

Tobacco Cessation

NMMC HEALTH STATEMENT ON SMOKING

Revised: January 2013
Pending revision: September 2015

Purpose

Northern Maine Medical Center (NMMC) is committed to the promotion of good health, which includes the prevention of disease as well as its treatment. Smoking and all tobacco use has been shown to cause or contribute significantly to many kinds of cancer, cardiovascular disease, and other chronic diseases both for smokers and people who are in their presence. The Environmental Protection Agency (EPA) has classified secondhand smoke as a Class A carcinogen. A class A carcinogen is a substance such as asbestos and benzene that is known to cause cancer in humans. In regards to third hand smoke, research clearly demonstrates similar carcinogenic effects. Third hand smoke refers to the toxins from cigarette smoke that stick to soft surfaces such as: clothes, hair, skin, carpets, baby blankets, furniture, toys, car seats, and other surfaces. Through third hand smoke, people can be exposed to the same toxins found in tobacco smoke.

As such, in consideration of all those who come to our facility, NMMC is a smoke free campus. This includes the main facility and all of its satellite facilities.

Policy

The use of all tobacco products (cigarettes, electronic cigarettes, snuff, chew, snus, cigars, pipes and smokeless tobacco) is prohibited on hospital owned property, and grounds and all leased or rented space where NMMC employees work. (Hospital, Forest Hill, Long Lake Health Center, Acadia Family Health Center, Madawaska Outpatient Center, Marquis House) Individuals are required to cease use of any tobacco products upon arrival on the NMMC campus. For safety and health reasons it is necessary to appropriately discard all tobacco products. Those who choose to smoke off campus grounds are asked to be respectful and responsible for their own litter (cigarette butts, packaging, and matches) and are asked to dispose of these materials in appropriate containers.

Procedure

1. Patients
 - a. Patients who smoke will be identified at the time of admission through the nursing assessment process. Smoking cessation materials will be provided at the time of admission.
 - b. Available tobacco cessation pharmaceutical aides are listed in the NMMC Pharmacy Formulary. Consult the Pharmacist if necessary for information as well as the Patient Educator. Patient complaints will be trended and reported to the Board of Directors annually.

- c. Quality improvement efforts will be instituted when indicated.
2. Employees
 - a. Smoking is prohibited anywhere within the building, hospital grounds, and hospital-owned vehicles.
 - b. The hospital will make available smoking cessation education materials and programs.
 - c. Compliance to this policy is a condition of employment. Noncompliance will be subject to progressive disciplinary procedures.
 - d. Staff that do smoke off-premises must do so in a location significantly far enough from the hospital and related buildings that patients cannot observe the behavior.
 - e. Employees are asked to be respectful of hospital property and to responsibly dispose of all cigarette butts in appropriate receptacles
 - f. Employees that do smoke are asked to be cognizant of the effects of third hand smoke. Third hand smoke refers to the toxins from cigarette smoke that stick to the surfaces such as: clothes, hair, skin, carpets, baby blankets, furniture, toys, car seats, and other surfaces. Through third hand smoke, people can be exposed to the same toxins found in tobacco smoke. The scent of tobacco smoke negatively impacts others, and more so, patients with asthma, critical illness, nausea, mental illness, and those who may be undergoing nicotine withdrawals.
3. All others, including but not limited to: Volunteers, Visitors, Vendors
 - a. Employees are asked to support this hospital policy by requesting volunteers, visitors, and vendors to refrain from smoking on the Northern Maine Medical Center campus.
 - b. The hospital will make available smoking cessation education materials and programs.
 - c. Noncompliant visitors, etc. will be asked to leave. Disruptive behavior will be managed as per the violent behavior policy/procedure.
 - d. Incidents will be reported to quality management for quality management improvement efforts.
 - e. Community education sessions and promotions will be offered as an ongoing education/public relations program.

“Fresh Start” Program

The Education Department and physicians at NMMC will increase efforts to provide education, medical support, financial support for prescriptions and referral to the “Fresh Start” Program for smoking employees and spouses who are interested in quitting.

- Financial assistance will be provided for all smokers and smoking spouses who wish to quit.
 - “Fresh Start” course fee will be waived.

- A smoking cessation prescription will be offered at a reduced rate through the NMMC Pharmacy. Payroll deduction will be an option.
- **If you have a prescription card from NMMC**, present it to the NMMC Pharmacy. You will be charged 50% of your co-pay.
- **If you have a prescription card from another agency**, have your prescription filled at your local drug store. Bring the receipt to the Human Resources Department for a 50% reimbursement.
- **If you do not have a prescription card**, have your prescription filled at the NMMC Pharmacy. You will be charged 50% of the cost of the prescription.

Please see your healthcare provider for guidance on quitting. If you collaboratively decide to use medications as part of your treatment plan, get your prescription at this time. The highest success rate in quitting usually includes the use of medications and some type of counseling, so please utilize your resources.

Employees can also contact The Maine Tobacco Helpline at 1-800- 207-1230.

Protocol for Treatment of Nicotine Addicted Patients in a Smoke-Free Environment

Revised: November 2008

PURPOSE

1. To prevent secondhand smoke exposure to other patients and staff.
2. To encourage healthy behaviors.
3. To enhance patient motivation.
4. To manage anticipated barriers to cessation.

SUPPORTIVE DATA

1. A smoke-free environment is recommended to facilitate smoking cessation.
2. Studies of smoke-free units indicate no increases in aggression, disruption, discharges against medical advice, use of medications or restraints, or admission refusals.
3. Patient and family education/support is very important.
4. Pharmacologic and counseling treatments both boost cessation rates and data suggests that combined use is the most effective.

GOALS OF TREATMENT

1. To reduce withdrawal symptoms.
2. To begin a cessation attempt.

ASSESSMENT/MONITORING

1. Assess patient's smoking/tobacco use habits and amounts used.

2. Assess patient for reports of any history of withdrawal symptoms with previous attempts.
3. Assess patients for fears of withdrawal.
4. Include smoking cessation on the treatment plan/care plan. A Care Plan will be opened for every documented tobacco user and a referral will automatically be sent to the Patient Educator.
5. Patient Educator will meet with patients when appropriate. If a patient is admitted at night or on a weekend or holiday when Patient Educator is unavailable, a cessation packet will be provided by nursing staff and nursing staff will be responsible for counseling. All actions MUST be documented.
6. Assess the patient for their readiness and motivation to change.
7. Monitor patient for –
 - increase in anxiety
 - restlessness
 - insomnia
 - changes in concentration
8. increase in blood levels of medications Document any withdrawals symptoms, tobacco-related discussions, and medications/ Nicotine replacement therapy administered.

MULTIDISCIPLINE PATIENT MANAGEMENT STRATEGIES/TREATMENT/EDUCATION

- Provide patient/family education to understand the purpose and goals of a smoke-free environment.
- Teach and utilize relaxation techniques to alleviate anxiety.
- Provide and utilize diversion to avert anger.
- Contact physician if patient suffers from insomnia.
- Provide and encourage distractions and activities to get through craving episodes, especially during times generally associated with tobacco use.
- Provide support from family/friends and staff.
- Administer nicotine replacement therapy i.e. gum, patch, inhaler, lozenge, or nasal spray per physician order. Also consider the use of medications such as Varenicline (Chantix) or Bupropion (Wellbutrin, Zyban) per physician order.(See Pharmacotherapy guide.)
- Provide handouts related to smoking cessation.
- If appropriate, refer to an outpatient smoking cessation program.
- **Patients will not be allowed to go out to smoke while they are inpatients.**

NURSING DOCUMENTATION

Document the patient's smoking habits in the Admission Assessment.

Document smoking cessation interventions and any patient withdrawals on the Daily Assessment and/or care plan.

REFERENCES

American Psychiatric Association Clinical Resources. www.psych.org

SMOKING CESSATION PROTOCOL FOR INPATIENTS

Revised: November 2008

Purpose:

To establish guidelines for the nursing care of patients identified as tobacco users on admission to the hospital.

Needs Assessment:

1. The patient is identified as a tobacco user through the nursing admission assessment.
2. The patient's tobacco-use habits and amounts will be identified through the admission assessment.
3. Admitting nurse will assess patient for reports of any past quit attempts, history of withdrawal and any fears regarding withdrawals.
4. Any patient identified as a tobacco user upon admission automatically receives a Smoking Cessation careplan and a visit from the Patient Educator if available and when appropriate.
5. Upon admission, the nurse will identify the patient's willingness to quit and offer tobacco cessation materials
6. Nursing staff, together with the patient, plans short and long term goals for successful smoking cessation and documents these in the patient record.
7. All Patients that are tobacco-users will be offered nicotine replacement therapy during hospitalization.
8. Tobacco users will continue to be identified and assessed through daily nursing assessments.

Interventions:

1. Nursing interventions for the patient may include any or all of the following:
 - Physician consulted regarding potential for pharmaceutical aids.
 - Educational material is provided.. Smoking cessation packet. is provided if Patient Educator is unavailable (ex: nights, weekends, holidays).
 - Plans made for follow-up to smoking cessation *Freshstart* classes through the education department upon discharge from the hospital.
 - A referral for counseling / social services may be made available if needed to offer emotional and psychological support to the individual as they seek to adjust to new lifestyle changes.
 - A referral may be made to the Maine Tobacco Helpline using the fax referral form.
2. Modification of nursing care plan is done, as needed, based on evaluation of the patient's goals.

3. Every effort will be made by the primary nurse, nurse manager / nurse supervisor and physician for patients who have extraordinary needs and who are unable or unwilling to follow the above protocol.
4. If it is evident that the patient anticipates leaving, the physician will be notified. Refer to Release of Patient Against Medical Advice Policy.
5. For any problem experienced by patients related to this topic, a variance report will be completed.
 - Quality improvement efforts will be instituted when indicated.

Tobacco Cessation Pharmacotherapy Guide

Click on link below to access Tobacco Cessation Pharmacotherapy Guide (Appendix 45)

Smoking Cessation Program Forms

Smoking Cessation Readiness Flowsheet

Click on link to access Smoking Cessation Readiness Flowsheet. (Appendix 42)

NMMC Fax Cover Sheet for Inpatient Referrals

Click on link to access Smoking Cessation Inpatient Referral Form . Use this form for smoking cessation program initial contact while patient is in the hospital (Appendix 46)

NMMC Fax for Outpatient Referrals

Click on link to access Smoking Cessation Outpatient Referral Form. Use this form for outpatients requesting smoking cessation program contact. (Appendix 44)