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Approved By: Mohamad Khraizat	Title: Health Operations Manager
Signature: 	Date: 3-22-2022

## I. POLICY

It is the policy of the ACCESS Community Health and Research Center (ACCESS CHRC) to provide a tobacco, alcohol, and drug free environment for all employees and visitors. Tobacco and/or E-Cigarettes are strictly prohibited within ACCESS owned or leased buildings, offices, hallways, waiting rooms, rest rooms, lunchrooms, elevators, meeting rooms, company vehicles, and all other areas owned by ACCESS. **Smoking is also prohibited within 150 feet of entrances and windows.** It is the policy of ACCESS CHRC to treat the substance (including tobacco) dependence among its patients/clients with effective evidence-based methods.

## II. PURPOSE

To provide guidance to ACCESS staff, volunteers, its contractors, and subcontractors about specific elements and steps that collectively constitute a tobacco-free treatment setting. It emphasizes:

1. The importance of a tobacco-free healthy treatment setting
2. The provision of evidence-based tobacco dependence treatment
3. The necessity of helping staff who have tobacco dependence to quit

## III. APPLICATIONS

This policy applies to all ACCESS employees, interns and volunteers who provide support and treatment on behalf of the ACCESS CHRC and the patients/clients/customers of ACCESS.

## IV. PROCEDURES

1. ACCESS ensures that:
  - a. "Alcohol, Tobacco and Drug-Free" signs inside and outside of its facilities are posted and easily legible.
  - b. Human Resource Department and program leadership
    - i. Informs prospective employees and volunteers of this policy during their first interview and again during the orientation process.
    - ii. Makes the policy readily available to all staff via the ACCESS website and other communication vehicles.

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- iii. Trains all staff and volunteers in maintaining the policy during employee and volunteer orientation.
- iv. Provide refresher training annually and as needed

## 2. ACCESS Staff

- a. Informs patients/clients/customers of ACCESS of this policy as part of the pre-admission and admission process.

## 3. Evidence-based Tobacco Dependence Treatment

- a. Populations most at-risk for tobacco-related disparities, often present to primary care, and may exclusively receive health services from a primary care physician.
  - i. All patients over the age of 10 receiving services at ACCESS Medical Clinic will be asked about tobacco use at every office visit.
- b. It is estimated that approximately one third of all primary care patients have a mental illness and another one third have psychological symptoms impacting their daily life.
- c. ACCESS offers tobacco dependence treatment in an integrated care setting across both primary and behavioral health divisions utilizing the 5 A's model and a patient-centered tobacco cessation workflow.
  - i. The tobacco cessation workflow includes continuous monitoring and ongoing coordination within the integrated care teams.
- d. All staff will have a basic understanding of the importance of tobacco cessation for the patient population.
- e. Front desk staff and administrative assistants will place tobacco cessation promotional materials in the waiting areas and patient rooms.
- f. Clinician/Medical Assistant team members including but not limited to nursing staff, physicians, psychologists, masters level clinicians, and tobacco treatment specialists will provide most tobacco cessation services using the 5 A's Model. This includes:
  - i. Completing tobacco use screening and assessment of the history of tobacco use
  - ii. Offer personalized encouragement to quit to all patients who use tobacco
  - iii. Utilize motivational interviewing techniques to encourage cessation and sustained abstinence
  - iv. Engage in patient centered treatment planning with patients
  - v. Offer individual and/or group tobacco cessation services at ACCESS or through community partners
  - vi. Provide referrals and "warm hand-offs" to community resources, including the Michigan Quitline (1-800-QUIT-NOW), [www.michigan.gov/tobacco](http://www.michigan.gov/tobacco) and text services

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- vii. Offer self-help materials
    - viii. Record all interventions in the EHR/medical record.
  - g. Peer Support Specialists will provide empowerment and resources to aid clients in tobacco cessation efforts. These duties include but are not limited to:
    - i. Assisting patients to link to other community resources
    - ii. Offer self-help materials
    - iii. Facilitate or co-facilitate group cessation interventions
    - iv. Review workflows and materials to ensure a patient-centered approach
    - v. Outreach to the community
  - h. Physicians, Physician's Assistant, and Nurse Practitioners are encouraged to utilize the 2A's and R model. This includes Ask, Advise, and Refer and the following duties:
    - i. Review screening and assessment results
    - ii. Offer brief counseling
    - iii. Provide self-help materials
    - iv. Prescribe FDA-approved cessation medications including prescription medications and over the counter options
    - v. Engage in patient-centered treatment planning with patients
    - vi. Refer to internal and external community-based resources
    - vii. Follow up with patient to determine if cessation goals have been met.
  - i. If a patient declines tobacco cessation services, it will be documented in the treatment plan
  - j. The treatment of tobacco dependence will be integrated, complementary and consistent across the levels of care—intensive outpatient, and outpatient.
- 4. Staff Education and Training
  - a. All clinical staff will be required to complete initial and ongoing routine training regarding the evidence-based treatment of tobacco dependence as approved by the treatment program. This training may include in-service training, evidence-based conference training, self-study, teleconference, webinars and/or other e-learning activities.
    - i. Trainings/in-services should focus on common issues such as
      1. Reframing nonadherence as misalignment with a patient's readiness to change
      2. Setting Realistic treatment goals
      3. Proactively identifying barriers to reach self-identified goals
      4. Establishing daily healthy behaviors and coping skills
  - b. Evaluation of treatment staff will include an appraisal of their ability to provide effective evidence-based tobacco dependence treatment.

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5. Monitoring and Compliance to Treatment
  - a. Accommodations may be necessary for clients with cognitive impairments in an outpatient setting

## **V. QUALITY ASSURANCE/IMPROVEMENT**

ACCESS Quality Assurance Department and leadership monitors compliance to this policy

1. All employees, patients, volunteers, and visitors are expected to adhere to this policy and endorse the underlying tobacco-free program principle, "We Support Tobacco-Free Recovery."
2. All employees are expected to be familiar with and are responsible for monitoring compliance (see below).
3. Employees who violate this policy will be subject to a progressive discipline process as used for violating any other work performance policy.
4. A volunteer who persists in violating this policy will be relieved of duty until that volunteer agrees to comply.
5. Visitors who violate this policy will be informed of the policy and asked to comply. Visitors who persist in violating this policy will be asked to leave the facility and grounds. Staff will assess quality assurance by regularly auditing health records. This includes indicators to determine whether patients are routinely screened, diagnosed, and treated for tobacco dependence.

## **VI. COMPLIANCE WITH ALL APPLICABLE LAWS**

ACCESS Employees, interns and volunteers are bound by all applicable local, state, and federal laws, rules, regulations, and policies, all federal waiver requirements, state, and county contractual requirements, policies, and administrative directives in effect and as amended.

## **VII. LEGAL AUTHORITY AND REFERENCES**

[A Patient-Centered Tobacco Cessation Workflow for Healthcare Clinics.pdf \(bhwelness.org\)](#)

## **VIII. EXHIBITS**

None