

# Compliance of Tobacco Control Policies in Health Care Services: an ENSH International Assessment



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# INTRODUCTION



ENSH has developed a **Code** composed of 10 strategic standards to implement comprehensive tobacco control policies in health services.



The Code is a guideline is to help/assist managers and project coordinators to achieve comprehensive Tobacco free Hospitals.

Furthermore, the ENSH has created supportive materials and tools to guide the correct implementation of the project.

# INTRODUCTION



ENSH network is active in more than 20 countries involving more than 1300 hospitals and health care facilities reaching “indirectly” more than one million health professionals.



# OBJECTIVES


The objectives of this study are:

- To describe the degree of compliance with tobacco control policies.
- To identify areas for improvement in health centers and integrated networks in the ENSH.

# METHODS




- Design:** Cross-sectional study conducted among the countries with national / regional networks belonging to the ENSH in 2010 (20 at that time).
- Tool:** ENSH Self-audit assessment questionnaire (SAAQ).

 <b>ENSH Self-audit Questionnaire</b> <i>Performance evaluation towards a Tobacco-free Organisation</i>		No / Not implemented	Less than half implemented	More than half implemented	Yes / Fully implemented
<b>Standard 1: Commitment</b>					
1.1	The healthcare organisation documents specify commitment to a policy towards the implementation of the ENSH standards.				
1.2	The healthcare organisation does not accept any sponsorship from the tobacco industry.				
1.3	A policy working group or committee is designated to coordinate the development, implementation and monitoring of the tobacco-free policy.				
1.4	A senior manager has responsibility for the actions of the policy working group or committee.				
1.5	Financial and human resources are allocated in the healthcare organisation's operational plan and/or contract to implement and monitor the tobacco-free policy.				
1.6	All staff understand their responsibility to take action in the implementation and management of the tobacco-free policy.				
<b>Standard 2: Communication</b>					
2.1	All healthcare personnel (including teachers, students and transient staff) are informed of the organisation's tobacco-free policy.				
2.2	All contract and subcontracted employees working within or in direct contact with the healthcare organisation are informed of the tobacco-free policy.				
2.3	All patients/residents (in and out-patients) are informed of the healthcare organisation's tobacco-free policy.				
2.4	Public is informed of the healthcare organisation's tobacco-free policy.				
<b>Standard 3: Education &amp; Training</b>					
3.1	Policy briefing/instruction is provided for all personnel on how to approach tobacco users and inform them of the organisation's tobacco-free policy.				
3.2	Nurses and clinical personnel are provided with mandatory policy briefing/instruction.				
3.3	Level intervention training is offered and available to all personnel.				
3.4	Key clinical personnel are trained in motivational and tobacco cessation techniques.				
<b>Standard 4: Identification &amp; Cessation Support</b>					
4.1	A systematic procedure is in place to identify and document the tobacco status of all patients/residents.				
4.2	The systematic procedure includes and records the passive smoking status (in accordance with national legislation) of all patients/residents (including interventional).				
4.3	A tobacco cessation service or direct access to cessation service is available for patients/residents (in patients and out-patients).				
4.4	Interventions to motivate tobacco users to quit during the healthcare stay are documented in patients'/ resident care plans.				
4.5	NRT/Pharmacological therapy is available within the organisation.				
4.6	Specific resources have been allocated for cessation support activities within the organisation.				
4.7	The cessation service provided or accessed by the healthcare organisation, has in place a systematic one-year follow-up procedure.				
4.8	Information on tobacco and tobacco cessation methods are widely available in the organisation.				

# METHODS: Tool



 <b>ENSH Self-audit Questionnaire</b> Performance evaluation towards a Tobacco-free Organisation				
Standard 1: Commitment	No / Not implemented	Less than half implemented	More than half implemented	Yes / Fully implemented
1.1 The healthcare organisation documents specify commitment to a policy towards the implementation of the ENSH Standards.				
1.2 The healthcare organisation does not accept any sponsorship from the tobacco industry.				
1.3 A policy working group or committee is designated to coordinate the development, implementation and monitoring of the tobacco-free policy.				
1.4 A senior manager has responsibility for the actions of the policy working group or committee.				
1.5 Financial and human resources are allocated in the healthcare organisation's operational plan and/or contract to implement and monitor the tobacco-free policy.				
1.6 All staff understand their responsibility to take action in the implementation and management of the tobacco-free policy.				
Standard 2: Communication	No / Not implemented	Less than half implemented	More than half implemented	Yes / Fully implemented
2.1 All healthcare personnel (including teachers, students and transient staff) are informed of the organisations tobacco-free policy.				
2.2 All contract and outsourced employees working within or in direct contact with the healthcare organisation are informed of the tobacco-free policy.				
2.3 All patients/residents (in and out-patients) are informed of the healthcare organisation's tobacco-free policy.				
2.4 Public is informed of the healthcare organisation's tobacco-free policy.				
Standard 3: Education & Training	No / Not implemented	Less than half implemented	More than half implemented	Yes / Fully implemented
3.1 Policy briefing/instruction is provided for all personnel on how to approach tobacco users and inform them of the organisations tobacco-free policy.				
3.2 Managers and clinical personnel are provided with mandatory policy briefings/ instruction.				
3.3 Brief intervention training is offered and available to all personnel.				
3.4 Key clinical personnel are trained in motivational and tobacco cessation techniques.				
Standard 4: Identification & Cessation Support	No / Not implemented	Less than half implemented	More than half implemented	Yes / Fully implemented
4.1 A systematic procedure is in place to identify and document the tobacco status of all patients/residents.				
4.2 The systematic procedure includes and records the passive smoking status (in accordance with national definition) of all patients/ residents (including babies/children).				
4.3 A tobacco cessation service or direct access to cessation service is available for patients/ residents (in-patients and out-patients).				
4.4 Interventions to motivate tobacco users to quit during the healthcare stay are documented in patient/ resident care plans.				
4.5 NRT/Pharmacological therapy is available within the organisation.				
4.6 Specific resources have been allocated for cessation support activities within the organisation.				
4.7 The cessation service provided or accessed by the healthcare organisation, has in place a systematic one year follow-up procedure.				
4.8 Information on tobacco and tobacco cessation methods are widely available in the organisation.				

## 10 Standards 42 items

- 1- Commitment (6 items),
- 2- Communication (4 item),
- 3- Education and training (4 items),
- 4- Identification and cessation (8 items),
- 5- Tobacco control (4 items),
- 6- Environment (6 items),
- 7- Healthy workplace (5 items),
- 8- Health promotion (4 items),
- 9- Compliance monitoring (2 items)
- 10- Policy implementation (1 items).

Each item is scored as:

Not implemented = 1

Less than half implemented=2

More than half implemented = 3

Fully implemented =4

TOTAL SCORE 168

# METHODS



- **Tool:** The SAAQ was requested by e-mail to ENSH national/regional coordinators in October 2010 to be completed and returned to the ENSH coordinating centre.

We gave participating networks four months (31<sup>st</sup> January 2010) to gather results for their hospital members.

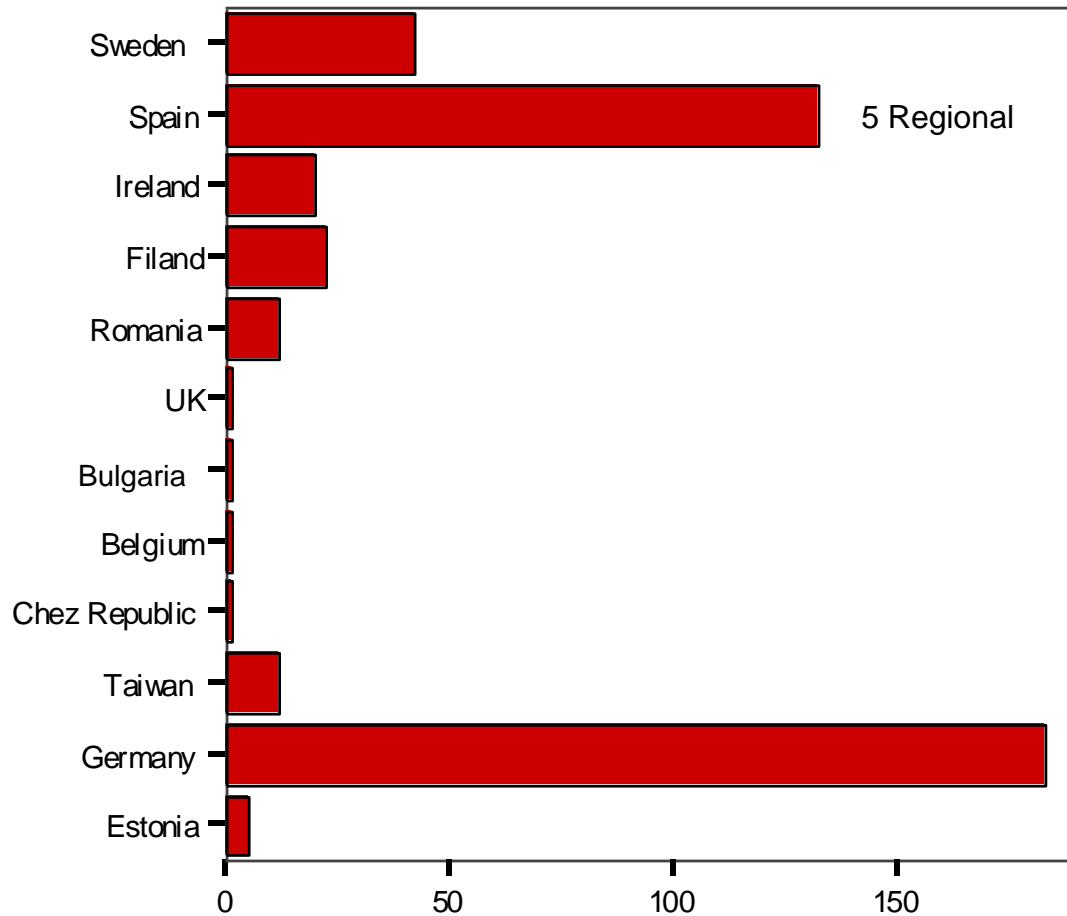
- **Variables:**
  - **Dependent:** Global & 10 Standards implementation degree.
  - **Independent:** Country/Region, Beds ( $\leq 300$  or  $> 300$ ), Workers ( $\leq 700$  or  $> 700$ ).
- **Analysis:** Means and 95% CI of the overall score and the 10 policies standards.

We standardized by 100:  $(\text{score}/168)*100$

# RESULTS



**Fig: Hospitals participants by ENSH national/regional network**



National members: 11

Regional members: 5

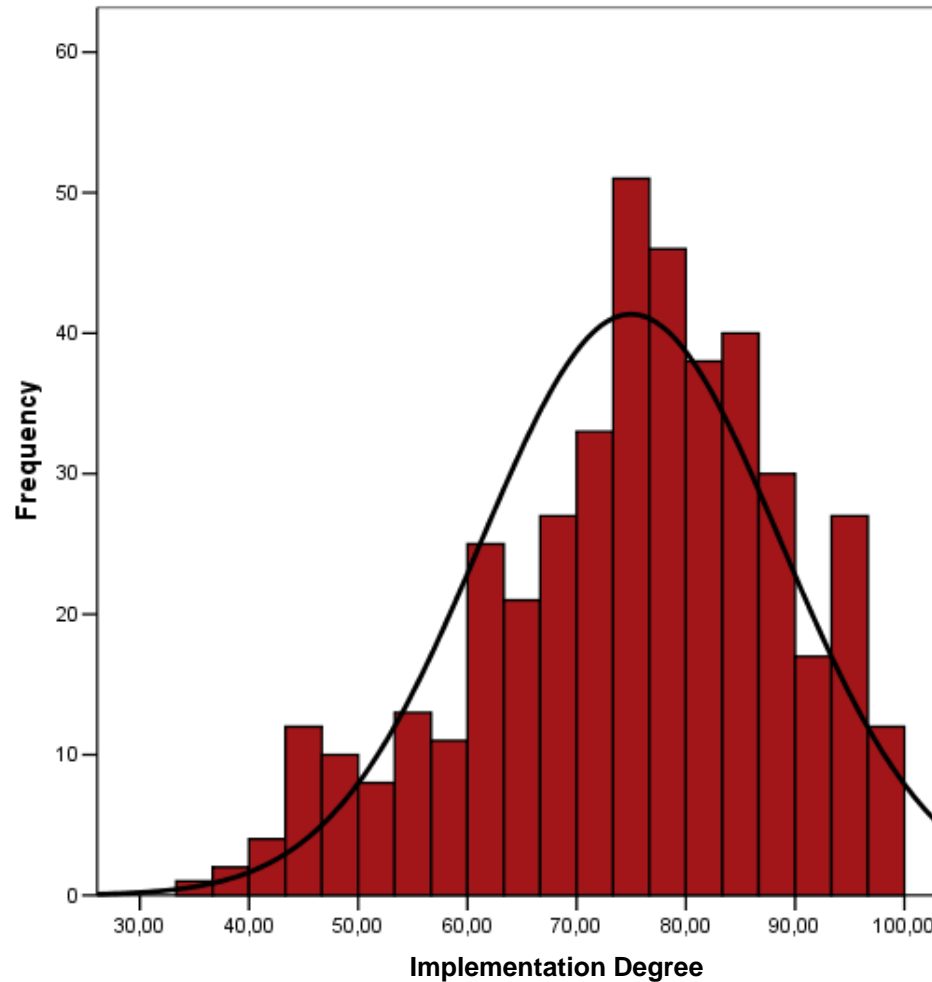
Cases: 432

Excluded: 4 national networks

# RESULTS



**Fig: Histogram implementation degree among health care services**



Mean: 74,9 (73,7-16,3)

Levene test : F= 17,74 gl=7 p=0,00

Cases: 428

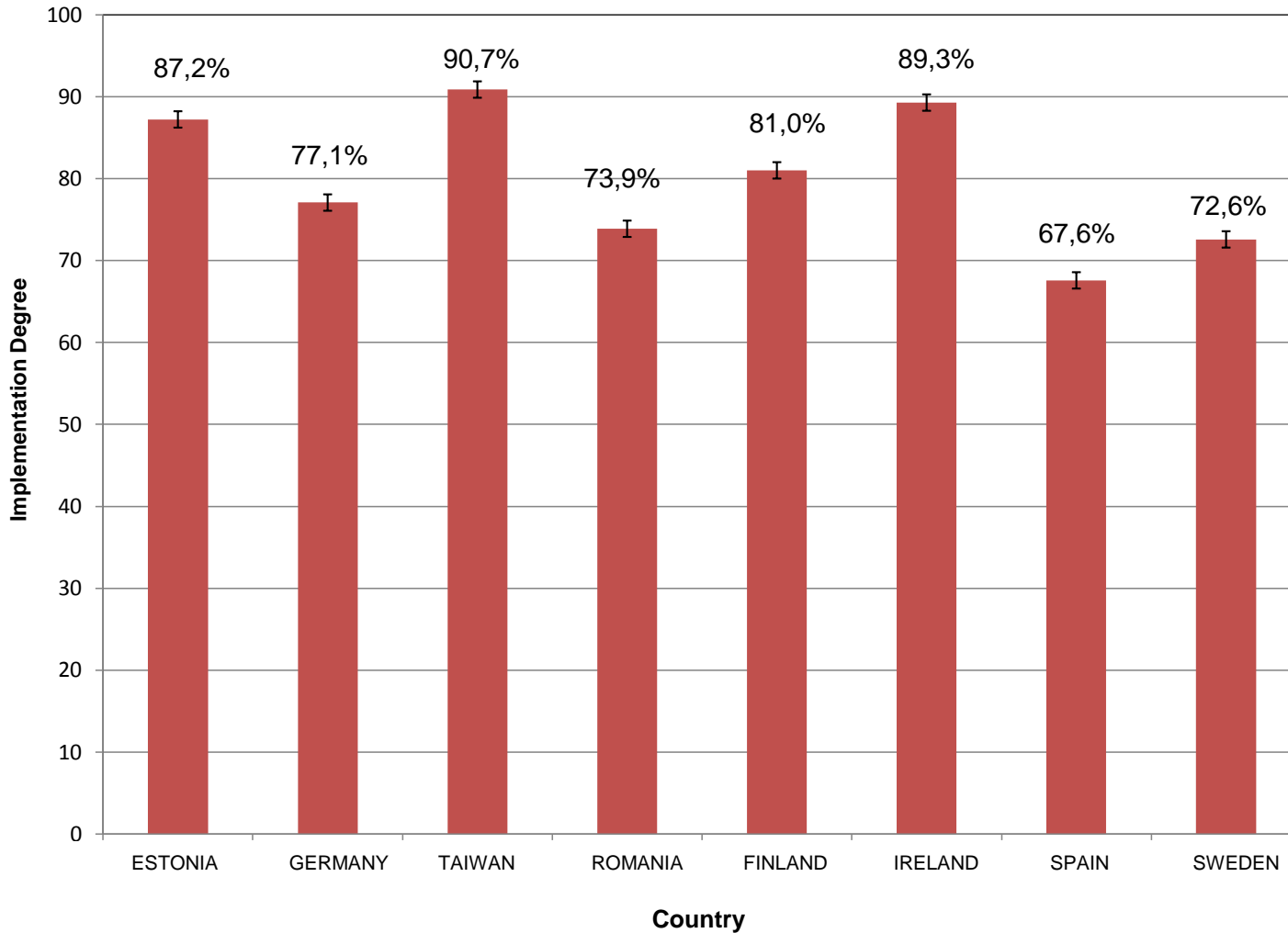
# RESULTS

Test Anova

F=15.82 gl=7 p=0,00



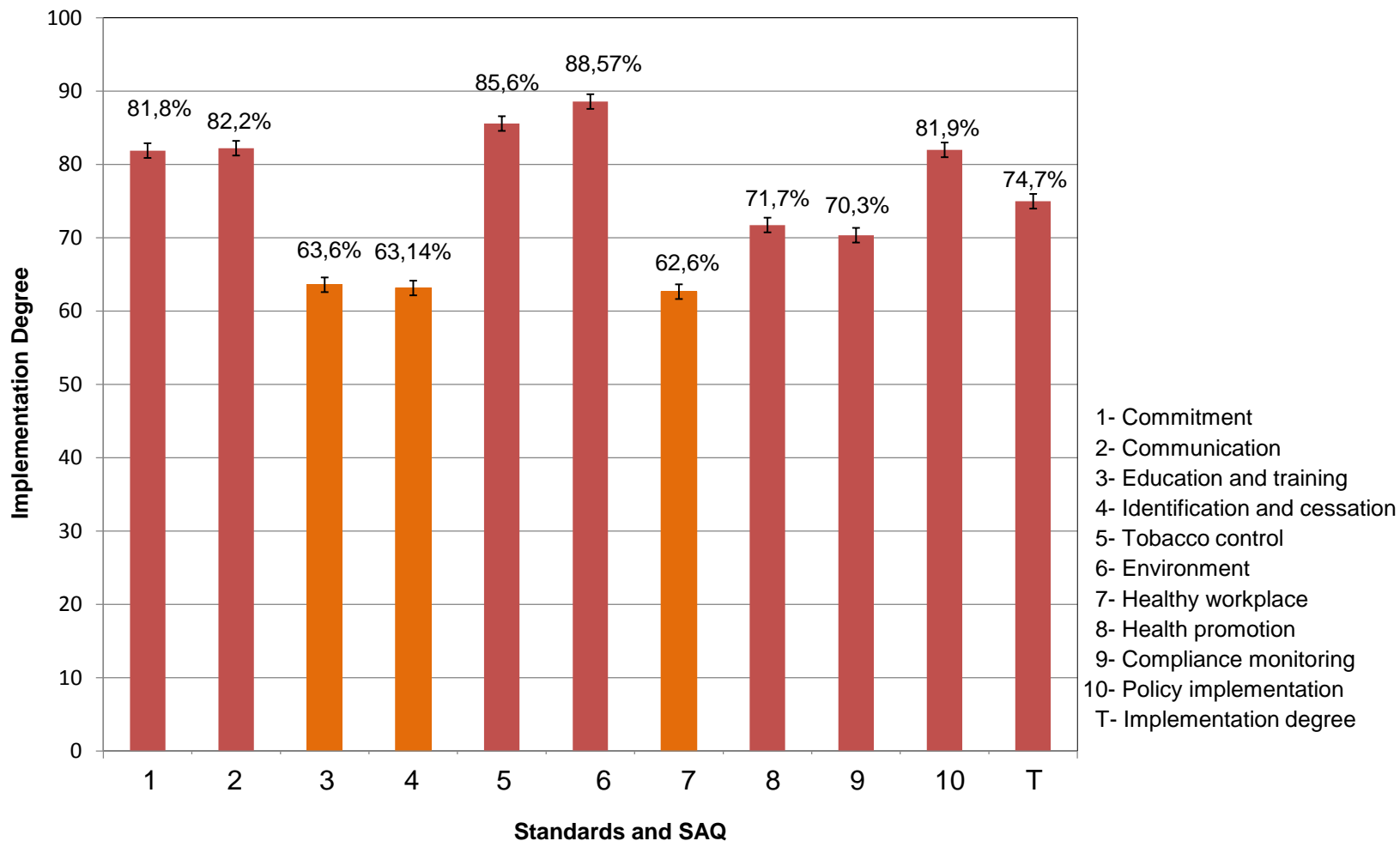
**Fig: Implementations degree by country**



# RESULTS



**Fig: Implementations degree by each policy standard**

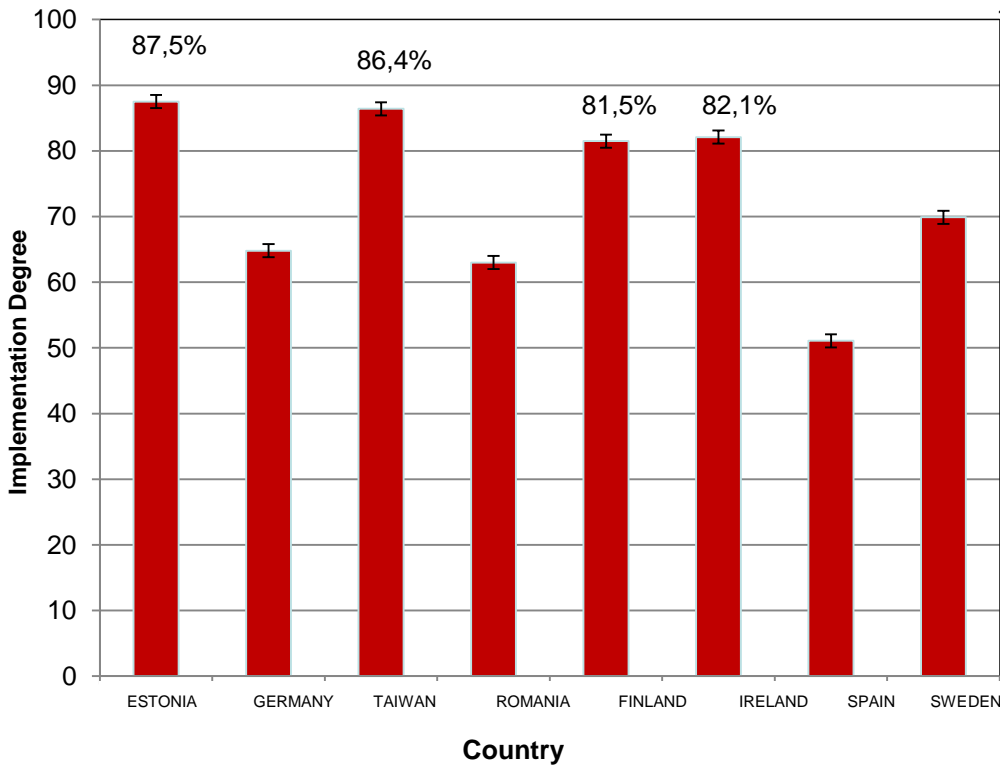


# RESULTS



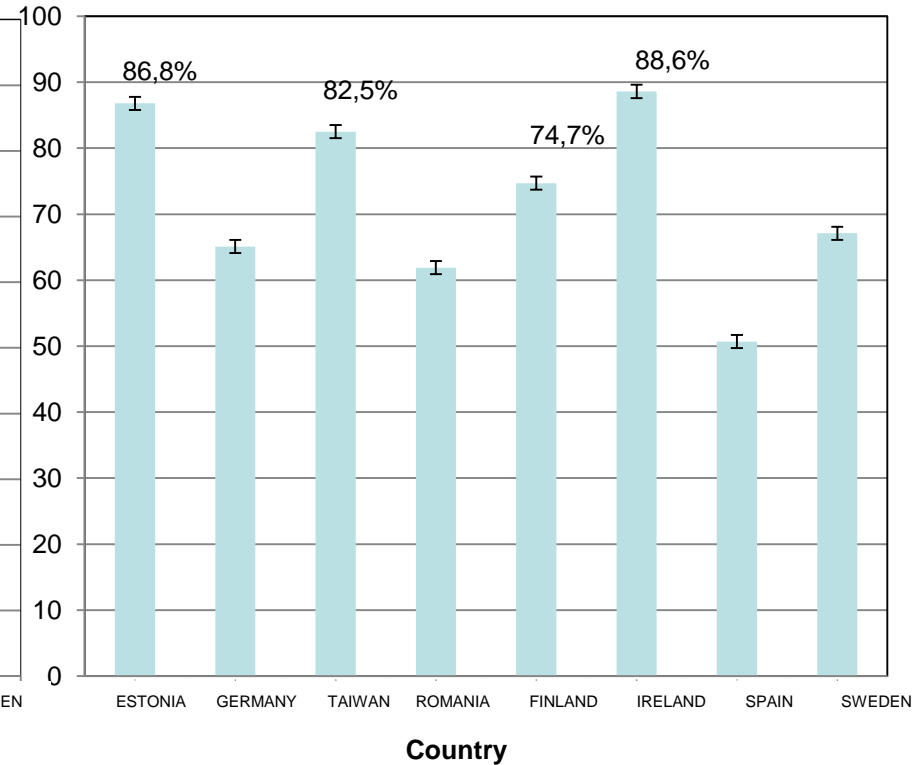
**Fig: Education and training (S3)**

**Fig: Identification and Cessation (S4)**



Test Anova

F=14.3 gl=7 p=0.00



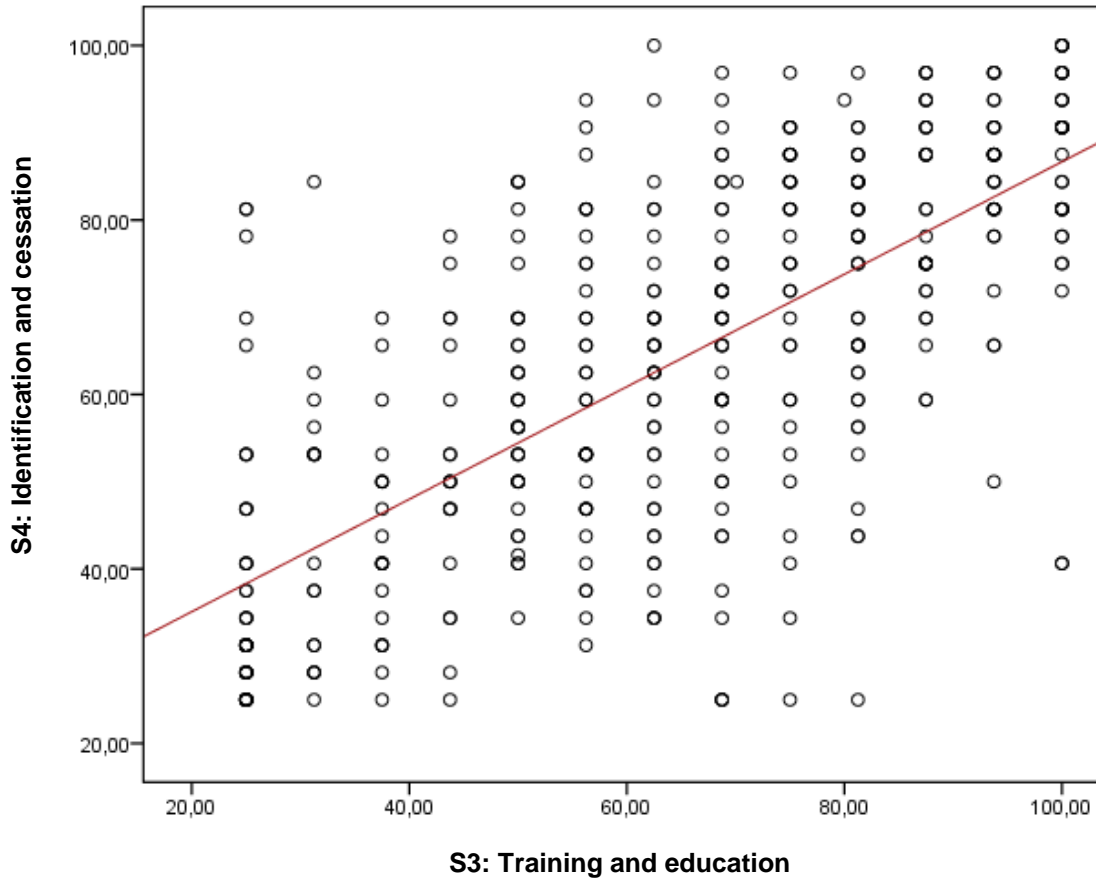
Test Anova

F=18.1 gl=7 p=0.00

# RESULTS



**Fig: Correlation among Training and education (S3) & Identification and Cessation (S4)**

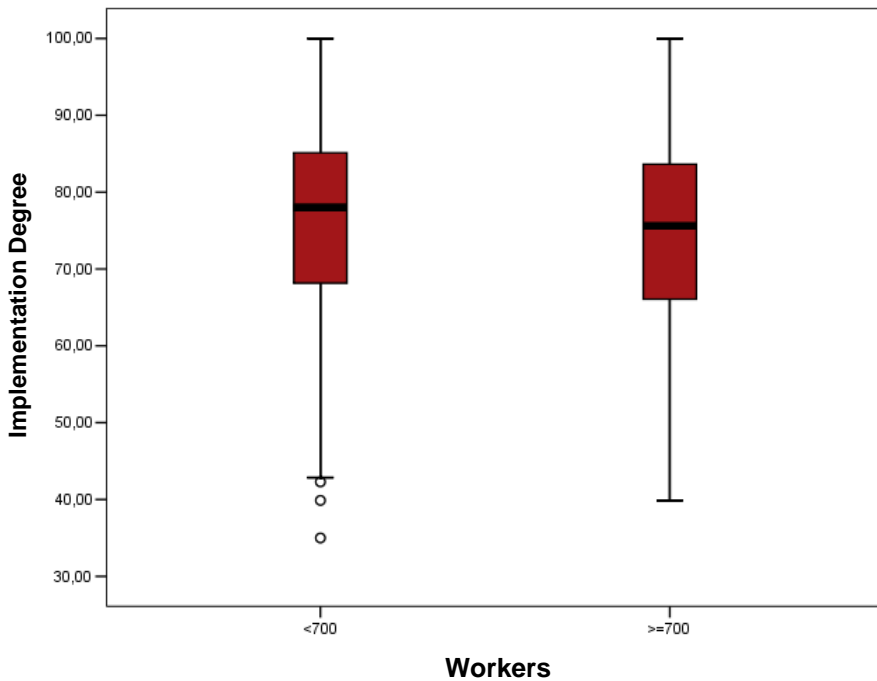


R Pearson= 0,702

# RESULTS



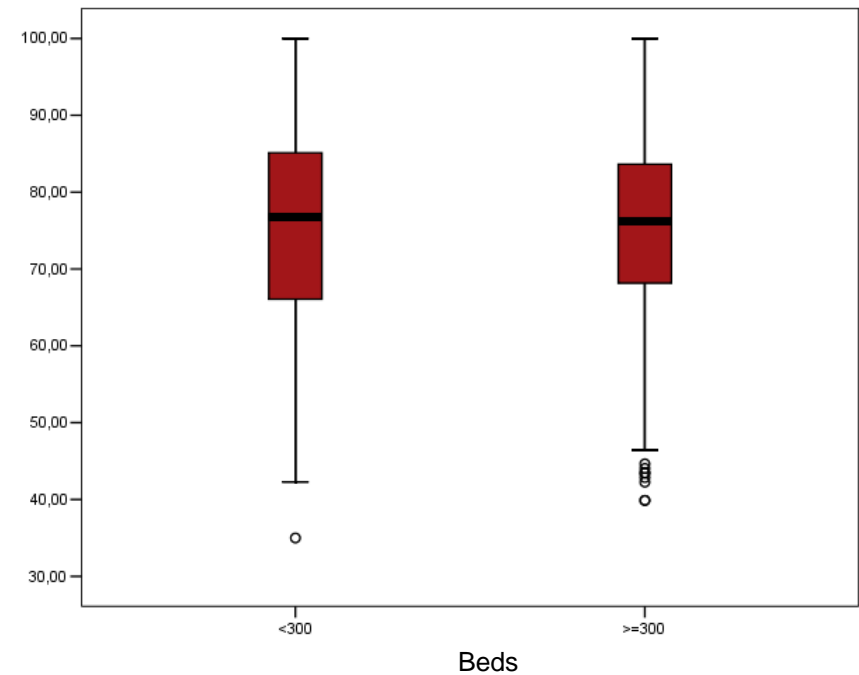
**Fig: Blox-plots implementations degree by number of beds and workers**



## Test Anova

$F=1,802$   $gl=1$   $p=0,299$

Same implementation degree



## Test Anova

$F=0,018$   $gl=1$   $p=0,892$

Same implementation degree

# CONCLUSIONS



## LIMITATIONS

Self-reported questionnaire filled for the promotional committee of each hospital

→ "possible" bias complacency?

Limited number of health care services in some networks (exc: 4)

Limited independent variables (type of hospital and organization)

## STRENGTHS

Tool used by all the ENSH members annually

Previously tested to demonstrate its feasibility

# CONCLUSIONS



- National networks ENSH show a high level in the implementation of tobacco control policies.
  
- Some standards need further development such as:
  - S3: Education and Training
  - S4: Tobacco cessation programs
  - S7: Promotion of healthy workplaces
  
- Hospitals/Networks that educate more have higher level of implementation of tobacco cessation programs.
  
- The self-assessment questionnaire helps prioritize areas for improvement both nationally and internationally.

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