



MDQuit Resource Center

University of Maryland Baltimore County

Department of Psychology

1000 Hilltop Circle

Baltimore, MD 21250

In a recent effort to promote tobacco free environments in hospitals, the Joint Commission has amended its accreditation requirements regarding tobacco use among patients 18 and older to now include screening, assessment for readiness, brief counseling and follow up. Parallel to this requirement change, a national initiative has begun encouraging hospitals to make their campuses smoke free. While that can feel like an enormous undertaking, a number of hospitals have created toolkits to help other hospitals follow step by step protocols that consider all aspects of policy design, implementation, and enforcement. Thinking of each hospital as its own unique community with its own values and community members has been a nice framework for considering smoke free policy from a community wellness perspective. A considerable amount of research on community interventions and policy adoption have been reviewed and adapted to assist hospitals in undertaking smoke free policy implementation. Ideas such as having support and “buy in” from key staff, ensuring all positions and opinions have had a forum to be heard, and evaluating the implementation all promote community involvement. It should be noted that research reviewing the success of implementing smoke free policies among hospitals is fairly new. The outcomes of interest may vary, but most research is typically looking at how smoke free policy affects patient retention. The challenges to future researchers are better defining outcomes of interest and exploring the identified barriers that have come up as a result of implementation and enforcement of smoke free policy in hospitals.

As a result of this research topic being so new, there is not a whole lot of detailed research looking at comparisons of outcomes concerning policy including or not including designated smoking areas. The core principle of encouraging smoke free campus policies for hospitals is to promote the image and ideal of overall wellness and health. How to do this while still being supportive and understanding of those patients and staff who still smoke seems to be an identified barrier of smoke free policies. Another challenging identified barrier is the potential litter and environmental disturbance to neighbors of the hospital campus. Qualitatively, hospitals that have reported going smoke free have found that people who keep smoking simply go to the edge of the campus to be able to do so. Unfortunately in some cases, this may be in front of neighboring private property where neighbors complain of litter or report difficulties with second hand smoke exposure. While this barrier may not be applicable to every hospital, it certainly encourages a considerate look at the possibilities of where smokers may choose to smoke given a smoke free campus policy. What has been ascertained from the current literature is that any hospital considering making their campus smoke free will benefit from creatively working with current smokers who push the boundaries of the policy. They also need to be doing their best to ensure smokers have access best practices cessation services and resources.

It is encouraging to consider that the majority of results of studies thus far are in support of implementing policies in terms of outcomes such as decreasing staff smoking and not reducing consumer factors like patient occupancy (Poder et al., 2012; Wheeler et al., 2007).<sup>1,2</sup> However,

1. Poder, N., et al. (2012). Do smoke-free environment policies reduce smoking on hospital grounds? Evaluation of a smoke-free health service policy at two Sydney hospitals. *Australian Health Review*, 36(2), 158-162.
2. Wheeler, J., Pulley, L., Felix, H., Bursac, Z., Siddiqui, N., Stewart, K., & ... Gauss, C. (2007). Impact of a smoke-free hospital campus policy on employee and consumer behavior. *Public Health Reports*, 122(6), 744-752.

this is fairly limited and the field has not yet arrive at the point of sufficiently comparing current policy outcomes with alternatives that are more considerate of negative outcomes like neighborhood litter or potentially dangerous street crossings. That is not to say that there are not values to having a smoke free campus, but it means that there are some significant considerations that need to be vetted as to their long term effects on the safety and health of patients, staff, and neighbors. It seems that if policy implementation involves all aspects of policy including how it affects patients, how it affects staff, and how it affects the community, it will be more easily implemented and maintained.

Making a smoke free campus policy is a potentially positive step, but this only addresses the context in which tobacco users are able to use. There are a number of other issues to be considered aside from just the environmental policy on smoking. These additional factors may be helpful in facilitating the support and acceptance of the smoke free policy possibly reducing the likelihood of confronting some of the previously identified barriers. Establishing a smoke free campus policy appears to be just one sufficient part of successful implementation of tobacco cessation. For instance, tobacco cessation efforts are more successfully implemented when staff are appropriately trained in best practice intervention techniques. Hospitals are encouraged to offer tobacco cessation trainings regularly and for education credits when appropriate. Another recommendation is to consider that your staff members may also be struggling with smoking or the use of tobacco. Cessation services and resources should be readily available for staff who are interested in quitting their use of tobacco. Hospitals have also found success in implementing tobacco free programs when they take special consideration of their visitors as well who may use tobacco. Primarily, visitors need to be respectfully informed of the policy as well as informed of resources should they have the desire to quit.

Ultimately, the literature suggests there are consistent aspects to successful policy implementation including how to go about creating a policy that has been vetted by hospital staff, establishing a realistic implementation time line, providing necessary training, communicating the policy message clearly throughout the hospital grounds, providing systematic cessation practices for staff, patients and community members, and being responsive to necessary changes to policy if need be.<sup>3</sup> As mentioned before, a number of hospitals and organizations have already created various tools kits with information about how to consider all these aspects addressing tobacco cessation in a hospital setting. The Smoking Cessation Leadership Center at the University of California San Francisco has designed an implementation toolkit including Best Practices recommendations for policies and protocols concerning tobacco cessation in any hospital. In the following pages you will find their complete tool kit including separate modules for smoke-free policy design/implementation and for working with employees, patients, visitors, and the community. Also, below is a list of additional resources for designing, implementing, and enforcing smoke free policy in hospitals.

3. Williams, S., Hafner, J., Morton, D., Holm, A., Milberger, S., Koss, R., & Loeb, J. (2009). The adoption of smoke-free hospital campuses in the United States. *Tobacco Control*, 18(6), 451-458.

## Resources

### Implementation:

- The University of Arkansas Medical System has done a very nice job of pooling together resources on their website dedicated to providing assistance with all phases involved in policy creating and implementation for smoke free hospital campuses.

[http://www.uams.edu/coph/reports/smokefree\\_toolkit/downloadpage.asp#LinkTarget\\_policy](http://www.uams.edu/coph/reports/smokefree_toolkit/downloadpage.asp#LinkTarget_policy)

### Enforcement of Policy:

- The Joint Commission created this 28 page summary document to assist hospital administrations in understanding how to implement and enforce established smoke free policies on hospital campuses.

[http://www.jointcommission.org/assets/1/18/Smoke\\_Free\\_Brochure2.pdf](http://www.jointcommission.org/assets/1/18/Smoke_Free_Brochure2.pdf)

- The Global Smokefree Partnership created a tool kit that is more generally aimed at the enforcement of smoke free air laws, but does have some pertinent information that applies to hospitals and health care facilities.

[http://www.fctc.org/dmdocuments/Smokefree\\_Air\\_Law\\_Enforcement.pdf](http://www.fctc.org/dmdocuments/Smokefree_Air_Law_Enforcement.pdf)

### Smoking Cessation:

- MDQuit Resource center has a website with information concerning smoking cessation skills, interventions, and resources. We also conduct a number of different trainings throughout the state for providers who want to learn more about how to implement cessation services, how to connect their patients/clients with the Quitline (Fax to Assist), and how to incorporate population specific information into cessation efforts.

<http://mdquit.org/>