



ENSH
GLOBAL NETWORK
FOR TOBACCO FREE
HEALTH CARE SERVICES

ENSH

Gold Forum

Application Form



Candidate application process

1. Responsibility for nominating a health care service, as a candidate to the GOLD Level Forum, rests with the National / Regional ENSH Network Coordinator or relevant validating national organisation.

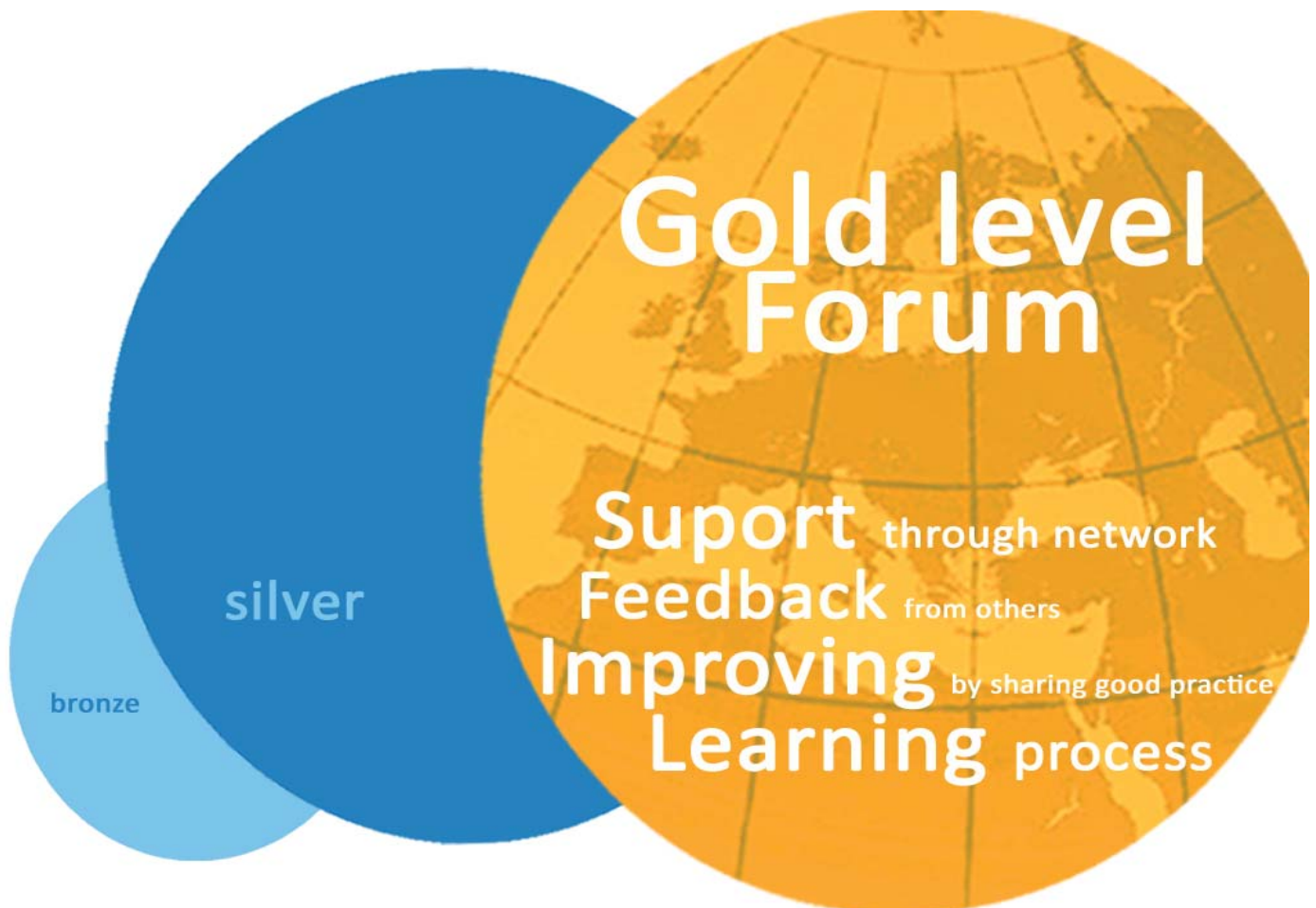
2. Before proposing a candidate, the network coordinator or authorized person must check and verify the validity of the data obtained from the applicant health care service through a national process.

3. This document contains the two essential forms (A & B) that need to be submitted on behalf of the candidate for the GOLD Level Forum Application Process. When completed the documents must be sent to the ENSH Coordinating Center (CC) for international processing.

The purpose of each form, and person responsible for providing the requested information and data is clearly outlined at the start of each form.

Please feel free to adapt it to your situation and improve it – with the aim to help the Jury to understand and have proof that the results are of a “GOLD level” Standard.

For further clarification or inquiries about this procedure and its forms do not hesitate to contact the ENSH CC in Barcelona ensh@iconcologia.net.



Form A: national validation process

Who should complete FORM A?

The Network Coordinator or where no ENSH Network exists, a relevant representative from a national organisation involved in tobacco control (such as HPH) or a public health organisation (such as the Public Health Department of the relevant territory) who can act as promoter and verifier for the applicant candidate health care service implementation report.

What is the purpose of FORM A?

The Jury needs to understand how you (national coordinator) as a partner in the ENSH GOLD Level Forum Process gained an insight into the implementation process of the candidate, how you clarified open questions and how you verified the reliability of the evidence of the reported results.

How to complete FORM A

The national coordinator needs to be convinced that the candidate hospital or health care service really

has achieved a high level of implementation for each of the ENSH Standards:

- The first indicator is at that at least 150 points in the self audit. You may ask yourself – and the international Jury will ask later – what exactly do they mean by “high level implemented”?
- To gain a deeper insight you will need to request a structured report from the applicant healthcare service – and it is also helpful for the health service to submit a structured plan on how they will continue to monitor and improve the quality of the standards implemented. And last but not least – it will help the Jury to get a good overview.

This is the function of a National Validation Process.

The better and more transparent your process is the quicker and clearer the ENSH Jury decision will be – and result in more “good practice” will be shared within ENSH- Global.

Form B: candidature nomination report

Who should complete FORM B?

The coordinator or relevant professionals involved in the design, implementation and evaluation of the Tobacco control policy within the applicant health care service. This report should have the support of the National/Regional Network Coordinator or representative from a relevant verification body.

What is the purpose of FORM B?

The national coordinator or sponsor body needs to receive information from the applicant health care service on the whole implementation process, an outline of the measures used and the evidence to support the claim that a high level of implementation of the ENSH standards has been achieved. **Candidate Nomination Report- Form B.**

Form B is composed of 3 parts to be filled:

- **Column 2:** outline the key methods/actions used by the nominee to implement each of the ENSH Standards and sub-criteria. This information can be translated directly from the nominee’s national application (using internet translation) or summarized by the National Coordinator in English and submitted along with the report form completed in native language. It is necessary to answer one by one the 33 sub-criteria included in the 10 ENSH standards, giving evidence of data for each sub-criterion.

- **Column 3:** It is necessary to report the maximum evidence available to demonstrate the implementation of each of the 10 Standards. Please provide qualitative and quantitative outcomes to give an insight into the impact gain through the implementation of the policies and implementation measures used within the organisation. Support documentation i.e. documents, charts, leaflets, protocols and other internal documents are useful and can be included in an annex document.

- **Column 4:** Evaluator comments are requested (i.e. by National Coordinator) to (a) verify that solid evidence of the high level of compliance with the ENSH Standards can be provided and (b) presents supportive comments in favour of the candidate being nominated to the ENSH GOLD Level Forum.

Some points may remain unclear from the written report and leave you with open questions. A comprehensive impression of the implementation level is possible with a personal report or an observation visit along with discussion with the management and working group. This gives you also the opportunity to add comments from an expert perspective to support the nomination.

Form A: national validation process

NATIONAL/REGIONAL NETWORK - GOLD LEVEL AWARD NOMINATION VALIDATION PROCESS

Name of network:

Country:

Address:

Member since:

Contact Person:

Contact Email:

1. Please describe the national validation process that has been used to verify healthcare institutions for the ENSH GOLD level Award nomination.

Submission Date:

Form B: candidature nomination report

Candidature Contact Data

Name of the health organization:

Country:

Address:

Candidature Demographic Data

Network Member since:

Size/ number of beds:

Number of Staff:

Specialization: (Departments, diagnosis)

Number of treated patients/ year or residents:

Average length of stay:

Completion date of ENSH Audit Questionnaire:

ENSH Audit Score:

National Coordinator

Contact Person:

Email:

Phone:

Website:

Submission Date:

EVALUATOR'S COMMENTS ON NOMINATION REPORT FORM B

ENSH Standard 1 Commitment

<p>The healthcare organisation engages decision-makers, appoints a tobacco free policy working group and is committed to rejecting all tobacco industry sponsorship and designates</p>	<p>Key methods and actions (in English) This section can also be completed by National Coordinator</p>	<p>AVAILABLE SUPPORTIVE EVIDENCE: Tick or ADD any additional aspect that the nominee institution can provide to verify attainment of each ENSH Standard</p>
<p>1.1 The healthcare organisation publicly adopts and demonstrates commitment to a policy towards the implementation of the ENSH Standards.</p> <p>1.2 The healthcare organisation's tobacco- free policy prohibits the acceptance of any sponsorship or funding from the tobacco industry.</p> <p>1.3 The healthcare organisation establishes a working group or committee to develop and support the implementation and monitoring of the tobacco free policy.</p> <p>1.4 A senior manager is appointed to oversee and take responsibility for the tobacco free policy and lead the working group/ committee.</p> <p>1.5 The healthcare organization's operational plan or contract identifies actions and allocates financial and human resources for the communication, implementation and monitoring of the policy.</p> <p>1.6 Divisional managers and supervisors have responsibility for policy implementation, compliance and provide instruction for all staff on their role in the implementation and monitoring of the policy.</p>		<ul style="list-style-type: none"> <input type="checkbox"/> Sample of hospital notepaper <input type="checkbox"/> List of membership of Working group on <input type="checkbox"/> Record of expenditure on NRT/Signage <input type="checkbox"/> Tobacco policy <input type="checkbox"/> Minutes from meetings and terms of reference <input type="checkbox"/> Others

Sustainability and future plans:

National Coordinators – Comments:

Evaluator's comments:

ENSH Standard 2. Communication

<p>The healthcare organization has a strategy and implementation plan for the tobacco free policy and informs all personnel, patients/ residents and the community.</p>	<p>Key methods and actions (in English) This section can also be completed by National Coordinator</p>	<p>AVAILABLE SUPPORTIVE EVIDENCE</p>
<p>2.1 The working group/committee is responsible for clearly defining systems of communication using a variety of specifically designed media to inform all staff, patients/ residents and the community of the organisation’s tobacco-free policy and cessation support system.</p> <p>2.1.1 Staff communication systems should flow from senior management, to middle management / service heads and to all staff (i.e. Policy briefings, written notices and induction / orientation procedures).</p> <p>2.1.2. Contract agencies and outsourced services are required to endorse the healthcare organisation’s tobacco free policy and inform their staff of the policy.</p> <p>2.1.3 Patients/residents notification systems prior to admission or attendance at the health service organisation (including handbooks for guidance) should inform that the healthcare organisation operates “a strictly tobacco free policy that supports a tobacco-free environment” and offers tobacco cessation support.</p> <p>2.1.4 Community services are used to inform people that the healthcare organization operates a comprehensive tobacco-free policy and offers tobacco cessation support.</p>		<ul style="list-style-type: none"> <input type="checkbox"/> Record of participation in induction days & content <input type="checkbox"/> Sample of employee contract & patient information booklet <input type="checkbox"/> Article in local media <input type="checkbox"/> others <p>: _____</p>

Sustainability and future plans:

National Coordinators – Comments:

Evaluator's comments:

ENSH Standard 3. Education Training

<p>The healthcare organisation sets up a training plan to instruct all staff on how best to approach tobacco users and support tobacco cessation.</p>	<p>Key methods and actions (in English) This section can also be completed by National Coordinator</p>	<p>AVAILABLE SUPPORTIVE EVIDENCE</p>
<p>3.1 The organization ensures that all staff receives instruction or briefings on the policy so that all staff knows how to approach tobacco to inform them of the organisations tobacco-free policy.</p> <p>3.2 Policy briefings/instruction is mandatory for managers and clinical staff.</p> <p>3.3 Brief intervention training is available and offered to all staff.</p> <p>3.4. Key clinical staff are trained in motivational tobacco cessation techniques.</p>		<ul style="list-style-type: none"> <input type="checkbox"/> Outline of accredited training programme & proof of accreditation <input type="checkbox"/> Sample of flyer used to advertise training <input type="checkbox"/> List of personnel trained <input type="checkbox"/> Training evaluation report & sample evaluation form <input type="checkbox"/> Assessment of individual use of training <input type="checkbox"/> others : _____

Sustainability and future plans:

National Coordinators – Comments:

Evaluator's comments:

Standard 4. Identification & Cessation Support

<p>The healthcare organisation identifies tobacco users and provides cessation support facilities and ensures continuity of support for patients/residents after discharge</p>	<p>Key methods and actions (in English) This section can also be completed by National Coordinator</p>	<p>AVAILABLE SUPPORTIVE EVIDENCE</p>
<p>4.1 The healthcare organization has a systematic procedure in place to identify and document the tobacco addiction status of patients/residents (incl. passive smoking) in order that appropriate help, support and treatment are offered.</p> <p>4.2 The healthcare organisation's systematic procedure also includes the identification and recording of patients/residents those at risk from passive smoking (including babies/children) in order that appropriate help and support is offered.</p> <p>4.3 The healthcare organisation has a tobacco cessation service or direct access to a cessation service for the purpose of helping users to quit.</p> <p>4.4 The healthcare organisation uses researched best practice tobacco cessation and motivational techniques in the care plan of all that use tobacco.</p> <p>4.5 The healthcare organisation considers pharmacological therapy as an integral part of a researched best practice tobacco cessations service offered to all that use tobacco.</p> <p>4.6 The healthcare organisation has specific human and financial resources allocated for the implementation of a tobacco cessation service.</p>		<ul style="list-style-type: none"> <input type="checkbox"/> Nursing documentation + audit report, <input type="checkbox"/> SC records – numbers of referrals, numbers seen, CO validation & records of follow-up <input type="checkbox"/> Documented uptake/ use of NRT <input type="checkbox"/> Samples of SC resources <input type="checkbox"/> Copy of discharge letter incorporating tobacco addiction as a care issue <input type="checkbox"/> Flyer advertising Tobacco cessation support group & attendance records <input type="checkbox"/> Group evaluation report & sample evaluation

<p>4.7 The healthcare organisation's tobacco cessation service or that used by the organisation has a systematic referral and monitoring system in place so that all users are followed up at one year.</p> <p>4.8 Information on tobacco and tobacco cessation methods are widely available for staff, patients/ residents and community.</p>	
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Sustainability and future plans:

National Coordinators – Comments:

Evaluator's comments:

Standard 5. Tobacco Control

<p>The healthcare organisation has developed and is maintaining a tobacco free campus (grounds).</p>	<p>Key methods and actions (in English) This section can also be completed by National Coordinator</p>	<p>AVAILABLE SUPPORTIVE EVIDENCE Evaluator's comments</p>
<p>5.1 The healthcare organization has implemented and can demonstrate that a completely tobacco free campus (grounds) is maintained.</p> <p>5.2 Tobacco use is prohibited in all work, treatment areas, common areas and facilities used by staff and visitors in the healthcare organisation.</p> <p>5.3 Tobacco is prohibited in all work, treatment areas, common areas and facilities used by patients/ residents in the healthcare organisation, including transport used by patients/ residents</p> <p>5.4 Tobacco use is prohibited on all terraces, balconies and transport owned and operated by the healthcare organisation</p> <p>5.5 If exceptions are made smoking is only permitted in a designated area, which is completely separate from tobacco free areas and away from entrances and reception areas.</p>		<p><input type="checkbox"/> Observational study report from national coordinator</p> <p><input type="checkbox"/> Internal hospital audit results</p> <p><input type="checkbox"/> Check for reports of non-compliance</p> <p><input type="checkbox"/> Others :</p>

Sustainability and future plans:

National Coordinators – Comments:

Evaluator's comments:

Standard 6. Environment

<p>The healthcare organization displays clear tobacco free signage (where relevant) and bans all incentives for tobacco use (i.e. no advertising, no ashtrays, and no tobacco sales).</p>	<p>Key methods and actions (in English) This section can also be completed by National Coordinator</p>	<p>AVAILABLE SUPPORTIVE EVIDENCE</p>
<p>6.1 The healthcare organization has explanatory signs displayed that indicate the organization's tobacco free policy.</p> <p>6.2 The healthcare organization, where smoking areas are still deemed necessary, designates them clearly and Only permits ashtrays in these areas.</p> <p>6.3 The Organization is responsible and has procedures in place to ensure that:</p> <p>6.3.1 Staff are never exposed to passive smoking and incidents of staff exposure is recorded.</p> <p>6.3.2 Patients/residents are never exposed to passive smoking and incidents of patient exposure are recorded.</p> <p>6.3.3 Visitors are never exposed to passive smoking and incidents of visitor exposure are recorded.</p> <p>6.4 The Organization has a policy against the sale, distribution and advertising of tobacco products anywhere within the healthcare organization.</p>		<p><input type="checkbox"/> Observational study report from national coordinator</p> <p><input type="checkbox"/> Internal hospital audit results (patients & visitors)</p> <p><input type="checkbox"/> Report from EHO on air quality measurement in a variety of pre-agreed areas</p> <p>Others : _____</p>

Review by ENSH scientific committee – site check list

Examine signs and bins
No evidence of tobacco litter
No ashtrays inside defined tobacco free hospitals campus
No evidence of anyone smoking or using tobacco
Visit shop to ensure that there is no sale of tobacco

Sustainability and future plans:

National Coordinators – Comments:

Evaluator's comments:

Standard 7. Healthy Workplace

<p>The healthcare organization has human resource management policies and support systems in place to protect and promote the health of all that work in the organization</p>	<p>Key methods and actions (in English) This section can also be completed by National Coordinator</p>	<p>AVAILABLE SUPPORTIVE EVIDENCE Evaluator's comments</p>
<p>7.1 The healthcare organization has a human resource policy that requires staff to support and give commitment to the organizational tobacco-free environment and culture within organization.</p> <p>7.1.1 Staff are made aware of the healthcare organizations' tobacco-free policy and its implications prior to recruitment.</p> <p>7.1.2 Staff employment contracts (including subcontracts and contracts with other agencies that work within the healthcare organization) require commitment by staff to organizational tobacco-free environment and culture.</p> <p>7.2 The healthcare organisation has a procedure in place to identify and record the health status of staff (incl. tobacco habit) in order that appropriate help, support and treatment are offered.</p> <p>7.3 The healthcare organization has a tobacco cessation service or direct access to a cessation service for the purpose of helping staff tobacco users to quit.</p> <p>7.4 The tobacco-free policy is incorporated into and managed in accordance with local disciplinary procedures, in line with current employment frameworks /policy and legislative requirements.</p>		<p><input type="checkbox"/> Sample recruitment advertisement indicating organisations tobacco-free policy</p> <p><input type="checkbox"/> Staff induction pack</p> <p><input type="checkbox"/> Sample staff employment indicating organisations tobacco-free policy</p> <p><input type="checkbox"/> Results of staff audit</p> <p><input type="checkbox"/> Flyer advertising SC service for staff</p> <p><input type="checkbox"/> Record of any disciplinary actions relating to tobacco use</p> <p><input type="checkbox"/> Others : _____</p>

Sustainability and future plans:

National Coordinators – Comments:

Evaluator's comments:

Standard 8. Health Promotion

<p>The healthcare organisation contributes to and promotes tobacco control activities in the community setting</p>	<p>Key methods and actions (in English) This section can also be completed by National Coordinator</p>	<p>AVAILABLE SUPPORTIVE EVIDENCE Evaluator's comments</p>
<p>8.1 The healthcare organisation works with local community or other partners to promote and contribute to local, national and international tobacco-free activities.</p>		<p><input type="checkbox"/> Record of participation in national No-tobacco day or WNTD <input type="checkbox"/> Participation at conference eg. Abstract <input type="checkbox"/> others : _____</p>

Sustainability and future plans:

National Coordinators – Comments:

Evaluator's comments:

Standard 9. Compliance Monitoring

<p>The healthcare organization renews and broadens information regularly to maintain commitment to the tobacco-free policy, cessation follow-up and quality assurance</p>	<p>Key methods and actions (in English)</p> <p>This section can also be completed by National Coordinator</p>	<p>AVAILABLE SUPPORTIVE EVIDENCE</p> <p>Evaluator's comments</p>
<p>9.1 The healthcare organisation's policy working group or committee is responsible for ensuring that policy is monitored annually, including communication, cessation services and compliance systems.</p> <p>9.2 The policy action plan is regularly reviewed and updated to address information, education and training needs to ensure quality.</p>		<ul style="list-style-type: none"> <input type="checkbox"/> Internal hospital audit tool <input type="checkbox"/> Internal hospital audit results <input type="checkbox"/> Action plan <input type="checkbox"/> Sample tobacco policy <input type="checkbox"/> Others : _____

Sustainability and future plans:

National Coordinators – Comments:

Evaluator's comments:

Standard 10. Policy Implementation

<p>First convince, then constrain considering legislation if needed. Have patience!</p>	<p>Key methods and actions (in English) This section can also be completed by National Coordinator</p>	<p>AVAILABLE SUPPORTIVE EVIDENCE Evaluator's comments</p>
<p>10.1 Successful implementation of the tobacco-free policy towards a tobacco-free organization requires that the healthcare organization gives full commitment to implement all the steps.</p>		

Sustainability and future plans:

National Coordinators – Comments:

Evaluator's comments:

I hereby declare that all documents and information that has been provided to me in the frame of the Gold level awarding process will remain strictly confidential and that I will not share any information about the content and the internal discussion of this process outside the Jury during and after the awarding process.

Date / Place Signature

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Health Care Services

Coordinating center

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