate level of use and addiction. Understanding the level of addiction will help you provide proper cessation medication.
ADVISE: Inform all tobacco users on the impact of tobacco use on their health including reason for current hospitalization. This message should be clear, strong and personalized to their situation.	Help the patient relate their tobacco use to their current health situation to increase motivation to quit.

ASSESS: Determine the patients readiness to quit tobacco using theories such as the "Stages of Change" model. ➢ Pre-contemplation ➢ Contemplation ➢ Preparation ➢ Action ➢ Maintenance	
ASSIST: Assist the patient by utilizing appropriate FDA approved cessation options such as the nicotine patch.	
ARRANGE: Follow up can be handled through the *Oklahoma Tobacco Helpline* by sending a **fax referral**. Develop customized fax referral form OR Integrate electronic fax referral into EMR Determine what hospital areas will be listed on the fax form. (Floors, dept's, etc)	Assure fax referral is made to the *Oklahoma Tobacco Helpline* for patients ready to quit. Allows for tracking of referrals with aggregate data reports provided monthly by the OHA. Management tool for interventions and referrals.

Implement the Intervention Process into the Treatment System

Pilot intervention in select areas or departments. Review pilot information about "bugs" and difficulties in the system. Make any necessary adjustments to the intervention system.	Determine how well the intervention is working. Get feedback from clinical staff on difficulties. Make changes in the system so it will work smoothly.
Expand intervention to all areas of the hospital.	Fully integrate cessation system for all inpatients.
Follow-up meeting(s) to review operation of system.	Work out final "bugs" in the system.

Tobacco Medication Order Set

ANOTHER GENERICALLY EQUIVALENT PRODUCT WITHIN THE APPROVED FORMULARY MAY BE ADMINISTED FOR DRUGS ORDERED UNLESS CHECKED □

Tobacco Cessation Medication Orders (Adult)

Confirm that the patient has no known allergies or contraindications to the therapy ordered below.

For patients receiving nicotine replacement therapies, provide patient education that no further tobacco intake should occur once the nicotine replacement product(s) are started. (Note: patch may be used with gum or lozenge)

Nicotine pharmacologic therapy

Nicotine Patch - (OTC (7 mg, 14 mg and 21 mg); may be removed at night to prevent insomnia)

- □ Greater than 10 cigarettes/day or 1 can/pouch per week: 21 mg/day x 4 to 6 wks, then 14 mg/day x 2 wks, then 7 mg/day x 2 wks
- □ 10 cigarettes or less per day or less than 1 can/pouch per week: 14mg/day x 6 wks, then 7 mg/day x 2 wks

Nicotine Gum - (OTC (2 mg and 4 mg); also may use PRN in conjunction with nicotine patch; max 24 pieces/day)

- □ Greater than 25 cigarettes/day: 4 mg Q 1-2 H x weeks 1-6, then 4 mg Q 2-4 H x weeks 7-9, then 4 mg Q 4-8 H x weeks 10-12
- □ 25 cigarettes or less per day: 2 mg Q 1 -2 H x weeks 1-6, then 2 mg Q 2-4 H x weeks 7-9, then 2 mg Q 4-8 H x weeks 10-12

Nicotine Lozenge - (OTC; avoid food/drink 15 min before and after use; max 5 lozenges/6 H or 20 lozenges/24H)

- □ Greater than 25 cigarettes/day: 4 mg Q 1 - 2 H x wks 1-6, 4 mg Q 2-4 H x wks 7-9, then 4 mg Q 4-8 H x wks 10-12
- □ 25 cigarettes or less per day: 2 mg Q 1 - 2 H x wks 1-6, then 2 mg Q 2-4 H x wks 7-9, then 2 mg Q 4-8 H x wks 10-12

Nicotine Nasal Spray - (Rx)

- □ 1 spray in each nostril, 1-2 times / hr (up to 5 times/hr or 40 times per day). (Most average 14-15 times/day initially). Taper as tolerated.

Nicotine Inhaler – (Rx)

- □ As monotherapy – Minimum of 6 cartridges/day. Up to 16/day. Taper as tolerated.

Combination Nicotine Replacement Therapy (NRT) *

- □ Dose the patch as described + 2 mg gum, 2 mg lozenge, nicotine inhaler OR nicotine nasal spray on an as needed basis when acute withdrawal symptoms and urges to use tobacco occur. Adjust dose of patch if frequent use of other NRT: Goal – minimize need for short-acting NRT dosing.

Non-nicotine pharmacologic therapy

Bupropion SR (Zyban) (Rx; generic available); (may combine with patch to increase abstinence rate)

- *must be prescreened and observed for neuropsychiatric symptoms (hostility, agitation, depression, etc.)*
- □ 150 mg qDay x days 1-3, then 150 mg BID (at least 8 hours apart) up to 7 to 12 wks

Varenicline (Chantix) (Rx; monitor neurological changes; most common side effects (nausea & insomnia)

- □ Initial: 0.5 mg qDay on days 1-3, then 0.5 mg BID on days 4-7, then 1 mg BID on day 8 x 11 more weeks (evaluate at week 12, if successfully stopped, may use 12 more weeks to increase likelihood of long-term abstinence)
- □ Maintenance: 1 mg BID

Tobacco Treatment Scripting

ASK about tobacco use.

- Document this information within the patient's medical record.

Screening questions should include:

- ✓ Do you use tobacco?
- ✓ What kind of tobacco do you use?
- ✓ How much tobacco do you use daily?
- ✓ Have you used any type of tobacco in the last 30 days?
- ✓ Are you exposed to secondhand smoke at home or work?

ADVISE the patient to quit using tobacco.

- In a clear, strong and personalized manner, urge every tobacco user to quit.
- Tie their use of tobacco to their specific health issues.
- Many patients cite that advice from their health care provider is a strong motivator to quit using tobacco.

Sample Statements

- ✓ As your health care provider, I need to let you know that quitting tobacco use is the most important thing you can do to improve your [COPD, Cancer, Diabetes, Heart Disease, etc.]. We have specific tools that can help you with nicotine withdrawal symptoms while you are hospitalized and improve your ability to be successful.

- ✓ As you prepare for your surgery, your current smoking can slow your recovery time by interfering with wound healing due to poor vascularization, increase the risk of further surgery, or increase the need of admission into Intensive Care Unit after surgery.

- ✓ Your tobacco use contributed to your heart attack. Cutting back while you are in the hospital is not enough. In order to speed your recovery and improve your health, quitting tobacco use completely is the most important thing you can do. We have new treatment options that can help you quit.

- ✓ Quitting can help other family members as well. Your son has been hospitalized following a severe asthma attack. Quitting smoking, especially around him, or areas where he will be, will significantly improve his health.

ASSESS the patient's readiness to quit using tobacco.

- While talking with the patient you will be able to determine if they are ready to make a quit attempt.

- Providing them with information on new more effective methods of quitting can often assist them in this decision.

- They may often feel hopeless about making another attempt. Help them understand that past attempts were necessary to learn how to quit. They are further along in the process and with knowledge and new tools this could be a success.

- If the patient ready to make a quit attempt, you will move on to the next step, to assist them with quitting resources.

- If the patient is not yet ready to make a quit attempt, acknowledge that this is an important decision and you will be available during their stay, if they change their mind or need additional support.

ASSIST the patient in quitting tobacco using evidence-based resources.

- For the patient willing to make a quit attempt, offer assistance in getting medication through the physician in charge and refer to the *Oklahoma Tobacco Helpline* for counseling/coaching.

- For hospitalized patients, it is important to offer appropriate NRT dosing; reducing nicotine withdrawal, as much as possible, alleviates cravings and reduces cravings that may lead them to leave the hospital to use tobacco.

ARRANGE for follow-up and provide any necessary additional resources.

- For the patient willing to make a quit attempt:
  - Arrange for follow-up contacts, beginning within the first week of discharge if possible, by utilizing the *Oklahoma Tobacco Helpline* Fax Referral.
  - Advise them to follow-up with their physician once discharged.
  - Note their decision in their medical record and discharge information for follow-up with their Primary Care Provider.

- For patients not ready to make a quit attempt :
  - Note this in their medical records and discharge information, to allow for motivational follow up with their Primary Care Provider.

Treating Clinic Patients

Nicotine Addiction Treatment for Clinic and Specialty Patients

A multitude of chronic diseases, such as cancer, COPD, and heart disease, are directly related to tobacco use. Other diseases, such as diabetes, cognitive impairments, wound care and children's health, are exacerbated by tobacco use. As health care providers, we cannot comprehensively address the health of our patients and provide the highest quality of care without consistently addressing their tobacco use.

Primary Care Physicians and Specialty Providers have a unique opportunity to address tobacco use with their patients. Typically, they have established a relationship with their patients, earning them credibility and respect. They also are able to address the tobacco use before it causes an emergency or critical situation (such as a heart attack or stroke) requiring hospitalization. Regardless of the patient's age, situation or disease state, health care providers should consistently address tobacco use in a strong, clear and personalized manner.

Health care providers should consistently address tobacco use in a strong, clear and personalized manner.

Treating nicotine dependence in the clinical setting has its own distinct challenges. While you can't prevent a patient from using tobacco after their visit, you will likely have more freedom when prescribing the FDA approved cessation medications. Understanding how these medications interact, both alone and in combination, will help you to feel more comfortable assisting your patients with their quit.

Approximately 70 percent of smokers report they want to quit. Almost two-thirds of smokers who relapse want to try quitting again within 30 days. Smokers also cite a physician's advice to quit as an important motivator for attempting to stop smoking. Still, many physicians may be unsure of how to approach patients or what method is the best way to provide tobacco cessation treatment to their patients. Evidence shows the **5 A's Model** (as discussed in the *Hospitalized Patient Section*) is the most effective tool health care providers have to increase quit attempts among their patients.

Implementation Steps

The following steps have been created to assist your clinics in developing a standard screening and treatment process.

- Identify a team to develop a plan of clinic implementation and assure that processes are tailored to fit each clinic.
  - Identify clinic champions – physicians, nurses, nurse practitioners, physician assistants, etc.
  - Assess current level of cessation activities for clinic patients.

- Determine the intervention process.
  - Integrate the 5 A's into the clinic system and processes including:
    - Assessing each patient's tobacco use status through 5 specific screening questions.
    - Prescribing medication based on FDA approved tobacco treatment medications.
    - Developing customized *Oklahoma Tobacco Helpline* (OTH) fax referral forms for each clinic.
    - Determine who will be designated to track patient referrals.

- Implement the intervention process.
  - Review progress and processes of clinics and make adjustments as necessary.
  - Order and maintain OTH or other approved tobacco cessation materials for display in clinics and for patients.
  - Follow-up with patient within one week to assess cessation progress and provide support.

Clinics and Outpatient Treatment Tools

Helping smokers quit may be the most important thing that a physician can do. Smoking causes ***more than twice as many deaths*** *as HIV & AIDS, alcohol abuse, motor vehicle collisions, illicit drug use, and suicide* ***combined****. On average,* ***smokers die 10 years earlier*** *than non-smokers.*

Strong evidence indicates that ***interventions by clinicians*** *– counseling, pharmacotherapy, or both –* ***increase the odds of smokers quitting.***

Dr. Steven Schroeder,
What To Do With a Patient Who Smokes

How Does Tobacco Impact My Cancer Treatment?

A significant number of chronic diseases and hospitalizations by Oklahomans are a direct result of tobacco use. Tobacco use is the leading cause of cancer, and continued use after a cancer diagnosis puts patients at greater risk for adverse health outcomes, including increased risk for cancer recurrence.

Patients who quit smoking are more likely to recover from treatment than those who continue to smoke.

- One study found decreased response rates and survival rates in patients with head and neck cancer who continued to smoke during treatment. Patients who continued to smoke had a significantly lower rate of complete response to radiation therapy (45% vs. 74%) and 2-year survival (39% vs. 66%). Recent quitters were more similar to long-term quitters than to continued smokers in survival likelihood at 18 months.
- Patients with head and neck cancer who stopped smoking doubled their chance of survival. Those who continued to smoke after diagnosis, relative risk for recurrence quadrupled.
- For patients with small-cell cancer, continued smokers had the poorest survival rate.

Patients who keep smoking may not respond well to treatment.

- Side effects of treatment may be worse.
- Smokers treated with bleomycin or carmustine showed higher levels of pulmonary fibrosis and restrictive lung disease, and the anthracyclines led to higher risk of cardiomyopathy in smokers.
- Head and neck cancer patients receiving radiation therapy who continued to smoke during treatment suffered mucositis for a longer time.
    - Extended mucositis may be associated with permanent alteration in appearance.
- Patients receiving induction chemotherapy for acute myeloid leukemia who continued to smoke were more likely to experience severe pulmonary infection.
- Radiation therapy for laryngeal carcinoma patients who continued to smoke may be less likely to regain satisfactory voice quality.
- Wound healing postsurgery is slowed in smokers because both nicotine and carbon monoxide cause vasoconstriction, inhibition of epithelization, and creation of cellular hypoxia.
- In one study of predictors of complications following resection in lung cancer patients, a history of smoking doubled the likelihood of complications.
- The relationships between smoking, disease recurrence, and mortality rates for prostate cancer have been examined. Studies have found an association between continued smoking and earlier recurrence and increased mortality.

Cancer patients who keep smoking increase their risk of having a second cancer.

- The risk of a second cancer is higher if there is continued smoking, regardless of whether the cancer is smoking-related or not smoking-related.
- This risk may last up to 20 years, even if first cancer has been treated and is in remission.

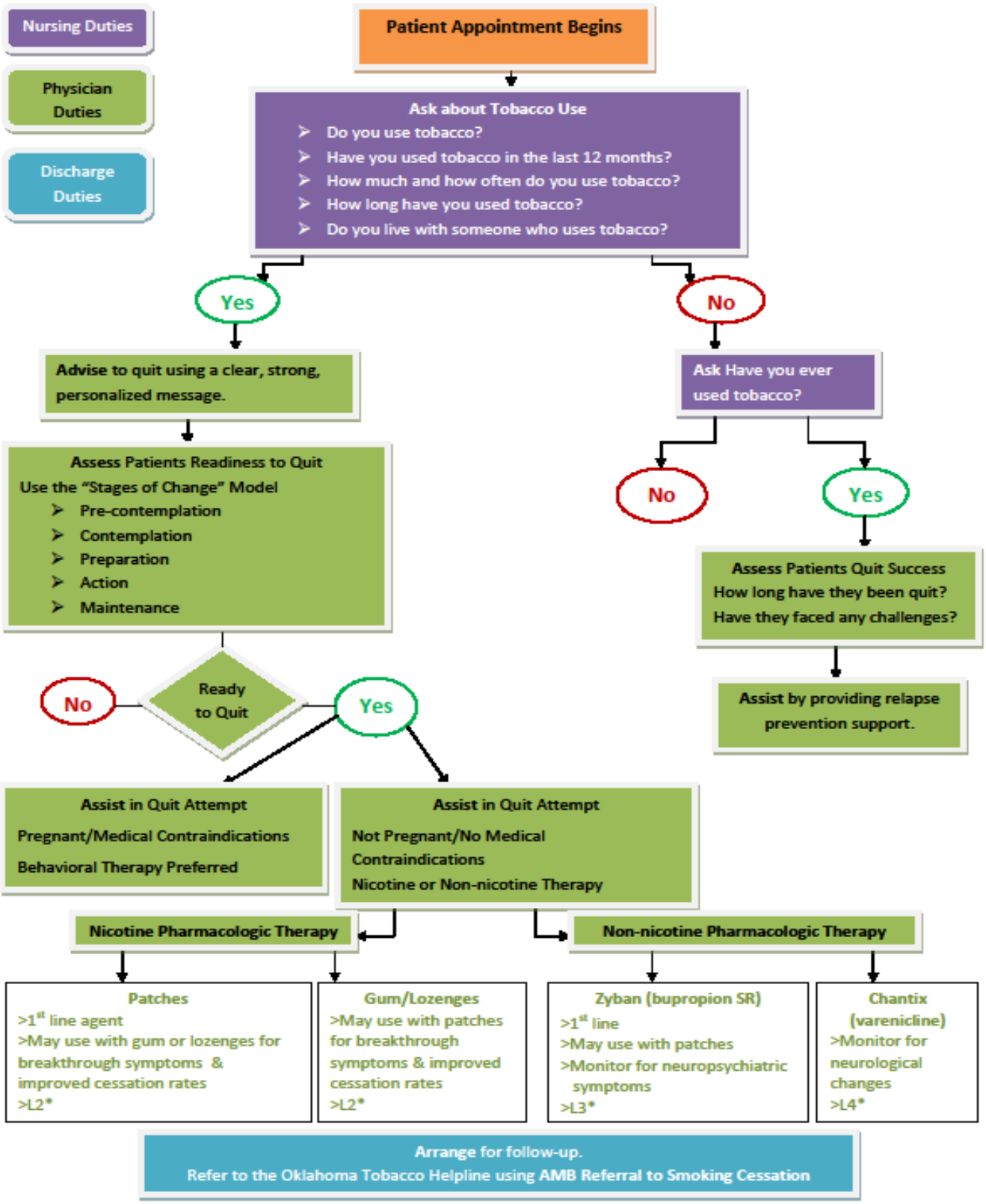
Adapted from *Poorer Treatment Response in Cancer Patients*, National Cancer Institute

If You Use Tobacco, There Are Ways We Can Help

If you use tobacco, there are some things you can do to help you quit.

- **Talk to your doctor**. Your doctor can help you understand what medications and resources are available to help you quit.
- **Contact the *Oklahoma Tobacco Helpline***. 1 800 QUIT NOW (1-800-784-8669) is a **free and effective service** that provides a series of one-on-one cessation counseling sessions over the telephone, information and tips about stopping tobacco use, referrals to community resources, if needed, and nicotine replacement "starter kits" for some.
- **Get the support of your family and friends**. Seek encouragement and support as you work to improve your health. You might even encourage them to quit with you, if they use tobacco.
- **Don't give up!** It often takes multiple quit attempts, but don't be discouraged. With every attempt, you are one step closer to a tobacco-free lifestyle.

> *"**There is no clinical treatment available today** that can reduce illness, prevent death, and increase quality of life **more than effective tobacco treatment interventions.**"*
>
> Treating Tobacco Use and Dependence, US Department of Health & Human Services


Nursing Duties
Physician Duties
Discharge Duties
Patient Appointment Begins
Ask about Tobacco Use
Do you use tobacco?
Have you used tobacco in the last 12 months?
How much and how often do you use tobacco?
How long have you used tobacco?
Do you live with someone who uses tobacco?
Yes
No
Advise to quit using a clear, strong, personalized message.
Ask Have you ever used tobacco?
Assess Patients Readiness to Quit
Use the "Stages of Change" Model
Pre-contemplation
Contemplation
Preparation
Action
Maintenance
No
Yes
Assess Patients Quit Success
How long have they been quit?
Have they faced any challenges?
No
Ready to Quit
Yes
Assist by providing relapse prevention support.
Assist in Quit Attempt
Pregnant/Medical Contraindications
Behavioral Therapy Preferred
Assist in Quit Attempt
Not Pregnant/No Medical Contraindications
Nicotine or Non-nicotine Therapy
Nicotine Pharmacologic Therapy
Non-nicotine Pharmacologic Therapy
Patches
>1st line agent
>May use with gum or lozenges for breakthrough symptoms & improved cessation rates
>L2*
Gum/Lozenges
>May use with patches for breakthrough symptoms & improved cessation rates
>L2*
Zyban (bupropion SR)
>1st line
>May use with patches
>Monitor for neuropsychiatric symptoms
>L3*
Chantix (varenicline)
>Monitor for neurological changes
>L4*
Arrange for follow-up.
Refer to the Oklahoma Tobacco Helpline using AMB Referral to Smoking Cessation

Tobacco Free Clinics Intervention Process Checklist

Intervention Process: Essential Steps	Purpose

Build an Implementation Team

Identify and include champions – physicians, physician assistants, nurses, practice managers, EMR/EHR/IT support, etc	
Assess current level of cessation activities for patients and employees.	Ensures resources are in place to support co-workers. Creates employee buy in to policy. Supports patients during withdrawal period.

Determine the Intervention Process

Identify process of 5 A's intervention for patients and the personnel to provide it.	Establish a systematic role for tobacco screening and intervention. Creates an embedded process for sustainability.
Integrate tobacco use screening questions into the patient health history (minimum five questions)	Identify all patients using tobacco and individual level of addiction
Map out the Intervention Process: ➢ Who will do the bedside intervention? ➢ Who will complete the fax referral to the *Oklahoma Tobacco Helpline*? ➢ Develop an algorithm to show the process.	Establish a clear understanding of staff roles related to the actual intervention encounter and Helpline fax referrals.

Determine the Medication Order Set

Develop a medication order set of FDA approved medications for tobacco cessation.	Assure that FDA approved medications are available to patients to treat nicotine withdrawal symptoms.
Submit the order set to appropriate committees for approval (Med Exec Committee, P&T, other)	Gain support from physicians and pharmacy staff.
Review the formulary and add medications as needed.	

Train providers on the appropriate uses, contraindications and prescribing issues associated with Nicotine Replacement Therapy and FDA medication options.	Ensure that providers are using the medications appropriately to support tobacco users as they deal with nicotine withdrawal symptoms.

Implement the 5A's process into the Treatment System

Train designated staff on: Intervention – How to effectively talk with patient. Navigating the new process.	Develop comfort level and skills in effectively talking to patients about their tobacco use and how it affects their particular health problems. Motivate patients who are nearly ready to quit and provide new tools for successful quit.
ASK: Screen every patient on their tobacco use using a minimum of five recommended questions. ➢ Do you use any type of tobacco? ➢ What kind of tobacco and how much? ➢ How long have you used tobacco? ➢ Have you used in the last 12 months? ➢ Do you live with anyone who uses tobacco?	Obtain accurate level of use and addiction. Understanding the level of addiction will help you provide proper cessation medication.
ADVISE: Inform all tobacco users on the impact of tobacco use on their health including how tobacco may be related to that day's office visit. This message should be clear, strong and personalized to their situation.	Help the patient relate their tobacco use to their current health situation to increase motivation to quit.
ASSESS: Determine the patients readiness to quit tobacco using theories such as the "Stages of Change" model. ➢ Pre-contemplation ➢ Contemplation ➢ Preparation ➢ Action ➢ Maintenance	
ASSIST: Assist the patient by utilizing appropriate FDA approved cessation options such as the nicotine patch or Varenicline.	

ARRANGE: Follow up can be handled through the *Oklahoma Tobacco Helpline* by sending a **fax referral**. Develop customized fax referral form OR Integrate electronic fax referral into EMR.	Assure fax referral is made to the *Oklahoma Tobacco Helpline* for patients ready to quit. Allows for tracking of referrals with aggregate data reports provided monthly by the OHA. Management tool for interventions and referrals.

Implement the Intervention Process into the Treatment System

Pilot intervention in select clinics. Review pilot information about "bugs" and difficulties in the system. Make any necessary adjustments to the intervention system.	Determine how well the intervention is working. Get feedback from clinical staff on difficulties. Make changes in the system so it will work smoothly.
Expand intervention to all clinics.	Fully integrate cessation system for all patients.
Follow-up meeting(s) to review operation of system.	Work out final "bugs" in the system.

FDA Approved Cessation Medication Treatment Options			
Nicotine Replacement	**Initial Dosage**	**Additional Guidance**	**Duration**
Lozenge	Weeks 1-6: 2-4 mg 1 every 1-2 hours Weeks 7-9: 2-4 mg. 1 every 2-4 hours Weeks 10-12: 2-4 mg. 1 every 4-8 hours	1st cigarette> 30 minutes after waking: 2 mg. 1 cigarette < 30 minutes after waking: 4 mg. Maximum: 5 lozenges every 6 hours or 20 per day.	12 weeks
Gum	Weeks 1-6: 2-4 mg 1 every 1-2 hours Weeks 7-9: 2-4 mg. 1 every 2-4 hours Weeks 10-12: 2-4 mg. 1 every 4-8 hours	< 25 cig./day: 2 mg > 25 cig./day: 4 mg. Maximum: 24 pieces per day	8-12 weeks
Patch	< 10 cig./day; 1 patch for 16 hours Weeks 1-6: 14 mg. Weeks 7-8 7 mg.	Maximum: 1 patch per day. Wear up to 24 hours.	8 weeks
	> 10 cig./day;1 patch for 16 hours Weeks 1-6: 21 mg. Weeks 7-8: 14 mg. Weeks 9-10: 7 mg.	Maximum: 1 patch per day. Wear up to 24 hours.	10 weeks
Nasal Spray	1-2 does per hour (10 mg./ml.)	5 doses per hour Maximum: 40 doses per day.	3-6 months
Inhaler	6-16 cartridges per day (10 mg. per cartridge)	Maximum: 16 cartridges per day	3-6 months
Non-nicotine	**Initial Dosage**	**Additional Guidance**	**Duration**
Bubropion HCL SR	Days 1-3: 150 mg. Day 4+: 300 mg	300 mg. per day	7-12 weeks
Varenicline	Days 1-3: 0.5 mg. once daily Days 4-7: 0.5 mg. twice daily Day 8+: 1 mg. twice daily	Maximum: 2 mg. per day	12-24 weeks

Provision of the **adult dosage chart** is strictly for convenience of the prescribing provider. **Consult the Physician's Desk Reference for complete product information and contraindications. Certain combinations of first-line medications have been shown to be effective smoking cessation treatments.** Clinicians should consider using these combinations with patients who are willing to quit. **Adapted from **Oklahoma Tobacco Helpline** and **US Clinical Practice Guideline 2008 Update***

Employee Cessation

Employee Cessation Support and Treatment

Most Oklahomans who smoke or use other tobacco products say they want to quit, and on average about half make a serious quit attempt each year. Transitioning to a tobacco-free policy can be a strong motivator for these tobacco users to quit. Those who succeed in breaking this addiction can also obtain important health benefits.

Another reason for health care systems to support cessation among employees – especially during these transitions – is for employee support of the new policies. It is reasonable to view the employer and the policy more favorably, if the employer is investing in support for cessation efforts for those seeking to quit tobacco use. Cessation support not only boosts the health of the workforce, thus saving money, but this investment can also pay dividends in employee support and acceptance for the new policy.

Furthermore, investing in tobacco treatment for employees makes good business sense.[17]

- Health care costs for smokers at any given age are as much as 40 percent higher than those for nonsmokers.
- Employees who take four 10-minute smoke breaks a day work one month less per year than workers who don't take smoke breaks.
- On average, smokers cost company drug plans twice as much as nonsmokers.
- Smokers are absent from work for sickness at least 26 percent more than nonsmokers.

Assessing Tobacco Use Rates

Most hospital co-workers do not use tobacco and at least three-quarters of those who do use tobacco want to quit.[17] Determining your employee tobacco use rates will help you develop your plan to address tobacco use with co-workers and improve the overall health of your organization.

To determine your employee use rates, consider ways to effectively screen your employees for tobacco use. This may include required activities such as Health Risk Assessment's (HRA's) for co-workers on health system insurance, screening during annual events like employee anniversary dates, the Great American Smoke Out, or the employee health fair's.

Helping Your Employees Quit Tobacco

Helping smokers quit is the most cost effective preventative service that can be provided to employees. Tobacco-cessation benefits pay for themselves and can save employers money in as little as two to four years.

We know that successful quitting can often take numerous tries. Encouraging the use of resources such as the *Oklahoma Tobacco Helpline*, while reducing treatment barriers (such as the cost of tobacco cessation) encourages tobacco users to seek help, prevent relapse and successfully quit.

Tobacco cessation benefits that have been found to be the most effective utilize the following:

- Counseling and medications, together or separately
- Coaching services, including the *Oklahoma Tobacco Helpline*
- FDA approved medications, including bupropion, Varenicline and both prescription and over-the-counter nicotine replacement medication

Partnering with your wellness staff offers the opportunity to educate staff on the hazards of tobacco use and available tobacco cessation incentives through your employee incentive program.

WorkHealthy Hospitals

For additional support, the *Oklahoma Hospital Association's WorkHealthy Hospitals* program can help ensure that your policy meets the **Gold Star** standard.

The **Tobacco-Free Places and People** module guides organizations to establish 100% tobacco-free property policies along with supportive benefits and resources for employees and their families to successfully quit tobacco. [19] For more information on the WorkHealthy Hospitals program, contact Sydney Tomlinson at the Oklahoma Hospital Association. Sydney can be reached at 405-427-9537 or stomlinson@okoha.com.

WorkHealthy HOSPITALS
Helping Hospitals Improve Employee Health.
A program of TSET. Better Lives Through Better Health.

Gold Star: Tobacco-Free People and Places

100% Tobacco-Free

- Implement property-wide policy implemented and enforced
- Communicate policy to all employees
- Post signs to alert all patients and visitors

System Approach

- Identify tobacco-using employees
- Assess interest and willingness to quit
- Refer to and promote resources, including medications and counseling
- Follow up with those who expressed interest in quitting

Preventive Benefits

- Offer quit tobacco counseling
- Provide and promote over-the-counter nicotine replacement therapies
- Have and promote FDA-approved prescription medications in formulary
- Communicate and promote available benefits

Incentives

- Provide incentives for those who enroll in a Quit Tobacco program
- Provide incentives for employees who are tobacco-free

Evaluation

- Evaluate quit tobacco system

Implementation Steps

The first step in assuring you have appropriate cessation support is to develop or revise the personnel policy and implement cessation benefits and services to encourage and support cessation for employees and their family members. Subsequent steps include:

- Conduct employee health assessments to determine tobacco use prevalence.
- Examine current personnel policies regarding tobacco use on property. Revise policies as necessary.
- Contact the *Oklahoma Hospital Association's WorkHealthy Hospitals* Coordinator to receive consultation on their evidence-based model for **Tobacco-Free Places and People**.
- Review employee health benefits for tobacco cessation and identify improvements to be made.
    - Develop a process of 5 A's implementation for employees.
    - Include medications and coaching support through resources such as the *Oklahoma Tobacco Helpline*.
    - Determine how *Oklahoma Tobacco Helpline* fax referral forms will be designated to track employee referrals.
- Develop a communication plan and announce new benefits for employees with sufficient lead time.

Fortunately, there are more cessation resources available today than ever before, and insurance plans are working to improve their coverage for these services. The following resources are available for you to refer to as you consistently improve your cessation benefits for employees and their qualified family members.

Employee Cessation Tools

*Cessation support not only boosts the health of the workforce, thus **saving money**, but this investment can also pay dividends in **employee acceptance of and support** for the new policy.*

What is the *Oklahoma Tobacco Helpline*?

The Helpline is a **free and effective service** that provides a series of one-on-one cessation counseling sessions over the telephone, information and tips about stopping tobacco use, referrals to community resources, if needed, and nicotine replacement "starter kits" for some. The Helpline has been proven to work for people all over the country.

How does telephone counseling work?

A Helpline Quit Coach™ works with callers to determine their readiness to quit, discusses their options for using nicotine replacement products or other cessation aids, assists callers in developing a quit plan that is right for them, and schedules up to four follow-up sessions to coach callers through their quitting process and encourages them along the way.

Free Nicotine Replacement Products Provided as "Starter Kits"

All tobacco users who are ready to stop using tobacco and register for helpline services are eligible to receive at least a two-week "starter kit" of nicotine replacement patches, gum or lozenges, unless not indicated due to health concerns. The helpline sends a starter kit to the tobacco user's home. Patches, gum or lozenges are free and there's no catch. No one will call the tobacco user to sell them something and there are no hidden charges!

Who is eligible to receive Helpline services?

Anyone living in Oklahoma ages 13 and older may call the Helpline and receive free services. Helpline specialists will assist tobacco users, providers and concerned family members and friends.

What are the *Oklahoma Tobacco Helpline* hours?

The Helpline is available 24 hours a day, 7 days a week.

TWO new websites are now available!

www.quitnow.net/Oklahoma
Register for helpline services online

www.okhelpline.com
Access resources to help you quit.

Improved Service to the Deaf and Hard of Hearing

1-877-777-6534 TTY
1-866-748-2436 Deaf Videophone
Ask for direct VP number

Remember…

It often takes multiple attempts to succeed – it takes practice to learn obstacles and successes. Tobacco users didn't "fail" with their last quit attempt… They now know what doesn't work for them.

Comparing Cessation Resources

RESOURCE	ACCESSABILITY	THINGS TO CONSIDER
Oklahoma Tobacco Helpline **– Phone service**	• 1-800-QUIT NOW • 1-800-784-8669 • Available 24/7	• Available on your schedule • No cost to participate • No transportation issues • No child care issues • Free NRT is available to most • Need consistent phone access
Oklahoma Tobacco Helpline **– Web only**	• www.quitnow.net /Oklahoma • Available 24/7	• Available on your schedule • No cost to participate • No transportation issues • No child care issues • Free NRT is available to most • Need computer access
SmokefreeTXT	• Text the word QUIT to IQUIT (47848) • Available 24/7	• Interactive texting options • Offers support based on mood, cravings and habits. • If you pay for individual texts, this program may not be for you. ** Check with your mobile provider*. • No free NRT provided

SAMPLE Tobacco Cessation Benefits

IN-NETWORK SERVICES	OUT-OF-NETWORK SERVICES
$0 copayment	**Not Covered**
Education benefits are available for one approved tobacco cessation program per calendar year	
Prescription medications for Tobacco Cessation are subject to applicable prescription drug copayments.	

Resources

Additional Resources

State Resources

Oklahoma Hospital Association
405-427-9537
www.okoha.com
Refer to the *Health Improvement Programs* tab

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Oklahoma Health Care Authority SoonerQuit Program
www.okhca.org

Oklahoma Tobacco Helpline
1 800 QUIT NOW

National Resources

Agency for Health Care Research and Quality
www.ahrq.gov

American Cancer Society
www.cancer.org
1 800 ACS-2345

American Lung Association
www.lung.org
1 800 LUNG USA

Campaign for Tobacco Free Kids
www.tobaccofreekids.org

Centers for Disease Control and Prevention
Smoking and Tobacco Use
www.cdc.gov
800-CDC-INFO (800-232-4636)

Clinical Practice Guidelines: Treating Tobacco Use and Dependence 2008 Update
http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html

National Cancer Institute
www.cancer.gov
1 800 4 CANCER

Smoking Cessation Leadership Center
http://smokingcessationleadership.ucsf.edu/

The Joint Commission
www.jointcommission.org

University of Wisconsin – Center for Tobacco Research and Intervention
http://www.ctri.wisc.edu/

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9. The Joint Commission Keeping Your Hospital Property Smoke-Free: Successful Strategies for Effective Policy Enforcement and Maintenance

10. Maine Tobacco Free Hospitals http://www.mainetobaccofreehospitals.org/hospital_policies/

11. US Department of Health and Human Services; Treating Tobacco Use and Dependence, Clinical Practice Guideline 2008 Update

12. The Community Guide; Tobacco Worksite Smoke-Free Policies

13. Schroeder, Steve A. MD; What to Do With a Patient Who Smokes. Journal of the American Medical Association. 2005: 294.4: 482-487.

14. Wisconsin Hospital Association; UW- CTRI Treating Tobacco Use and Dependence in Hospitalized Patients

15. *Oklahoma Tobacco Helpline*; Educational Materials

16. Centers for Disease Control and Prevention; http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm

17. Washington Health Foundation; Destination Tobacco-Free: A Practical Tool for Hospitals and Health Systems

18. Tobacco Settlement Endowment Trust; Oklahoma Smoking Rate Drops; 2013

19. NC Prevention Partners; WorkHealthy America℠