

Tobacco-Free Hospital Campus Toolkit

For more than 40 years, we have known about the devastating health effects of smoking. Hospitals, which treat tobacco users, have professional and economic reasons to curb its use among patients, employees and community members:

- Smoking delays wound healing, whether the wound is surgical or the result of trauma or burns¹
- Recovery room stays are 20 percent longer for smokers than non-smokers²
- Broken bones take almost twice as long to heal for smokers²
- Each year, 1,100 Utahns die from tobacco-related illnesses³
- Businesses pay an average of \$2,189 in workers' compensation costs for smokers, compared with \$176 for nonsmokers⁴

Many hospitals around the country have taken a leadership role in reducing tobacco use and are using innovative approaches to reducing smoking. Research shows protocols and policies can curb tobacco use and its health and economic toll. Hospitals, like the Providence Health Systems in Oregon, have seen that tobacco policies and protocols are effective. They have been successful in their efforts while working through the challenges hospitals face when implementing new policy. At a time of growing patient safety concerns and skyrocketing health care costs, Utah hospitals and the professionals who work in them can step up and show a unified commitment to health.

This guide outlines four steps hospitals can take to protect employees, patients, and visitors from secondhand smoke and promote tobacco cessation. The four steps are:

1. Hospital Campus – Make the Hospital Campus Tobacco Free
2. Employees – Provide Effective Cessation Benefits for All Employees
3. Patients – Ask, Advise and Assist All Patients to Quit Tobacco
4. Visitors – Communicate the Policy to Visitors

1. Hospital Campus

Make the Hospital Campus Tobacco Free

To publicly demonstrate a commitment to health, reduce healthcare costs and employee absenteeism, hospitals nationwide, including hospitals in Utah, are implementing tobacco-free campus policies. Here are a few key recommendations to consider when implementing a new policy:

- **Find a key ally in the executive management team**
Often times implementing a new policy will require key decisions that will need to be approved by management. Having a champion on the management team will facilitate making the change.
- **Form a work group to develop the policy**
Getting input early from as many people/areas (including smokers) as possible is crucial to success.

- **Identify and involve the medical leader (i.e. chief medical officer) who approves new medical policy**
- **Include all forms of tobacco in the policy**
All forms of tobacco (spit tobacco, cigars, pipes, etc.) are dangerous. Though some may be less risky than others, all tobacco products are cancer-causing and addictive.
- **Develop answers to:**
 - What (does this policy cover – smoking, smokeless tobacco, staff, patients, visitors, etc.)
 - Why (what reasons do we have for doing this)
 - Who (which people will be affected)
 - Where (what areas on campus will the policy cover)
 - How (what enforcement, if any, will there be)
 - When (what is the timing for implementation)
- **Comply with the Utah Indoor Clean Air Act**
Ensure that your policy covers all Utah Indoor Clean Air Act statute and rule requirements. For help in determining this, go to <http://www.tobaccofreeutah.org/uicaa-busguide-checklist.htm>
- **Communicate the policy**
Communicate with your target audience (patients, visitors, staff, general public) early and often. Find fun and unique ways to get the message out (i.e. intranet, posters, displays, payroll stuffers, media).
- **Enforce and maintain the policy**
Decide early who will be responsible to enforce the policy and the authority they will have to maintain compliance. Discuss how violations with employees, patients, and visitors will be addressed. Minimize the need for direct enforcement by publicizing the policy and posting tobacco-free signs. Establish set times (i.e. every six month or annually) to review and, if necessary, revise the tobacco policy.

See an example of a tobacco-free workplace policy created and implemented by Asante Health System at the end of this document.

2. Employees

Provide Effective Cessation Benefits for all Employees

Smoking costs employers an estimated \$3,383 per smoker per year, comprised of \$1,623 in direct medical expenditures and \$1,768 in lost productivity.⁵ Employers can cut costs and protect employees' health by providing effective tobacco cessation benefits. Research shows that the most effective tobacco dependence treatment includes medication and coaching/counseling. In fact, tobacco users are two to three times more likely to quit when they can access effective services to help them. Nearly 80% of Utah adult smokers want to quit and 60% have made a quit attempt in the past year.⁶ Free tobacco cessation services are available to all Utahns.

Coupled with cessation coverage available through your company's health plan, employees who use the Utah Tobacco Quit Line and Utah QuitNet are more likely to kick the habit once and for all.

The Utah Tobacco Quit Line (1.888.567.TRUTH)

The Quit Line provides free:

- **Telephone Counseling** from a qualified Quit Coach, including multiple sessions if desired by the client.
- **Quit Kits** with quitting guides and tobacco alternatives such as gum and worry stones.
- **Referrals** to other local services and classes.
- **Nicotine Replacement Therapy** if eligible and appropriate.

Utah QuitNet (utahquitnet.com)

Utah QuitNet is a free, internet-based service designed to help individual tobacco users through the quitting process. Its interactive tools and features can be used round the clock; 24 hours a day, seven days a week, for as long as needed. At any time, tobacco users can log on and be surrounded by the world's largest online community of smokers and ex-smokers helping each other to quit and stay quit.

A tobacco-free hospital campus provides an example to the community and a pleasant environment for employees, patients, and visitors. In order to provide a tobacco-free campus, employees must adhere to the policy. Hospitals have used various approaches to address this challenge such as ensuring that candidates are aware of the campus policy during the job interview and by communicating that extra breaks for tobacco use are prohibited.

Once the tobacco-free campus policy is developed, it is critical to have a time period (usually three to six months) to educate employees before the policy is implemented. All employees need to be aware of how the policy will be enforced and what disciplinary action will be taken when the policy is violated. In general, supervisors are responsible for ensuring that employees under their direction are aware of the policy and comply with it and for taking appropriate action to correct noncompliance.

3. Patients

Ask, Advise and Assist all Patients to Quit Tobacco

Hospitalized patients may be particularly motivated to make a quit attempt because their illness resulting in hospitalization may have been caused or exacerbated by tobacco use. To comply with Joint Commission standards, patients' tobacco use status will be assessed on admission and tobacco using patients will be advised by a nurse, physician, or respiratory therapist regarding cessation counseling, pharmacotherapy options, and the campus policy. Patients will be referred to cessation resources including but not limited to, the Utah Tobacco Quit Line (1.888.567.8788) and/or Utah Quit Net (utahquitnet.com).

Standing medication orders approved by the medical staff may be requested for a nicotine dependent patient. Recommended:

- 21 mg nicotine patch for a patient who smokes more than one pack per day
- 14 mg nicotine patch for a patient who smokes a pack a day or less
- Nicotine gum or lozenges can be used on a prn (as needed) basis to deal with acute cravings.
- If patient will be staying long-term at the facility, consider starting longer-acting therapy such as bupropion SR or varenicline.
- Anti-anxiety medication may be considered.

See the following Tobacco Dependent Patient Dosing Guidelines developed by Providence Health Systems for additional information.

4. Visitors

Communicate the Policy to Visitors

As a community member, a hospital provides leadership in increasing the health and well-being of the community. Implementing a tobacco-free campus policy and requiring visitors to follow the policy sends a clear, powerful message that the hospital supports a healthy lifestyle. A hospital that is completely tobacco-free provides an attractive and caring environment for visitors especially since 90% of Utah adults do not smoke.⁶ For those visitors who do use tobacco, hospitals have provided considerate services such as selling over-the-counter nicotine replacement therapy in the gift shop and providing cessation resources.

Minimize the need for direct enforcement of the tobacco-free policy by carefully developing a plan to publicize the policy to the community and by placing specific signage on the hospital grounds. Most people will comply with signage that has been posted. However, all employees are expected to help communicate the policy to visitors and should do so with courtesy and diplomacy.

Additional Resources

Hospital Association's around the nation are implementing tobacco-free campus policies. There are many resources available on the web pages listed below.

- **North Carolina Hospital Association:** Healthy Hospital Initiative
www.healthyhospital.org/index.asp
- **Oregon Association of Hospitals and Health Systems:** Step it Up
www.oahhs.org/issues/stepup/stepup_campaign_overview.php
- **Missouri Hospital Association:** Tobacco-Free Hospitals
web.mhanet.com/asp/Regulations/tobacco_free_hospitals.asp
- **Maryland Hospital Association:** Smoke Free Hospital Campus Tool-Kit
www.mdhospitals.org/mha/Community_Health_Resources/Smoke_Free_Hospital_Campuses.shtml
- **Kansas Hospital Association:** Hospitals – Tobacco Free
www.kha-net.org/CriticalIssues/TobaccoFree/default.aspx

Local Health Department Contacts

Your Local Health Department (LHD) can be a resource to you as you create a tobacco-free hospital campus and help employees and patients quit using tobacco. Contact your LHD with questions or for any assistance you may need.

Bear River Health Department	435-792-6510
Central Utah Health Department	435-896-5451
Davis County Health Department	801-451-3377
Salt Lake Valley Health Department	801-468-2794
Southeastern Utah District Health Dept	435-637-3671
Southwest Utah Health Department	435-673-3528
Summit County Health Department	435-615-3910
Tri-County Health Department	435-722-6300
Tooele County Health Department	435-277-2310
Utah County Health Department	801-851-7095
Wasatch County Health Department	435-654-2700
Weber Morgan Health Department	801-399-7180
Utah Department of Health	877-220-3466

Free Promotional Materials

The Utah Department of Health's Tobacco Prevention and Control Program has a variety of free materials to help you promote cessation services with employees, patients, and visitors. Materials such as posters and business cards with information about the Utah Tobacco Quit Line and Utah QuitNet are available in English and Spanish. View and order these materials at:

<http://www.tobaccofreeutah.org/truthmediaresources-feb2004.html>

or call 1.877.220.3466

References

1. Surgeon Generals Report – The Health Consequences of Smoking (2004). Available: http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2004/highlights/8.htm
2. Oregon Association of Hospitals and Health Systems (2007). *Step It Up Campaign*. Available: http://www.oahhs.org/news/stepup_campaign_01_25_07.php
3. Campaign for Tobacco-Free Kids (2007). *The Toll of Tobacco In Utah*. Available: <http://www.tobaccofreekids.org/reports/settlements/toll.php?StateID=UT>
4. Musich, S; Napier, D; Edingthor, D.W.; The Association of Health Risks with Workers' Compensation Costs. *Journal of Occupational and Environmental Medicine*. 43 (6): 534-541, June 2001.
5. Centers for Disease Control and Prevention (CDC). Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs. United States 1995-1999. *MMWR* 2002; 51: 300-30.
6. Utah Department of Health, Behavioral Risk Factor Surveillance System (BRFSS) 2006. Available: http://ibis.health.utah.gov/home/opha_publications_chron.html

TOBACCO DEPENDENT PATIENT DOSING GUIDELINES

Indication: For relief of nicotine withdrawal symptoms and used as part of a comprehensive behavioral smoking-cessation program. See guidelines on back for selection of Standard Dose of High/Low Dose Nicotine Replacement Therapy.

CHOOSE BOTH BASAL AND PRN MEDICATION

Nicotine Replacement Therapy Dosing Guideline: (preferred method in acute care settings)

Basal Nicotine (Nicotine Patch)

- Low Dose Patch: 14 milligrams per day, replace patch every 24 hours, rotate sites
- Standard Dose Patch: 21 milligrams per day, change patch every 24 hours, rotate sites
- Other: _____

PRN Nicotine (Nicotine Lozenge)

- Low Dose Lozenge: Nicotine lozenge 2 milligram, allow the lozenge to dissolve slowly, do not chew or swallow, every 1 hour as needed for withdrawal symptoms (no more than 10 lozenges per day)
- Standard Dose Lozenge: Nicotine lozenge 4 milligram, allow the lozenge to dissolve slowly, do not chew or swallow, every hour as needed for withdrawal symptoms (no more than 10 lozenges per day)
- Other: _____

Non-Nicotine Tobacco Cessation Pharmacotherapy Dosing Guideline

Basal Bupropion

- Bupropion SR 150 milligram tablet, one orally every morning for 3 days, then increase to one 150 milligram tablet orally BID for 12 weeks. Quit date is in second week of therapy.

Basal Varenicline

- Varenicline 0.5 milligram tablet, one orally every morning for 3 days, then increase to 0.5 milligram tablet orally BID for 3 days, then increase to 1 milligram tablet orally BID for 12 weeks. Quit date is in second week of therapy.

PRN Clonidine

- Clonidine 0.1 milligram tablet, one orally every 1-2 hours as needed for severe nicotine withdrawal symptoms, identified by irritability, restlessness, anxiety, sleep disturbances, or severe craving. Hold for SBP < 110, HR < 60, or evidence of orthostatic blood pressure change (drop in BP is greater than 20 Hg with standing). Check orthostatic blood pressure every 8 hours, if orthostatic, stop medication and notify provider. No more than 6 doses per day.
- Other: _____

Physician Signature: _____ Date: _____ Time: _____

TOBACCO DEPENDENT PATIENT DOSING GUIDELINES (Continued)

Signs/Symptoms of Nicotine Withdrawal	NRT Contraindications
Irritability, restlessness Drowsiness, fatigue Difficulty concentrating, impaired performance tasks Anxiety Hunger Body Weight Gain Sleep disturbances Cravings for nicotine Reduced heart rate	Acute Myocardial Infarction: Up to 4 weeks after event Life-threatening arrhythmias Severe or worsening angina pectoris
NRT Relative Contraindications	Signs/Symptoms of Nicotine Toxicity
Vasospastic disease Renal dysfunction Peptic ulcer disease Skin disorders (psoriasis, atopic or eczematous dermatitis) Lactating mothers Liver dysfunction Accelerated hypertension Pheochromocytoma Hyperthyroidism Diabetic Pregnancy	Nausea Vomiting Exhaustion Weakness

Dose Selection Criteria for Nicotine Replacement.

1. For patients less than 100 lbs, smoking rate less than 10 cigarettes per day, or time to first cigarette (TTFC greater than 30 minutes after waking); use low dose 14 mg nicotine patch as basal nicotine and 2 mg gum / lozenge as PRN nicotine replacement.
2. For patient smoking greater than 10 cigarettes per day or time to first cigarette (TTFC) less than 30 minutes: Use standard dose 21 mg nicotine patch as basal nicotine and 4 mg gum / lozenge as PRN nicotine replacement.
3. It is important for patients to learn to chew gum slowly and to self-titrate the nicotine dose in order to minimize side effects. Chew each gum piece intermittently for approximately 30 minutes. The aim of this chewing procedure is to promote slow buccal absorption of the nicotine released from the gum. Chewing too quickly can rapidly release the nicotine, which leads to effects similar to over smoking: nausea, hiccups or irritation to the throat. Beverages (e.g. coffee, juices, wine, soft drinks) interfere with the buccal absorption before and during chewing of nicotine gum.
4. It is important for patients to dissolve the lozenge slowly and to self-titrate the nicotine dose in order to minimize side effects. The aim of the slow dissolving of the lozenge is to promote slow buccal absorption of the nicotine released from the lozenge. Chewing the lozenge can rapidly release the nicotine, which leads to effects similar to over smoking: nausea, hiccups or irritation to the throat. Beverages (e.g. coffee, juices, wine, soft drinks) interfere with the buccal absorption before and during dissolving of nicotine lozenge.

For Highly Dependent Nicotine Replacement Therapy

1. For highly dependent smokers (2 or more packs per day, or serum cotinine level greater than 300 ng/ml), High Dose Nicotine Replacement Therapy may be indicated.
2. Determine baseline serum cotinine level (drawn in morning), if less than 300 ng/ml OK for standard dose NRT, if greater than 300 ng/ml consider prescribing 42 mg patch.
3. Repeat serum cotinine level after 72 hours, and adjust dose of NRT accordingly, initial goal cotinine is 100% of baseline serum cotinine. Taper NRT dose every two weeks by 7 mg decrement (42 mg x 2 weeks, 35 mg x 2 weeks, etc...), monitor for withdrawal and toxicity symptoms. High dose NRT should only be used in the setting of an intensive behavioral support program and close physician supervision.

Non-Nicotine Replacement Therapy Guidelines

Non-nicotine therapy may be useful for long-term patient and for patients all ready enrolled in an intensive cessation program after discharge. These medications can be an important adjunct to behavior change and should be linked to behavioral support programs. Because their onset of action is delayed (up to 1 week with bupropion), they are less useful for acute treatment of withdrawal in high dependent patients, and should only be used for long-term inpatient stays.

Bupropion SR

Dosage: Bupropion SR 150 milligram orally daily times 3 days, then increase to 150 milligram orally twice daily for 7 to 12 weeks.

Contraindications: History of seizure disorders, MAO inhibitors, Current or prior history of bulimia or anorexia nervosa.

Precautions: Alcoholic patients, head trauma, CNS tumors, use with tricyclic antidepressants, antipsychotics and systemic steroids

Varenicline HCL

Dosage: Varenicline HCL 0.5 milligram orally daily for 3 days, then increase to 0.5 milligram orally twice daily for 4 days, then increase to 1 milligram orally twice daily for 12 weeks. If abstinent at 12 weeks, consider additional 12 weeks of therapy.

Contraindications: non contraindications, primary side effect is nausea (30%)

Precautions: Dose reduction for impaired renal function; for creatinine clearance less than 30 ml per minute, decrease dose to 0.5 milligram orally twice daily for patients on hemodialysis reduce the dose to 0.5 mg orally daily.

Second-line Therapy (Non-FDA approved)

Nortriptyline:

Recommended Dosage: 75 to 100 milligrams at bedtime, starting at low dose, titrating to full dose 30 days prior to quit date, continue for at least 12 weeks

Contraindications and Precautions: arrhythmias, QT prolongation, side effects: dry mouth, sedation, constipation, urinary obstruction.

Clonidine:

Recommended Dosage: Oral 0.1 milligram 4 times daily as needed for severe withdrawal, Transdermal Patch: 0.1 mg/24 hrs to 0.3/24 hrs (equivalent) every 7 days. After prolonged use (greater than 6 weeks) recommend tapering dose when stopping.

Contraindications and Precautions: hypotension, rebound hypertension, side effects: dry mouth, drowsiness, dizziness and sedation.