Smokefree Hospitals

an orientation resource for smokefree coordinators of district health boards

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Introduction

Smoking and exposure to second hand smoke continue to represent the single most significant preventable cause of illness and death in New Zealand. Over the years, a range of interventions has been implemented in an effort to reduce this impact. In general these have included regulation and taxation designed to restrict the availability and affordability of tobacco products; health promotion activities designed to encourage people to remain/become smokefree; and cessation services designed to support individuals to stop smoking.

Health service reform in the late 1990's created 21 District Health Boards (DHB) with each being responsible for protecting and promoting the health status of the population within its district. This is primarily achieved through each board's Planning and Funding directorates. Recently, DHBs have become more specifically, and contractually, accountable for providing coordination of the range of smokefree services provided within their districts.

Recently, the role of health service providers in systematically screening the smokefree status of all patients, and advising and supporting as appropriate all those not currently smokefree, has been recognised and many hospital and primary health service providers throughout New Zealand have acted to strengthen their performance in this regard.

This initiative has been supported by the *Systems First* project, funded by the Ministry of Health and provided by Education for Change. Best practice guidelines were developed based on a review of international research and these have provided the principles and framework to support change.

This development marks a significant shift in health service provision. **Screening** of the smokefree status of all hospital patients and **responding** with the provision of best practice support where patients are not smokefree is the means by which personal health services can enact public health strategy.

This document is designed to provide DHB Smokefree Coordinators with an orientation to coordinating smokefree best practice in hospitals. It has been prepared at the request of the Ministry of Health.

This document focuses primarily on the development of smokefree hospital systems which ensure that the smokefree status (first and second hand smoking) of all patients is **screened** and that where a patient is not smokefree, that an appropriate **response** is provided.

This document is based on the *Systems First Guidelines* which were developed to guide systems level smokefree change. *Systems First* is a five step package for supporting health leadership by district health boards. It promotes strong policy and clear systems to support ongoing staff education, dedicated roles and services and brief intervention.

A "checklist approach" has been taken in this document. It is hoped that those using this resource will find it a practical support as they complete their orientation process.

Orientation Programme

1. Orientation to the Role

1.1 Orientation to 'smokefree'

A wealth of reference information is available that can provide a smokefree coordinator with the requisite information. Below are five key references and a checklist of useful content areas.

- A particularly useful reference providing a summary of relevant issues is the **Beginners Guide to Tobacco Control in Aotearoa-New Zealand**[1] prepared in 2005 for the Health Sponsorship council by Mandy Anderson and Kate Matthews.
- The *Systems First Guidelines*[2], first published in 2004 and revised in 2005, describe a five step approach to addressing smoking in New Zealand hospitals. This best practice package was adopted by the Ministry of Health in February 2004, was presented to DHB representatives at a national workshop in Wellington in March 2004, and has served as the basis of hospital smokefree system development since that time.
- The New Zealand Smoking Cessation Guidelines (2007)[3] provide updated guidance for health care workers in their contacts with people who smoke tobacco and, as such, are essential reading for smokefree coordinators. The guidelines include an updated literature review of evidence relating to smoking cessation. While cessation practice is not the prime focus of a smokefree hospital, these guidelines contain much valuable information.
- A number of *Systems First* project resources are also specifically designed to support health service workers to understand smoking and the value of intervention and, in particular, the implementation of smokefree systems, especially smokefree screening systems.
- A comprehensive international review of literature can be found in a report published in 2000 by the US Surgeon General[4].

Orientation checklist

The following checklist includes key areas that the smokefree coordinator, through discussion with key staff and access to relevant documents and resources, should ensure they are familiar with.

the issue:	**Completed**
▪ tobacco/nicotine	☐

[1] Cowan S and Smith D. *Systems First – supporting smokefree leadership in New Zealand hospitals. Guidelines for district health boards.* Christchurch, NZ: Education for Change. August 2005
[2] Anderson M and Matthews K. *Beginner's Guide to Tobacco Control in Aotearoa – New Zealand.* Wellington: Health Sponsorship Council. 2005
[3] Ministry of Health. *New Zealand Smoking Cessation Guidelines.* Wellington: Ministry of Health. 2007
[4] Fiore MC, Bailey WC, Cohen SJ, et al. *Treating tobacco use and dependence. Clinical Practice Guideline.* Rockville MD: US Department of Health and Human Services. Public Health Services. June 2000.

▪ addiction	☐
▪ the tobacco industry	☐
▪ historical perspectives	☐

the impact:	**Completed**
▪ illness	☐
▪ cost	☐
▪ inequity	☐

desired outcomes:	**Completed**
▪ increased population wellbeing	☐
▪ increased numbers of people remaining smokefree	☐
▪ increased numbers of people becoming smokefree	☐
▪ increased numbers of smokefree pregnancies	☐
▪ increased numbers of children protected from second-hand smoke	☐

interventions:	**Completed**
▪ regulation/taxation	☐
▪ health protection/regulation enforcement	☐
▪ health promotion	☐
▪ embedded systems in health services (brief interventions)	☐
▪ cessation services (intensive interventions)	☐
▪ DHB influence on providers	☐

1.2 Orientation to the position

As with any role, clarity of expectation regarding the purpose for which the position has been established is essential.

Hospital Smokefree Coordinator positions were initially established to lead the development of hospital smokefree systems that would ensure effective smokefree practice in those settings. Over time these roles have evolved and, more recently, they have been repositioned as DHB-level positions, albeit that continuing to lead smokefree change in the hospital setting remains a significant priority.

The most relevant guide to the specific expectations of the position will be found in the position description forming the basis of the employment relationship. These position descriptions will vary from DHB to DHB to take account of the individual circumstances of each DHB.

The DHB's Smokefree Policy will generally contain broader information relating to the board's smokefree commitment and this will bear on the intended role and desired outcomes of the Smokefree Coordinator position.

Orientation checklist

The following checklist includes key areas that, through discussion with key staff and access to relevant documents and resources, the smokefree coordinator should ensure they have reviewed.

	Completed
▪ DHB smokefree policy	☐
▪ position description	☐
▪ performance targets	☐

1.3 Orientation to the DHB

Each district health board is uniquely structured and has individualised procedures and systems that must be well understood if effective and sustainable change is to be achieved.

The Smokefree Coordinator must understand the DHB's people, processes and (smokefree) history in order to be in a position to identify those issues requiring attention and the best strategies for doing so.

Orientation checklist

The following checklist includes key aspects of the DHB that, through discussion with key staff and access to relevant documents and resources, the smokefree coordinator should ensure they are familiar with.

	Completed
▪ organisational chart	☐
▪ meetings schedules	☐
▪ key stakeholder identification	☐
▪ communications options	☐
▪ smokefree developments to date	☐

1.4 Orientation to service-specific settings (special populations)

Within the hospital setting, there is a number of relatively discrete service areas that include significant differences in how smokefree practice is operationalised. These differences may relate to the service or to the population it serves.

Special populations are those where best smokefree practice differs based on specific considerations for that group. In particular, special consideration must be given in respect of pregnancy services, paediatric and neonatal services, mental health services, and primary services.

Understanding the issues specific to each service is essential if appropriate plans are to be implemented and if the staff working in those settings are to embrace change.

Orientation checklist

The following checklist identifies key services/special populations that, through discussion with key staff and access to relevant documents and resources, the smokefree coordinator should ensure they understand.

	Completed
▪ pregnancy	☐
▪ paediatrics	☐
▪ mental health	☐
▪ secondary settings	☐
▪ primary settings	☐

2. Orientation to Project Leadership

The core aspect of the role of Smokefree Coordinator is project leadership.

In addition to personal leadership qualities, a variety of generic project management skills are required in the role. Information on these may be found in any project management reference material and will not be repeated here.

Tools and resources specific to smokefree hospital initiatives have been developed as part of the Systems First project and are described in the following sections.

Orientation checklist

The following checklist identifies areas of project leadership and provides examples. The Smokefree Coordinator should, through discussion with key staff and access to relevant documents and resources, develop competence in all areas.

	Completed
Self Management ▪ Deciding principles , practices, standards and systems tools relating to notes, meetings, emails, phone calls, reports, presentations, etc	☐
Communicating ▪ Deciding communication tools, schedules, networks and media	☐
Change and Influence ▪ Understanding strategic vs service level activity, leading with language, dealing with resistance, leading positive meetings, understanding the principles of leadership, partnership and ownership, working with the laws of influence, networking	☐
Measuring Change ▪ Using measurement tools to support qualitative accounts of change such as best stories, case profiles	☐
Reporting Change ▪ Preparing motivational reports, written and verbal	☐
Systems Design ▪ analysis of requirements, consultation, solution generation, specification	☐

3. Orientation to *Systems First*

Systems First is a model for developing the capability of a service or agency to achieve results. It has been the framework for the smokefree hospitals national coordination project funded by the Ministry of Health and provided by Education for Change (EFC). There are three parts: the 'systems first' quality principle itself, the five step framework and the personalised support. The primary role of the project has been to guide the development of smokefree hospital systems.

History

In late 2004, the *Systems First Guidelines* were first published and a pilot implementation of the *Systems First* support was undertaken. Subsequent to that, all district health boards were able to avail themselves of intensive hospital-by-hospital support. In September 2007, access to the intensive support was targeted to 5 DHB's identified by the Ministry of Health. The contract to provide smokefree coordination and intensive support will terminate in June 2008.

Overview

The *Systems First Guidelines*[5] provide a comprehensive description of the *Systems First* principles and model. It is recommended that Smokefree Coordinators become thoroughly acquainted with these guidelines which can be accessed via the EFC website forum (http://efc.co.nz/forum).

The guidelines describe a five step best practice framework for achieving sustained change. The five steps are:

- make strong policy
- have clear systems
- provide ongoing staff education
- create dedicated roles and services
- implement brief interventions

Systems First Resources

In addition to the Guidelines, the EFC website forum provides access to a wide range of project tools and resources that have been developed during the course of the project. Key project tools and resources are described in the next section.

The forum site also includes materials prepared by individual DHBs and made available via the forum for sharing with other Smokefree Coordinators. A discussion forum is also available.

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[5] Cowan S and Smith D. *Systems First – supporting smokefree leadership in New Zealand hospitals. Guidelines for district health boards.* Christchurch, NZ: Education for Change. August 2005

For further information, please refer to the *Systems First Guidelines* document and the *Systems First* forum site.

4. Orientation to Smokefree Project Tools

4.1 Self-Assessment tools

Purpose:

These are checklists. They are designed to support assessment and feedback on the extent to which essential components of smokefree best practice are present in a service, hospital or organisation at a point in time. A document prepared at the request of the Ministry of Health provides more detail[6]. Self-assessments describe the *status quo,* frame analysis and discussion, focus planning, and provide a reference for future comparison.

Available versions include checklists for:

- secondary care facilities
- paediatric and neonatal settings
- maternity services

Description:

Elements of smokefree best practice are arranged according to the five steps of the Systems First model. For each item three levels of assessment can be made:

- **Yes/no** - identifies if the service is in full compliance with the item or not
- **1 – 5 Rating** – allows the informant to estimate the extent of compliance with the item ranging from minimal to full
- **Exemplar notes** – allows the informant to identify examples of how the item is currently being met

For the first two levels of assessment, subtotals for each of the five steps and an overall total can be calculated and used to track changes.

Guidelines for use:

These tools are for measuring evidence of key aspects of a specific smokefree service over time. Their value is in the focus they provide to assessment, planning, discussion, action, measurement and reporting. When used as intended, these tools 'tell the story' of the change process, for a particular setting, through a series of assessment and feedback events. They are valid only within a specified domain and cannot be directly benchmarked or interpreted outside it.

[6] David Smith and Stephanie Cowan, *Smokefree Hospital Self-Assessment Tool: an overview*. Christchurch, New Zealand Education for Change Ltd. March 2008

4.2 Current Issues List

Purpose:

To allow clear focus on the most significant factors affecting progress and to provide a brief, clear description of each issue. Descriptions support the development of shared understandings among those involved, while the focus provided by the list ensures collective energies are productively targeted.

Description:

A simple list of those issues currently having the greatest bearing on progress. Each issue is accompanied by a brief explanation.

Guidelines for Use:

Issues should be included in this list only if they are significant. Around six issues is ideal as it is usually enough to include those which are currently central but does not include currently lesser items which would reduce the clarity and focus of the list.

The priority of items will change over time – the list should be clearly identified "as at …" and be reviewed periodically to ensure the allocation of energy and resources continues to be appropriate.

This tool has a prime purpose in focusing the attention and guiding the allocation of project resources. It can be of particular assistance in assisting project groups and wider audiences to understand strategies being pursued and to help individuals understand where their particular areas of interest may "fit"

4.3 Work Action Plan

Purpose:

To document the overall strategy being implemented at the current point in time. Comprehensive listing of all targets/objectives and all action points ensures all aspects of plan known and understood. Allocation of priorities enables effective allocation of resources and maintenance of focus. Documentation of assignment of responsibility for action points and specification of time frames enables monitoring of accountability.

Description:

Format for documenting targets/objectives and associated action points that collectively represent the project strategy. All targets/objectives and action points detail person(s) responsible and time frames as appropriate. Overall project goal is identified at the top of the form.

Note: smokefree hospital work action plans have often separately identified sections for actions relating to developing smokefree environments in order to help establish clarity between this and the development of systems to support patients.

Component targets/objectives and associated actions are classified under the five steps of the Systems First model. Top 3 - 4 priority targets/objectives are identified.

Guidelines for Use:

The Work Action Plan is designed to be a living document and benefits from regular updating. As well as its prime purpose in documenting the project strategy, the current update is an excellent communication tool and can be used to provide the agenda for meetings called to review project progress.

4.4 Smokefree Education Plan

Purpose:

To document the smokefree education needs within the agency and to identify the provisions made to meet those needs.

Description:

A smokefree education plan defines the objective of smokefree education within the agency so as to establish its legitimacy as a curriculum topic. The plan then identifies the various staff groups and the differing needs of each for smokefree education. It goes on to identify the educational interventions and programmes that will be used to meet the identified needs and outlines scheduling and presentation considerations. A tabular format assists with simplicity and clarity.

Guidelines for Use:

The smokefree education plan serves as a communication tool for helping others understand the educational objectives and how they link with overall service objectives. It scopes out required activity and helps manage the resource requirements associated with the interventions.

4.5 Care Pathways

Purpose:

To act as prompts and support consistency with documenting smokefree status and intervention and providing on the spot guidelines for issuing NRT.

Description:

Care pathways need to be specific to settings and services. A variety of pathways and prompt cards have been developed and revised as stand alone smokefree care pathways. Others have been integrated into existing care pathways. Templates for smokefree care pathways have been designed for:

- Paediatric and neonatal settings
- Maternity services
- General hospital settings

Guidelines for Use:

Smokefree care pathways are most useful when a system or intervention is new and requires a priority focus. They can guide the training process until such a time as the new system has

been embedded into day to day practice and documentation can be integrated into other pathways or systems. Prompt cards can also guide the training process

4.6 Smokefree audit tools

Purpose:

To support regular monitoring of systems, clarify metrics and what to count and provide a way to see improvements and / or needs.

Description:

Audit tools have been prepared to monitor the key audit elements of smokefree status, intervention and referral rates.

Guidelines for Use:

Audit tools are most useful when they are designed with the care pathway or documentation tool and use similar definitions and language. For example, if ABC is smokefree best practice, then smokefree audit tools need to match this. The denominator needs to be 'total admissions' when auditing screening rates, and the number of people smokefree, not smokefree and status unknown needs to be counted for a meaningful audit.

4.7 Policy Implementation Tools

Purpose:

These tools are designed to prepare a lot of people in a short time to align knowledge and understandings with smokefree policy. They are to assist in communicating key messages in clear and concise ways so that key audiences gain appropriate understanding and demonstrate appropriate commitment to action

Description:

Presentations can be made to any relevant audience. This may include simple presentation of information, for example providing a project overview to board members, senior managers, etc. It may also include more interactive processes such as workshop facilitation which may be undertaken jointly with the agency coordinator.

Guidelines for Use:

Presentations are designed to stand alone and be delivered by a peer, not an expert. They have been constructed with great care to ensure objectives are fully understood and met. Principles of design are well addressed including careful analysis of the contribution of each presentation element. Principles of effective presentation are also well addressed and, in particular, all visual aids are developed with care to ensure a professional and effective result.

Sample Presentations:

- Smokefree Essentials
- Pregnancy Essentials
- Smokefree Children