ENSH-Global Standards review
Why & How?

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www.ensh.org
Regional/National Networks

21 Corporate Members
10 Associate Members
ENSH Tools
www.ensh.eu
- Developed in 2001 and updated in 2007 on European Level

- Proved to support implementation globally at ENSH Gold Level

<table>
<thead>
<tr>
<th>ENSH-Global STANDARDS</th>
<th>ENSH-Global AUDIT QUESTIONNAIRE</th>
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<tbody>
<tr>
<td><strong>Standard 1 Commitment:</strong></td>
<td>Commitment</td>
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<tr>
<td>The healthcare organisation engages decision-makers, appoints a tobacco free policy working group and is committed to rejecting all tobacco industry sponsorship and designates</td>
<td>ENSH Self Audit Questions</td>
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<tr>
<td>1.1 The healthcare organisation publicly adopts and demonstrates commitment to a policy towards the implementation of the ENSH Standards.</td>
<td>1.1 The healthcare organisation documents specify commitment to a policy towards the implementation of the ENSH Standards</td>
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<tr>
<td>1.2 The healthcare organisation’s tobacco free policy prohibits the acceptance of any sponsorship or funding from the tobacco industry.</td>
<td>1.2 The healthcare organisation does not accept any sponsorship from the tobacco industry.</td>
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<tr>
<td>1.3 The healthcare organisation establishes a working group or committee to develop and support the implementation and monitoring of the tobacco free policy.</td>
<td>1.3 A policy working group or committee is designated to coordinate the development, implementation and monitoring of the tobacco free policy.</td>
</tr>
<tr>
<td>1.4 A senior manager is appointed to oversee and take responsibility for the tobacco free policy and lead the working group/committee.</td>
<td>1.4 A senior manager has responsibility for the actions of the policy working group or committee.</td>
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<tr>
<td>1.5 The healthcare organisation’s operational plan or contract identifies actions and allocates financial and human resources for the communication, implementation and monitoring of the policy.</td>
<td>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.</td>
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</table>
**ENSH Self audit questionnaire**

**Performance evaluation towards a tobacco-free Organisation**

<table>
<thead>
<tr>
<th>Standard 1: Commitment</th>
<th>No / Not implemented</th>
<th>Less than half implemented</th>
<th>More than half implemented</th>
<th>Yes / Fully implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 The healthcare organisation documents specify commitment to a policy towards the implementation of the ENSH Standards.</td>
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<tr>
<td>1.2 The healthcare organisation does not accept any sponsorship from the tobacco industry.</td>
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<tr>
<td>1.3 A policy working group or committee is designated to coordinate the development, implementation and monitoring of the smoke-free policy.</td>
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<tr>
<td>1.4 A senior manager has responsibility for the actions of the policy working group or committee.</td>
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<tr>
<td>1.5 Financial and human resources are allocated in the healthcare organisation’s operational plan and/or contract to implement and monitor the smoke-free policy.</td>
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<tr>
<td>1.6 All staff understand their responsibility to take action in the implementation and management of the smoke-free policy.</td>
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</table>

<table>
<thead>
<tr>
<th>Standard 2: Communication</th>
<th>No / Not implemented</th>
<th>Less than half implemented</th>
<th>More than half implemented</th>
<th>Yes / Fully implemented</th>
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<tbody>
<tr>
<td>2.1 All healthcare staff (including teachers, students and transient staff) are informed of the organisation’s smoke-free policy.</td>
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<tr>
<td>2.2 All contract and outsourced employees working within or in direct contact with the healthcare organisation are informed of the smoke-free policy.</td>
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<tr>
<td>2.3 All patients/residents (in and out-patients) are informed of the healthcare organisation’s smoke-free policy.</td>
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**Leads to**

- identifying strengths and areas for improvement
- systematic implementation instead of single action
- internal controlling instrument

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ENSHP Self-audit study in 2005

- The audit tool was completed by **1173 hospitals / clinics / nursing homes in 9 European Countries across 10 networks**.

- **All organisations who performed above the European median, were members of the ENSH.**

- Comparison of audit questionnaire data from 2004 and 2005 for 284 hospitals showed an increase in mean percentage scores for all sections

- Substantial improvement was demonstrated in the areas of Commitment, Communication, Healthy Workplace and Monitoring.
Why change what works?

From ENSH to ENSH-Global

• Need to ensure the ENSH-Global Standards continue to meet the demands of the changing world of tobacco and global health service reform

Concerns

• Would the update lose the detail that has been deemed invaluable to new members?
• Is A review would address the repetition but maintain the detail to support new members
• Amendments should still provide comparable data or information
• Previously collected data used for comparison purposes: Country to country, health service to health service and year to year basis.
How did we do it?

• Engage as many national & regional networks as possible at the earliest possible stage
• Develop an action plan with timeframe incorporating two levels
  – National (Commitment, participation & consensus)
  – Global
• Use every available media to ensure optimum communication
• Maximise opportunity to engage key national specialists in tobacco, quality & public health
• Develop an easy to use feedback form
• Review, manage & discuss ALL feedback until consensus was reached
• Prepare final draft for translation
• Recruit small competent group to manage any translation/comprehension issues & get final sign-off
Participating National/regional networks

- Australia
- Austria
- Catalonia
- Estonia
- Finland
- Germany
- Ireland
- Norway
- Sweden
- Switzerland
- Taiwan
• Governance & Commitment
• Communication
• Education and Training
• Identification, Diagnosis and Tobacco Cessation Support
• Tobacco-free environment
• Healthy workplace
• Community Engagement
• Monitoring and Evaluation
Participation and quality

- Great opportunity to engage key experts working on tobacco or quality healthcare in their country
- Discuss and spread the ENSH-Global concept
- National feedback to include diversity of health services globally
- Identify interrelations with national accreditation standards to create synergy for implementation at national level
- Improve wording and include new aspects
Thank you

For more detail contact - enshglobal@gmail.com

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