

Employee Health & Fitness

The Executive Update on Health Improvement Programs

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June 11, 1980

Alan Blum, M.D.
Doctors Ought to Care
924 West Webster Street
Chicago, Illinois 60614

Dear Alan:

I was delighted to receive your column on smoking in hospitals. You pulled no punches and yet, your perspective included an appreciation for political realities in the hospital. Many good things get done in the name of JCAH compliance!

Tentative plans are to run this article in the July issue. Since we mail second class, the issue probably will not reach readers till about July 10, so this shouldn't pre-empt the similar JAMA piece. In any case, I'll doublecheck with Hilda Slive before proceeding.

Does your note about becoming "a former medical journalism fellow" mean you're returning to practice in Atlanta or Miami? Please do get in touch if you come through town. I'd enjoy talking about projects of mutual interest.

Sincerely,

Katie Baer
Editor

KB:dr

Problem Clinic

Hospitals and smoking

Question: As an employee health nurse in a community hospital, I am concerned that our institution does not teach excellent health habits in terms of smoking behavior. Hospital staff smoke in classrooms, breakrooms, meetings and public areas. Patient and visitors tend to have no restrictions on smoking except in clearly hazardous areas.

I would like to see smoking banned altogether from our hospital. Is this feasible? What strategies should I try to convince the administration and senior staff to adopt such a policy? Do you know of other hospitals that are wrestling with these questions?

"Careless Smoking Blamed in Fire
At Hospital; 46 Evacuated Safely"
--Headline, Miami Herald--

In considering this often inflammatory issue, it is important to remind all health professionals, other hospital employees, patients, and visitors that in a hospital smoking is as much a fire problem as a health problem. For that matter, the term "careless smoking" is redundant, since smoking cigarettes is itself careless health behavior.

Each year there are approximately 1,500 reported hospital fires (perhaps ten times as many go unreported), and according to the Joint Commission on Accreditation of Hospitals (JCAH), smoking is responsible for approximately 60% of them.¹ Moreover, fires present a greater danger in health facilities than elsewhere because of the many individuals who are unable to escape.

"Fire in a hospital is one of those potential disasters about which the hospital is obliged to be constantly on guard," noted a medical-legal review on the subject in JAMA.² Failure to adhere to "reasonable standards" as a result of which a patient is burned in a fire for which he was not responsible would probably make the hospital liable without further proof of negligence, the report noted, adding that the Medicare

Act makes strict adherence to specified fire control requirements a precondition of the eligibility of a facility to receive Medicare patients.

Nevertheless, although the JCAH suggests that all hospitals adopt and enforce a strong set of smoking regulations, JCAH manuals devote far more attention to containing fires than to preventing them. Only seven not-very-specific recommendations are made in regard to smoking, including the following: "Patients who are confined to bed should be discouraged from smoking" and "Ashtrays shall be noncombustible."³

In my opinion, one reason that most hospital administrators have not attacked the problem in a meaningful fashion is that so many of them smoke.

Unfortunately, in our society many persons in supervisory roles make decisions, based on their own personal lifestyles, that affect the entire public.

However, bolstered by the increasing evidence of the adverse effects of smoking on non-smokers, a handful of hospitals (notably Deaconess in Boston and Louis A. Weiss Memorial in Chicago) have set up no-smoking wards and have encouraged health professionals to play an exemplary non-smoking role.

The over-riding principle that should be followed is that non-smoking is the rule in all public areas of the hospital unless otherwise specifically indicated.

Should a nurse or other health professional wish to act assertively to see that such a non-smoking policy is put into force, she or he should first become acquainted with the local and state laws on hospital fire protection standards. The following guidelines, patterned after a proposal by the Health Research Group,⁴ could be submitted to the hospital administration, board of trustees, medical staff, and employee representatives:

1. Ban the sale of all cigarettes, cigars and pipe tobacco in the hospital.
2. Ask all patients prior to admission about their preference for a smoke-free ward and guarantee that preference. (If every ward cannot immediately be made into a non-smoking ward, then the hospital should plan a gradual changeover.)
3. Restrict smoking to one specifi-

cally designated room on each floor to be used by patients, visitors, administrators, health professionals, and employees alike.

4. Ban smoking from all corridors and elevators; an obligation of every employee to enforce this rule should be signed at the time of hiring.

Upbeat, positive signs at all entrances and in corridors should reinforce the no-smoking message. Many hospital administrators need to overcome their resistance to using walls and hallways for public education.

In addition, the policy should be publicized throughout the community at large. A copy of any proposed guidelines should be sent to the medical and consumer reporters of the local newspapers and other media, who should be kept informed of the progress and obstacles in enacting a strong policy. The role of the hospital, noted Brosseau,⁵ has changed from being simply a place to provide treatment and care to the sick and injured, to an institution concerned with the health of the community. Patients should be encouraged to consider a hospital stay a time in which to get off cigarettes once and for all. If not, a person who is sick enough to be in a hospital but well enough to light up a cigarette ought to walk or be wheeled to a special fire-proof smoking room.

As hard as it may be to believe, some hospital auxiliary groups have complained that a ban on cigarette sales would greatly harm gift shop revenues. Naturally, such groups should be reminded about the relative costs of cigarette-related illness and fire damage.

Above all, a strong non-smoking policy in hospitals can add significantly to cost-containment. To employees, a philosophy should be communicated to the effect that a hospital isn't just another place of work, but rather a sacred place of health.

References

1. JCAH Fire Safety Requirements Explained, Perspectives on Accreditation, March-April, 1980, from JCAH, 875 North Michigan Avenue, Chicago, IL 60611.
2. Holder AR, Hospital Fires, JAMA

231:281-2, 1975.

3. Accreditation Manual for Hospitals, Chicago: Joint Commission on Accreditation of Hospitals, 1980, p. 45.

4. Fishman L, More Rights for Airline Passengers Than for Hospital Patients: A Report on Smoking Policies in Metropolitan Washington, D.C., Hospitals, Public Citizen's Health Research Group, April 4, 1976.

5. Brosseau BLP, Hospitals Must Stop Pushing Tobacco, Dimensions in Health Service, May 1977.

(This column is an elaboration of a column appearing in the July 11, 1980 Journal of the American Medical Association.)

--Guest consultant: ALAM BLUM, MD, Fellow of the American Academy of Family Physicians, fellow in medical journalism with the Journal of the American Medical Association and president of DOC (Doctors Ought to Care) Inc., a physician organization committed to promoting health. For more information on DOC, write Dr. Blum at 24 Webster St., Chicago, IL 60614.

Calendar

● Sept. 9-12: Toronto, Ontario. The sixth annual conference of the American Association of Fitness Directors in Business and Industry. Contact: Ms. Irene Korgul, Conference Administrator, Ministry of Culture and Recreation, Fitness Services Unit, 77 Bloor St. W., 8th Floor, Toronto, Ontario M7A 2R9.

● Sept. 29-30: New York. Regional conference on high blood pressure, including workshops to help groups starting programs. Contact: New York Department of Health, 49th Floor, 2 World Trade Center, New York, NY 10047.

● Oct. 29-Nov. 1: Tucson, AZ. The 16th annual meeting of the Society for Prospective Medicine. Includes presentation of risk reduction appraisal and programs in business and industry as well as other settings. Contact: Well Aware About Health, P.O. Box 43338, Tucson, AZ 85733. ##