

CAT AND MOUSE OR HOW TO PROMOTE EFFECTIVELY A SMOKE-FREE ENVIRONMENT IN A PUBLIC HOSPITAL

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Introduction

Italian legislation and local regulations require that smoke should be avoided in enclosed spaces open to the public. The Hospital of Trento-Italy (HT) is part of the Health Care Trust-APSS, a complex organization of the National Health System, with a workforce of 7.400 employees, 11 primary care districts and 2 hub & 5 spoke acute hospitals. HT is the main health care facility of the APSS and has the following characteristics: 874 beds (110 Day Hospital beds), » 36.000 admissions in 2009, » 2.000 employees (335 physicians) and cost of production up to 230.000.000 Euros. HT is accredited by Joint Commission International since 2005 and provides a full range of medical and surgical services, including three intensive care units and all major specialties. JCI requires that an accredited hospital should provide a safe, functional and supportive facility for patients, families, staff and visitors. Therefore the organization should develop and implement a policy and plan to limit smoking. Consequently in 2004 the CEO of APSS Trust has adopted a strict smoke-free environment policy in the entire Trust. Nevertheless staff is sometimes caught in the act of smoking in supposedly hidden areas (bathrooms, backyards, terraces ...)



Objective

Smoking in hospital areas is not only dangerous for health, gives a bad example to patients and visitor (*do what I say not what I do* kind of behaviour), but can also pose serious hazards for fire safety of the buildings. Administrative or disciplinary sanctions are notoriously ineffective and time and resources consuming. Therefore HT management has launched a project to promote a smoke-free behaviour of staff through change of attitudes

Methods and Results

The smoke-free hospital project has the following steps:
questionnaire to all staff on their perception of smoke habit and related risks, willingness to change behaviour and to participate in a smoke cessation project
flyers and educational materials available for staff
behavioural and educational interventions (seminars, self-help groups, professional help, anti-smoke ambulatory centres, smoke cessation therapy)
process and outcome indicators: number of staff enrolled in the project / number of staff who admitted their smoke behaviours; number of staff who quit effectively smoking after one year of implementing the project / number of staff enrolled in the project

Conclusions

Knowing is not the key of success, and the fact that hospital staff still smoke is a clear example of how paradoxical real life is. Many psychodynamic explanation of this phenomenon can be given as excuses such as psychological removing of the burden of illness. The fact is that if we really want to *walk the walk and talk the talk*, we should use an incremental day-by-day practical approach to managing behavioural changes in staff. This project seems to us a first step in the right direction