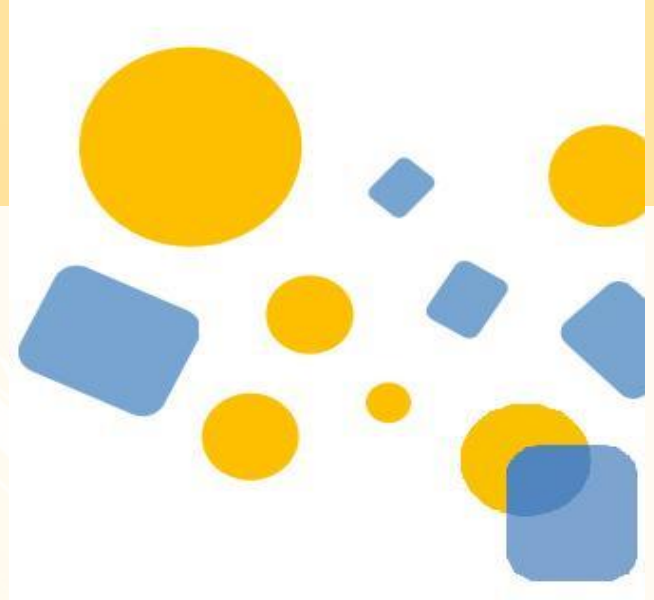




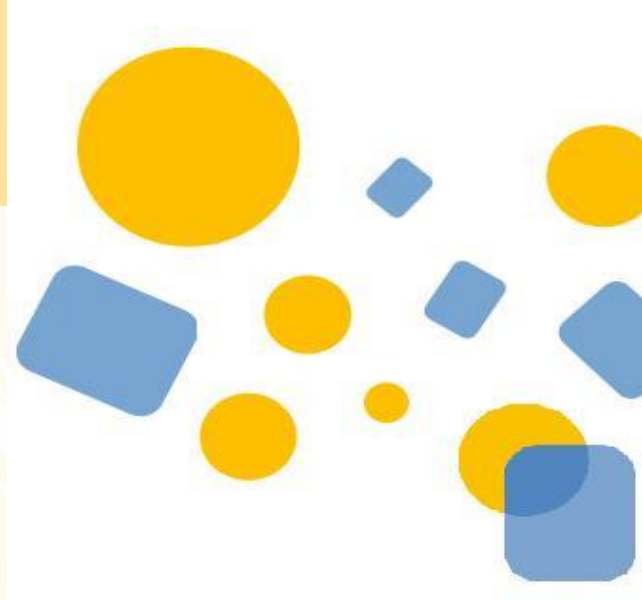
***TOBACCO FREE
HEALTHCARE SERVICES
WHY???*** and ***HOW???***

Dr Rudi Gasser
Warsaw 2019





**GLOBAL NETWORK
FOR TOBACCO FREE
HEALTHCARE SERVICES**



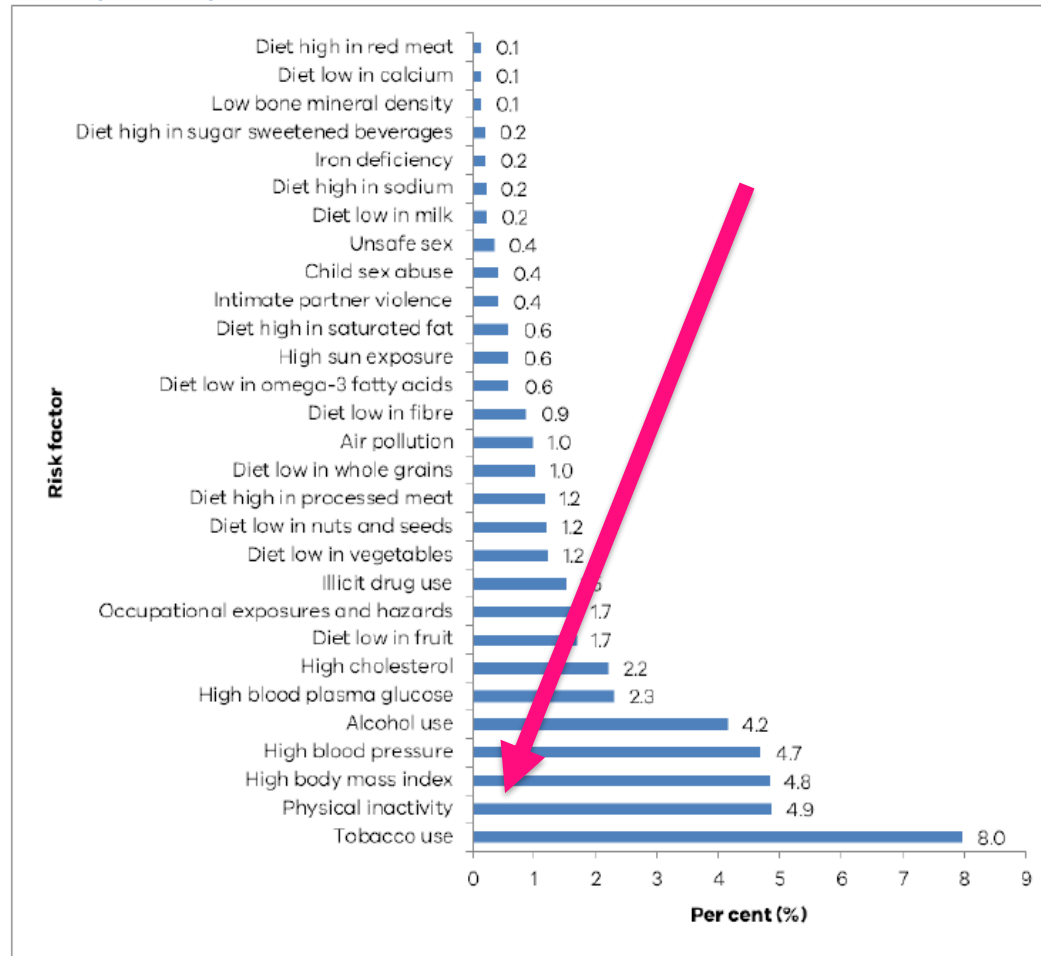
***TOBACCO FREE
HEALTHCARE SERVICES
WHY NOT??????????***



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WHY?

Figure 1. Proportion (%) of total Disability Adjusted Life Years (DALY) attributable to the 29 risk factors, Victoria, 2011



FACTS

- Tobacco consumption is the single most **preventable** cause of death and disability in the world.
- One in every two smokers **will die** from a tobacco-related disease.
- Tobacco use is highly **addictive** and harms every organ in the body.
- Three in every four tobacco users **would like to quit**



Continuous improvement
through a systematic structured and organisation-wide
approach





Making patient care a priority

Deliver safe quality care for tobacco and nicotine dependence - for every service user, every time and everywhere.

THE GLOBAL STANDARDS

- #1**
Governance & commitment
- #2**
Communication
- #3**
Education & training
- #4**
Identification, diagnosis & tobacco cessation support
- #5**
Tobacco-free environment
- #6**
Healthy workplace
- #7**
Community engagement
- #8**
Monitoring and evaluation

Self Audit

STANDARD 1: Governance and commitment <i>The healthcare organisation has clear and strong leadership to systematically implement a tobacco-free policy</i>		SELF AUDIT 0 = No / not implemented 1 = Less than half implemented 2 = More than half implemented 3 = Yes / Fully implemented				
IMPLEMENTATION CRITERIA		REFLECTION Summary of current situation (Please describe the current situation for each implementation criteria. This will provide a context for your planned actions for the next 12 months)				PRIORITIES Summarise the actions flowing from the audit process for each criteria (These will inform a more detailed planning process)
1.1 The healthcare organisation has clear policy documents towards the implementation of the Global Standards.	1.1.1 Policy documents of the healthcare organisation show commitment to implement all Global Standards.	0	1	2	3	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Maximum Value	2019 Audit	Percent level of implementation
Standard 1: Governance and commitment The healthcare organization has clear and strong leadership to systematically implement a tobacco-free policy.	30	30	100%
Standard 2: Communication Communication The healthcare organisation has a comprehensive communication strategy to support awareness and implementation of the tobacco-free policy and tobacco cessation services.	9	9	100%
Standard 3: Education and training The healthcare organisation ensures appropriate education and training for clinical and non-clinical staff.	12	9	75%
Standard 4: Identification, diagnosis and tobacco cessation support The healthcare organisation identifies all tobacco users and provides appropriate care in line with international best practice and national standards.	30	20	67%
Standard 5: Tobacco free environment The healthcare organisation has strategies in place to achieve a tobacco-free campus.	21	19	90%
Standard 6: Healthy workplace The healthcare organisation has human resource management policies and support systems that protect and promote the health of all who work in the organisation.	15	15	100%
Standard 7: Community engagement The healthcare organisation contributes to and promotes tobacco control/prevention in the local community according to the WHO FCTC and and/or national public health strategy.	12	12	100%
Standard 8: Monitoring and evaluation The healthcare organisation monitors and evaluates the implementation of all the ENSH-Global standards at regular intervals.	15	15	100%
Total	144	129	90%

***The 3As =
Optimal clinical care for all smokers***

ASK

Ask every patient about smoking

ADVISE

Advise all smokers to quit focussing on the benefits relevant to them.

ASSIST

Assist all smokers to quit or abstain from smoking while at Barwon Health.

DOCUMENT / COMMUNICATE

The 3As steps should be documented and communicated to ensure continuity of care



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Key Resource

Commitment of health professionals to tobacco control and health promotion

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Resources and Tools

8 Quality Standards - for tobacco management in healthcare

Self Audit Tool – translated & available for online use

Recognition Process – GOLD Forum Process

Networking – sharing and learning events, website

Maximise opportunities MECC

Provide evidence based optimal care

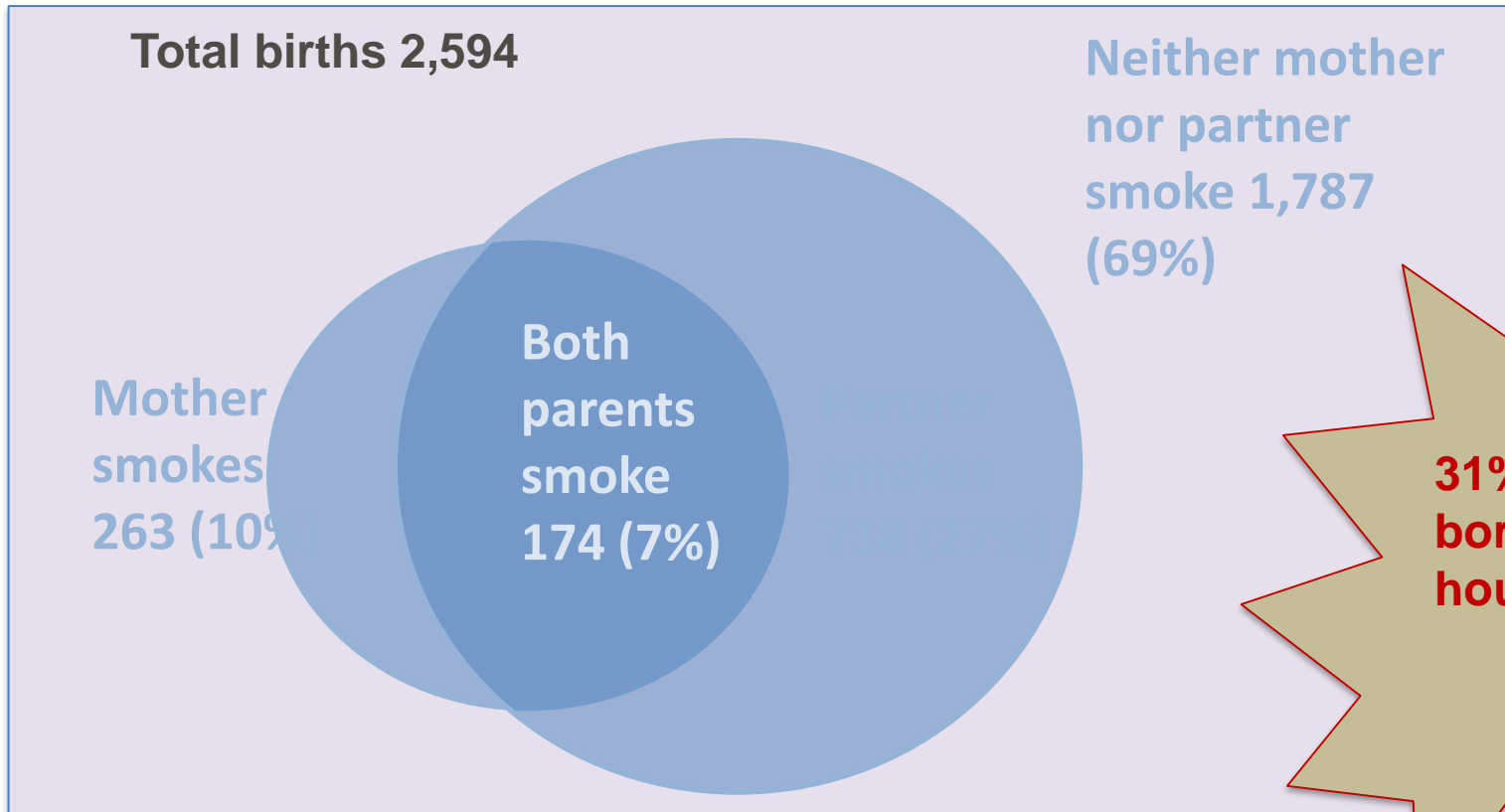
Share and learn from each other

‘Together we CAN make a difference’



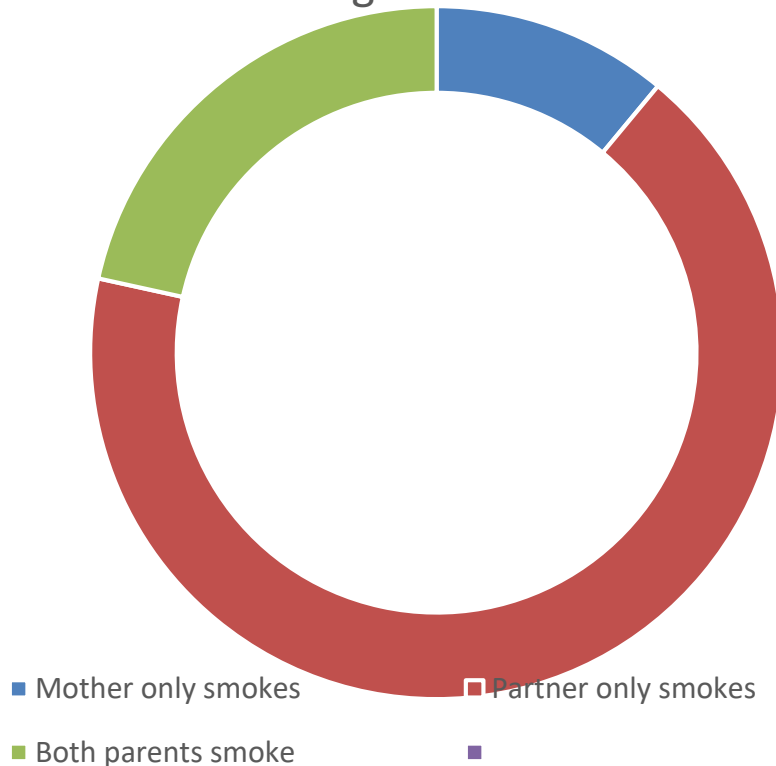
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SMOKING STATUS OF PARENTS 2018



31% of babies born into smoking households

Smoking households



In the 804 smoking households:

- ❖ **11%** - only mother smokes
- ❖ **22%** - both mother & partner smoke
- ❖ **67%** - only partner smokes

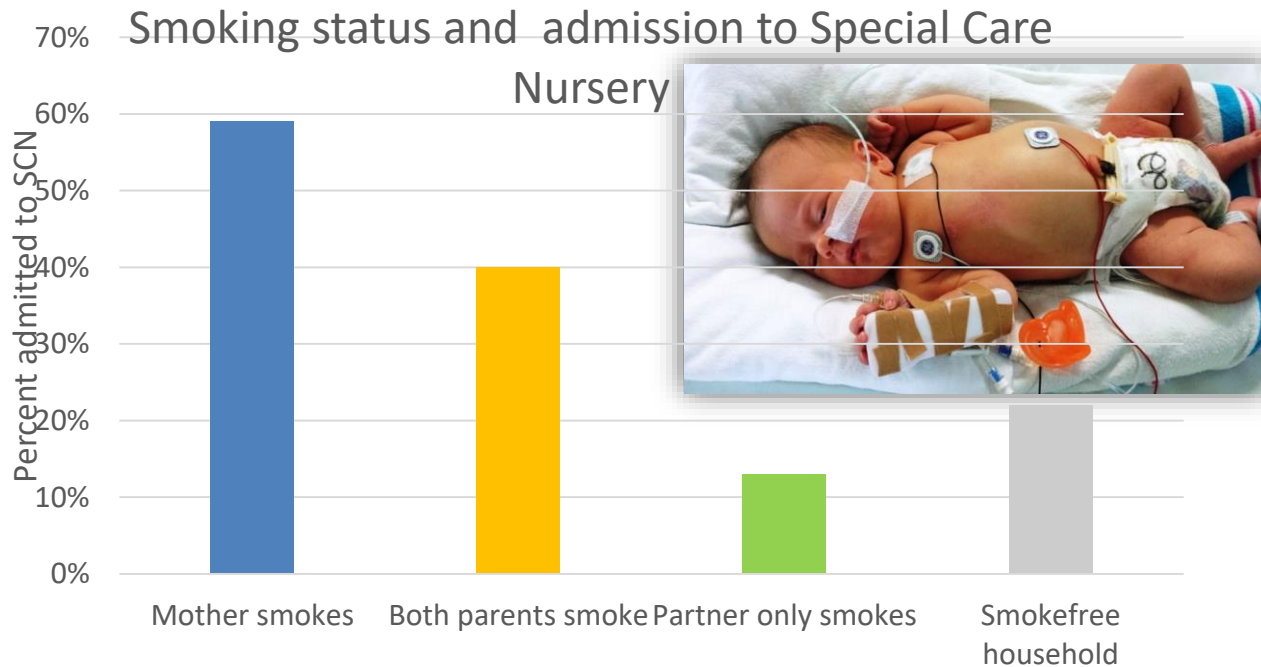
Mothers are twice as likely to smoke in pregnancy if their partner smokes

It is important to address partners' smoking

2018 Jan-Dec Birthing Outcomes System data

SMOKING STATUS OF PARENTS

Admission to SCN



- ❖ 59% of babies born to mothers who smoke are admitted to SCN
- ❖ Where both parents smoke, 40% of babies are admitted to SCN
- ❖ Overall, babies born to smoking households are almost 60% more likely to be admitted to SCN than babies born to smokefree households

Thank you!



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