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

At least every two years, members of the Victorian Network of Smokefree Healthcare Services (VNSHS) are asked to complete a self-audit against the Global Standards in order to support their ongoing improvement in addressing the health risks of smoking.

* Please record information about the current status of implementation for each criteria, including any relevant evidence and any gaps identified.
* Scoring for each standard and sub-standard is based on the level of implementation from 0 (no implementation) to 3 (full implementation).  The maximum possible score is 144. Please record the sub total for each standard as well as the total audit score.

Please record a general statement about planning actions resulting from the assessment of those particular criteria. Such actions can then be explored in more detail in the planning process.

* It is very unlikely that one person within the organisation will have all the information needed to effectively complete the audit process. It is therefore important that personnel responsible for the various aspects of implementation have input. This may include senior executives and policy makers, clinical leaders, those responsible for signage and environmental management, educators, those responsible for staff health including occupational health and safety personnel, communication personnel, health information personnel etc.
* The person(s) mainly responsible for the tobacco management portfolio should however take the lead in facilitating these inputs and ensuring understanding of the audit process to support a robust process. It may therefore be appropriate for this person to undertake an initial audit before engaging the broader team.
* It would be expected that completion of the audit may therefore take a number of meetings and significant investigation, particularly when conducted for the first time. This is time very well spent as it is an investment in future improvement.
* The completed audit is then signed off by the health service CEO to demonstrate your ongoing commitment to the smokefree goals of VNSHS.
* The Coordinating Centre will peer review your audit with members from the network and submit your audit results to the Global Network. This data is held by the Global Network in order to enable monitoring of overall progress of member organisations globally. The data is not published or shared with other member organisations without the expressed permission of the health service.

**Demographic details**

(The following details assist GNTH in making comparisons between similar healthcare services. Please provide an estimate if precise details are not available)

|  |  |  |
| --- | --- | --- |
| **Healthcare service:**       | **Service type (tick all that apply):**[ ]  University[ ]  Regional[ ]  General[ ]  Specialty[ ]  Community | [ ]  Day care[ ]  Nursing home[ ]  Primary care centre[ ]  GP Clinic[ ]  Other |
| **Member since:**       |
| **Number of beds:**       |
| **Number of staff:**       |
| **Main funding source (select one):**[ ]  Private[ ]  Public[ ]  Other (specify) |

**Hospital / Healthcare CEO:**

I declare that our organisation is committed to continuing to implement the aims of the Network and will actively work to implement smoke free policies and strategies.

**Signature:**       **Date:**.

**Name (printed):**       **Email:**

| **STANDARD 1: Governance and commitment**The healthcare organisation has clear and strong leadership to systematically implement a tobacco-free policy | **SELF AUDIT***0 = No / not implemented1 = Less than half implemented2 = More than half implemented3 = Yes / Fully implemented* |  |
| --- | --- | --- |
| **IMPLEMENTATION CRITERIA** | **REFLECTION Summary of current situation** *(Please describe the current situation for each implementation criteria. This will provide a context for your planned actions for the next 12 months)* | **0** | **1** | **2** | **3** | **PRIORITIES****Summarise the actions flowing from the audit process for each criteria***(These will inform a more detailed planning process)* |
| * 1. The healthcare organisation has clear policy documents towards the implementation of the ENSH-Global Standards.
 | * + 1. Policy documents of the healthcare organisation show commitment to implement all ENSH-Global Standards.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. The healthcare organisation 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. The healthcare organisation prohibits the acceptance of tobacco industry sponsorship and funding.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * + 1. The healthcare organisation prohibits the sale of tobacco products and associated devices/e-cigarettes.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. The healthcare organisation identifies clear accountability for all levels and aspects of policy implementation.
 | * + 1. A senior manager has responsibility for the implementation of the tobacco-free policy.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * + 1. Accountability is assigned at all levels and for all aspects of policy implementation.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. 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 the organisation’s tobacco-free policy.
 | * + 1. Staff employment documents require staff commitment to the healthcare organisation’s tobacco-free policy.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * + 1. Subcontractor documents require staff adherence to the healthcare organisation’s tobacco-free policy.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. The healthcare organisation seeks relevant representation to develop and to implement a strategy and action plan based on the self-audit and policy monitoring and evaluation results.
 | * + 1. The strategy and action plan is developed and managed by an implementation team.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * + 1. The strategy and action plan is reviewed annually taking into account the results of the self-audit, monitoring and evaluation results.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. The healthcare organisation allocates the human and financial resources necessary for all aspects of policy implementation.
 | * + 1. Financial and human resources are allocated according the strategy and action plan.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| **Current audit:**       |       |       |       |       |  |
| **Subtotal score for Standard 1:**       *(Maximum possible score: 30)* |       |       |       |       |  |

| **STANDARD 2: Communication**The healthcare organisation has a comprehensive communication strategy to support awareness and implementation of the tobacco-free policy and tobacco cessation services. | **SELF AUDIT***0 = No / not implemented1 = Less than half implemented2 = More than half implemented3 = Yes / Fully implemented* |  |
| --- | --- | --- |
| **IMPLEMENTATION CRITERIA** | **REFLECTION Summary of current situation** *(Please describe the current situation for each implementation criteria. This will provide a context for your planned actions for the next 12 months)* | **0** | **1** | **2** | **3** | **PRIORITIES****Summarise the actions flowing from the audit process for each criteria***(These will inform a more detailed planning process)* |
| * 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.
 | * + 1. All staff and subcontractors are informed about the healthcare organisation’s tobacco-free policy and tobacco cessation services.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. Interactive and targeted media is used to communicate the organisation’s tobacco-free policy and availability of tobacco cessation services to all service users prior to and/or on admission.
 | * + 1. All service users are informed about the organisation’s tobacco free policy and tobacco cessation services.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. Interactive and targeted media is used to communicate the organisation’s tobacco-free policy and availability of tobacco cessation services in the community including specific target groups.
 | * + 1. The community including specific target groups is informed about the healthcare organisation’s tobacco-free policy and tobacco cessation services.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| **Current audit score:**       |       |       |       |       |  |
| **Subtotal score for Standard 2:**       *(Maximum possible score: 9)* |       |       |       |       |  |

| **STANDARD 3: Education and training** The healthcare organisation ensures appropriate education and training for clinical and non-clinical staff. | **SELF AUDIT***0 = No / not implemented1 = Less than half implemented2 = More than half implemented3 = Yes / Fully implemented* |  |
| --- | --- | --- |
| **IMPLEMENTATION CRITERIA** | **REFLECTION Summary of current situation** *(Please describe the current situation for each implementation criteria. This will provide a context for your planned actions for the next 12 months)* | **0** | **1** | **2** | **3** | **PRIORITIES****Summarise the actions flowing from the audit process for each criteria***(These will inform a more detailed planning process)* |
| * 1. Policy briefings and instruction are mandatory for all staff, including managers.
 | * + 1. All staff including managers participate in policy briefings and instructions.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. The healthcare organisation ensures that all staff know how to approach tobacco, associate devices/e-cigarette users, including visitors, to inform them of the tobacco-free policy and tobacco cessation services.
 | * + 1. All staff are instructed on how to approach tobacco and associate devices/e-cigarette users to inform them about the tobacco-policy and tobacco cessation services.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. All clinical staff are trained in brief advice and best care measures for tobacco addiction /dependence in line with researched best practice.
 | * + 1. All clinical staff are trained in brief advice to motivate tobacco and associated devices/e-cigarette users to quit.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. Key clinical staff are trained in motivational tobacco cessation techniquesin line with researched best practice.
 | * + 1. Key clinical staff are trained in motivational tobacco cessation techniques in line with researched best practice.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| **Current audit score:**       |       |       |       |       |  |
| **Subtotal score for Standard 3:**       *(Maximum possible score: 12)* |       |       |       |       |  |

| **STANDARD 4: Identification, diagnosis and tobacco cessation support**The healthcare organisation identifies all tobacco users and provides appropriate care in line with international best practice and national standards | **SELF AUDIT***0 = No / not implemented1 = Less than half implemented2 = More than half implemented3 = Yes / Fully implemented* |  |
| --- | --- | --- |
| **IMPLEMENTATION CRITERIA** | **REFLECTION Summary of current situation** *(Please describe the current situation for each implementation criteria. This will provide a context for your planned actions for the next 12 months)* | **0** | **1** | **2** | **3** | **PRIORITIES****Summarise the actions flowing from the audit process for each criteria***(These will inform a more detailed planning process)* |
| * 1. The healthcare organisation has a systematic procedure in place to identify, diagnose and document the tobacco addiction/ dependence status of service users (including users of associated devices/e-cigarettes).
 | * + 1. All tobacco/associated devices/e-cigarette users are systematically identified and have their addiction/dependence status diagnosed and documented.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. The healthcare organisation has a systematic procedure in place to identify and document all service users including babies, children and pregnant women who are exposed to secondhand smoke/e-cigarette vapour.
 | * + 1. All service users exposed to second-hand smoke/e-cigarette vapour are identified and document.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. Information about the risk of tobacco consumption (including the use of associated devices/e-cigarettes) and tobacco cessation methods is widely available for all service users.
 | * + 1. Information about the risk of tobacco consumption (including the use of associated devices/e-cigarettes) and tobacco cessation methods is widely available.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. All identified tobacco and associated devices/e-cigarette users receive brief advice in line with best researched practice.
 | * + 1. All tobacco and associated devices/e-cigarette users receive brief advice in line with best researched practice.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * + 1. All interventions to motivate tobacco users to quit are documented.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. The service user’s care plan identifies and meets the needs of the tobacco and associated devices/e-cigarette user and those identified as exposed to secondhand smoke/e-cigarette vapour.
 | * + 1. Tobacco and associated devices/e-cigarette users and those exposed to secondhand smoke/e-cigarette vapour have their needs identified and documented in the care plan.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. The healthcare organisation has a tobacco cessation service or a referral system to a service that provides treatment for tobacco addiction/dependence in line with researched best practice.
 | * + 1. All tobacco and associated devices/e-cigarette users have access to a tobacco cessation service that provides treatment in line with researched best practice.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. The tobacco cessation service considers the therapeutic requirements of different service-user groups (i.e. pregnancy, pre-operative, mental illness, disability) in line with researched best practice.
 | * + 1. The tobacco cessation service addresses the needs of different service-user groups through specific treatment guidelines or protocols in line with researched best practice.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. Pharmacological support is available for the treatment of tobacco addiction/dependence, in line with researched best practice.
 | * + 1. Pharmacological support is available to tobacco users in line with researched best practice.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. The tobacco cessation service used by the organisation follows up cessation service users in line with researched best practice.
 | * + 1. The tobacco cessation service has a procedure to follow up cessation service users in line with researched best practice.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| **Current audit score:**       |       |       |       |       |  |
| **Subtotal score for Standard 4:**       *(Maximum possible score: 30)* |       |       |       |       |  |

| **STANDARD 5: Tobacco-free environment** The healthcare organisation has strategies in place to achieve a tobacco-free campus. | **SELF AUDIT***0 = No / not implemented1 = Less than half implemented2 = More than half implemented3 = Yes / Fully implemented* |  |
| --- | --- | --- |
| **IMPLEMENTATION CRITERIA** | **REFLECTION Summary of current situation** *(Please describe the current situation for each implementation criteria. This will provide a context for your planned actions for the next 12 months)* | **0** | **1** | **2** | **3** | **PRIORITIES****Summarise the actions flowing from the audit process for each criteria***(These will inform a more detailed planning process)* |
| * 1. The healthcare organisation has completely tobacco-free buildings (including associated devices/e-cigarettes).
 | * + 1. All buildings within the organisation are completely tobacco-free (including associated devices/e-cigarettes).
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. The healthcare organisation has completely tobacco-free grounds and transport systems (including associated devices/e-cigarettes).
 | * + 1. The grounds and transports systems of the organisation are completely tobacco-free (including associated devices/e-cigarettes).
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. The healthcare organisation has clear and unambiguous signage that defines the products prohibited and identifies boundaries for buildings and grounds of the tobacco-free campus.
 | * + 1. Signage identifies prohibited products and the tobacco-free campus boundaries for buildings and grounds.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. The healthcare organisation prohibits the sale, distribution and advertisement of tobacco products and associated devices/ e–cigarettes, anywhere within the organisation.
 | * + 1. Tobacco and associated devices/e-cigarettes are not sold, distributed or advertised within the organisation.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. The healthcare organisation has a procedure in place to ensure that all service users, staff and visitors are never exposed to secondhand smoke/e-cigarette vapour within the boundaries of the tobacco-free campus.
 | * + 1. There is a procedure to record and prevent secondhand smoke/e-cigarette vapour exposure.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. Any exceptional circumstances of tobacco use by service users are managed by a procedure that is consistent with the denormalisation of tobacco.
 | * + 1. All exceptional circumstances are managed by a procedure that is consistent with the denormalisation of tobacco consumption.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. The healthcare organisation has a procedure in place to document and manage any breaches of policy including incidents of exposure of staff, service users or public to secondhand smoke/e-cigarette vapour.
 | * + 1. A procedure is in place to register all incidents and to manage all policy breaches**.**
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| **Current audit score:**       |       |       |       |       |  |
| **Subtotal score for Standard 5:**       *(Maximum possible score: 21)* |       |       |       |       |  |

| **STANDARD 6: Healthy workplace** The healthcare organisation has human resource management policies and support systems that protect and promote the health of all who work in the organisation**.** | **SELF AUDIT***0 = No / not implemented1 = Less than half implemented2 = More than half implemented3 = Yes / Fully implemented* |  |
| --- | --- | --- |
| **IMPLEMENTATION CRITERIA** | **REFLECTION Summary of current situation** *(Please describe the current situation for each implementation criteria. This will provide a context for your planned actions for the next 12 months)* | **0** | **1** | **2** | **3** | **PRIORITIES****Summarise the actions flowing from the audit process for each criteria***(These will inform a more detailed planning process)* |
| * 1. The healthcare organisation has a comprehensive workplace health promotion program.
 | * + 1. The healthcare organisation has a comprehensive workplace health promotion programme.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. The healthcare organisation has policies that emphasise the pro-active and exemplary role of staff in the implementation and support of the workplace tobacco free policy.
 | * + 1. Organisational policies describe the pro-active and exemplary roles of staff in the implementation and support of the workplace tobacco free policy.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. The healthcare organisation has a process in place to identify and record the health status of staff (including tobacco and associated devices/e-cigarette use); and offers appropriate help, support and treatment as necessary.
 | * + 1. There is a process in place to identify and motivate tobacco and associated devices/e-cigarette users to quit.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. The healthcare organisation has a tobacco cessation service or direct access to a cessation service for the purpose of helping their staff tobacco users to quit.
 | * + 1. Staff have access to a tobacco cessation service.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. The healthcare organisation has a clear procedure in place within existing local disciplinary measures to manage policy non-compliance by staff.
 | * + 1. Non-compliance by staff is managed within existing local disciplinary procedures.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| **Current audit score:**       |       |       |       |       |  |
| **Subtotal score for Standard 6:**       *(Maximum possible score: 15)* |       |       |       |       |  |

| **STANDARD 7: Community engagement**The healthcare organisation contributes to and promotes tobacco control/prevention in the local community according to the WHO FCTC and and/or national public health strategy | **SELF AUDIT***0 = No / not implemented1 = Less than half implemented2 = More than half implemented3 = Yes / Fully implemented* |  |
| --- | --- | --- |
| **IMPLEMENTATION CRITERIA** | **REFLECTION Summary of current situation** *(Please describe the current situation for each implementation criteria. This will provide a context for your planned actions for the next 12 months)* | **0** | **1** | **2** | **3** | **PRIORITIES****Summarise the actions flowing from the audit process for each criteria***(These will inform a more detailed planning process)* |
| * 1. The healthcare organisation works with community partners and other organisations to promote and contribute to local, national and international tobacco-free activities.
 | * + 1. The healthcare organisation works with community partners and other organizations to promote and contribute to national and international tobacco-free activities.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. The healthcare organisation works with community partners to encourage and support the users of tobacco and associated devices/e-cigarettes to quit; it takes into account the needs of specific target groups (women, adolescents, migrants, disadvantaged and other cultural groups).
 | * + 1. The organisation works with community partners to encourage and support tobacco and associated devices/e-cigarette users to quit.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * + 1. The organisation works with community partners to address the needs of specific target groups (women, adolescents, migrants, disadvantaged and other cultural groups).
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. The healthcare organisation shares best practice to support others in the development and implementation of tobacco-free policies.
 | * + 1. The healthcare organisation shares best practice in the development and implementation of tobacco-free policies.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| **Current audit score:**       |       |       |       |       |  |
| **Subtotal score for Standard 7:**       *(Maximum possible score: 12)* |       |       |       |       |  |

| **STANDARD 8: Monitoring and evaluation**The healthcare organisation monitors and evaluates the implementation of all the ENSH-Global standards at regular intervals. | **SELF AUDIT***0 = No / not implemented1 = Less than half implemented2 = More than half implemented3 = Yes / Fully implemented* |  |
| --- | --- | --- |
| **IMPLEMENTATION CRITERIA** | **REFLECTION Summary of current situation** *(Please describe the current situation for each implementation criteria. This will provide a context for your planned actions for the next 12 months)* | **0** | **1** | **2** | **3** | **PRIORITIES****Summarise the actions flowing from the audit process for each criteria***(These will inform a more detailed planning process)* |
| * 1. The healthcare organisation has internal and external review processes to monitor the implementation of all standards and takes into account feedback from staff and service users.
 | * + 1. An internal process is in place to review the implementation of the standards at least annually.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * + 1. The review process takes into account feedback from service users and staff.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * + 1. The healthcare organisation participates in external review activities.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * 1. The healthcare organisation has processes to collect key data, including the self-audit results, to inform the annual action plan and to ensure quality improvement.
 | * + 1. Data collection processes are in place, including the self-audit, to monitor implementation of the tobacco free policy.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| * + 1. Data collected is used to improve implementation and the annual policy action plan.
 |       | [ ]   | [ ]   | [ ]   | [ ]   |       |
| **Current audit score:**       |       |       |       |       |  |
| **Subtotal score for Standard 8:**       *(Maximum possible score: 15)* |       |       |       |       |  |
| **GRAND TOTAL:**       **/ 144 *(Maximum possible score: 144)*** |       |       |       |       |  |