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Smoke-Free Hospital Campus Policies

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RESEARCH IN BRIEF

Currently, more people in the United States die of lung cancer than of colon, breast, and prostate cancers combined. Hospital administrators across the United States are working to encourage their patients to adopt healthier, smoke-free lifestyles in order to decrease such statistics. Consequently, an increasing number of administrators have adopted smoke-free campus policies to protect their patients, employees, and visitors. Such policies prohibit the use of cigarettes both within the hospital's buildings and anywhere on the hospital campus. The following report addresses the various steps taken at four hospitals to adopt smoke-free policies.

MAJOR SECTIONS

- I. Introduction to Smoke-Free Policies
- II. Profile: *Smoke-free policy enforced, but alternatives provided*
- III. Profile: *Joint venture policy implemented to reduce competition within the community*
- IV. Profile: *Staff given \$300 for smoking cessation aid purchases*
- V. Profile: *Smoke-free policy employed through two-phase plan*

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I. INTRODUCTION TO SMOKE-FREE POLICIES

Smoke-campus policies are becoming increasingly common across the United States

According to the American Cancer Society (ACS), lung cancer is the leading cause of cancer death for both men and women, with over 87 percent of these deaths being smoking-related. Additionally, 2004 saw 173,770 new cases of lung cancer in the United States, 93,100 among men and 80,660 among women. About 160,440 will die of this disease.¹

Consequently, banning smoking entirely from hospital campuses is becoming a fast-growing trend nationally, and hospital leaders are now emphasizing that smoking does not fit into their missions of promoting good health. Many administrators believe that it is not a question of whether or not hospitals will go smoke-free, but rather when they will do so.²

The trend towards implementing smoke-free policies first began in 1992, when hospitals were required by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) to prohibit smoking on their campuses to become accredited. In 2001, approximately 5,400 of 6,800 U.S. hospitals were accredited.³

Smoking employees show dissatisfaction, no significant problems with non-smokers

Employee dissatisfaction and objection among employees who smoke is the biggest problem associated with making a campus smoke-free. Despite the fact that staff members recognize the importance of implementing such policies, many are dissatisfied with the infringement on their rights. Smoking cessation and education classes help decrease employee anger, as they serve to remind employees that hospital administrators seek to implement measures for their benefit. However, many staff members at hospitals do not approve of restrictions that prohibit them from smoking anywhere on the hospital's campus, especially at hospitals that are geographically expansive.

Both administrators and employees stand to benefit from smoke-free campus policies

Despite some opposition, both hospital employees and administrators can obviously gain from smoke-free campuses. The table on the following page outlines the benefits of implementing smoke-free policies for both hospital employees and hospital administrators.

¹ "Hospital Goes Smoke Free." *Worcester Telegram and Gazette*. (January 9, 2005): 3.

² Brooks, E. "Kicking Butts." *The Business Journal*. (November 5, 2004). <http://milwaukee.bizjournals.com> (Accessed January 20, 2005).

³ Tobacco Documents Online. "Hospital Strategy Plan." (2001). www.tobaccodocuments.org (Accessed January 20, 2005).

Implementing smoke free policies creates benefits for employees, administrators

Benefits of smoke-free policies, 2005

Benefits for employees

- ✓ A smoke-free environment aids in the creation of a safe and healthful workplace.
- ✓ A carefully planned and implemented effort by administrators to address the effects of smoking on employee health demonstrates that the administrators care.
- ✓ Employees who are bothered by smoke will not be exposed to it anywhere on the hospital's campus.
- ✓ Smoker employees appreciate a clear company policy about smoking at work.

Benefits for administrators

- ✓ A smoke-free environment helps to create a safe a safe, healthful workplace.
- ✓ Direct maintenance costs go down when smoke, matches, and cigarette butts are eliminated from facilities.
- ✓ It may be possible to negotiate lower health, life, and disability insurance coverage for hospital employees as employee smoking is reduced.
- ✓ The risk of fires across the campus is lower.
- ✓ Administrators are relieved that a process for handling smoking on campus is clearly defined.

Source: "Why Go Smoke Free?" www.workingsmokefree.com
(Accessed January 20, 2005).

Adopted tactics must serve the individual needs of the hospital

The tactics used to promote smoke-free campus policies must meet the needs of each hospital; however, such measures can be broken into a number of main categories, including those detailed below.⁴

- **Cessation assistance:** In conjunction with smoke-free policies, administrators must provide cessation assistance activities and classes to both employees and patients to educate them about the advantages of smoking cessation.
- **Comprehensive policy:** Writing a comprehensive policy enables staff members to learn about the intricate details and therefore understand the policy more fully.
- **Enforcement:** In order for employees to comply with policies, they must be strictly enforced and guidelines pertaining to disciplinary measures must be clearly understood across the hospital.
- **Publicity and Education:** Publicity and education efforts must offer staff information pertaining to the benefits of having a smoke-free campus and ensure that they are aware about when such efforts will take effect.

⁴ Tobacco Control Resources Center for Wisconsin. "Recommendations on Implementing a Smoke-Free Hospital Campus." www.tobwis.org (Accessed January 21, 2005).

II. PROFILE: *Smoke-free policy enforced, but alternatives provided*

The administrators at this hospital adopted a smoke-free campus policy on January 1, 2001 at the suggestion of the institution's chief operating officer (COO) and medical staff, who had suggested and voted in favor of the initiative during a meeting in December 1999.

Hospital policy forbids smoking

The policy prohibits smoking on the hospital's campus. Employees and visitors must leave the hospital's property in order to smoke. Due to the fact that one side of the campus borders a river and the other side is one of the city's main streets, those who wish to smoke must smoke on the road. However, patients may not smoke at any point during their stay at the hospital. In order to ensure their stay is comfortable, administrators have implemented standing orders, which nurses can easily initiate and physicians can then verify that expedite the process of giving patients the nicotine patch or nicotine gum.

Institution type:	300-bed, not-for-profit, community hospital in the East
Source:	Director, Community Wellness
Date of implementation:	January 1, 2001
Policy:	Smoking forbidden anywhere on hospital's campus
Steps taken before program:	<ul style="list-style-type: none"> ✓ Education programs ✓ Hospital-wide meetings ✓ Planning and implementation committee ✓ Poster campaign with countdown

Administrators implemented education programs for four months prior to policy's start

Before the policy's measures came into effect, administrators held a number of education programs for the benefit of their staff. For example, they asked that at least one nurse from each nursing unit on all three shifts be adequately trained in nicotine education for the benefit of their specific unit or shift. Additionally, administrators trained between 60 and 70 nursing staff members to become more comfortable about discussing smoking cessation programs and measures with their patients.

Staff members were also trained to question patients about smoking during their initial assessments, in order to determine whether or not the patient may be a candidate for the patch during their time at the hospital. Administrators will include this procedure in the computerized physician order entry process within the next six months.

Policy announced to community through TV, print media; newsletter, memos used to inform staff

Administrators used television and print media to publicize the measure to the community. They purchased a full-page advertisement in the city's local paper, and both ABC and NBC's local news stations broadcasted stories pertaining to the initiative. Additionally, administrators posted a 10-foot countdown sign on December 1, 2000, one month before implementation, outside the hospital's cafeteria, which is located in close proximity to the main entrance. Staff also set up a booth next to the poster that explained the many ways that the hospital could support employees, patients, and visitors through the program. For the benefit of employees, administrators sent memos to department managers to encourage them to discuss the program with their staff. Moreover, articles about the initiative and smoking cessation programs were included in the hospital's newsletter.

Administrators invited staff to participate in committee to gain support

Staff members were encouraged to take part in the planning process through participation in the planning and implementation committee. The hospital's COO, vice president of nursing, and vice president of human resources took part; in addition, physician staff, mid-level managers, members of the housekeeping department, facilities staff, a librarian, and community relations staff also participated. The committee further benefited from having two smokers, who played an active role in establishing measures to encourage participation.

Despite the fact that visitors and the community were not invited to take an active role in the initiative, administrators made them aware that there would be adequate support for smokers who visited the hospital.

Administrators, staff, and community support smoke-free policy

The administrators, who initiated the idea, have been very supportive of the campus promoting a completely smoke-free policy. Most staff members also favored the program; however, some were concerned with their co-workers rights and did not approve of the fact that they would need to leave the campus for a smoking break. This was especially a concern for staff members in regards to possible emergency situations. However, since the policy's implementation, this has not been a problem. For the most part, the community has expressed overwhelming support for the hospital's efforts to ban smoking from their campus. Administrators have observed this through the letters to the editor written in the local paper, as well as comments made to administrators.

Patients and visitors show resistance, but remain observant

Administrators note that many patients are still very upset, as they view smoking as their right. However, as a result of the education that staff members have received, nurses and physicians are able to acknowledge patients' feelings and make suggestions about management techniques. Upon admittance, patients are immediately offered the patch and supplemental gum, inhalers, or lozenges. Additionally, in certain situations, patients are offered anti-anxiety or psychosocial medication to overcome their anxieties.

Visitors are mostly compliant, but staff have noticed certain areas that are used by visitors as smoking hideouts. Staff are provided with cards that they can distribute to any visitor seen smoking, which reminds them that the campus is smoke-free and that they must leave campus to smoke. Although some guests claim innocence and deny knowing about the policy, most do not attempt to smoke on the hospital's campus again.

Moreover, administrators have made a number of provisions for those visitors who smoke. For visitors whose family members are within the intensive care unit (ICU) or emergency department (ED), staff provided nicotine replacement therapy, such as gum or lozenges, available through an on-campus pharmacy. Those who do wish to smoke while family members are in the ED or ICU are either provided with nicotine inhalers or given pagers which inform visitors who wish to leave the campus to smoke if they need to return to the hospital campus.

Policy brings successful compliance; campus border creates only issue

Administrators view the smoke-free policy as largely successful. Despite the fact that they feared the reactions of employees and patients, these two populations have not created significant issues or concerns with regards to the program. Visitors are compliant for the most part; however, staff occasionally need to remind them that the campus is now smoke-free. One problematic situation has developed since the beginning of the initiative. Due to the fact that the hospital borders a river on one side, staff and visitors must use the campus's other border, one of the city's main streets if they want to smoke. As staff and visitors crowd the streets smoking, administrators feel that this creates a public relations issue with the community and are currently exploring methods to alleviate the problem. For the most part though, administrators feel that the policy has been successful, and this has not changed since the policy was launched four years ago.

Program is a success, demonstrates positive reaction from community

Administrators label the program as a success, citing that a majority of staff members feel positive about the reactions they have had to the policy. Additionally, the hospital has the auspice of being one of the first hospitals in its state to maintain a smoke-free environment. Administrators attribute this success to the active involvement of a diverse employee population. Moreover, the chief executive officer (CEO) run all-staff meeting, as well as management and staff meetings promoted necessary communication efforts pertaining to the policy.

Administrators note that they did not expect the community's reaction to be as positive as it actually was and cite this as an unanticipated result. Administrators frequently receive positive comments from staff members and even patients.

Time is a necessary component for success of program

Administrators suggest that at least six months are needed to implement a smoke-free policy, and a committee who works together to plan the policy is needed during this time. Additionally, administrators advise that smokers should be encouraged to participate in the process. Also, communication is key to a successful process, as are educational programs for the benefit of staff members.

III. PROFILE: *Joint venture policy implemented to reduce competition within the community*

Administrators chose to enforce smoke-free policies across the campus in May 2003, at which time the hospital's buildings were already smoke-free, as a result of the cigarette associated trash that proved to be a recurring problem for administrators.

Additionally, administrators felt that allowing employees, patients, and visitors to smoke outside their buildings was inconsistent with the hospital's dedication to health and was therefore bad for their image. Moreover, the hospital was in the process of building a premier cancer hospital, which opened in January 2005, and wanted to maintain a commitment to creating a center of excellence for oncology, which would also support a smoke-free lifestyle.

Institution type:	300-bed, not-for-profit, community hospital in the Midwest
Source:	Director, Human Resources
Date of implementation:	May 2003
Policy:	Smoking forbidden anywhere on hospital's campus
Steps taken before program:	<ul style="list-style-type: none"> ✓ Education programs ✓ Hospital-wide meetings ✓ Joint-venture press conferences ✓ Signage campaign ✓ Smoking cessation classes

Policy prohibits smoking across hospital campus

Administrators at the hospital worked with two other area acute care hospitals, and the three hospitals together became one of the first in the United States to work together to simultaneously adopt smoke-free policies. Although each hospital implemented its own programs, each campus adopted the policy in May 2003.

Through the initiative, the campus is geographically defined and boundaries are established for the campus's many buildings, as well as the hospital-owned physician offices within the community. Thus, administrators had to define what the campus was, and outline the circumstances under which the program would be managed. For example, employees were not allowed to smoke during work hours. However, they were offered complementary use of smoking alternatives, such as nicotine patches. If an employee wished to smoke, they had to leave campus and clock out. Additionally, administrators and staff had responsibilities towards ensuring that patients and visitors also followed the hospital's guidelines.

Policy planning began in 2002, encouraged communication across the hospital

Administrators at the hospital designed a manager's communication book, which included the policies that would take effect the following year. Managers were educated about the upcoming changes and encouraged to be key communicators for hospital staff. Administrators also included announcements in hospital newsletters and provided general information for employees at booths located throughout the hospital. Such initiatives provided a wealth of information pertaining to the harmful effects of smoking and included research studies with easily readable data. This measure was used to promote support, as it focused on the effects of second hand smoke, which equally affects non-smokers.

Additionally, administrators and staff informed physicians within the community and provided them with information for their patients. They also told the ambulance companies who transported patients to the hospital campus about the new program.

Finally, the CEOs of the three participating hospitals had a joint news conference during which time they signed an agreement prior to implementation. This event received attention through local media and served to educate the community about the policy. Supportive physicians from all three hospitals went out into the community and spoke about the advantages of adopting a smoke-free campus.

Joint implementation increases community awareness; administrators and staff generally accommodating

Due to the fact that all three area hospitals adopted similar policies at the same time, the playing field was leveled, and no one institution was given a competitive advantage. Each hospital sent messages to the community and worked together on communication strategies. The three hospitals also hired a communications consultant to organize a communications program.

The joint participation also ensured that administrators supported the measure, as they knew that none of the hospitals would be able to gain a competitive advantage over the other. Moreover, administrators recognized the importance of the medial and clinical reasons for adopting such measures.

Some staff members were appalled when the initiative was first announced, about a year before it was actually implemented. However, due to the fact that all three area hospitals were adopting this program, the 10 percent of staff who smoked had no option but to comply. A majority of staff were very supportive, and administrators received a standing ovation at the meeting when the measure was announced.

Employees comply, but visitors prove to be somewhat of a problem

Due to the fact that employees are aware that they could be subject to disciplinary action and termination of employment if they do not comply with measures, there have been no serious issues or conflicts regarding the smoke-free policy. Visitors, however, have sometimes proved to be a problem because they resent having to leave the hospital's vast campus to smoke. Additionally, outpatients who are at the hospital for minor procedures also complain frequently about the hospital's policies with regards to smoking. In response, staff and administrators encourage visitors to view the policy from the standpoint of the negative effects of second hand smoke, and work to provide visitors with alternatives such as patches, inhalers, or lozenges.

These guidelines, however, have created problems due to the campus's size. Many of the hospital's buildings are separated by public streets, and visitors often smoke when traveling from one campus to another. However, administrators have amended this situation by further defining the hospital's boundaries by creating smoke-free zones, and prohibiting smoking anywhere within these areas. Public streets between hospital buildings are now included within the hospital's anti-smoking zones. This adjustment, which was made in January 2005, represents the most significant change to policy compliance since the program was started, and administrators feel positive that the zoning system will amend any previous issues with visitors or staff smoking at inappropriate locations.

Administrators view policy as highly successful

The program has been extremely successful, and administrators report moving a significant number of staff members who were smokers to non-smoker user status. Administrators seek to support their mission and values and view this policy as a way of doing so, especially as smoking is the leading cause of disease and death in the United States. However, more importantly, they believe that they are encouraging health in a respectful way, promoting the use of education for their employees, patients, and visitors. One important measure of this success is the fact that many area organizations, including colleges, have approached hospital administrators for advice pertaining to creating a smoke-free campus.

Hospital wide support is vital; expecting the unexpected is also important

Administrators advise that in order to create a successful initiative, everyone must be of one voice. Infrastructure is needed to support such measures, as this program requires a long time commitment. Administrators must also continuously provide cessation classes and reeducation programs for new staff, managed by a coordinator for the entire program. For example, when planning and implementing the program, administrators had to organize a signage campaign, create implementation workbooks for managers, and redesign a number of clinical processes to include smoking assessments. Additionally, administrators must consider factors that they may not have contemplated prior to the policy's start. For example, although administrators were expecting non-compliance from employees, they have not experienced any. However, their biggest problem was caused by the resentment from employees about clocking-out and losing time from their pay when leaving campus to smoke. Their reaction and feelings that this was punitive surprised administrators. Consequently, administrators highly recommend adopting this process as a joint venture, as this reduces problems within the community.

IV. PROFILE: Staff given \$300 for smoking cessation aid purchases

In August 2003, the hospital's new CEO contacted the CEO of the hospital across town and suggested that the two facilities should work together to adopt smoke-free policies. As both administrators were aware that a number of hospitals in a surrounding state had recently gone smoke free, each CEO appointed a team to do site visits at such facilities and make a decision on behalf of each hospital. The policy took effect on November 18, 2004, in conjunction with the Great American Smokeout Day. The initiative prohibits smoking for anyone, anywhere on the hospital's campus, with the exception of patients whose physicians feel that it would be problematic for them to abruptly stop smoking.

Institution type:	600-bed, not-for-profit, community hospital in the South
Source:	Administrator, Cancer Center
Date of implementation:	November 2004
Policy:	Smoking forbidden anywhere on hospital's campus
Steps taken before program:	<ul style="list-style-type: none"> ✓ Education programs ✓ Money (\$300) for hospital employees for smoking cessation aides ✓ Signage campaign ✓ Smoking cessation classes

Administrators implement numerous strategies to communicate policy

Prior to November 18, 2004, administrators who were responsible for adopting the program took a number of steps to communicate the policy and encourage staff acceptance, including the following:

- Encouraged discussions in department and staff meetings
- Included educational articles in local newspaper
- Posted related articles on hospital's intranet
- Provided newspapers with press releases
- Used word of mouth campaigns

Additionally, administrators continuously reminded those staff members who smoked that there were programs that could help them stop smoking.

Programs used to encourage support

Administrators formed a work group, which included a representative from employee health and human resources, to actively educate employees and encourage them to accept the hospital's new policies. Among other programs, this group, who worked together between March and December 2004, used poster campaigns and education programs to promote their cause. Moreover, this group scheduled and paid for numerous smoking cessation classes for their employees, a measure that was adopted in conjunction with a local health association. The group also provided each employee with a \$300 allowance to be used on smoking cessation aides at any point during the first year after the policy was first announced, in March 2004 until March of 2005, and made a list of which specific aides the hospital would assist employees in buying.

Community displays positive response, direct communication contributes

Administrators have been very pleased with the community's response. The hospital's work group drafted letters to all of the hospital's neighbors, as well as important offices within the city including the sheriff's department, police departments, and ambulance services, as the hospital has many different pieces of property scattered across the city. This communication stated that the system's status as a healthcare provider supported their aim to encourage patient health and wellness; the policy matched their overall mission. This letter successfully led many individuals within the community to provide the hospital with support.

Administrators first suggested program, continuously offer support

Following the CEO's suggestion pertaining to adopting smoke-free policies, administrators across the hospital have provided the work group and those who helped implement the measure with encouragement and assistance. Despite the fact that administrators were aware that they would face numerous obstacles before the measure would successfully be adopted, administrators remained interested and never wavered from their plans.

Patients, visitors demonstrate satisfaction with new policy, staff support contributes

Administrators and members of the work group worked hard to ensure that patients, particularly those who smoked, were relaxed throughout their stay. One step taken to promote this comfort was to ensure that professional staff was adequately trained to support those who could not smoke while at the hospital, or patients who were in the process of smoking cessation. As a result, members of the group organized a number of educational programs for medical and hospital staff, which educated staff about effective smoking cessation aides and made materials easily accessible to physicians and staff for review. Also, administrators maintained one place on campus in which certain patients could smoke, as long as they have been provided with a release from their physician that allows them to smoke.

Most visitors have vocalized complete support towards the new policy. However, administrators and staff have occasionally had to face angered individuals. In order to communicate the hospital's policy more smoothly in a non-confrontational manner, administrators have constructed cards (with special scripting that explaining the hospitals' policy) that staff and administrators can carry in their pockets and distribute to visitors who are seen smoking on the hospital's campus. Administrators have seen overwhelmingly positive results through the use of such cards.

Despite initial anger, employee compliance unproblematic

Employees complained about the program initially, but since that time they have been extremely accepting particularly after the work group implemented a number of programs to help them get through the working day, such as those mentioned previously. Administrators currently know of at least five employees who have quit smoking since the initiative began. Additionally, compliance has been steady since the beginning—employees were as conscious of the policy when it first started as they are now. Administrators do not predict that this will cause any significant problems in the future.

Administrators are satisfied with the policy's success

Administrators note the fact that the campus is now completely smoke-free and none of the staff members have resigned as evidence that the policy is very successful. Additionally, neither administrators nor staff have witnessed any serious incidences as caused by the hospital's initiative. Administrators cite the lack of resistance as the most unexpected result.

However, despite the policy's success, administrators comment that this involves a significant time and resource commitment. As a result, administrators recommend beginning the planning stages at least six months before the program is implemented. Additionally, staff should be informed about the program far in advance, to give them ample time to accept the changes and adapt.

V. PROFILE: *Smoke-free policy employed through two-phase plan*

Administrators at the hospital hired a new staff member in September 2002 for the purpose of implementing a smoking cessation program. In response to patient complaints, two weeks into the smoking cessation director's tenure, administrators decided that they wanted to make the campus entirely smoke-free. As a result, administrators formed a committee to evaluate the situation and on January 1, 2004 the hospital's three campuses began to heavily restricted smoking—there is currently only one location on each campus where smoking is permitted.

Institution type:	700-bed, not-for-profit, community hospital in the West
Source:	Director, Smoking Cessation Program
Date of implementation:	January 1, 2004
Policy:	Smoking forbidden on hospital's campus, except for designated areas, which will be banned on January 1, 2006
Steps taken before program:	<ul style="list-style-type: none"> ✓ Education programs ✓ Smoking cessation classes ✓ Staff-wide advertising campaigns

Policy currently allows smoking in one designated area, will be adjusted in 2006

The policy currently states that all patients, employees, and visitors must smoke only in the designated area. If employees are found to be smoking anywhere other than at this location, their managers will be made aware of the situation. Additionally, nurses may not transport patients to the smoking area—only a family member can do this. However, on January 1, 2006 the three campuses will go entirely smoke free. Administrators decided to implement the procedure in steps as a result of employee focus groups.

Administrators use newsletters, specially printed candies to communicate to staff, newspaper and news for community

The community was made aware of the initiative due to the fact that administrators advertised in the local newspaper and the program was also featured in a segment of the local news. For the benefit of the staff, the CEO sent letters to all the hospital's employees. Administrators also tied their communication campaigns to the holiday season, and distributed mints with no smoking logos during the annual employee Christmas lunch. Administrators are currently in the process of designing advertising campaigns for when the campus goes completely smoke free.

In order to achieve buy-in among the community, administrators tailored the hospital's image to become more health conscious. Additionally, those involved in the initiative ensured that it was a high priority for administrators, which enabled them to emphasize its importance to employees across the hospital.

Community largely supportive, but smoking off campus sometimes causes issues

Individuals within the community are extremely happy with the measure and believe that it is a great idea. The one factor that mars community satisfaction is the fact that at one of the hospital's campuses, which is located in a residential area, employees smoke in front of people's houses. This situation has caused those involved in implementing the policy to confront a number of staff members and encourage them to find other locations to smoke.

Administrators view initiative as top priority, see no significant backlash from staff

As administrators were responsible for the initiation of the program, they have been very encouraging of all the measures that have been implemented as a result. Administrators have been committed to the policy from beginning to end, despite the complaints they have received from those staff members who view it as unfair.

Within the populations of staff members where smoking is particularly prevalent, administrators have recorded some complaints. However, staff are aware that in a year, the campus will be completely Smoke-free, and there has been no significant backlash.

Patients willingly accept smoke-free policies, but visitors slow to adhere to policy

Patients favor the measures and easily accept the hospital's current and future initiatives. However, administrators and staff have met numerous problems with visitors, especially those within the ED. Administrators commonly use the help of security guards to enforce the policy; however, currently only 50 percent of those visitors who smoke make use of the designated smoking location.

Administrators report good compliance but emphasize need for program coordinator

Staff and administrators believe that policy compliance has not been a problem within the hospital. However, administrators also recommend hiring a coordinator for the program. Administrators note that a dedicated program manager with a specific budget is a vital component of any program; this administrator must have chosen to take part in the initiative. In addition, programs for nicotine cessation must be in place prior to the beginning of any specific smoke-free policy.

Initiative brings media attention, but, has no effect on patient volumes

Administrators label additional media publicity as an unexpected advantage of the program, due to the fact that the hospital has been featured on the news numerous times, as a result of the new policy. However, somewhat surprisingly, this has had no significant effect on the hospital's patient volumes.

Research Methodology

During the course of research, Original Inquiry staff searched the following resources to identify pertinent information:

- Advisory Board's internal and online (www.advisory.com) research libraries
- Factiva™, a Dow Jones and Reuters company
- Internet, via search engines and multiple websites

Based on leads generated from the above sources, researchers contacted administrators that had participated in implementing smoke-free hospital campus policies.

Professional Services Note

The Advisory Board has worked to ensure the accuracy of the information it provides to its members. This project relies on data obtained from many sources, however, and the Advisory Board cannot guarantee the accuracy of the information or its analysis in all cases. Further, the Advisory Board is not engaged in rendering clinical, legal, accounting, or other professional services. Its projects should not be construed as professional advice on any particular set of facts or circumstances. Especially with respect to matters that involve clinical practice and direct patient treatment, members are advised to consult with their medical staffs and senior management, or other appropriate professionals, prior to implementing any changes based on this project. Neither the Advisory Board Company nor its programs are responsible for any claims or losses that may arise from any errors or omissions in their projects, whether caused by the Advisory Board Company or its sources. 1-F51FD

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