

## The Global Network implementation concept

## (for the implementation of quality tobacco management in healthcare settings) Standards – Implementation Tool – Self-Assessment

Standard 1:	STANADRDS IMPLEME	NTATION TOOL (enabler)	Goal-Attainment Score				
Governance and	Standard 1: Govern	ance and Commitment	0	1	2	3	
Commitment	IMPLEMENTATION CRITERIA	SELF AUDIT TOOL	No / Not implemented	Less than half implemented	More than half implemented	Yes / Fully implemented	
The healthcare organisation has clear and strong leadership to systematically implement a tobacco-	1.1 The healthcare organisation has clear policy documents towards the implementation of the GNTH Standards.	1.1.1 Policy documents of the healthcare organisation show commitment to implement all GNTH Standards.					
free policy	1.2 The healthcare organisation prohibits the acceptance of any sponsorship or funding from the	1.2.1 The healthcare organisation prohibits the acceptance of tobacco industry sponsorship and funding.					
	tobacco industry, as well as the sale of their products and associated devices/e-cigarettes	1.2.2 The healthcare organisation prohibits the sale of tobacco products and associated devices/e-cigarettes.					
	1.3 The healthcare organisation identifies clear accountability for all levels and aspects of policy implementation.	1.3.1 A senior manager has responsibility for the implementation of the tobacco-free policy.					
		1.3.2 Accountability is assigned at all levels and for all aspects of policy implementation.					
	1.4 The healthcare organisation's staff employment documents (including subcontracts and documents with other agencies that work within the healthcare	1.4.1 Staff employment documents require staff commitment to the healthcare organisation's tobaccofree policy.					

	organisation) require commitment by all staff to the organisation's tobacco-free policy.  1.5 The healthcare organisation seeks relevant representation to develop and to implement a strategy and action plan based on the self-audit and policy monitoring and evaluation results.  1.6 The healthcare organisation allocates the human and financial resources necessary for all aspects of policy implementation.	1.4.2 Subcontractor documents require staff adherence to the healthcare organisation's tobaccofree policy.  1.5.1 The strategy and action plan is developed and managed by an implementation team.  1.5.2 The strategy and action plan is reviewed annually taking into account the results of the self-audit, monitoring and evaluation results.  1.6.1 Financial and human resources are allocated according the strategy and action plan.					
Chandrad D					ttainment		
Standard 2:	Standard 2:	Communication	0	1 1	core 2	3	
Communication			U	1	2	3	
The healthcare	IMPLEMENTATION CRITERIA	SELF AUDIT	No / Not implemented	Less than half implemented	More than half implemented	Yes / Fully implemented	
organisation has a comprehensive communication strategy to support awareness and implementation of the tobacco-free policy and tobacco cessation services.	2.1 Interactive and targeted media is used to communicate the organisation's tobacco-free policy and availability of tobacco cessation services with all staff and subcontractors before and during employment.	2.1.1 All staff and subcontractors are informed about the healthcare organisation's tobacco-free policy and tobacco cessation services.					
	2.2 Interactive and targeted media is used to communicate the organisation's tobacco-free policy and availability of tobacco cessation services to all service users prior to and/or on admission.	2.2.1 All service users are informed about the organisation's tobacco free policy and tobacco cessation services.					
	2.3 Interactive and targeted media is used to communicate the organisation's tobacco-free policy and availability of tobacco cessation services in the community including specific target groups.	2.3.1 The community including specific target groups is informed about the healthcare organisation's tobacco-free policy and tobacco cessation services.					



Standard 3:	a	Goal-Attainment Score				
Education and	Standard 3: Edu	cation and Training	0	1	2	3
Training  The healthcare	IMPLEMENTATION CRITERIA	SELF AUDIT	No / Not implemented	Less than half implemented	More than half implemented	Yes / Fully implemented
organisation ensures appropriate education and training for clinical and non-clinical staff.	3.1 Policy briefings and instruction are mandatory for all staff, including managers.	3.1.1 All staff including managers participate in policy briefings and instructions.				
	3.2 The healthcare organisation ensures that all staff know how to approach tobacco, associate devices/e-cigarette users, including visitors, to inform them of the tobacco-free policy and tobacco cessation services.	3.2.1 All staff are instructed on how to approach tobacco and associate devices/e-cigarette users to inform them about the tobacco-policy and tobacco cessation services.				
	3.3 All clinical staff are trained in brief advice and best care measures for tobacco addiction /dependence in line with researched best practice.	3.3.1 All clinical staff are trained in brief advice to motivate tobacco and associated devices/e-cigarette users to quit.				
	3.4 Key clinical staff are trained in motivational tobacco cessation techniques in line with researched best practice.	3.4.1 Key clinical staff are trained in motivational tobacco cessation techniques in line with researched best practice.				



Standard 4:	Standard 4: Identification, Diagnosis and		Goal-Attainment Score			
Identification,	Tobacco Ces	sation Support	0	1	2	3
Diagnosis and Tobacco Cessation Support	IMPLEMENTATION CRITERIA	SELF AUDIT	No / Not implemented	Less than half implemented	More than half implemented	Yes / Fully implemented
The healthcare organisation identifies all tobacco users and provides appropriate care in line with international best practice and national	4.1 The healthcare organisation has a systematic procedure in place to identify, diagnose and document the tobacco addiction/ dependence status of service users (including users of associated devices/e-cigarettes).	4.1.1 All tobacco/associated devices/e-cigarette users are systematically identified and have their addiction/dependence status diagnosed and documented.				
standards	4.2 The healthcare organisation has a systematic procedure in place to identify and document all service users including babies, children and pregnant women who are exposed to secondhand smoke/e-cigarette vapour.	4.2.1 All service users exposed to second-hand smoke/e-cigarette vapour are identified and document.				
	4.3 Information about the risk of tobacco consumption (including the use of associated devices/e-cigarettes) and tobacco cessation methods is widely available for all service users.	4.3.1 Information about the risk of tobacco consumption (including the use of associated devices/e-cigarettes) and tobacco cessation methods is widely available.				
	4.4 All identified tobacco and associated devices/e-cigarette users receive brief advice in line with best researched practice.	4.4.1 All tobacco and associated devices/e-cigarette users receive brief advice in line with best researched practice.				
		4.4.2 All interventions to motivate tobacco and e-cigarette users to quit are documented.				

	4.5 The service user's care plan identifies and meets the needs of the tobacco and associated devices/e-cigarette user and those identified as exposed to secondhand smoke/e-cigarette vapour.	4.5.1 Tobacco and associated devices/e-cigarette users and those exposed to secondhand smoke/e-cigarette vapour have their needs identified and documented in the care plan.				
	4.6 The healthcare organisation has a tobacco cessation service or a referral system to a service that provides treatment for tobacco addiction/dependence in line with researched best practice.	4.6.1 All tobacco and associated devices/e-cigarette users have access to a tobacco cessation service that provides treatment in line with researched best practice.				
	4.7 The tobacco cessation service considers the therapeutic requirements of different service-user groups (i.e. pregnancy, pre-operative, mental illness, disability) in line with researched best practice.	4.7.1 The tobacco cessation service addresses the needs of different service-user groups through specific treatment guidelines or protocols in line with researched best practice.				
	4.8 Pharmacological support is available for the treatment of tobacco addiction/dependence, in line with researched best practice.	4.8.1 Pharmacological support is available to tobacco users in line with researched best practice.				
	4.9 The tobacco cessation service used by the organisation follows up cessation serviceusers in line with researched best practice.	4.9.1 The tobacco cessation service has a procedure to follow up cessation service-users in line with researched best practice.				
Standard 5:	Standard 5: Tobac	cco-free environment	0	Goal-Attainment Score		2
Tobacco-free environment	IMPLEMENTATION CRITERIA	SELF AUDIT	No / Not implemented	Less than half implemented	2 More than half implemented	Yes / Fully implemented
The healthcare organisation has strategies in place to achieve a tobacco-free campus.	5.1 The healthcare organisation buildings are completely free of tobacco use (including use of associated devices/e-cigarettes).	5.1.1 All buildings within the organisation are completely tobacco-free (including associated devices/e-cigarettes).				

5.2 The healthcare organisation	5.2.1 The grounds and transports		
grounds and transport systems	systems of the organisation are		
are completely free of tobacco	completely tobacco-free (including		
use (including use of associated	associated devices/e-cigarettes).		
devices/e-cigarettes).			
5.3 The healthcare organisation	5.3.1 Signage identifies prohibited		
has clear and unambiguous	products and the tobacco-free		
signage that defines the products	campus boundaries for buildings		
prohibited and identifies	and grounds.		
boundaries for buildings and			
grounds of the tobacco-free			
campus.			
5.4 The healthcare organisation	5.4.1 Tobacco and associated		
prohibits the sale, distribution	devices/e-cigarettes are not sold,		
and advertisement of tobacco	distributed or advertised within the		
products and associated devices/	organisation.		
e-cigarettes, anywhere within	3		
the organisation.			
3			
5.5 The healthcare organisation	5.5.1 There is a procedure to record		
has a procedure in place to	and prevent secondhand smoke/e-		
ensure that all service users,	cigarette vapour exposure.		
staff and visitors are never			
exposed to secondhand			
smoke/e-cigarette vapour within			
the boundaries of the tobacco-			
free campus.			
5.6 Any exceptional	5.6.1 All exceptional circumstances		
circumstances of tobacco use by	are managed by a procedure that is		
service users is managed by a	consistent with the denormalisation		
procedure that is consistent with	of tobacco use.		
the denormalisation of tobacco	0. 000000 000.		
use.			
5.7 The healthcare organisation	5.7.1 A procedure is in place to		
has a procedure in place to	register all incidents and to manage		
document and manage any	all policy breaches.		
breaches of policy including	an policy bicacinesi		
incidents of exposure of staff,			
service users or public to			
secondhand smoke/e-cigarette			
vapour.			



Standard 6:	Standard 6: Healthy workplace			Goal-Attainment Score			
			0	1	2	3	
Healthy workplace	IMPLEMENTATION CRITERIA	SELF AUDIT	No / Not implemented	Less than half implemented	More than half implemented	Yes / Fully implemented	
The healthcare							
organisation has human	6.1 The healthcare organisation	6.1.1 The healthcare organisation					
resource management	has a comprehensive workplace	has a comprehensive workplace					
policies and support systems that protect and	health promotion programme.	health promotion programme.					
promote the health of all	6.2 The healthcare organisation	6.2.1 Organisational policies					
who work in the	has policies that emphasise the pro-active and exemplary role of	describe the pro-active and exemplary roles of staff in the					
organisation.	staff in the implementation and	implementation and support of the					
3	support of the workplace tobacco	workplace tobacco free policy.					
	free policy.	workplace tobacco free policy.					
	6.3 The healthcare organisation	6.3.1 There is a process in place to					
	has a process in place to identify	identify and motivate tobacco and					
	and record the health status of	associated devices/e-cigarette users					
	staff (including tobacco and	to quit.					
	associated devices/e-cigarette						
	use); and offers appropriate						
	help, support and treatment as						
	necessary.						
	6.4 The healthcare organisation	6.4.1 Staff have access to a tobacco					
	has a tobacco cessation service or direct access to a cessation	cessation service.					
	service for the purpose of						
	helping their staff tobacco users						
	to quit.						
	6.5 The healthcare organisation	6.5.1 Non-compliance by staff is					
	has a clear procedure in place	managed within existing local					
	within existing local disciplinary	disciplinary procedures.					
	measures to manage policy non-						
	compliance by staff.						

Standard 7:	Standard 7: Community Engagement  Goal-Attainment Score							core	2
Community Engagement	IMPLEMENTATION CRITERIA	SELF AUDIT	No / Not implemented	Less than half implemented	More than half implemented	Yes / Fully implemented			
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.	7.1 The healthcare organisation works with community partners and other organisations to promote and contribute to national and international tobacco-free activities.	7.1.1 The healthcare organisation works with community partners and other organizations to promote and contribute to national and international tobacco-free activities.							
	7.2 The healthcare organisation works with community partners to encourage and support the users of tobacco and associated devices/e-cigarettes to quit; it	7.2.1 The organisation works with community partners to encourage and support tobacco and associated devices/e-cigarette users to quit.							
	takes into account the needs of specific target groups (women, adolescents, migrants, disadvantaged and other cultural groups).	7.2.2 The organisation works with community partners to address the needs of specific target groups (women, adolescents, migrants, disadvantaged and other cultural groups).							
	7.3 The healthcare organisation shares best practice to support others in the development and implementation of tobacco-free policies.	7.3. The healthcare organisation shares best practice in the development and implementation of tobacco-free policies.							



Standard 8:		Standard 8: Monit	oring and Evaluation	Goal-Attainment Score			
Monitoring and Evaluation		IMPLEMENTATION CRITERIA	SELF AUDIT	No / Not implemented	Less than half implemented	2 More than half implemented	Yes / Fully implemented
The healthcare organisation monito and evaluates the implementation of a GNTH standards at regular intervals		8.1 The healthcare organisation has internal and external review processes to monitor the implementation of all standards and takes into account feedback from staff and service users.	8.1.1 An internal process is in place to review the implementation of the standards at least annually.				
			8.1.2 The review process takes into account feedback from service users and staff.				
			8.1.3 The healthcare organisation participates in external review activities.				
		8.2 The healthcare organisation has processes to collect key data, including the self-audit results, to inform the annual action plan and to ensure quality	8.2.1 Data collection processes are in place, including the self-audit, to monitor implementation of the tobacco free policy.				
	improvement.	8.2.2 Data collected is used to improve implementation and the annual policy action plan.					