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German National quality validation process for Tobacco Management in Health Services

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Presenters Disclosure

The German Network for Tobacco Free Health Care Services / ENSH Germany

– Received and receives funding by the Federal Ministry of Health 2005-2010 and for the astra-Program from 2013-2016

– is based on fees for membership and services for health organisations or networks

– receives funding for implementation of the astra-Program from the DAK Gesundheit (statutory health insurance)

– ENSH Germany and the presenter never received any sponsorship or funding from industry or commercial organisations

10 Years: Development and Implementation

2005 - 2008: Smoke-free Hospitals

- Implementation of an ENSH Network in Germany

2008 - 2010: Tobacco free PLUS

- Counseling and cessation
- Implementation in Mental Health Services

2013 - 2015: astra - Tobacco free Nursing Students

- Program development in cooperation with IFT Institute for Therapy Research and University of Esslingen and Hannover

2015 - 2016: astra - Implementation research

- Research and sustainable implementation

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ENSH-Global Concept

1. Governance and Commitment

2. Communication

3. Education & Training

4. Identification, Diagnosis and Tobacco Cessation Support

5. Tobacco-free environment

6. Healthy workplace

7. Community Engagement

8. Monitoring and Evaluation

Standards	Implementation Criteria	Self Audit Tool	Indicators

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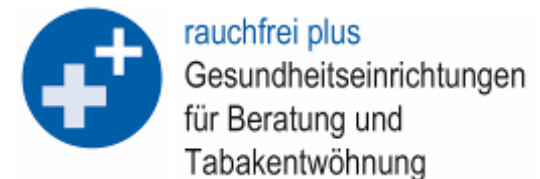GLOBAL NETWORK
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Certified Healthcare Services – the PLUS

- Implementation of 8 ENSH-Global Standards covers 39 standardised requirements and implementation criteria

- Legislation (GE) covers (only) 8 of this criteria: non-smoker protection

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The PLUS:

- Tobacco user receives advice and support to quit

- Staff is qualified to understand the needs of tobacco user and offer adequate treatment

- Hospitals and Healthcare Services are becoming regional centres of competence for tobacco prevention and treatment of tobacco addiction
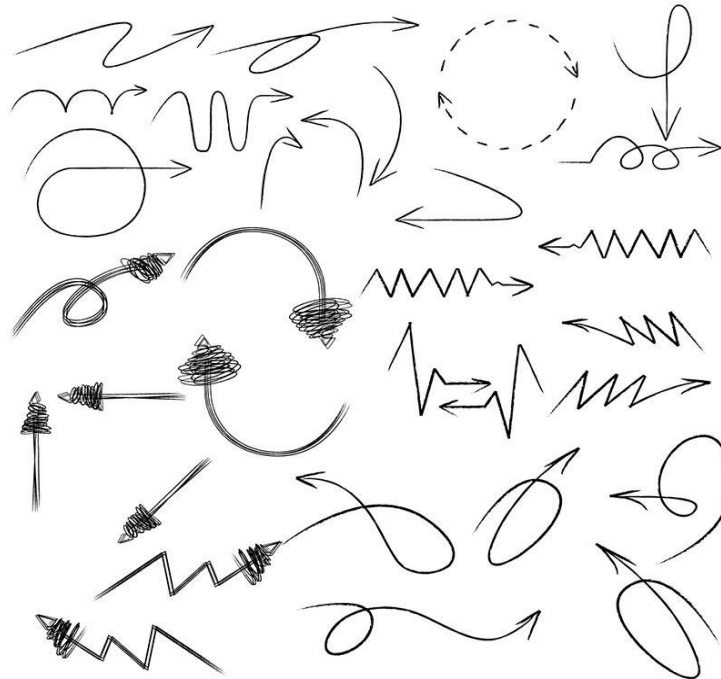
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Implementation Process

Assessment	Plan	Implementation	Sustainability

Thanks to B. Albers

ENSH Concept – Self Audit Tool

Standard 1: Governance and Commitment	STANADRDS IMPLEMENTATION TOOL (enabler) Standard 1: Governance and Commitment		Goal-Attainment Score			
			0	1	2	3
	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-free policy	1.1 The healthcare organisation has clear policy documents towards the implementation of the ENSH-Global Standards	1.1 Policy documents of the healthcare organisation show commitment to implementation of all ENSH-Global Standards				
	1.2 The healthcare organization prohibits the acceptance of any sponsorship or funding from the tobacco industry, as well as the sale of their products and associated devices/ e-cigarettes	1.2.1 The healthcare organisation prohibits the acceptance of tobacco industry sponsorship and funding 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 policy implementation. 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 organisation) require commitment by all staff to an	1.4.1 Staff employment documents require staff commitment to the healthcare organisation's tobacco-free policy. 1.4.2 Subcontractor documents require staff adherence to the				

ENSH Certification and Recognition Levels

Membership	BRONZE	SILVER	GOLD Forum
	Standard 1 and 2	**Standard 1 to 8**	**Standard 1-8**
Commitment	Implementation Team	Training	High quality in all standard requirements
Assessment: Completed self audit	Strategy	Tobacco cessation No tobacco sales Health promotion	Systematic tobacco cessation program based on Tobacco-free
Accountability	Communication	Regional activities Evaluation	Healthcare premises Monitoring
	26 pts St.1-2 (70%)	**108 pts 1-8 (75%)**	**> 126 pts 1-8 (85%)**

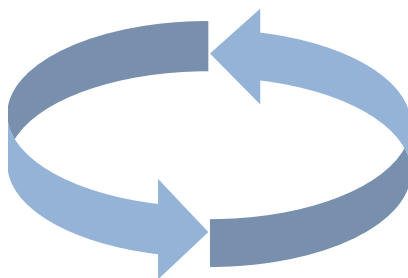# ENSH Certification and Recognition Levels

Membership	BRONZE	SILVER	GOLD Forum

Self audit

Strategy

Structured report

Evidence and action plan

Support, sharing good practice, workshops training

Audit on peer review basis and On-site visit

Sharing and learning process

Why a structured Certification Process?

2006 – 2008: Experience based – step by step development

- Early certification processes were based on self audit results
- No external validation – low value, low recognition
- Start with external validation but limited preparation for hospitals
    - Lack of information about certification requirements
    - Implementation level was not achieved when we visited the hospitals
    - We found very good practice – but this was not available for sharing with other hospitals
- Structured report & On-site visit with Peer-Review, open for guests

Peer Review – one definition

A "Peer Review" is an external, development-oriented evaluation by peers with the aim to support the visited health care facility in its efforts to achieve sustainable improvement in quality and safety.

(German Medical Association 2014)

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„Philosophy" behind the DNRfK Peer Review

- It is much more a learning and sharing process than a rating or judgment process – for the applicant, the peers and for guests

- It includes evaluation on data but also communication and creating new perspectives (peer review concept)

- It should gain as much as possible transparency and evidence – by as little as possible strain on formality, financial and personal resources

- Reports and feed back are given with the intention to support implementation and improvement

- Improvement starts with the report and support in the application process

- Expert auditors are necessary for a valid an independent decision process

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Roles and tasks in the Peer Review

Coordination

- Assess Self-audit and report
- Encourage and support
- Feed back on report
- Support improvements
- Chose Auditors / Peers
- Support communication
- Organisation Peer Review

The Health Care Organisation

- Provide Self-audit
- Prepare report and documents for evidence
- Open for feed back and ready for change
- Prepare On-site visit

Auditors / Peers

- Assess report and documents
- Request information for clarification
- Participate or lead On-site visit
- Provide feed back to hospital and coordination

Auditors requirements

Auditors

- are familiar with the implementation process of the ENSH-Global Concept

- had a responsible role in a Silver certifying process in their own organization

- or are experts in tobacco cessation / tobacco control in health care

- had participated in an Auditor's training

- gather experience as Co-Auditor in Silver certifying processes with other Auditors

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Choose the Auditors

- No conflict of interest with the organisation (i.e. former employee, competing organisation)

- Understands the organisation's specialty (i.e. mental health, large organisation, University hospital, rural hospital)

- Combine different professions or expertise: Management & treatment perspective, research and practice experience

- Good communication skills in giving feed back and "change message"

Certification Report

- According to the standard criteria, description of measures, results, an action plan, and documents of evidence are required in a structured report

Standard	Implementation results	Evidence	Comments Auditors
Standard 1: Governance and Commitment The healthcare organisation has clear and strong leadership to systematically implement a tobacco-free policy.			
1.1. The healthcare organisation has clear policy documents towards the implementation of the ENSH-Global Standards; 1.2. The healthcare organization prohibits the acceptance of any sponsorship or funding from the tobacco industry, as well as the sale of their products and associated devices/ e-cigarettes; 1.3. The healthcare organisation identifies clear accountability for all levels and 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 organisation) require commitment by all staff to an organisation's tobacco-free policy; 1.5. The healthcare organisation seeks relevant representation to develop and 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.			**Feedback on „Good Practice"** **Requests / questions:** **Areas of improvement:**
Action planned on Standard 1:			

Working on the Report

1. Overview and understanding the context

- Auditors receive the report and all related documents of the hospital

- All information in the context of the certification process is confidential

- Get a picture of the facility: size, location, specialties, sites, number of employees, ownership, possibly history

- Get an overall impression of the report: is it clear, focused, precise? What is missing, unclear, vague?

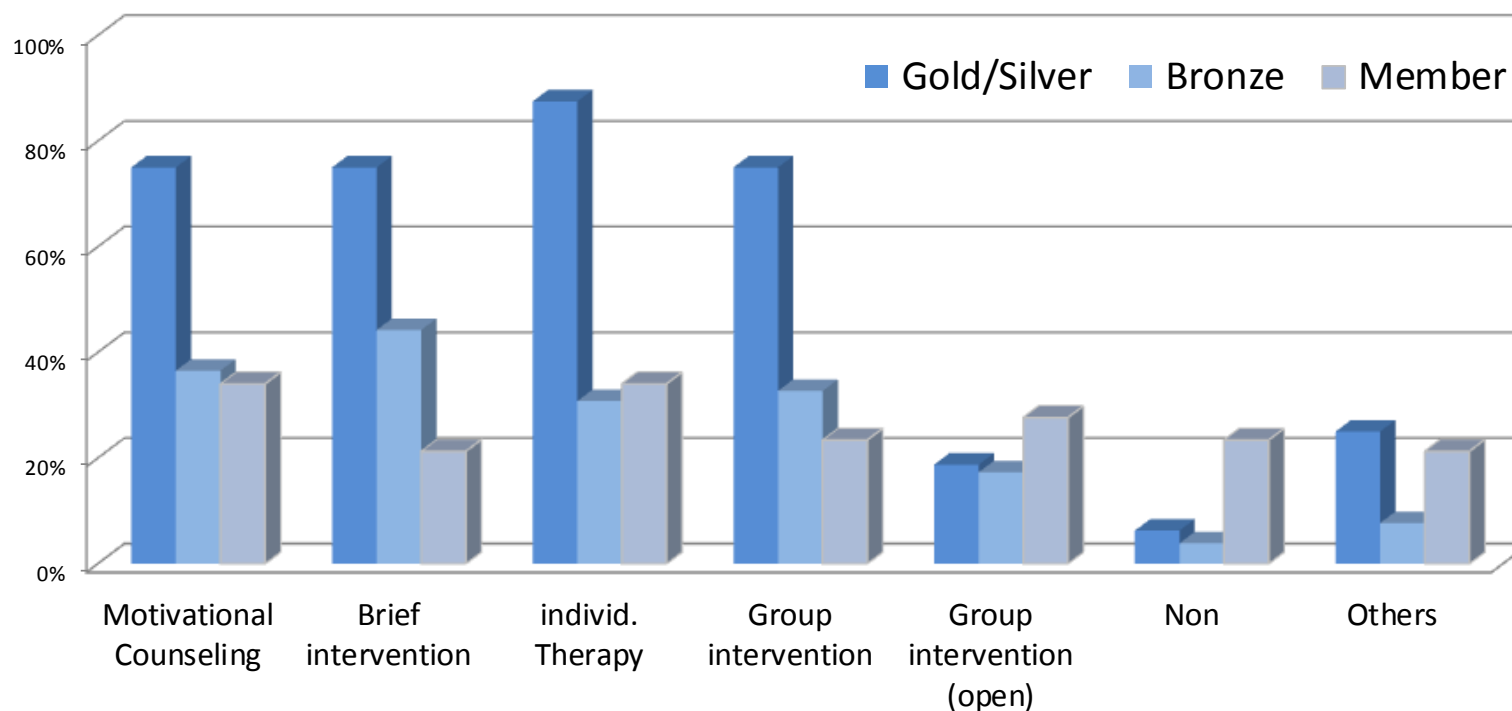- Is there robust evidence according the measures and described results?

Assessment criteria

	Quality criteria	
Standard 2: Communication	**Measures and documents for evidence**	**Implementati on level**
2.1 Interactive and targeted media is used to communicate the organisation's tobacco-free policy and availability of tobacco cessation services to all staff and subcontractors before and during employment	There are no measures and no documents	0 - not implemented
	There are few / incomplete measures and protocols	1 - less than 50% implemented
	There are nearly sufficient measures and protocols	2 – more than 50% implemented
	There are comprehensive policies and complete evidence	3 – fully implemented
.	There are according to the process and results improvement formulated	

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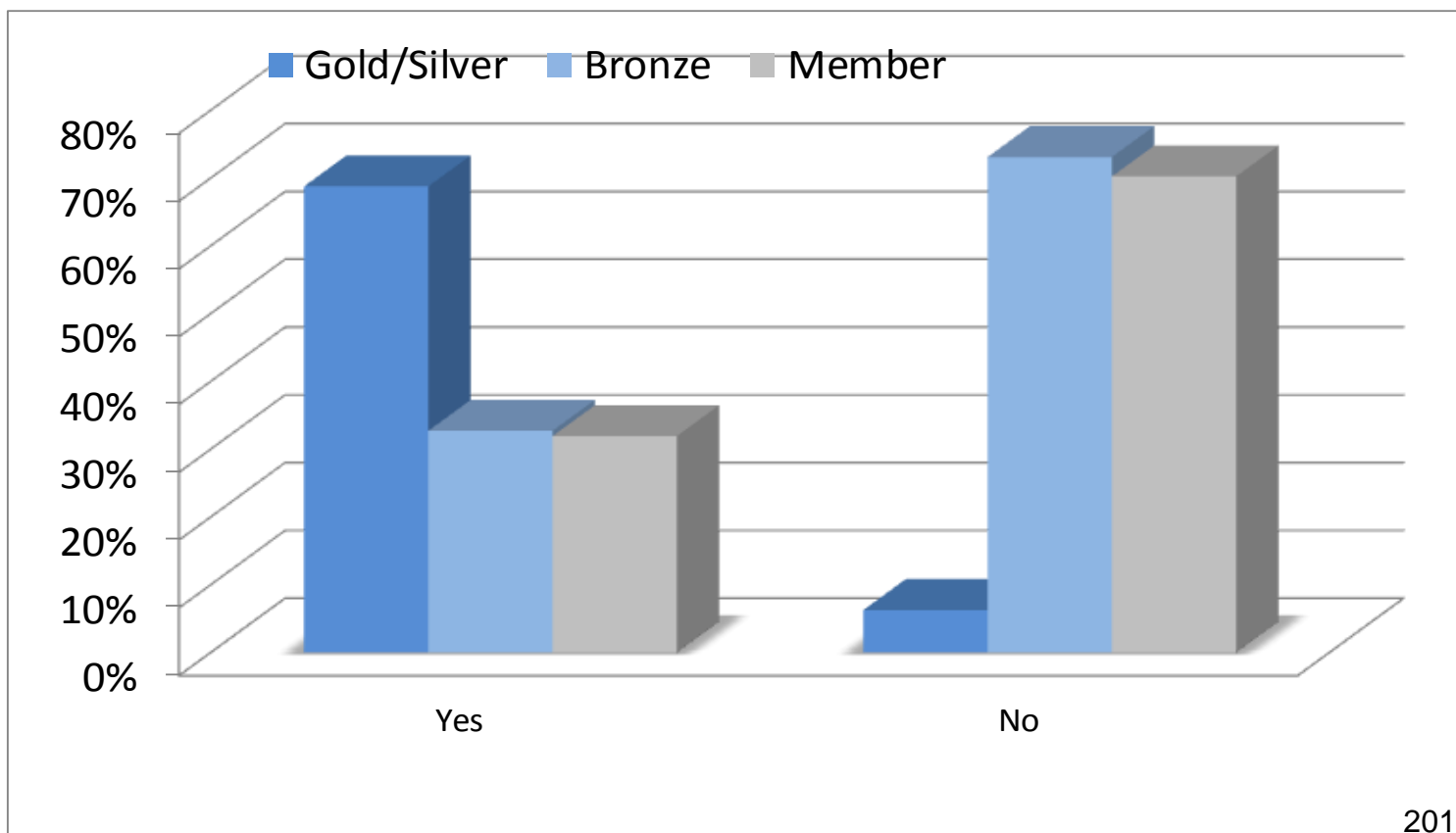
Sharing and learning – the On-Site visit

- Interested members and non-members are invited to the On-site visit (small group)

- The implementation process and achieved results are presented

- The implementation team is present for the expert discussion

- Observation tour through the hospital and campus

- The Auditors give feedback on strengths and areas of improvement

- Guests are invited in the expert discussion and also to give feed back

- Feedback from the hospital team on the process and what was helpful for their further implementation

Results: Tobacco cessation Interventions
according certification level

2013 Mühlig et. al

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Guidelines/ Standards for Cessation Interventions
according certification level

2013 Mühlig et. al

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Benefits and feed back

- We identify and gather models of "good practices" from the reports and the observations to share within the network

- Support sharing and learning in a structured process

- Recognition of the certification process and the certificates

Feed back from hospitals:

„Best training I got for the implementation of the standards."

„We got specific and helpful feed back on our situation. This is so motivating!"

„This was the most respectful and interesting audit I ever experienced."

Peer Review as support for Impelemention

| Effective Intervention | X | Effective Implementation | X | Supportive Context | = | Positive Outcome |

Thank you for your attention

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