



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Quality Improvement in Tobacco Free Campus Implementation

Thursday 26th November 2020

Building a Better Health Service

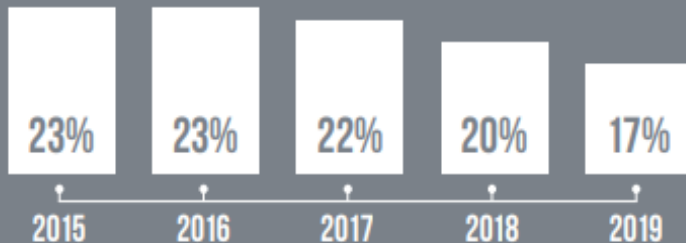
CARE COMPASSION TRUST LEARNING



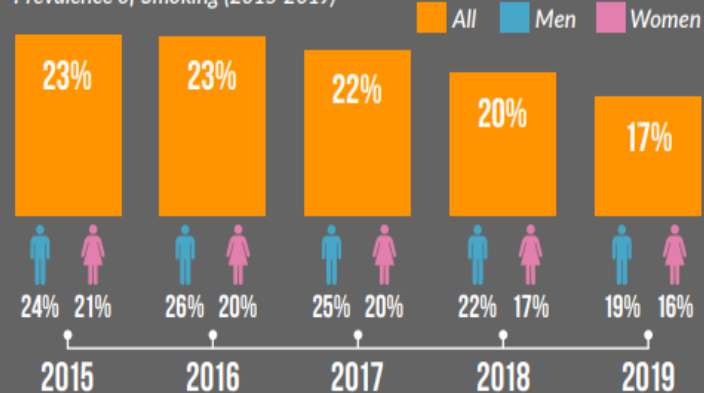
Tobacco Use - Where are we today?

SMOKING

Prevalence of smoking (2015-2019)



Prevalence of Smoking (2015-2019)



DEPRIVED
AREA

Daily smoking: 21%

AFFLUENT
AREA

Daily smoking: 9%

Quitting:

- 40% of current smokers have made a quit attempt in the past 12 months
- 28% of current smokers are trying to quit or actively planning to quit.

USE OF E-CIGARETTES

2015-2019

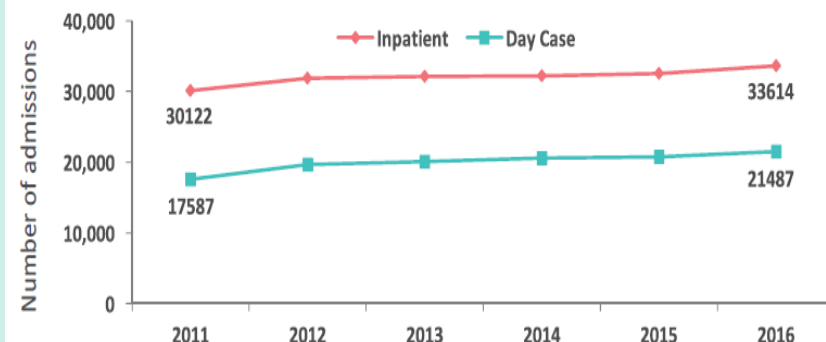
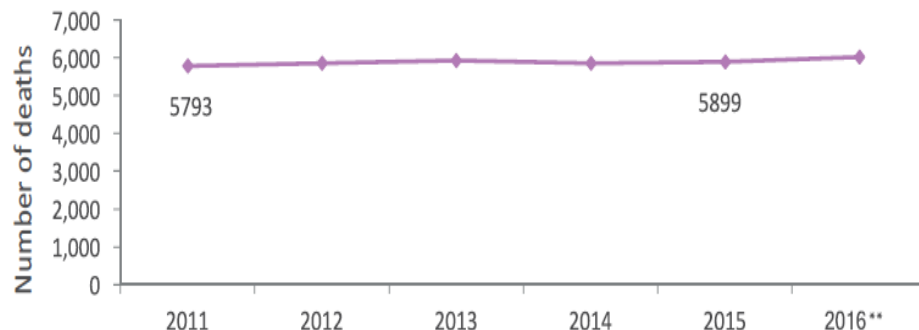


Annual Impact of Tobacco on Health Services

- 21,486 day case admissions
- 33,615 inpatient hospital admissions
- 309,117 bed days used in 2016 (latest data available); for context – CUH uses circa 300,000 bed days annually
- €172 million in publicly funded hospitals

A. Sheridan, K.I. Quintyne, P. Kavanagh. Counting the Toll of Smoking-Attributable Hospitalisations. 2020. Ir Med J; Vol 113; No. 1

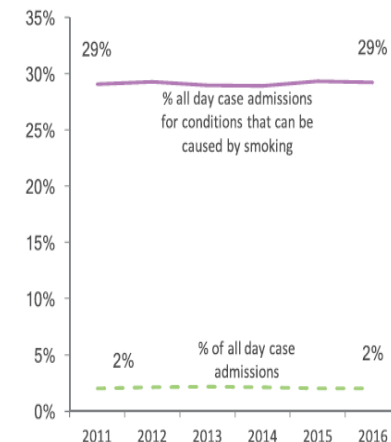
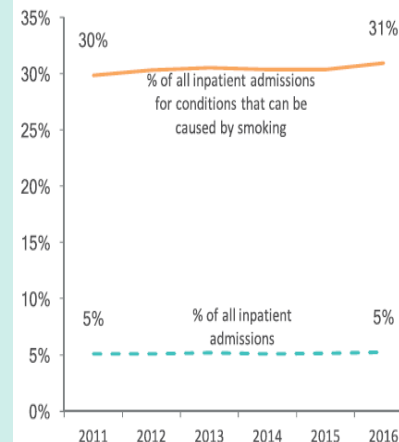
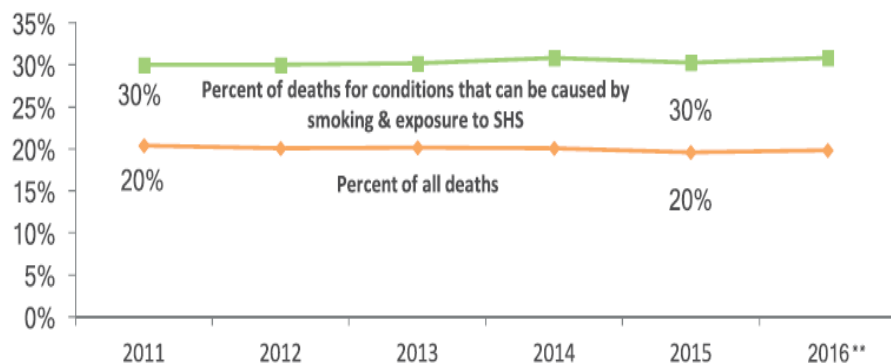
Smoking Attributable Mortality and Hospitalisations



Sources: HPO, HSE calculation

Over 100 deaths/week

Over 1,000 hospitalisations/week



2-in-5 respiratory & 1-in-3 cancer deaths

1-in-5 respiratory, cancer and CVD episodes

Tobacco and COVID-19

Tobacco Control supports our covid response

Smokers are at higher risk of contracting COVID-19 (hand to mouth action, physiological defence is compromised)

Smokers are 1.4 times more likely to have severe symptoms of COVID-19

Smokers are 2.4 times more likely to be admitted to an ICU and to need mechanical ventilation compared to non-smokers

Vardavas C. I., Nikitara K. COVID-19 and smoking: A systematic review of the evidence. Tobacco Induced Diseases. 2020;18(March):20.

doi:10.18332/tid/119324.

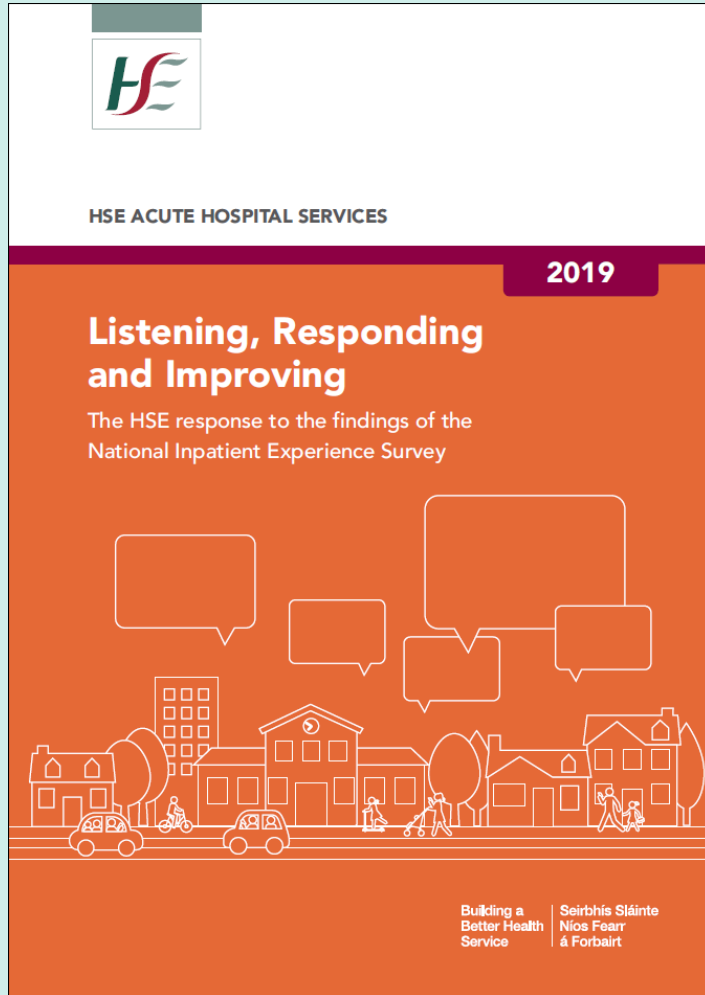
Staff Smoking

Staff Group	Prevalence
General Support Staff	19.5%
Health and Social Care	5%
Management/Admin	14.7%
Medical/Dental	4.4%
Nursing	6.9%
Other Patient/Client Care	17.1%

- HSE Census Report July 2016
- hAiseadha, C, Killeen, M, Howell, F, Saunders, J "An audit of smoking prevalence and awareness of HSE smoking cessation services among HSE staff" Vol. 107. No. 4 Irish Medical Journal 2014
- Berman M, Crane R, Seiber E, Munur M. Estimating the cost of a smoking employee. Tob Control. 2014 Sep;23(5):428-33.

- 105,484 Staff of which 11,204 are smokers
- Average cigarettes smoked/day – 12.71, 33% of these smoked at work
- **42 mins/day** smoking @ work per smoker
- ~~246,988 days lost to the service~~
- **988 WTEs/year lost due to smoking breaks**
- Excess Absenteeism – **90 WTEs/Year**
- **E.g. VUH Hospital 2800 staff (263 smokers) 23.23 WTES/year**

National Patient Experience Survey



- Our patients expect to receive healthcare in a safe, risk free environment which includes Tobacco Free services.
- Unprompted complaints raised in relation to;
 1. Exposure to second hand smoke at hospital entrances
 2. Hygiene and cleanliness relating to indoor smoking particularly in patient toilets, cigarette litter, staff smoking in uniform, patients being wheeled out to smoke etc.

Increased Mortality
Excess Hospital Admissions
Increasing Cost on Healthservices
Complicates Response to COVID
Staff Time Wasted
Patient and Public Dissatisfaction

If the above reasons are not enough to persuade managers and staff to take action..
Consider...

Two nurses hurt in blast after cancer patient secretly lit cigarette

85-YEAR-OLD DIES AS HOSPITAL BED GOES UP IN FLAMES

By Ali Bracken
Crime Correspondent

AN 85-YEAR-OLD cancer patient has died and two nurses were taken to hospital after the man's bed went up in flames when he lit a cigarette on Christmas Eve.

The man secretly lit up when nurses weren't looking – not knowing his oxygen tank would cause the cigarette to explode in a gaseous cloud.

The tragedy occurred at St Luke's Hospital in Dublin's Rathgar at 5.30am when Joseph Murphy, from Walkinstown,

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History of TFC Implementation in the HSE

- 2010 / 2011 – first Hospitals to implement the policy CUH/ St. Vincents University Hospital
- National Policy launched in 2012 – had support of the CEO at the time
- Won a case objecting to the policy in the labour court

TFC Policy Aims

- Treat tobacco addiction/dependence as a healthcare issue thus providing a better outcome for patients
- Denormalise tobacco use in healthcare settings

Thankfully we have organisational commitment

No.	Actions	Resources	Timing	Reporting Metric	Lead	Accountable Person
120	All healthcare facilities (mental health, disability, older persons services and primary care) will implement the Global Network for Tobacco Free Healthcare Services Quality Standards	Cross Divisional Tobacco network subgroup audit network	Annual Audit	No. of facilities awarded quality standard	Tobacco Lead in each network. Action Network Group	HoS Primary Care, Social Care & Mental Health
121	All healthcare facilities (mental health, disability, older persons services and primary care) will complete online self-audit for the Global Network for Tobacco Free Healthcare Services Quality Standards	Cross Divisional Tobacco network subgroup audit network	Annual Audit	No. of self audits completed	Tobacco Lead in each network. Action Network Group	HoS Primary Care, Social Care & Mental Health
122	Develop a quality improvement plan for Tobacco Free Campus policy implementation annually at all healthcare facilities	Cross Divisional Tobacco network subgroup audit network	Annual Audit	Plan developed and implemented annually	Tobacco Lead in each network. Action Network Group	HoS Primary Care, Social Care & Mental Health
123	Cork Kerry Community Healthcare will engage in a coordinated process whereby Tobacco Free Campus implementation monitoring data is supplied to the Tobacco Free Ireland Programme Office	Cross Divisional Tobacco network	Quarterly	% of sites where TFC Policy is implemented	Tobacco Lead in each network. Action Network Group	HoS H&WB, Primary Care, Social Care & Mental Health



No	Actions and Targets	Completion Date	Lead
2.1	Assign a nominated tobacco lead from senior management in each hospital to support monitoring and implementation of local Tobacco Free Campus Policy.	2017	CEO/GM/IEHG Executive Lead
2.2	Each hospital will develop an action plan to progress the implementation and on-going monitoring of the HSE Tobacco Free Campus Policy.	2017/ ongoing	CEO/GM/Tobacco Free Campus Committee
2.3	All hospitals will actively participate in a local self-audit of their Tobacco Free Campus.	2017/ ongoing	CEO/GM/Tobacco Free Campus Committee/Human Resources
2.3.1	IEHG will review local audits and support local initiatives to ensure adequate implementation of the Tobacco Free Policy.		

2016 - 2019

Taking care of your health & wellbeing



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Building a Better Health Service

CARE COMPASSION TRUST LEARNING

So how can you bring the policy to life?

What resources are there to support you?

Resources

- Implementation Guide
- Questions and Answers Documents
- Not Around Us –
<https://www.youtube.com/watch?v=uAcZypYL6S0&feature=youtu.be>
- Signage Templates
- Letter Templates
- Sample Staff Survey
- Press Release

Go raibh maith agat
as gan tobac a chaitheamh
Thank you for not smoking

Táimid bródúil go bhfuil
Láthar Saor ó Thobac againn
**We are proud to be a
Smoke Free Site**





How to Implement “HSE Tobacco Free Campus Policy”

Tobacco Free Campus Implementation Guidance Document

QUIT



HSE
Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

There are now
more quitters
than smokers
in Ireland

You can join them -
you're twice as likely
to **QUIT** for good
with our service.



Ask any of our healthcare staff
for help with quitting tobacco –
we are ready to help you.



This is a
tobacco free
site.



We ask
that you don't
smoke here.



Here to help

CALL US 1800 201 203

EMAIL US support@quit.ie

TEXT US Freetext QUIT to 50100

TWEET US @HSEQuitTeam

FACEBOOK US facebook.com/HSEQuit

FACE TO FACE visit quit.ie/clinics



Global Quality Standards

Standard 1 - Governance and Commitment

Standard 2 – Communication

Standard 3 - Education and Training

Standard 4 - Identification, Diagnosis and Tobacco Cessation Support

Standard 5 - Tobacco-Free Environment

Standard 6 - Healthy Workplace

Standard 7 - Community Engagement

Standard 8 - Monitoring and Evaluation

What does a good Quality Improvement Plan look like?

1. Governance and Commitment	<ul style="list-style-type: none"> • Well established group to lead the initiative • Clear policy documents with 8 Global Standards • Action plan, timelines, buy in from staff
2. Communication	<ul style="list-style-type: none"> • Staff: issuing contract, induction, sub-contractors notified via permit • Signage (TFC, Stop Smoking Services) • Voiceovers • TFC on footers of letters
3. Education and Training	<ul style="list-style-type: none"> • MECC (quantify and timeframe) • Induction training • NCSCT (on site stop smoking advisor) • Training to support staff to communicate the policy to the public • Clinical guidelines- training gaps for the management of nicotine withdrawal
4. Identification, Diagnosis and Tobacco Cessation Support	<ul style="list-style-type: none"> • All patients asked about smoking status, documented and all tobacco users referred to stop smoking services. • Prescribing of Nicotine Replacement Therapy routinely • Care plan to identify smoking status and treat tobacco dependence

5. Tobacco Free Environment	<ul style="list-style-type: none"> • All indoor and outdoor areas to be completely tobacco free (this includes e-cigarettes) • Regular self-audits with a roster for walkabouts to monitor/maintain tobacco free environment (walking meeting/break) • Maintain clear communication with staff, internal/external contractors, patients and visitors. • Completely remove any known smoking areas/hotspots by redefining the area- giving it a new purpose (eg, outdoor gym) • Moveable sign/camera at hotspots
6. Healthy Workplace	<ul style="list-style-type: none"> • MECC • Flu campaign • Mens/Womens Health check days • Values in action in the workplace (toxic attitudes, smoking breaks, litter) • Promotional events • World no-tobacco day • Ash Wednesday • October
7. Community Engagement	<ul style="list-style-type: none"> • Set up stands in the local community (eg, shopping centres) • Establish increased referral pathways to the service • Promote TFC and QUIT to local stakeholders and local HSE services
8. Monitoring and Evaluation	<ul style="list-style-type: none"> • TFC committee meet regularly to discuss challenges that occur • Complete a QIP and GNTH self audit annually

Innovative practices from TFC Bursary 2019

Promoting TFC policy using tobacco litter to tackle the issue of non-compliance.

- Photos of tobacco litter on campus were emailed to all staff reminding them of the TFC policy while also highlighting the potential health and safety risks including fire hazards, associated with this litter.
- Staff were asked to consider this litter from different perspectives for example support staff who had to clean it up.
- A clean-up day was arranged and photos were taken after, then circulated to all staff with message of thanks and reminder of the TFC policy again.
- This generated much discussion and evoked an emotional response from staff which raised the profile of TFC within the hospital.

Incentives

- Competitions within services to encourage the uptake of MECC training- a prize offered to each ward who had the most staff trained.
- An incentive offered to clinical staff who had the most referrals to stop smoking services.



Question 1

- How do/should organisations record and document staff, patients and visitors exposed to second hand smoke? How do you go about ensuring that employees/service users are not exposed to second hand smoke?

Question 2

- How do you monitor the policy and work effectively to increase compliance (e.g. long term patients, visitors, addressing smoking among staff, compliance at night time etc.)?

Question 3

Lisa is a staff nurse in a care of the elderly community service providing care to elderly patients. She is a smoker and goes outside regularly to have a cigarette.

There has been a complaint from a patient that there is sometimes a strong smell of cigarettes when Lisa returns to the ward and that the patient often feels ill when she smells the cigarette smoke. As a manager, how would you go about addressing this with Lisa?

Question 4

The Second hand smoke in domestic settings Policy provides guidance to home help services, PHNs and staff providing mental health and disability home visits.

John is 73, has COPD and diabetes. He lives at home on his own and receives home help services. He is also routinely visited by a Public Health Nurse to change leg dressings. He is a heavy smoker.

Both the home help staff and public health nurse have raised the issue of exposure to tobacco smoke while providing services in John's home with their respective managers.

John has one daughter who lives in a different county. She has expressed that she feels that her father has the right to smoke in his own home and should not have to alter his behaviour to accommodate others.

How would you go about managing this situation?

Question 5

- How do we use the COVID context to promote Tobacco Free Campus implementation?

Question 6

Silver Crest Hospital is a large acute hospital with over 800 beds. A number of complaints have been received by the hospital from members of the public and visitors about smoking at the hospital entrances. A member of the public has also phone into local radio to complain about having to walk through a “cloud of smoke” to visit a sick relative.

How can a hospital address and resolve issues like this?

Get in touch

TFI@hse.ie