

H.E.A.L. Help Empower All of Louisiana

Tobacco-Free Policy Development Toolkit *Hospital Version*



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H.E.A.L. Manual: Tobacco-Free Policy Development Toolkit, Hospital Version

Introduction & Purpose

Hospitals are ideal role models of healthy environments within the community. The initiative for healthcare facilities to become 100% tobacco-free supports this goal by protecting patients, employees and visitors from any exposure to secondhand smoke.

According to the 2010 U.S. Surgeon General's Report, there is no safe level of exposure to tobacco smoke. Adopting a 100% tobacco-free campus-wide policy is necessary to eliminate secondhand smoke exposure in healthcare settings, in addition to aiding employees, patients, and visitors in their quit attempts. These policies include parking lots, sidewalks, lawn areas, and hospital-owned properties.

Benefits of a 100% Tobacco-Free Campus-Wide Policy

- Showcase your hospital's role as a community leader in protecting the health of the public and motivate others to do likewise.
- Reduce healthcare costs due to illness caused by tobacco use and exposure, and reduce expenses incurred by loss of productivity and absenteeism.
- Support people in quitting tobacco by enhancing cessation benefits and resources offered to employees and patients.

Background

Project H.E.A.L. (Help Empower All of Louisiana) was piloted from June 2008 to July 2009 among seven critical access hospitals as a resource to help them adopt 100% tobacco-free policies. The program has proven to be an effective tool for policy implementation and systems intervention for tobacco control. Feedback gathered during the pilot contributed to the enhancement and progression of H.E.A.L. into a statewide initiative sponsored by the Louisiana Department of Health and Hospitals Tobacco Control Program. Our goal is for 100% of Louisiana hospitals to become tobacco-free, and this manual provides technical assistance and step-by-step instructions to help make that become a reality.

Online Resources

To learn more about the Louisiana Tobacco-Free Healthcare Facilities program, visit the Healthcare Providers section at www.QuitWithUsLA.org. Provider downloads include:

- Tobacco Cessation Brochures (English & Spanish)
- Fax-To-Quit Louisiana Online Enrollment Forms and Training Modules
- Louisiana Tobacco Quitline Information
- The 5 A's: Steps to Tobacco Intervention
- Tobacco-Free Healthcare Facilities HEAL Toolkit (Hospitals & Clinics)
- Medicaid and Medicare Information
- Louisiana Tobacco Cessation Consortium and Healthy Communities Coalition Information
- LSU Tobacco Control Initiative Information

Section I: Policy Development



Writing Your Policy

Below is a suggested timeline of steps involved in the development of a 100% tobacco-free campus policy.

Phase I

- Top management to seek approval of the hospital board to begin working on a tobacco-free campus policy.
- Develop Tobacco-Free Policy Oversight Committee.
The committee should represent the following departments at the highest level: HR, medical staff (physicians and nurses), communications and marketing, pharmacy, security, facilities management, community outreach, and at least two tobacco users. The oversight committee can be subdivided into subcommittees to include cessation, communication and marketing, and policy development.
- Designate committee and subcommittee chairpersons.
- Set a policy implementation date.
- Conduct the H.E.A.L. **Observational Checklist for Tobacco Use** (p. 16) to capture baseline data. *This can be used as comparative data to measure policy impact and compliance once the policy is in place.*
- Review the model policies provided in the H.E.A.L. toolkit (p. 17-19). Use the model policies as a guide for developing a tobacco-free campus policy for your facility.
- All of these documents can be downloaded at www.quitwithusla.org in the healthcare providers section.

Phase II

- Using model policies, determine the policy parameters for your facility.
Recommendations:
 - Include psychiatric units, detox units, terminally-ill clinic areas, and facility vehicles.
 - Determine policy for visitors and patients regarding smoking in personal vehicles.
 - Contact building owners where you have employees located off-site and encourage them to become tobacco-free on their site also.
 - Define policy enforcement mechanism and responsibilities. *Strongly recommended.*
- Write policy.
- Present policy to legal counsel for review, changes and approval.

Phase III

- Present policy to hospital board for discussion and input.
- Present policy to the hospital board for passage.

Tips & Tools

- Have additional security staff available for the first several weeks of the new policy and encourage active outreach. Enforcement of the policy in the early stages is a very important part of successful implementation.
- Use the toolkit on www.QuitWithUsLA.org (Healthcare Providers section) to review model policies, promotional materials, signage and patient/employee materials.
- Register with the Fax-To-Quit program at www.QuitWithUsLA.org (Healthcare Providers section) to receive additional information about policy development and upcoming cessation webinars and other toolkit updates.

Communicating Your Policy

Develop a comprehensive communication plan that assures a good flow of information throughout the organization. The communication plan should include outreach to tobacco users and the community at large.

Phase I

- Committee chair to communicate policy committee progress to facility's chief executive.
- Inform all employees of the expected policy and solicit their support.
- Develop procedure for informing all patients of the new policy.
- Develop communication plan for announcing the policy initiative to the community.

Consider using posters, banners and flyers to inform employees, patients and visitors of the upcoming policy ("coming soon").

Phase II

- Develop policy overview fact sheet to include information on cessation resources. This document should be used to provide policy information to hospital visitors, contractors, etc.
- Announce policy on facility website. An explanation of the tobacco-free policy should be included in the employment opportunities section of the website.
- Develop policy education materials to be issued during patient registration. Policy materials should include available cessation resources. *Patient registration personnel should verbally inform patients of the policy.*
- Walk through campus to determine where signage is needed, including large signage at main entries to campus.
- Develop signage to be posted throughout campus, including all areas where current tobacco use is allowed and near all cigarette butt receptacles. *Signage should have a continuous presence throughout the hospital campus and should be attractive and bold. There should be an overwhelming number of signs posted on your facility campus. Good signage is a fundamental part of communicating the new policy.*
- Develop a banner to be hung in the hospital's main lobby and building exterior at the main entrance.
- Seek input from tobacco users regarding signage and promotional materials.
- Order signage.
- Prepare and send letter from hospital CEO to all employees informing them of the new policy, available cessation benefits, and asking for their full cooperation and support.
- Develop a letter to send to all physicians with hospital privileges so they can inform their patients about the new policy.
- Have hospital PR department begin outreach to all community media outlets, including newspapers, radio, television and newsletters.
- Prepare and submit an Op-ed piece from the CEO to the local newspaper.
- Determine manner in which hospital staff will be expected to interact with patients not in compliance with the new policy.
- Develop talking points for staff to use when communicating the policy to patients, visitors, other hospital staff and the media. Develop talking points using positive language. *Strongly recommended.*

Phase III

- Communicate with and make presentations to community leaders and groups, including medical, civic, governmental, business and religious organizations to announce hospital policy. Meet with media representatives, including editorial boards.
- Distribute patient flyers about new policy in all appointment reminders. Include a brief message regarding the tobacco-free campus policy on all automated appointment reminder calls.
- Start having patients sign the hospital Tobacco-Free Policy Consent Form.
- Announce the hospital tobacco-free policy on social media sites.
- Celebrate upcoming new policy with a fun event for all employees.
- CEO to conduct a Q&A session with all employees. Develop a set of Frequently Asked Questions based on the Q&A session.
- Contact, educate and assist adjacent community neighbors in becoming part of the tobacco-free campus. Work with them on concerns in anticipation of the new policy and possible impact on their property.
- Conduct training sessions for employees, including all security personnel, to role play approaching tobacco users in violation of the policy.
- Prepare media release for all local outlets.
- Mount new signage and banners at all entrances to the campus, in parking lot areas, etc.
- Have regular hospital-wide announcements reminding people of tobacco-free campus policy.
- Launch your policy by:
 - Sending out a media release
 - Conducting a ribbon cutting and media conference, including community partners
 - Hanging signage in main lobby with positive message
 - Making tobacco cessation counselors available in the lobby
 - Distributing materials about tobacco cessation resources and benefits and information about the Louisiana Tobacco Quitline
 - Handing out token gift to each employee who has quit
 - Encouraging all employees to sign in at launch area and have door prizes
 - Decorating with balloons and flowers
 - Having one-day amounts of NRTs available in the gift shop and in the emergency room for patients and staff
 - Honoring those who have helped to make the tobacco-free policy successful

Cessation

Cessation is an important component of a tobacco-free campus policy. The following are suggested steps for implementing cessation programs and services at your facility.

Phase I

- Complete the Tobacco Cessation Worksheet (p. 10).
- Use the Cessation Resource Assessment (p. 12) to assess the current cessation resources available to patients and employees. Include employee cessation medical insurance benefits.
- Strongly encourage all tobacco-using patients, unless medically counter-indicated, to initiate the use of NRTs upon entering the hospital. Clear cooperation and support from all referring physicians are essential.
- Establish an in-house group and individual counseling program and refer patients and staff to the Louisiana Tobacco Quitline at 1-800-QUIT-NOW and the Smoking Cessation Trust (p. 7).
- Establish a support system for employees who wish to quit.
- Make sure that the pharmacy can and does order sufficient supplies of NRTs in time for announcement of tobacco-free policy.
- Remove all cigarette receptacles on campus and in close proximity to the hospital facility.

Phase II

- Develop quit cards to issue to tobacco users. Quit cards are available through the Louisiana Tobacco Control Program. Please contact your local tobacco control representative to order. For more information, visit www.QuitWithUsLA.org, or email LTCPcessation@la.gov.
- Train providers to use the public health service clinical guidelines for treating tobacco use. Guidelines should be used in daily practice. *These guidelines are provided in the H.E.A.L. online toolkit (www.QuitWithUsLA.org in the healthcare providers section).*
- Develop protocol to implement stand-by orders for tobacco-dependent patients. *See **Inpatient Tobacco Cessation Form** (p. 27).*
- Provide physicians, nurse practitioners and other healthcare professionals with information on the Fax-To-Quit Louisiana program and have them sign up for Fax-To-Quit at www.QuitWithUsLA.org (p. 29).
- Announce availability of low-cost medications and cessation counseling. *Do this in conjunction with communications team.*

Phase III

- Conduct the Hospital Employee Tobacco Use Survey to measure tobacco use and utilization of cessation benefits and services.
- Promote the counseling and tobacco cessation pharmaceutical products and services available to all employees. Share information on incentives to quit, such as lower premiums for health insurance coverage, and free resources (Louisiana Tobacco Quitline, Smoking Cessation Trust, and access to free NRTs available to employees and their family members if covered by hospital health insurance).
- Promote tobacco cessation resources for patients and the general community, including in-house group and individual counseling, the Louisiana Tobacco Quitline (1-800-QUIT-NOW), and Smoking Cessation Trust benefits.
- Remove all remaining cigarette receptacles a week before the new policy is enacted. *Removing receptacles after the policy is enacted will make it harder to enforce.*
- Remove and dismantle current smoking areas before new policy is enacted.

Smoking Cessation Trust

www.SmokingCessationTrust.org

The Smoking Cessation Program provided by SCT Management Services, L3C (SCTMS) is a statewide 10-year smoking cessation program to benefit all Louisiana residents who started smoking cigarettes before September 1, 1988 and desire to quit smoking. These smokers are known as Scott Class Beneficiaries.

This program provides for the reimbursement of Nicotine Replacement Therapy (NRT), Telephone Quit Line Services, Office Visits and Counseling. For more information on what resources are covered under the Program, a complete listing of eligible services can be found online at www.smokingcessationtrust.org.

Quit Line Benefits — What Your Patient Should Expect

- Unlimited toll-free calls to the Quit Line 24 hours a day, 7 days a week (during the active phase of your patient's quit attempt(s))
- A Quit Coach will create a personalized quit program for each patient
- Patients receive up to five (5) calls from their Quit Coach to receive support and encouragement
- The Quit Coach will track patient participation and outcome, help patients reassess their personalized Quit Program and help them decide if they need additional counseling and medication support
- Patients will receive follow-up calls from their Quit Coach at six (6) months and 12 months after they complete the program
- Access to online smoking cessation information and tools, as well as printed educational and motivational materials

Your patients can register at www.smokingcessationtrust.org or call us toll free at 855-529-6556.

*Some services require referral/order by a physician. Limits do apply to services based on the Smoking Cessation Program, as amended from time-to-time. If you have any questions regarding the Smoking Cessation Program and your patients' participation, please call the Smoking Cessation Claims Services at 1-888-684-0029.



Section II: Policy Tools



Sample Strategy for Implementing Tobacco Use Identification System

According to public health service clinical guidelines for treating tobacco use and dependence

Office System Change

- Expand the vital signs to include tobacco use, or implement an alternative universal identification system.

Responsible Staff

- Nurse, medical assistant, receptionist, or other individual already responsible for recording the vital signs. These staff must be instructed regarding the importance of this activity and serve as nonsmoking role models.

Frequency of Utilization

- Every visit for every patient, regardless of the reason for the visit.

System Implementation Steps

- Routine smoker identification can be achieved by modifying electronic medical record data collection fields or progress notes in paper charts to include tobacco use status as one of the vital signs.

Vital Sign

- Tobacco Use (circle one): Current Former Never

Tobacco Cessation Worksheet

The cost to implement a 100% tobacco-free campus-wide policy is unique to each hospital. The following worksheet will help to estimate potential costs as well as provide additional insight to consider throughout the policy implementation phase.

Step 1: Enter the number of employees.

How many people do you employ?

Step 2: Calculate the approximate number of tobacco users in your workplace.

Multiply number of employees by the estimated percentage of tobacco users in Louisiana (25.7%).

_____ X 0.257 = _____

Step 3: Calculate the approximate number of tobacco users who want to quit.

Multiply the number of tobacco users by 70%. According to the U.S. Centers for Disease Control and Prevention (CDC), at least 70% of tobacco users have some desire or intention to quit.

_____ X 0.70 = _____

Step 4: Calculate likely number of tobacco users who are ready to quit.

Most tobacco users want to quit; however, only 30% are ready to quit. Multiply number of tobacco users who want to quit (Step 3) by 30%. Keep in mind that others will be moving closer to quitting, but might not be ready and will be further motivated once the policy is implemented.

_____ X 0.30 = _____

Step 5: Calculate likely number of tobacco users who will use resources.¹

Even when resources are made available for free, it is very difficult to persuade people to use those resources. Multiply number of tobacco users who are ready to quit (Step 4) by 15%.

_____ X 0.15 = _____

Step 6: Calculate potential costs for medications.

Assuming a budget of approximately \$100 for medications per employee, multiply the number of tobacco users who will use resources (Step 5) by \$100.00.

_____ X \$100.00 = _____

Keep in mind that these costs will be a one-year expense. Currently the cost of each tobacco-using employee is approximately \$3,500 per year, according to the CDC. This accumulates year after year.

Step 7: Calculate total costs.

Add all additional costs.

Total medication costs (from above)	\$ _____
Staff training	\$ _____
Promotional signage	\$ _____
Access to cessation counseling	\$ _____
Access to Tobacco Quitline	\$ _____
Total Costs:	\$ _____

¹ This number is based on several assumptions 1) that you heavily promote the cessation benefits available and the benefits of quitting (in-house newsletter to employees, flyers in all employee areas, announcements about quitting and who to call, CEO letter to all employee informing cessation benefits and resources available in the hospital, community, and the LA Quitline at 1 800 QUIT-NOW(7848-669) available 24/7, specialists available to coach you through the quitting process and call you back once you set your quit date, send materials, etc.; 2) you heavily promote the fact that 'cold turkey' only works for about 8% of people, and that by using quitting medications and getting counseling you will DOUBLE your chances of quitting successfully; 3) you provide at no-cost, two rounds of NRT; or Chantix/varenicline; and/or Zyban. 4) For all those wanting to quit, counseling will be made available on work-time at no cost, and access to the quitline, and information will be provided about community resources.

Cessation Resource Assessment

Answer the following questions to identify the cessation resources available for your staff and patients.

1. Does your insurance contract include prescription coverage for stop smoking medications?
2. Does your facility provide over the counter nicotine replacement therapy medications for patients and staff?
3. Is cessation counseling offered at your facility to assist staff and patients?
4. Is cessation counseling available at other facilities within your community?
5. Do you participate in the Fax-to-Quit cessation referral program?
6. Does your facility provide Louisiana Quitline (1-800-Quit-Now) information to staff and patients?
7. Please list additional cessation resources available in your community.

You can do this.

LOUISIANA TOBACCO QUITLINE (1-800-QUIT-NOW)

- Free service for all Louisiana residents age 13 and older who are ready to quit within the next 30 days.
- Lines are open 24/7.
- Access to trained, dedicated QuitCoaches who have helped thousands of people quit using tobacco.
- QuitCoaches work with enrollees to develop a customized quit plan, which may include talking to their doctor about smoking cessation medications.
- Expanded services available for pregnant enrollees, including post-partum support.



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Hospital Employee Tobacco Use Survey (Post-Implementation)

The following is a sample survey for healthcare facilities to give to their employees who are current or former tobacco users, after implementation of the tobacco-free policy.

Thank you for taking time to complete this survey.

Have you quit using all tobacco products since the hospital announced becoming a tobacco-free campus? This includes cigarettes, cigars, electronic tobacco devices, and all smokeless tobacco products.

- Yes – If you answered “YES,” please answer the six questions in Section 1.
- NO , not yet – If you answered “NO,” please answer the seven questions in Section 2.

Section 1: Yes, I have quit using all tobacco products.

- 1. When was your quit date:** _____ / _____
Month Year
- 2. Have you used any medications to help quit tobacco since the hospital announced becoming a tobacco-free campus? (Check all that apply.)**
 - ☐ Nicotine patch
 - ☐ Nicotine gum
 - ☐ Bupropion (Zyban, Wellbutrin)
 - ☐ Varenicline (Chantix)
 - ☐ None
 - ☐ Other: _____
- 3. Are you still using any medications to help you stay quit? (Check all that apply.)**
 - ☐ Nicotine patch
 - ☐ Nicotine gum
 - ☐ Bupropion (Zyban, Wellbutrin)
 - ☐ Varenicline (Chantix)
 - ☐ None
 - ☐ Other: _____
- 4. Since the hospital announced becoming a tobacco-free campus, have you used any other aids or programs to help you quit tobacco? (Check all that apply.)**
 - ☐ Hospital employee wellness program
 - ☐ Louisiana Tobacco Quitline (1-800-QUIT-NOW)
 - ☐ Smoking Cessation Trust
 - ☐ Fax-to-Quit Louisiana
 - ☐ Websites (www.quitwithusla.org, etc.)
 - ☐ None of the above
 - ☐ Other: _____
- 5. Did the hospital going tobacco-free help you decide to quit using tobacco?**
 - ☐ Yes
 - ☐ No

6. How helpful were each of these items to you in quitting the use of tobacco?

A. Hospital going tobacco-free

- ☐ Very helpful
- ☐ Helpful
- ☐ Not helpful

B. Quitting medicines

- ☐ Very helpful
- ☐ Helpful
- ☐ Not helpful
- ☐ Didn't use

C. Talking with trained professionals (Quitline counselor, pharmacist, physician, healthcare provider)

- ☐ Very helpful
- ☐ Helpful
- ☐ Not helpful
- ☐ Didn't use

D. Support from a family member or friend

- ☐ Very helpful
- ☐ Helpful
- ☐ Not helpful
- ☐ Didn't use

Section 2: No, I have not yet quit using all tobacco products.

1. Have you tried to quit since the hospital announced becoming a tobacco-free campus?

- ☐ Yes
- ☐ No

2. Are you interested in trying to quit in the future?

- ☐ Yes
- ☐ No

3. Have you reduced your use of tobacco since the hospital announced becoming a tobacco-free campus?

- ☐ Yes
- ☐ No

4. Have you used any medications to help you quit tobacco since the hospital announced becoming a tobacco-free campus? (Check all that apply.)

- ☐ Nicotine patch
- ☐ Nicotine gum
- ☐ Bupropion (Zyban, Wellbutrin)
- ☐ Varenicline (Chantix)
- ☐ None
- ☐ Other: _____

5. Are you currently using any medications to help you quit tobacco? (Check all that apply.)

- ☐ Nicotine patch
- ☐ Nicotine gum
- ☐ Bupropion (Zyban, Wellbutrin)
- ☐ Varenicline (Chantix)
- ☐ None
- ☐ Other: _____

6. Since the hospital announced becoming a tobacco-free campus, have you used any other aids or programs to help you quit tobacco? (Check all that apply.)

- ☐ Hospital employee wellness program
- ☐ Louisiana Tobacco Quitline (1-800-QUIT-NOW)
- ☐ Smoking Cessation Trust
- ☐ Fax-to-Quit Louisiana
- ☐ Websites (www.quitwithusla.org, etc.)
- ☐ None of the above
- ☐ Other: _____

7. If you have attempted to quit, how helpful were each of these items to you in quitting the use of tobacco?

A. Hospital going tobacco-free

- ☐ Very helpful
- ☐ Helpful
- ☐ Not helpful

B. Quitting medicines

- ☐ Very helpful
- ☐ Helpful
- ☐ Not helpful
- ☐ Didn't use

C. Talking with trained professionals (Quitline counselor, pharmacist, physician, healthcare provider)

- ☐ Very helpful
- ☐ Helpful
- ☐ Not helpful
- ☐ Didn't use

D. Support from a family member or friend

- ☐ Very helpful
- ☐ Helpful
- ☐ Not helpful
- ☐ Didn't use

Thank you for completing this survey.

Observational Checklist for Tobacco Use on Campus in Outdoor Areas

Implement at the following intervals: Prior to implementation, 6 and 12 months after implementation, Annually

Background Information

Hospital Name: _____

Department: _____

Date: _____ / _____ / _____

Location of Observance: _____

Briefly describe weather conditions: _____

Time of observation: _____ Start ____:____ a.m./p.m. End ____:____ a.m./p.m.

Specific Questions

1. Is tobacco use permitted in this area? ☐ YES ☐ NO
2. If tobacco use is not permitted in this area, are there signs posted clearly stating that the area is tobacco-free? ☐ YES ☐ NO
3. Do you see people using tobacco in this area? ☐ YES ☐ NO
 - A. If yes, how many people do you see using tobacco in this area? # _____ people
 - B. Who is using tobacco in this area? (Check all that apply.)
 - ☐ Employees (# _____)
 - ☐ Patients (# _____)
 - ☐ Visitors (# _____)
4. Do you smell cigarette smoke? ☐ YES ☐ NO
 - If yes, how strong is the odor of the cigarette smoke?
 - ☐ LIGHT ☐ MODERATE ☐ HEAVY
5. Do you see cigarette butts? ☐ YES ☐ NO
 - If yes, approximately how many cigarette butts do you see?
 - ☐ 1-10 ☐ 11-25 ☐ 26-50 ☐ Too many to count
6. Do you see anyone approaching a person using tobacco and asking them to stop? ☐ YES ☐ NO
7. Please provide any additional comments you may have.

Model Tobacco-Free Hospital Policy #1

Purpose

- To reduce health-related risks associated with tobacco products to patients, visitors and staff
- To provide a clean, safe and healthy environment for patients, staff and visitors
- To promote and encourage healthy lifestyles, wellness, prevention and the treatment of diseases throughout our communities
- To influence public attitudes about tobacco products
- To support tobacco users who wish to quit by offering tobacco cessation assistance

Policy

It is the policy of _____ (hospital) to provide a tobacco-free workplace and environment, prohibiting the use of all tobacco products on premises owned by the hospital, on hospital grounds (leased or owned), outpatient facilities, business entities, vehicles parked on hospital grounds, in parking lots and ramps, sidewalks adjacent to hospital property, and in all hospital-owned vehicles. Staff, physicians, inpatients, hospital-based outpatients, visitors, students, vendors and volunteers are prohibited from using tobacco on all hospital premises.

Staff members are prohibited from trespassing and/or occupying adjacent properties for reasons such as to utilize tobacco products.

The use of tobacco products is prohibited in personal or private vehicles if the vehicle is on hospital property.

Violations of this policy by staff could lead to disciplinary action, up to and including termination from employment.

Procedures

1. Staff members, physicians, inpatients, hospital-based outpatients, visitors, students, vendors, contractors, subcontractors, volunteers and others are prohibited from using all tobacco products and electronic smoking devices on all _____ (hospital) premises.
2. "Premises" are defined as all _____ (hospital) owned and leased buildings and grounds, parking lots and ramps, hospital-owned vehicles, private vehicles on hospital property, and sidewalks adjacent to hospital property.
3. Signs will be posted at all entrances and displayed in prominent, visible areas regarding use of tobacco products in accordance with this policy.
4. Hospital leadership will orient staff members to the tobacco-free policy. Human Resources will also inform employment candidates of this policy during interviews and in new staff orientation. Inpatients will receive information regarding the tobacco-free policy upon admission. Physicians should notify patients prior to their appointment or admission that the hospital has a tobacco-free policy.
5. Assistance, via smoking cessation programs, will be provided to individuals who wish to stop smoking.
6. If a visitor or patient adamantly refuses to comply with this policy, Hospital Police/Security may be called. Visitors who refuse to comply with this policy may be asked to vacate the premises. In extreme cases, persons may be issued a fine of not more than twenty-five dollars (\$25).
7. Employees who fail to comply with this policy will be subject to corrective action. Verbal counseling, initial written warning, final written warning, suspension, and termination are progressive corrective actions that will be followed if violations continue.
8. Staff members are also expected to help enforce the policy with visitors.

Model Tobacco-Free Hospital Policy #2

Policy

The hospital is committed to the delivery of quality healthcare in an environment exemplary of good health. Accordingly, the sale or use of tobacco (smoking, smokeless, and electronic tobacco products) shall be prohibited throughout the hospital.

Objective

A recent report by the U.S. Surgeon General documents the serious and deadly health effects of involuntary exposure to tobacco smoke. Secondhand smoke is a major cause of disease, including lung cancer and coronary heart disease in healthy nonsmokers. Today, massive and conclusive scientific evidence documents adverse effects of involuntary smoking on children and adults, including cancer and cardiovascular diseases in adults, and adverse respiratory effects in both children and adults. This policy is intended to eliminate the potential for exposure to secondhand smoke and smokeless tobacco products on hospital premises.

Procedure

I. Areas Covered By Policy. The following areas are tobacco-free:

- (Hospital's name)
- (School of Medicine)
- All property leased or owned by hospital
- Parking lots, sidewalks and grounds designated for hospital patients, visitors and staff
- Areas located within 50 linear feet of hospital-controlled buildings, parking areas or parking structures
- (Campus Health Services)

II. Policy Enforcement — All faculty and staff members are responsible for courteous enforcement of this policy.

A. Patient Responsibilities

1. Inpatient Assessment / Compliance – During the pre-admission process or admission assessment, the nurse will determine if the patient is a tobacco user; if so, the nurse will document such in the patient's record and remind the patient that hospital is a tobacco-free environment. For patients who use tobacco and desire assistance complying with this policy, the nurse will contact the admitting physician to discuss potential forms of assistance.
2. Outpatients – Outpatients are subject to the same restrictions as other visitors to the hospital.
3. Patient Compliance – In situations where patients do not comply with the tobacco-free policy, the staff will instruct the patient on the details of the policy and request that the patient surrender all tobacco products. Resistive or uncooperative patients will be informed that the policy will be enforced. Issues with patients who continue to resist compliance with the tobacco-free policy will be presented to the patient's attending physician for resolution. Patients may be discharged AMA for failure to comply with this policy. An incident report must be completed and forwarded to Risk Management.

B. Physician Responsibilities

The attending physician will assess and discuss the need for Nicotine Replacement Therapy (NRT) with the patient who is a tobacco user, and if indicated, write an order for NRT.

When a patient is to be admitted for elective surgery or other procedure, the attending physician and/or other appropriate staff members will discuss this policy prior to hospitalization.

C. Visitor Responsibilities

Visitors to hospital are expected to comply with the tobacco-free policy which is displayed throughout the hospital property by signs and conveyed to visitors by staff.

Visitors who are found to be noncompliant with the tobacco-free policy should be courteously asked to comply with the tobacco-free policy. Visitors who refuse to comply with this policy may be asked to vacate the premises.

D. Employee Responsibilities

In addition to personally adhering to the tobacco use restrictions in this policy, staff must courteously inform patients and visitors of this policy and request their compliance. Staff members are also encouraged to give hospital tobacco-free informational cards to visitors observed using tobacco products.

Employees found to be using tobacco products in violation of this policy will be instructed to discontinue the use of any tobacco products and shall be reported to their immediate supervisor for appropriate action as follows:

First Incident – Documented Employee/Supervisor Conference

Second Incident – Written Warning

Third Incident – Final Written Warning

Fourth Incident – Pre-Dismissal Conference/Suspension

Employees are required to comply with all aspects of the core behavior standards including safety regulations. Any violations of this policy will be specifically cited in the employee's next performance evaluation.

E. Hospital Police and Security Officer Responsibilities

If a visitor or patient adamantly refuses to comply with this policy, Hospital Police may be called. Security Officers should initially respond to these types of complaints to reinforce staff requests for policy compliance. Visitors who refuse to comply with this policy may be asked to vacate the premises. In extreme cases persons may be issued a fine of not more than twenty-five dollars (\$25).

III. Education

Signs will be posted which clearly state that hospital is a tobacco-free campus. Education regarding the tobacco-free policy and options for tobacco cessation activities will be provided to employees at new employee orientation and periodically thereafter. Education and options for tobacco cessation activities will also be provided as appropriate to patients as a part of their medical care. In-patients will receive information regarding the tobacco-free policy upon admission.

Related Policies

The corrective action for the failure to follow policy and procedure is described in the Hospital Human Resources Policy: Corrective Action. Refer to the human resource policy for more detailed information or contact Human Resources for assistance.

Hospital Policy Pertaining to Employees Leaving the Campus

Employees may leave their assigned work area during unpaid meal and break periods; however, employees who work within a facility on Hospital property may not leave the Hospital property during a paid break period. In addition, employees may not leave Hospital property at any time during their scheduled shift without notifying their supervisor or designee.

Non-exempt employees, who work within a facility on Hospital property, must badge out when leaving (and badge in upon returning to) Hospital premises during their shift for any non-Hospital reasons.

Memorandum on Breaks

To: All Employees

From:

Date:

Re: Hospital Policy on Breaks

This is to clarify our policy on breaks and conducting personal business by non-exempt employees during working time. According to our policies:

Only [INSERT NUMBER], [INSERT NUMBER OF MINUTES] breaks are allowed during a normal shift. All breaks are subject to the approval of your manager or supervisor depending on workload and coverage of the department.

Please see the policy manual regarding Hours of Employment, Non-Exempt Employees.

You may not leave the hospital grounds, your duty stations, or your assigned work, without prior approval of your Department head or immediate supervisor.

Please see the policy manual regarding Work Rules & Regulations, Termination of Employment (Reasons that might lead to dismissal).

It is imperative that employees only take breaks that can be easily accommodated by their department, meaning that there is someone who can and will assume the responsibilities of the employee who is on break. Breaks are limited to a maximum of [INSERT NUMBER OF MINUTES] each, and employees are not to leave their workplace campus while on break (except for any unusual circumstances that must be approved in advance by your manager or supervisor).

If on rare occasions, you must leave campus to conduct personal business, you must do so only after it has been approved by your manager or supervisor. For lunch and other breaks of more than [INSERT NUMBER OF MINUTES], all employees must clock out when they leave the workplace and clock in upon their return.

Employees on any paid break may not drive or ride in any motor vehicle on or off hospital premises, and may not leave the premises to visit any other business establishment. Our breaks are intended to give employees a brief and welcomed rest from work, and are not intended to be used as opportunities to leave our campus.

Standards of Appearance

Employees are not to have a recognizable odor of tobacco smoke when on duty.

The use of tobacco products (including cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, snus, electronic cigarettes, etc.) is not allowed on hospital campuses or facilities or by employees during work time (see policies on Tobacco-Free Workplace).

Nicotine replacement products including patches, gum, lozenges, nasal spray and inhalers may be used during work hours, but usage should be discrete and in accordance with physician and product manufacturer directions.

Sample Employee Non-Tobacco User Affidavit

This is a sample document that is optional and can be used at the discretion of the health care facility.

I declare that I and everyone in my family covered under the (hospital) medical plan are “Non-tobacco users”. “Non-tobacco use” means I and my covered family members have not used any cigarettes, pipes, cigars, chewing tobacco, snuff, or any other tobacco products regardless of the number of times, frequency or method of use, within the last 90 days immediately preceding this affidavit. I understand that if I or any of my covered family members uses a tobacco product at any time between the date this affidavit is signed and (specific date), I will no longer be eligible to be designated as “non-tobacco user” and must inform Human Resources.

If I and everyone in my family covered under the hospital’s medical plan stop using tobacco products for the 90 days preceding (inset date), I can sign an affidavit and request to be designated a non-tobacco user. Completed affidavits must be received in Human Resources by 5 p.m. on (insert date).

Additional opportunities to stop using tobacco products and request a non-tobacco user designation are available during 2013 by signing an affidavit by April 1, July 1, or October 1 signifying that I and my covered family members have not used any cigarettes, pipes, cigars, chewing tobacco, snuff, snus, electronic cigarettes, or any other tobacco products regardless of the number of times, frequency or method of use, in the previous 90 day period.

I understand that I, or any covered member of my family, may be tested for tobacco use at any time, and, if I falsely claim the non-tobacco user discount on my application for Medical Coverage or in this affidavit, that all medical claims submitted after the date of this affidavit that are related to tobacco use can be denied; the non-tobacco user status can be rescinded and; I may be subject to corrective action.

I, the applicant, have read the above and understand the penalties that may apply if my statements are false.

Printed Name: _____ Employee Number: _____

Signature: _____ Date: _____

PLEASE RETURN TO HUMAN RESOURCES BY [INSERT TIME] ON [INSERT DATE] TO KEEP DISCOUNTED NON-TOBACCO RATES FOR THE HEALTHCARE PLAN.

Patient Consent Form: Tobacco-Free Campus-Wide Policy

I, _____, am aware that this hospital is now 100% tobacco-free campus wide. I understand that this policy protects everyone from exposure to the harmful effects of secondhand smoke.

I understand that I will heal and recover faster if I refrain from using tobacco. I have been informed that I am eligible to receive tobacco quitting medications at no cost and that my healthcare provider will talk with me about quitting the use of tobacco and/or provide resources to help me stay tobacco-free while I am a patient.

I understand that the tobacco-free campus wide policy was developed and passed because the hospital and staff care about my health, and that the policy applies to anyone coming onto the hospital campus. I will inform any visitors coming to see me of this policy.

I understand that I cannot leave the hospital to use tobacco products anywhere on the hospital campus.

I understand that if I decide to leave the hospital campus for any reason, I am effectively discharging myself from the hospital and will have to be readmitted by the admitting or emergency department. I understand that this hospital's discharge policy helps protect me as a patient from injury and everyone in the hospital from the spread of infection.

I agree to abide by the hospital's policy to not use tobacco products anywhere on the hospital grounds, and to not leave the hospital grounds while I am an inpatient.

Patient Signature: _____ Date: _____

Witnessed By: _____

Healthcare Provider Signature: _____ Date: _____

Family Member Signature: _____ Date: _____

A copy of this signed document will be placed in your patient file.

Inpatient Tobacco Cessation Consultation Form

Facility: _____ Unit: _____

Consult Requested By: _____ Date: ____/____/____

MRN: _____

Patient Name: _____

DOB: ____/____/____ Gender: MALE FEMALE

Home Phone: _____ Cell Phone: _____

Alternate phone: (___Work, ___Family Member, ___Other): _____

Mailing Address: _____

Was patient advised to quit tobacco use? ☐ YES ☐ NO

Is patient ready to quit within the next 30 days? ☐ YES ☐ NO

Was patient given self-help material? ☐ YES ☐ NO

Does patient want to be called by the Quitline? ☐ YES ☐ NO

I give my permission to have my contact information faxed to Fax-to-Quit Louisiana for follow-up phone counseling (Fax-to-Quit referral must also be completed).

Patient Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Was Medication Consult provided by physician? ☐ YES ☐ NO

Does patient want Medication Only? ☐ YES ☐ NO

Consulting Physician printed name (or stamp): _____

Signature: _____ Date: _____

Medication Prescribed (please attach prescription to referral form):

- ☐ Wellbutrin SR 1 Q Day X3 Days, then 1 PO BID 150 mg, #120, no refills
- ☐ Chantix Day 1-3: 0.5 mg once daily; Day 4-7: 0.5 mg twice daily; Day 8-end of 12 week treatment: 1mg twice daily
- ☐ NRT Patch For > 10 Cigarettes apply 1 patch (21mg)
 - Transdermal route once daily for 2 weeks
 - For < 10 Cigarettes apply 1 patch (14mg)
 - Transdermal route once daily for 2 weeks
- ☐ Other: _____

If no medication prescribed, please check reason:

___Pregnant ___Seizure Disorder ___Eating Disorder ___Refused ___Other

Adopted from Louisiana State University Health Sciences Center

Nicotine Replacement Therapy Inpatient Order Sheet

Date/Time: _____ / _____

Patient smokes _____ cigarettes per day

Patient smokes the first cigarette _____ minutes after awakening

Nicotine Replacement Therapy Orders

Remove all nicotine products in the patient's room and send home with family prior to beginning nicotine replacement therapy

Select ONE replacement therapy:

☐ **Nicotine Transdermal Patch**

___ Apply 14 mg patch topically every 24 hours rotating sites for patient using 10 or less cigarettes/day

___ Apply 21 mg patch topically every 24 hours rotating sites for patient using 10 or more cigarettes/day

OR

☐ **Nicotine Polacriex Gum**

___ Chew 2 mg gum by mouth every 1 hour as needed for patient using less than 25 cigarettes / day

___ Chew 4 mg gum by mouth every 1 hour as needed for patient using 25 or more cigarettes / day
Instruct patient: Chew the gum slowly until it tingles. Then park it between the cheek and gum. When the tingle is gone, begin chewing again until the tingle returns. Repeat this process until most of the tingle is gone (usually about 30 minutes). Do not eat or drink for 15 minutes before using gum or while chewing a piece.

OR

☐ **Nicotine Polacrilex Lozenges**

___ Allow 2 mg lozenge to dissolve in mouth every 1 hour as needed for patient smoking first cigarette more than 30 minutes after first awakening

___ Allow 4 mg lozenge to dissolve in mouth every 1 hour as needed for patient smoking first cigarette 30 minutes or less after first awakening

Instruct patient: Do not eat or drink for 15 minutes prior to or during the use of a lozenge. The lozenge should be sucked on until it dissolves. Do not bite, chew or swallow the lozenge.

Physician signature: _____

Tobacco-Free Campus Patient Discharge Policy

Thanks to everyone for your support and leadership during the first few weeks of our tobacco-free environment at the hospital. The response from our patients, visitors, and employees has been overwhelmingly positive. One area of concern is patients who leave the hospital grounds to smoke. Our policy regarding patients is as follows:

1. All patients are asked about tobacco use and willingness to quit upon admission. This is documented in the admission assessment.
2. Those who smoke 10 or more cigarettes a day should generally be prescribed Nicotine Replacement Therapy (NRT) unless contraindicated. This becomes part of the patient's treatment plan to decrease withdrawal symptoms during the hospitalization. As with other medications, the patient may refuse to use the NRT.
3. If a patient expresses a desire to quit or smokes 40 or more cigarettes a day (2 packs per day), please contact the Nicotine Dependence Program at (insert phone # or email address.)
4. Admitted patients are not allowed to leave the hospital to smoke or for any other reason. This is for the patient's safety. Reactions to medications, problems with IV pumps and patient injury due to vehicle traffic and construction may occur.
5. If a patient insists on leaving the hospital to smoke, or for any other reason, the attending physician should be notified. Please refrain from directing patients to the periphery of the property outside the tobacco-free zone. Our goal is to help our patients become healthier.
6. Should a patient insist on leaving to smoke, an against medical advice form is completed, and the patient is discharged. All IVs or other medical devices must be removed (d/c IV catheter, foley, etc). If the patient returns, s/he must be readmitted via Admitting or the Emergency Department.
7. If the patient refuses NRT, the nurse or physician should assess the patient's understanding of the policy and ask if the patient believes they can remain tobacco-free during hospitalization. If the patient is uncertain or feels unable to adhere to the policy, please explain the consequences of tobacco use during hospitalization (i.e. discharge) and contact the Nicotine Dependence Program for assistance (insert phone # or email address).

Fax-To-Quit Louisiana

Fax-To-Quit Louisiana helps health care providers provide an easy and seamless counseling component to patients who are ready to quit tobacco. To become a certified Fax-To-Quit provider, you'll need to complete a brief training module in the Fax-To-Quit section of www.QuitWithUsLA.org.

Certified Health Care Provider Toolkit

For participating in the program, you will receive a Fax-To-Quit Certified Health Care Provider Tool Kit featuring:

- Fax-To-Quit Manual
- Fax-to-Quit Referral Form
- Office Guide
- Medicaid Brochure
- Quit Referral Cards

Section III: Communication Tools



Downloadable Communication Tools



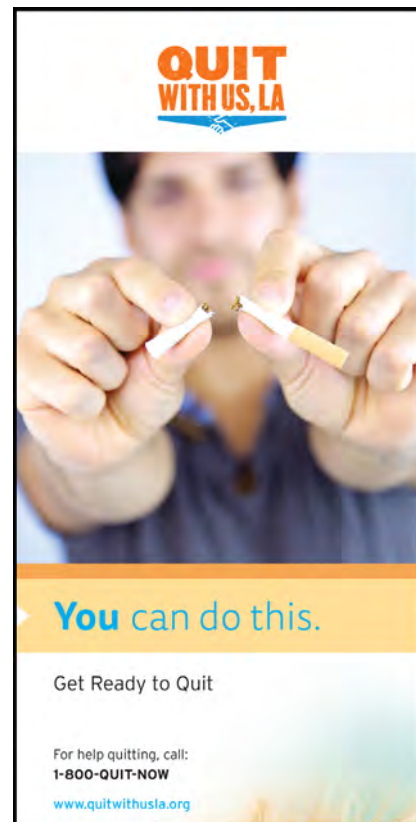
**All {Insert name of hospital}
Campuses & Properties
are 100% tobacco-free,
both indoors and out.**

Thank you for your cooperation in providing a safe and healthy environment for our patients, visitors and staff. A 100% tobacco-free environment is part of our commitment to improving the health of our community.



**All Hospital
campuses & properties
are 100% tobacco-free
both indoors and out**

Thank you for your help in providing a safe and healthy environment for our patients, visitors and staff. A 100% tobacco-free environment is part of our commitment to improving the health of our community.



Please visit www.QuitWithUsLA.org, Health Care Provider Resources section, for customizable print templates, smoke free icons, and free downloadable resources such as:

- Get Ready To Quit brochure
- Quit Cards
- Benefits of Smoke-free Pregnancy brochure
- Thirdhand Smoke Card
- New Year's Quit flyer
- Tobacco-Free campus signs and handouts

Sample Press Release

INSERT DATE HERE

INSERT HOSPITAL CONTACT INFO

(INSERT NAME OF HOSPITAL HERE) **Announces Tobacco-Free Campus Policy**

[INSERT CITY, STATE] – [INSERT NAME OF HOSPITAL HERE] has adopted a 100% tobacco-free campus policy that will become effective [INSERT DATE HERE]. As of this date, patients, staff and visitors will no longer be allowed to use tobacco products of any type, including smokeless and electronic tobacco products, on any part of the hospital campus. The policy includes parking lots, sidewalks, lawn areas, and all hospital-owned properties.

According to the 2010 U.S. Surgeon General’s Report, there is no safe level of exposure to tobacco smoke. Adopting a 100% tobacco-free campus-wide policy not only eliminates secondhand smoke exposure for patients, staff and visitors, but also demonstrates [INSERT NAME OF HOSPITAL]’s commitment as a community leader in protecting the health of the public.

“As a leading healthcare facility, [INSERT NAME OF HOSPITAL] should be a health and wellness role model for our community, so it’s important for us to set an example by helping to reduce tobacco use and exposure to secondhand smoke,” said [INSERT NAME AND TITLE OF HOSPITAL OFFICIAL].

[INSERT NAME OF HOSPITAL] is committed to helping its patients and staff to prepare for this change and is offering free tobacco cessation assistance for those who would like to quit. [INCLUDE DETAILS ABOUT CESSATION RESOURCES BEING OFFERED FOR STAFF AND PATIENTS.]

To prepare for the transition to a tobacco-free campus, [INSERT NAME OF HOSPITAL] received assistance from the Louisiana Department of Health and Hospitals Tobacco Control Program, through its Tobacco-Free Healthcare Facilities program known as “H.E.A.L. – Help Empower All of Louisiana.” Hospitals wanting to become tobacco-free can receive a toolkit to help them with planning, promotion and implementation of the policy, including:

- A policy development guide outlining every stage of the process, from informing the board of directors to notifying the public and posting signage.
- Employee surveys to determine the number of hospital employees who would need help with cessation.
- A patient consent form that ensures all hospital visitors are complying with the new tobacco policy.
- Information cards for employees and patients letting them know about cessation services provided by the State (Louisiana Tobacco Quitline, 1-800-QUIT-NOW).
- Certification through the Louisiana Fax-To-Quit program, which allows health care providers to refer patients to the Quitline for cessation counseling.

Hospitals, clinics and other healthcare facilities that are planning to become tobacco free can visit www.QuitWithUsLA.org and click on the healthcare providers section for information to get started and to download the Tobacco-Free Healthcare Facilities Toolkit. Patients, visitors, staff and community members can also receive free help to quit through the Louisiana Tobacco Quitline (1-800-QUIT-NOW).

About [INSERT NAME OF HOSPITAL HERE]

Add statement about your hospital here.

Sample Letter to Editor

Dear Editor,

[INSERT NAME OF HOSPITAL HERE] is adopting a 100% tobacco-free campus policy effective [INSERT DATE HERE]. As [INSERT AUTHOR'S TITLE], I am in full support of this decision to provide a safer and healthier environment for our staff, patients and visitors.

According to the 2010 U.S. Surgeon General's Report, there is no safe level of exposure to tobacco smoke. Adopting a 100% tobacco-free campus-wide policy not only eliminates secondhand smoke exposure for patients, staff and visitors, but also demonstrates [INSERT NAME OF HOSPITAL]'s commitment as a community leader in protecting the health of the public.

I'm pleased that we are setting an example by helping to reduce tobacco use and exposure to harmful secondhand smoke. With this policy in place, we are not only creating a smoke-free environment, but we are also eliminating all tobacco use, including smokeless/chewing tobacco and electronic tobacco products. Smokeless tobacco causes numerous types of cancer of the mouth and throat, as well as gum disease, heart disease and other types of cancer.

Tobacco is an extremely addictive substance, and it is the leading cause of preventable death in our state and country, killing more than 440,000 Americans and 6,500 Louisianans each year. For every person who dies from smoking-related illness, another 20 live with illnesses that cause great suffering for them and their loved ones, according to the U.S. Centers for Disease Control and Prevention.

More than two-thirds of U.S. smokers want to completely stop smoking and more than 50% have tried to quit in the past year. Counseling received through the Louisiana Tobacco Quitline (1-800-QUIT-NOW) can increase the chances of a successful quit attempt. [INSERT NAME OF HOSPITAL] is also offering free cessation resources for its employees and patients. I hope that tobacco users will take this opportunity to receive free help to quit.

Members of the community who would like to learn more about [INSERT NAME OF HOSPITAL]'s tobacco-free policy can visit [INSERT WEBSITE], and for more information about quitting tobacco, visit www.QuitWithUsLA.org or call 1-800-QUIT-NOW.

Sincerely,
[INSERT NAME AND TITLE]

Frequently Asked Questions

This information sheet of frequently asked questions is to assist managers, supervisors, and staff in providing consistent communication to all employees, patients, visitors and media.

Q: What does tobacco-free campus mean?

A: Smoking and the use of tobacco products (includes but is not limited to cigarettes, cigars, e-cigarettes, chewing tobacco, snuff and pipe smoking) are not permitted by anyone on the campus of any (Insert name of hospital/clinic) owned/leased properties, or in hospital owned/leased vehicles.

Q: Why are (Insert name of hospital/clinic) properties/facilities tobacco-free?

A: As a major provider of health care in the community, we are committed to leading by example and creating a healthy environment for our patients, visitors, employees and volunteers who are on our campus. This initiative sets a positive example in the community.

Q: Are other hospitals becoming tobacco-free?

A: Yes. This is a growing trend among hospitals nationwide to become completely tobacco-free and eliminate designated smoking areas.

Q: To whom does the policy apply?

A: All persons, including employees, volunteers, students, patients, visitors, vendors, contractors and others who work in or visit hospital buildings, parking lots and grounds.

Q: Where on the campus does the tobacco-free policy apply? Is smoking allowed inside cars?

A: Tobacco use is prohibited on all areas of the campus, inside and outside, including inside cars that are parked on hospital property.

Q: Isn't smoking a personal legal right?

A: We are not asking employees, visitors and patients to quit using tobacco products but simply to refrain from using tobacco products while visiting or working at (Insert name of hospital/clinic).

Q: Why can't we have smoking huts that are designated outdoor locations?

A: Smoking and secondhand smoke are known health hazards. As a health care institution, we are committed not just to healing illness, but also to promoting wellness. Allowing smoking on our campus, even in designated areas, is not consistent with this commitment. We do not want our patients, visitors and employees to be exposed to secondhand smoke while on our campus.

Q: What kind of support is provided to inpatients who smoke?

A: The attending physician should assess and discuss the need for NRT or pharmacological quit aids with the patient, and if indicated, write an order for such an aid using the Nicotine Withdrawal Order Form. Inpatients who smoke will receive at least one brief intervention by a trained tobacco cessation counselor to assess readiness to change their smoking behavior and be given information about the cessation resources available to help them quit.

Q: What if the doctor writes an order for a “smoke break” for an inpatient?

A: A physician’s order to allow a patient to smoke (“a smoke break”) will not be honored. The Nursing staff will follow the hospital’s policy.

Q: How will the tobacco-free policy be enforced?

A: All employees are accountable and responsible for using appropriate protocol for occasions when any person uses tobacco products on the hospital campus.

Q: What do I do if a visitor or patient becomes angry or disruptive because of the policy or being asked to stop using tobacco on the campus?

A: Be polite and calm. Avoid confrontation. If talking to a visitor, calmly say, “I understand that you are upset.” Report to campus security if possible.

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

A: Management responsibilities include:

- Understand and follow the policy yourself.
- Discuss the policy with your employees and encourage their questions.
- Enforce the policy uniformly and fairly with all employees as well as medical staff, visitors, and patients.
- Support your employees’ efforts to inform patients, visitors, and other employees about the policy, resources and options.
- Review suggested scripts with employees.
- Be respectful of the employees who use tobacco, letting them know about the available resources the hospital is providing (tobacco cessation programs, nicotine replacement therapy).

Q: As a manager, what should I do if an employee leaves his or her work area for an extended period of time to smoke?

A: Employees who exceed the allocated time for breaks and lunch for any reason must be addressed by the manager or supervisor of that area. Managers are expected to enforce break- and lunch-time limits, as well as the off-unit and time clock policies. Excessive absence from the workstation should result in the usual corrective action for the employee.

Q: What do I do if I see an employee who is violating the policy?

A: Politely say, “This campus is now tobacco-free.” Be supportive and respectful. Let them know that you must report the violation to their manager.

H.E.A.L. Manual Evaluation

Please complete this HEAL evaluation form once your tobacco free policy is in place. Completion of this evaluation form is extremely important in the development of an improved HEAL manual. Please send completed evaluation and a copy of your approved Hospital Tobacco-Free Policy to the Tobacco Control Program (TCP) by email at LTCP Cessation@la.gov or fax to 225.342.5839 or mail to DHH-TCP Attn: TCP Cessation Monitor, P.O. Box 3118, Baton Rouge, LA 70821.

1. Was this manual easy to use? ☐ YES ☐ NO

comments:

2. Did the manual provide assistance in developing a tobacco free policy? ☐ YES ☐ NO

If yes, what was most helpful?

If no, what was least helpful?

3. Was the length of the manual appropriate? ☐ YES ☐ NO

If no, what would you eliminate or add?

4. What additional information do you think would be helpful in the manual?

5. Did you receive assistance with the policy change process from an outside agency or organization? (ex. LA Tobacco Control Program, TFL, AHEC or other community partner) ☐ YES ☐ NO

If yes, what is the name of the agency/organization and what assistance did they provide?

6. Please list additional resources or websites that you think would be helpful to include in this manual and other tobacco free guidance?

Online Resources

Louisiana Tobacco Quitline

www.QuitWithUsLA.org

Call 1-800-QUIT-NOW (1-800-784-8669)

Ready to help 24/7

National Cancer Institute National Quitline

www.smokefree.gov

Provides free, accurate, evidence-based information and professional assistance to help support the immediate and long-term needs of people trying to quit smoking. Information in English and Spanish.

American Cancer Society

www.cancer.org

1-800-227-2345

The American Cancer Society is the nationwide, community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service.

American Lung Association

www.lungusa.org

1-800-586-4872

Quitting Support Resources, asthma/allergy/air quality information and news articles.

Association for the Treatment of Tobacco Use and Dependence

www.attud.org

ATTUD is an organization of providers dedicated to the promotion of and increased access to evidence-based tobacco treatment for the tobacco user.

Be Tobacco Free

www.betobaccofree.gov

Health effects of tobacco, quitting smoking and more.

American Heart Association

www.americanheart.org

Stroke and healthy lifestyle information

Centers for Disease Control and Prevention

www.cdc.gov/tobacco

How to quit, tobacco use data, and youth prevention

Quitting Websites

Smokefree.gov

www.smokefree.gov

teen.smokefree.gov

women.smokefree.gov

espanol.smokefree.gov

National websites to help support those wanting to quit.

Freedom From Smoking Online (FFS)

www.ffsonline.org

This program is specifically designed for adults who want to quit smoking.

Become An EX Smoker

www.becomeanex.org

The EX Plan is based on scientific research and practical advice from ex-smokers.

Local Resources

Louisiana Tobacco Quitline

www.quitwithusla.org

Conducts trainings for physicians and health professionals, develops simple cessation tools, and provides access to a country cessation directory.

Louisiana Tobacco Control Program

www.latobaccocontrol.com

Local resources and information on smoking cessation available as well as personal stories and links to more local data.

The Louisiana Campaign for Tobacco-Free Living

www.tobaccofreeliving.org

Our mission is to implement and evaluate comprehensive tobacco control initiatives that prevent and reduce tobacco use and exposure to secondhand smoke.

The Smoking Cessation Trust

www.smokefreela.org

www.smokingcessationtrust.org

A court-established smoking cessation program to benefit Louisiana residents who began smoking before September 1, 1988.

Section IV: Appendix



Appendix: Coding Information Regarding the Diagnosis of and Billing for Tobacco Dependence Treatment

From the U.S. Department of Health and Human Services Public Health Service Treating Tobacco Use and Dependence Clinical Practice Guidelines, 2008 Update.

Coding for the Treatment of Tobacco Use

Clinicians, clinic administrators, and health care delivery systems require appropriate diagnostic and billing codes for the documentation and reimbursement of tobacco dependence treatment. Information on such codes may help address a common clinical concern regarding the treatment of tobacco-dependent patients: it is difficult to accurately document and obtain reimbursement for this treatment. Although examples of such codes are provided below, clinicians and billing coders may use other diagnostic and reimbursement codes to document and obtain payment for this medical treatment. Additionally, it is incumbent on the clinician to ensure that appropriate billing guidelines are followed and to recognize that reimbursement of these codes may vary by payer or benefits package. For example, although psychiatric therapeutic codes appropriate for treating tobacco dependence exist, some payers or benefits packages have restrictions on mental health benefits. Similarly, reimbursement for preventive visits varies greatly among payors and benefits packages.

A systems-based approach will facilitate the understanding and use of such codes by clinicians. For example, various clinic or hospital meetings (e.g., business sessions, grand rounds, seminars, and coding in-service sessions) can explain and highlight the use of tobacco dependence codes for diagnosis and reimbursement. Additionally, these diagnostic codes can be preprinted on the billing and diagnostic coding sheets as a “check-off” so that clinicians are not required to recall and manually document such treatment. Finally, clinicians can be reminded that counseling by itself is a reimbursable activity and can be billed-for based on the number of minutes of counseling.

1. Diagnostic Codes (ICD-9-CM)

When clinicians provide treatment to patients dependent on tobacco, the following diagnostic codes can be used. They can be found in the ICD-9-CM (*International Classification of Diseases, 9th Revision, Clinical Modification*) coding manual under several sections:

Mental Disorders (290–319)

305.1 Tobacco Use Disorder (Tobacco Dependence). Cases in which tobacco is used to the detriment of a person’s health or social functioning or in which there is tobacco dependence. Tobacco dependence is included here rather than under drug dependence because tobacco differs from other drugs of dependence in its psychotropic effect. This excludes: History of tobacco use (V15.82).

V Codes

V15.82 History of Tobacco Use. This excludes: Tobacco dependence (305.1).

Diseases of Oral Cavity, Salivary Glands, and Jaws

523.6 Accretions on teeth

Supragingival: Deposits on teeth: tobacco.

Accidental Poisoning by Other Solid and Liquid Substances, Gases, and Vapors

E869.4 Secondhand tobacco smoke.

Complications Mainly Related To Pregnancy

649.0 Tobacco use disorder complicating pregnancy, childbirth, or the puerperium.

2. Billing Codes (Current Procedural Terminology [CPT] Codes)

A number of billing codes may be used for reimbursement of the provision of tobacco dependence treatment. The examples provided fall under the general categories of preventive medicine services, psychiatric therapeutic procedures, and dental codes.

A. Preventive Medicine Services

The following codes are used to report the preventive medicine evaluation and management of infants, children, adolescents, and adults.

The “comprehensive” nature of the Preventive Medicine Services codes 99383–99397 reflects an age- and gender-appropriate history/exam and is NOT synonymous with the “comprehensive” examination required in Evaluation and Management codes 99201–99350.

Codes 99383–99397 include counseling/anticipatory guidance/risk factor reduction interventions, which are provided at the time of the initial or periodic comprehensive preventive medicine examination. (Refer to codes 99401–99412 for reporting those counseling/anticipatory guidance/risk factor reduction interventions that are provided at an encounter separate from the preventive medicine examination.)

A1. Initial or Periodic Comprehensive Preventive Medicine Examination

New Patient

99383 Initial comprehensive preventive medicine.

Initial comprehensive preventive medicine evaluation and management of an individual, including an age and gender-appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years).

99384 Adolescent (age 12–17 years).

99385 Adult (age 18–39 years).

99386 Adult (age 40–64 years).

99387 Adult (age 65 years and older).

Established Patient

99393 Periodic comprehensive preventive medicine.

Reevaluation and management of an individual, including an age- and gender-appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization (s), laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years).

99394 Adolescent (age 12–17 years).

99395 Adult (age 18–39 years).

99396 Adult (age 40–64 years).

99397 Adult (age 65 years and older).

A2. Counseling and/or Risk Factor Reduction Intervention

These codes are used to report services provided to individuals at a separate encounter for the purpose of promoting health and preventing illness or injury. As such, they are appropriate for the specific treatment of

tobacco use and dependence. They are appropriate for initial or followup tobacco dependence treatments (new or established patient). For the specific preventive medicine counseling codes, the number of minutes counseled determines the level of billing (codes 99400–99404 for 15 to 60 minutes of counseling).

Preventive Medicine, Individual Counseling

- 99401** Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes.
- 99402** Approximately 30 minutes.
- 99403** Approximately 45 minutes.
- 99404** Approximately 60 minutes.

Smoking Cessation Counseling

These codes are for face-to-face counseling by a physician or other qualified health care professional, using “standardized, evidence-based screening instruments and tools with reliable documentation and appropriate sensitivity.”

- 99406** For intermediate visit of between 3 and 10 minutes.
- 99407** For an intensive visit lasting longer than 30 minutes.

Preventive Medicine, Group Counseling

- 99411** Preventive medicine counseling and/or intervention to treat the risk factor of tobacco use provided to an individual (separate procedure); approximately 30 minutes.
- 99412** Approximately 60 minutes.

B. Psychiatric Therapeutic Procedures/Codes for Billing

The psychiatric therapeutic procedure billing codes are typically used for insight-oriented, behavior modifying, and/or supported psychotherapy. This refers to the development of insight of affective understanding, the use of behavior modification techniques, the use of supportive interactions, the use of cognitive discussion of reality, or any combination of the above to provide therapeutic change. All of the counseling interventions for tobacco dependence demonstrated to be effective in this Guideline fall under these headings.

It should be noted that these billing codes can be modified for those patients receiving only counseling (psychotherapy) and for others that receive counseling (psychotherapy), medical evaluation, and management services. These evaluation and management services involve a variety of responsibilities unique to the medical management of psychiatric patients, such as medical diagnostic evaluation (e.g., evaluation of comorbid medical conditions, drug interactions, and physical examinations); drug management when indicated; physician orders; and interpretation of laboratory or other medical diagnostic studies and observations. Thus, the use of a psychiatric therapeutic billing code with medical evaluation and management services would be appropriate for the clinician who provides both of the key tobacco dependence interventions documented as effective in the Guideline: counseling and medications.

In documenting treatment for tobacco dependence using the psychiatric therapeutic procedure codes, the appropriate code is chosen on the basis of the type of psychotherapy (e.g., insight-oriented, behavior modifying, and/or supportive using verbal techniques); the place of service (office vs. inpatient); the face-to-face time spent with the patient during the treatment (both for psychotherapy and medication management); and whether evaluation and management services are furnished on the same date of service as psychotherapy.

B1. Office or Other Outpatient Facility

Insight-oriented, behavior modifying, and/or supportive psychotherapy.

- 90804** Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient.
- 90805** With medical evaluation and management services.

- 90806** Individual psychotherapy, insight-oriented, behavior modifying, and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient.
- 90807** With medical evaluation and management services.
- 90808** Individual psychotherapy, insight-oriented, behavior modifying, and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient.
- 90809** With medical evaluation and management services.

B2. Inpatient Hospital, Partial Hospital, or Residential Care Facility

Insight-oriented, behavior modifying, and/or supportive psychotherapy.

- 90816** Individual psychotherapy, insight-oriented, behavior modifying, and/or supportive, in an inpatient hospital, partial hospital, or residential care setting, approximately 20 to 30 minutes face-to-face with the patient.
- 90817** With medical evaluation and management services.
- 90818** Individual psychotherapy, insight-oriented, behavior modifying, and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient.
- 90819** With medical evaluation and management services.
- 90821** Individual psychotherapy, insight-oriented, behavior modifying, and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient.
- 90822** With medical evaluation and management services.

B3. Other Psychotherapy

- 90853** Group psychotherapy (other than a multiple-family group).

C. Dental Code -CDT Codes

D1320 Tobacco counseling for the control and prevention of oral disease.

Please Note: The following section is included for informational purposes only.

The National Center for Health Statistics (NCHS), the Federal agency responsible for use of the International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) in the United States, has developed a clinical modification of the classification for morbidity purposes. The ICD-10 is used to code and classify mortality data from death certificates, having replaced ICD-9 for this purpose as of January 1, 1999. ICD-10-CM is planned as the replacement for ICD-9-CM, volumes 1 and 2.

An updated July 2007 release of ICD-10-CM is available for public viewing. *However, at the time of this printing, the codes in ICD-10-CM are not currently valid for any purpose or use other than mortality coding. Once implemented, this information must be validated as current before use.*

F17 Nicotine dependence

Excludes1: history of tobacco dependence (Z87.82) tobacco use NOS (Z72.0) Excludes2: tobacco use (smoking) during pregnancy, childbirth, and the puerperium (O99.33-) toxic effect of nicotine (T65.2-).

- F17.2** Nicotine dependence
- F17.20** Nicotine dependence, unspecified
- F17.200** Nicotine dependence, unspecified, uncomplicated
- F17.201** Nicotine dependence, unspecified, in remission

F17.203	Nicotine dependence, unspecified, with withdrawal nicotine-induced disorders
F17.209	Nicotine dependence, unspecified, with unspecified nicotine-induced disorders
F17.21	Nicotine dependence, cigarettes
F17.210	Nicotine dependence, cigarettes, uncomplicated
F17.211	Nicotine dependence, cigarettes, in remission
F17.213	Nicotine dependence, cigarettes, with withdrawal
F17.218	Nicotine dependence, cigarettes, with other nicotine-induced disorders
F17.219	Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders
F17.22	Nicotine dependence, chewing tobacco
F17.220	Nicotine dependence, chewing tobacco, uncomplicated
F17.221	Nicotine dependence, chewing tobacco, in remission
F17.223	Nicotine dependence, chewing tobacco, with withdrawal
F17.228	Nicotine dependence, chewing tobacco, with other nicotine-induced disorders
F17.229	Nicotine dependence, chewing tobacco, with unspecified nicotine-induced disorders
F17.29	Nicotine dependence, other tobacco product
F17.290	Nicotine dependence, other tobacco product, uncomplicated
F17.291	Nicotine dependence, other tobacco product, in remission
F17.293	Nicotine dependence, other tobacco product, with withdrawal
F17.298	Nicotine dependence, other tobacco product, with other nicotine-induced disorders
F17.299	Nicotine dependence, other tobacco product, with unspecified nicotine-induced disorders
O99.3	Mental disorders and diseases of the nervous system complicating pregnancy, childbirth, and the puerperium
O99.33	Smoking (tobacco) complicating pregnancy, childbirth, and the puerperium Use additional code from F17 to identify type of tobacco.
O99.330	Smoking (tobacco) complicating pregnancy, unspecified trimester
O99.331	Smoking (tobacco) complicating pregnancy, first trimester
O99.332	Smoking (tobacco) complicating pregnancy, second trimester
O99.333	Smoking (tobacco) complicating pregnancy, third trimester
O99.334	Smoking (tobacco) complicating childbirth
O99.335	Smoking (tobacco) complicating the puerperium
T65	Toxic effect of other and unspecified substances
T65.2	Toxic effect of tobacco and nicotine Excludes2: nicotine dependence (F17.-).
T65.21	Toxic effect of chewing tobacco
T65.211	Toxic effect of chewing tobacco, accidental (unintentional) Toxic effect of chewing tobacco NOS
T65.212	Toxic effect of chewing tobacco, intentional self-harm
T65.213	Toxic effect of chewing tobacco, assault
T65.214	Toxic effect of chewing tobacco, undetermined
T65.22	Toxic effect of tobacco cigarettes (Toxic effect of tobacco smoke) Use additional code for exposure to secondhand tobacco smoke (Z57.31, Z58.7).
T65.221	Toxic effect of tobacco cigarettes, accidental (unintentional) Toxic effect of tobacco cigarettes NOS

T65.222	Toxic effect of tobacco cigarettes, intentional self-harm
T65.223	Toxic effect of tobacco cigarettes, assault
T65.224	Toxic effect of tobacco cigarettes, undetermined
T65.29	Toxic effect of other tobacco and nicotine
T65.291	Toxic effect of other tobacco and nicotine, accidental (unintentional)
	Toxic effect of other tobacco and nicotine NOS
T65.292	Toxic effect of other tobacco and nicotine, intentional self-harm
T65.293	Toxic effect of other tobacco and nicotine, assault
T65.294	Toxic effect of other tobacco and nicotine, undetermined
Z71	Persons encountering health services for other counseling and medical advice, not elsewhere classified
Z71.6	Tobacco abuse counseling Use additional code for nicotine dependence (F17.-).
Z72	Problems related to lifestyle
Z72.0	Tobacco use Tobacco use NOS Excludes1: history of tobacco dependence (Z87.82), nicotine dependence (F17.2-), tobacco dependence (F17.2-), tobacco use during pregnancy (O99.33-).
Z87	Personal history of other diseases and conditions
Z87.8	Personal history of other specified conditions
Z87.82	Personal history of nicotine dependence Excludes1: current nicotine dependence (F17.2-).

Appendix Source: Fiore MC, Jaen CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: US Department of Health and Human Services. Public Health Service. May 2008.



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Quit With Us, Louisiana is a partnership of the Louisiana Department of Health and Hospitals Tobacco Control Program (LTCP) and The Louisiana Campaign for Tobacco-Free Living (TFL). The two programs coordinate their efforts in tobacco prevention and control by providing statewide coordination of existing evidence-based tobacco control initiatives, funding innovative community programs for tobacco control, offering services for people who are ready to quit and developing statewide media campaigns to help reduce the excessive burden of tobacco use on the state's resources and improve the overall health and quality of life in Louisiana.



The fundamental purpose of the Tobacco-Free Health Care Facilities program is to recognize that hospitals are ideal role models of healthy environments within the community. The initiative for health care facilities to become 100% tobacco-free supports this goal by protecting patients, employees and visitors from any exposure to tobacco or secondhand smoke.

For more information, visit
www.QuitWithUsLA.org