



First-Year Timeline for Establishing a Quit-Tobacco System for Hospital Employees

Don't Quit on Smokers

The most effective way to help employees successfully quit the use of tobacco is through a comprehensive system approach. In such an approach, each employee is asked if they have used tobacco in the last twelve months, advised to quit by a manager and/or an HR representative, assessed on their willingness to quit and their level of tobacco dependence, coached on how to quit and linked with available resources, including medications.

For many employees, the final motivation to quit comes when their worksite goes 100% tobacco-free campus-wide. Before embarking on a system approach, ensure that your campus is tobacco-free campus-wide and that compliance issues are being addressed. You may want to recruit Tobacco Champions from the committee that spearheaded the tobacco-free campus-wide initiative in order to create your quit-tobacco system. This timeline, with embedded milestones, will help you develop and implement a quit-tobacco system.

FIRST MONTH

- Hospital-based Tobacco Champion(s) meets with CEO to explain new system approach needed for hospital to enhance quit-tobacco efforts with all employees.
 - System will use the [5A's](#) model, as recommended by the [Clinical Practice Guidelines](#).
 - A systems approach identifies all tobacco using employees upon hiring or through a health survey. Tobacco use status is documented in their personnel file, a trained counselor coaches the employee to quit and assesses their willingness to do so, and is able to refer them to available resources (Nicotine Replacement Therapy, NRT, prescription medication, additional counseling) which are covered under the employee's current benefits. Follow up is made with the employee to continue supporting their quit attempts.
 - An open line of communication is kept with the CEO at all times.

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CEO ENDORSES QUIT-TOBACCO SYSTEM

- CEO sends a notice to all hospital staff informing them of new initiative, designating the project leader (s), and soliciting input.
- Tobacco Champion(s) solicit input/support from other management personnel, such as VP of Human Resources, Employee Health Manager, VP of Quality Improvement, Chief Medical Officer, Clinical Education Chair and Hospital Department Chairs.
 - Consider requesting them to join Quit-Tobacco Employees Committee.
- Chair of Quit-Tobacco Employees Committee is appointed by CEO and members are recruited by chair from key hospital units and stakeholders.
 - Members represent a range of hospital units and **must** include at least one person with access to funding.
 - Includes representatives from the Human Resources Department, the Pharmacy, Wellness and Administration.
 - Other departments to involve are Nursing, Information and Technology, Respiratory Care, Behavioral Health, Health Education, Community Outreach, Research, Oncology, Pediatrics, OB-GYN, Cardiology and Rehabilitation.
 - Committee should include two or more current or former smokers.



MULTI-DISCIPLINARY COMMITTEE FORMED

- Resolution is drafted and signed recognizing:
 - Partnership with NC Prevention Partners to create and implement a comprehensive quit-tobacco employee system
 - Principles of a system
 - Guidelines for implementation of the system, including clear goals
 - An implementation deadline or launch date
 - A clear channel of communication from the top down and from the bottom up, between the Steering committee chair and the hospital CEO/President
- Team is divided into smaller sub-committees to tackle multiple facets of the system at the same time and ensure that everything is ready by your implementation date.
 - Some suggestions for sub-committees are: Assessment of Current Practices, Implementation, Documentation, Resources, Incentives, Communication, and Evaluation/Quality Assurance.
- WorkHealthy Assessment is completed by Steering Committee head (with help from others).
 - Contact Gia Branciforte with NCPP at (919) 969-7022, ext. 208 or gia@ncpreventionpartners.org .

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WORKHEALTHY ASSESSMENT COMPLETED

- Team contacts NCPP to discuss results of the WorkHealthy Assessment, next steps, and learn about training opportunities: **Dr. Melva Fager Okun** Dr.PH at melva@ncpreventionpartners.org, (919) 969-7022 ex. 202.
 - Carry out staff training opportunity with NCPP staff if applicable.
 - Sign up for NCPP tobacco-free listserv and keep lines of communication open for additional support, guidance, and sharing of knowledge and resources.

SECOND MONTH

Sub-Committees Meet

- Sub-committees assess the resources your hospital already has available to implement a quit-tobacco employees system and determine what is still needed.
- The Team's resolution and the [Clinical Practice Guidelines](#) are used to direct the assessment.
- All sub-committees should determine a timeline of tasks to be accomplished, by whom, and by what date. Contact NC Prevention Partners to discuss the Action Plan that was generated upon completion of the WorkHealthy Assessment. Sub-committees should report their activities back to the monthly meetings of the Steering Committee.
 - **The Assessment of Current Practices Committee** gathers baseline data to determine if and how tobacco cessation counseling is currently conducted with employees. This assessment should include determining use or quit rates for employees, if available.
 - **The Implementation Committee** meets to discuss what constitutes best practice for a [comprehensive quit-tobacco system](#) and what resources are needed to support such a system, including coordination with the employee health plan to cover cessation costs (support services, pharmaceuticals, etc.). The funding person should be a part of this team and work to identify funding opportunities and their timelines and requirements.
 - **The Documentation Committee** determines what details, if any, about an employee's tobacco-use are documented in their file, discusses the documentation of tobacco-use during the hiring procedure, and researches the best way to carry out an HRA or other survey program in order to gather information about employee tobacco-use.

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- **The Communication Committee** convenes to draft a communication plan for staff, providers and patients, including a timeline of communication between the team, CEO, and hospital employees.
- **The Resource Committee** determines current access to quit-tobacco support services, including the [NC Quitline](#), and to [cessation medications](#) (pharmacotherapy and NRT) on the hospital formulary. The Resource Committee should identify staff training opportunities and materials, including the possibility of [pharmacist-assisted cessation classes](#). Such classes include weekly dispensing of medications coupled with counseling, support, and information and assistance with cessation medications and any [side effects](#). Classes should be available to all hospital staff, patients, and community members wishing to quit. Such classes can also be conducted off-site to interested worksites in the area.
- **The Incentives Committee** determines current wellness incentives in place in the hospital (a reduction in health plan premiums, internal competitions, employee recognition, etc.) and considers what to offer tobacco-using employees as an incentive to complete an HRA (or other survey tool) and to quit using tobacco. The Incentives Committee should also determine incentives or reimbursement for hospital staff that coach tobacco-using employees to quit.
 - See [benefits and incentives chart](#) for ideas.
- **The Evaluation/Quality Assurance Committee** should set clear measurable goals and objectives for the identification of tobacco-using employees, the delivery of tobacco cessation treatments and hospital quit rates. This committee should design an [evaluation](#) protocol for after the system has been implemented that includes a plan for enforcing compliance and for reporting hospital employee data from both health plans and the pharmacy.



COMMITTEES FORM, MEET, & REVIEW ACTION PLAN

THIRD MONTH

Committees Meet

- Sub-Committees and Steering Committee meet.
 - **All Sub-Committees** report to Steering Committee on results of their research into hospital policy and resources (during the second month), and their action recommendations.
- A plan is created to implement a tobacco-free system for employees, including:
 - Best practices for a quit-tobacco employee system

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- Concrete goals and objectives and a timeline for reaching them
 - A draft policy that includes employee rights (consult legal)
 - Team member assignments
 - Plan to communicate within committees and among employees hospital-wide
 - Ensuring that prescription quitting medications, NRTs and counseling are covered under employee health benefits
 - An incentive for employees to quit
 - Use of the NC Quitline and a [fax referral](#) template to use
 - A budget
 - Preparations to ensure the system is a permanent hospital fixture
 - Evaluation Timeline
- Implementation plan is approved by CEO.
 - Designated team members use the implementation plan to apply for the necessary funding to begin rolling out the quit-tobacco employees system.



IMPLEMENTATION PLAN RATIFIED

FOURTH MONTH

Implementation Planning

- CEO sends communication to all employees launching HRA (or other employee tobacco use survey).
 - Emphasizes importance of completing the survey as it relates to the upcoming implementation of a quit-tobacco system.
 - Includes discussion of incentives and details for obtaining them.
 - Encourages feedback and lists contact information for Wellness and Human Resources Departments.
 - Includes employees without regular computer access.



HRA OR HEALTH SURVEY IS CONDUCTED

- Sub-committees begin work on action recommendations.
 - An agreement is reached with the employee health plan regarding covering cessation coaching and medications at no-cost or low-cost to the employee.
 - Necessary funds are accessed through available funding opportunities

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- Hospital formulary is changed to include cessation medications, including pharmaceuticals and NRTs. Pharmacy protocol is established for dispensing NRTs and prescription quitting medications to employees.
- If hospital has a tobacco cessation program, an easy referral system for all employees is established and a plan for expansion is drafted if the program expects a significant surge in participants as a result of the new tobacco-free system.

FIFTH MONTH

Implementation Preparation

- All committees meet to prepare for launch of new effort in sixth month.
- CEO alerts employees that a quit-tobacco system is to be implemented.
 - Includes information regarding a launch date and event.
 - Details the specifics of the system and explains how it will be implemented into employees' everyday activities.
 - Emphasizes the importance of quitting and the available resources, benefits and incentives available to employees.
 - Identifies an individual or hospital department for employees to contact with questions or feedback on the system.
 - Promotes any incentives for cessation efforts or a successful quit
- Relevant employees are trained on their role in the new system. Including:
 - Counselors to coach employees on quitting tobacco
 - HR personnel to explain to employees how to access incentives and benefits
 - Pharmacists to administer/counsel employees about low-cost or no-cost NRTs and cessation medications



ALL STAFF TRAINED ON THEIR ROLES IN SYSTEM

- Implementation Committee and Steering Committee chair** meet with all areas of the hospital to assess readiness, including:
 - Completed staff trainings
 - Provision of cessation materials (like the Starting the Conversation tools)
 - Documentation
 - Standing referrals to hospital or community-based tobacco cessation programs
 - The hospital formulary
 - A customized NC Quitline Fax Referral Form
- Evaluation/Quality Assurance Committee** meets to assure they have gathered baseline tobacco cessation data and have criteria in place to assess and evaluate new initiative.

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- **Steering Committee** meets to go over all final details for launch of new effort in sixth month. Committee decides if they want to celebrate the launch on the first day or after the first month.
 - Working with the **Communication Committee**, a media release is developed.

SIXTH MONTH

Launching of New Initiative

- A kick-off event is held on the system implementation date. Some ideas include:
 - Counselors available on-site.
 - An in-hospital quitting competition.
 - Pairing quitters for motivation.
 - Available informational materials and samples of NRTs and quitting medications.
 - A tobacco trade-in with free “quitting kits” for every pack of cigarettes or tin of chew.
 - Invite community and state partners and members of the media if it is a public event. Corporate leaders should also be invited and encouraged to applaud staff and thank them on this new effort.



EMPLOYEE SYSTEM APPROACH IMPLEMENTED

- Hospital implements and celebrates the new Quit-Tobacco System for Employees Initiative.
 - **Implementation Committee** and **Steering Committee chair** spend time around each floor of the hospital the first week to assist with any needed trouble shooting and to support staff in new effort.

SEVENTH MONTH

Oversight of Implementation

- All committees continue to meet monthly.
- The **Evaluation/Quality Assurance Committee** meets to catalogue employee feedback and identify most pressing issues.
 - Designs an evaluation system to address:
 - Aforementioned issues
 - How many employees participated and of those, number of quit attempts and of successful quits
 - Level of employee satisfaction

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- Cost-effectiveness
- Assesses results of evaluation and makes a plan and timeline for improvements.
- Presents results and plan of action to Steering Committee at joint meeting.



OBTAIN FEEDBACK AND TRACK PROGRESS

- Steering Committee chair meets with CEO and COO and other relevant corporate officers to debrief launch and status of new initiative.
 - Identify needs for new resources, such as FTEs, especially for a hospital-wide Project Manager or Wellness Coordinator to oversee effort.

EIGHTH – TWELFTH MONTHS

Oversight of Employee Tobacco-Cessation System

- All committees continue to meet monthly.
- **Communication Committee** recognizes and commends success of new efforts internally via intra-hospital communication systems and externally by contacting local media.
 - Continues to inform employees of newly available resources through pay stubs, hospital bulletin boards, etc.
- Reportage protocol is implemented in the pharmacy and the employee health plan.
 - Evaluation/Quality Assurance committee reviews data and addresses compliance issues, if necessary.
 - Measurement should include:
 - Use sampling (frequent, small samples)
 - Define quantitative vs. qualitative measures
 - Consider intermediate or process measures
 - Plot data over time with short intervals
 - Seek usefulness (not perfection)
 - Integrate measurement into daily work
 - Outcome measure of successful quit rate
- WorkHealthy Assessment is updated as the hospital implements additional key components (WHA is available to be re-taken every 90 days) or at the conclusion of the 12 months.



EVALUATE EFFORTS

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