



Ente Ospedaliero Cantonale

- Bronze for Ticino - A success story of the Ospedale Regionale di Lugano (ORL)

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**8. Nikotintagung Klinik Barmelweid
Aarau, September 24, 2020**



Forum Tabakprävention und
Behandlung der Tabakabhängigkeit in
Gesundheitsinstitutionen Schweiz



GLOBAL NETWORK
FOR TOBACCO FREE
HEALTHCARE SERVICES



LEGA **POLMONARE** TICINESE

Spring Workshop Global Network for Tobacco Free Healthcare Services

Mendrisio, April 28, 2017

- Involvement of EOC into the program «Tobacco-Free Hospitals» at national (*FTGS*) and international level (*Global Network for Tobacco Free Healthcare Services*)
- The Forum recognizes Healthcare Services working at the highest level of implementation of tobacco control in accordance with the Global Standards Certification
- Commitment of the Healthcare Services:
 - Reduction of health damages due to tobacco smoke
 - Reduction of smoking among both personnel and patients
 - Offer of both Tobacco Specialists consultations and evidence-based treatments (since 2005)
 - Structural update according with the tobacco-free policy
 - Rules update for a tobacco-free policy inside the healthcare services, as it was proposed by WHO for a “de-normalization” of smoking into the general population



Global Certification Levels for Tobacco Free Health Care Services

Ospedale Regionale di Lugano - ORL



Ospedale Civile
OCL



Ospedale Italiano
OIL

Membership

- Commitment
- Management
- Self-audit



08.06.2018

Bronze

- SA Points ≥ 27
(70% St. 1 + 2)
- Accountabilities
- Senior Manager
- Working Group
- Strategy
- Written Policy
- Communication



12.02.2019

Silver

- SA Points ≥ 108
(75% St. 1 - 8)
- Support Tobacco Cessation
- Education and Training Program
- Health Promotion Program
- Monitoring & Evaluation
- Community/Regional/National Engagement
- No Tobacco Sale/Distribution/Advertising



2020-2021

Gold

- SA Points ≥ 126
(St. 1 - 8)
- Systematic Tobacco Cessation and Health Promotion Program
- Tobacco-free Healthcare Environment
- Tobacco-free Culture among all Staff
- Systematic Monitoring Evaluation
- Engagement in Tobacco-Free Community/Regional/National Activities



OIL
01.11.19

ENSH-Global Self-Audit Tool

Performance evaluation towards a Tobacco-free Organisation

Standard 1: Governance and Commitment	No / Not implemented	Less than half implemented	More than half implemented	Yes / Fully implemented
1.1 Policy documents of the healthcare organisation show commitment to implementation of all ENSH-Global Standards.				
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.				
1.3.1 A senior manager has responsibility for the implementation of the tobacco-free policy.				
1.3.2 Accountability is assigned at all levels and for all aspects of policy implementation.				
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 healthcare organisation's tobacco-free policy.				
1.5.1 The strategy and action plan is developed and managed by an implementation team.				
1.5.2 The strategy and action plan is reviewed annually taking into account the results of the self-audit, monitoring and evaluation results.				
1.6 Financial and human resources are allocated according the strategy and action plan.				
Standard 2: Communication	No / Not implemented	Less than half implemented	More than half implemented	Yes / Fully implemented
2.1 All staff and subcontractors are informed about the healthcare organisation's tobacco-free policy and tobacco cessation services.				
2.2 All service users are informed about the organisation's tobacco free policy and tobacco cessation services.				
2.3 The community including specific target groups is informed about the healthcare organisation's tobacco-free policy and tobacco cessation services.				
Standard 3: Education & Training	No / Not implemented	Less than half implemented	More than half implemented	Yes / Fully implemented
3.1 All staff including managers participate in policy briefings and instructions.				
3.2 All staff are instructed on how to approach tobacco and associated devices/e-cigarette users to inform them about the tobacco-policy and tobacco cessation services.				
3.3 All clinical staff are trained in brief advice to motivate tobacco and associated devices/e-cigarette users to quit.				
3.4 Key clinical staff are trained in motivational tobacco cessation techniques in line with researched best practice.				
Standard 4: Identification, Diagnosis and Tobacco Cessation Support	No / Not implemented	Less than half implemented	More than half implemented	Yes / Fully implemented
4.1 All tobacco/associated devices/e-cigarette users are systematically identified and have their addiction/dependence status diagnosed and documented.				
4.2 There is a procedure in place to identify and document service users exposed to second-hand smoke/e-cigarette vapour.				
4.3 Information about the risk of tobacco consumption (including use of associated devices/e-cigarettes) and tobacco cessation methods are widely available.				
4.4.1 All tobacco and associated devices/e-cigarette users receive brief advice in line with best researched practice.				
4.4.2 All interventions to motivate tobacco and e-cigarette users to quit are documented.				
4.5 Tobacco and associated device/e-cigarette users and those exposed to secondhand smoke/e-cigarette vapour have their needs identified and documented in the care plan.				
4.6 All tobacco and associated devices/e-cigarette users have access to a tobacco cessation service that provides treatment in line with researched best practice.				
4.7 The tobacco cessation service addresses the needs of different service-user groups through specific treatment guidelines or				

protocols in line with researched best practice.				
4.8 Pharmacological support is available to tobacco users in line with researched best practice.				
4.9 The tobacco cessation service has a procedure to follow up cessation service-users in line with researched best practice.				
Standard 5: Tobacco-free environment	No / Not implemented	Less than half implemented	More than half implemented	Yes / Fully implemented
5.1 The All buildings within the organisation are completely tobacco-free (including associated devices/e-cigarettes).				
5.2 The grounds and transports systems of the organisation are completely tobacco-free (including associated devices/e-cigarettes).				
5.3 Signage identifies prohibited products and the tobacco-free campus boundaries for buildings and grounds.				
5.4 Tobacco and associated devices/e-cigarettes are not sold, distributed or advertised within the organisation.				
5.5 There is a procedure to record and prevent secondhand smoke/e-cigarette vapour exposure.				
5.6 All exceptional circumstances are managed by a procedure that is consistent with the denormalisation of tobacco use.				
5.7 A procedure is in place to register all incidents and to manage all policy breaches.				
Standard 6: Healthy workplace	No / Not implemented	Less than half implemented	More than half implemented	Yes / Fully implemented
6.1 The healthcare organisation has a comprehensive workplace health promotion programme.				
6.2 Organisational policies describe the pro-active and exemplary roles of staff in the implementation and support of the workplace tobacco free policy.				
6.3 There is a process in place to identify and motivate tobacco and associated devices/e-cigarette users to quit.				
6.4 Staff have access to a tobacco cessation service.				
6.5 Non-compliance by staff is managed within existing local disciplinary procedures.				
Standard 7: Community Engagement	No / Not implemented	Less than half implemented	More than half implemented	Yes / Fully implemented
7.1 The healthcare organisation works with community partners and other organizations to promote and contribute to national and international tobacco-free activities.				
7.2.1 The organisation works with community partners to encourage and support tobacco and associated devices/e-cigarette users to quit.				
7.2.2 The organisation works with community partners to address the needs of specific target groups (women, adolescents, migrants, disadvantaged and other cultural groups).				
7.3 The healthcare organisation shares best practice in the development and implementation of tobacco-free policies.				
Standard 8: Monitoring and Evaluation	No / Not implemented	Less than half implemented	More than half implemented	Yes / Fully implemented
8.1.1 An internal process is in place to review the implementation of the standards at least annually.				
8.1.2 The review process takes into account feedback from service users and staff.				
8.1.3 The healthcare organisation participates in external review Activities.				
8.2.1 Data collection processes are in place, including the self-audit, to monitor implementation of the tobacco free policy.				
8.2.2 Data collected is used to improve implementation and the annual policy action plan.				
Maximum Total: 144				

Scoring:

No / Not implemented = 0 // Less than half implemented=1 // More than half implemented = 2 // Yes /Fully implemented =3

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GNTH Standards

Visit to Kantonsspital Aarau – 26.11.2018



Standard 1

The healthcare organisation identifies all tobacco users and provides appropriate care in line with international best practice and national standards.

Standard 2

The healthcare organisation provides appropriate care in line with international best practice and national standards.

Standard 3

The healthcare organisation provides appropriate care in line with international best practice and national standards.

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.

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Standard 1 (10 indicators): 90%

- Membership FTGS
- Official commitment of the ORL Direction
- Creation of an Executive Committee
- Creation of an Operative Committee
- Creation of the ORL Clinical Operative Protocol
- Revision of the ORL documents towards the implementation of the Global Standards
- Visit to other tobacco-free hospitals

Standard 2 (3 indicators): 89%

- Information inside the hospital about:
 - Pilot Project “ORL: toward a tobacco-free hospital”
 - Outpatient Tobacco Cessation Service
 - Inpatient brief advice by HTQS experts
- Creation of new inpatients and outpatients brochures and their distribution throughout the hospital wards and waiting rooms
- Signage to highlight both the no-smoking and the smoking areas

Standard 3 (4 indicators): 100%

- Policy briefings and instruction to all employees
- Education and training of the clinical staff
- 7 courses on “Basic Tobaccology” and “Introduction to motivational interview”
- 56 nurses/MD trained

Standard 4 (10 indicators): 90%

- Identification, diagnosis and documentation of the tobacco addiction/dependence status of service users (including users of associated devices/e-cigarettes)
- HTQS brief advice
- NST during the hospital stay
- Direct link to Outpatient Tobacco Cessation Service
- Information of the Family Doctors
- Tobacco Cessation Follow-up

GNTH Standards

Standard 5: Tobacco-free environment

The healthcare organisation has strategies in place to achieve a tobacco-free campus.

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.

Standard 7: Community Engagement

The healthcare organisation contributes to and promotes tobacco control in the local community according to the WHO FCTC and and/or national public health strategy.

Standard 8: Monitoring and Evaluation

The healthcare organisation monitors and evaluates the implementation of all the ENSH-Global standards at regular intervals.

Standard 5 (7 indicators): 71%

- Clear and unambiguous signage that identifies boundaries for buildings and grounds of the tobacco-free hospital, tobacco-free areas and smoking areas
- Removal of the smoking areas near the entrances and the restaurants
- K-Kiosk in OCL to be solved. Stop to tobacco products sale in OIL (01.11.19)

Standard 6 (5 indicators): 93%

- Identification and record of the health status of new staff with direct, but optional link to the Outpatient Tobacco Cessation Service

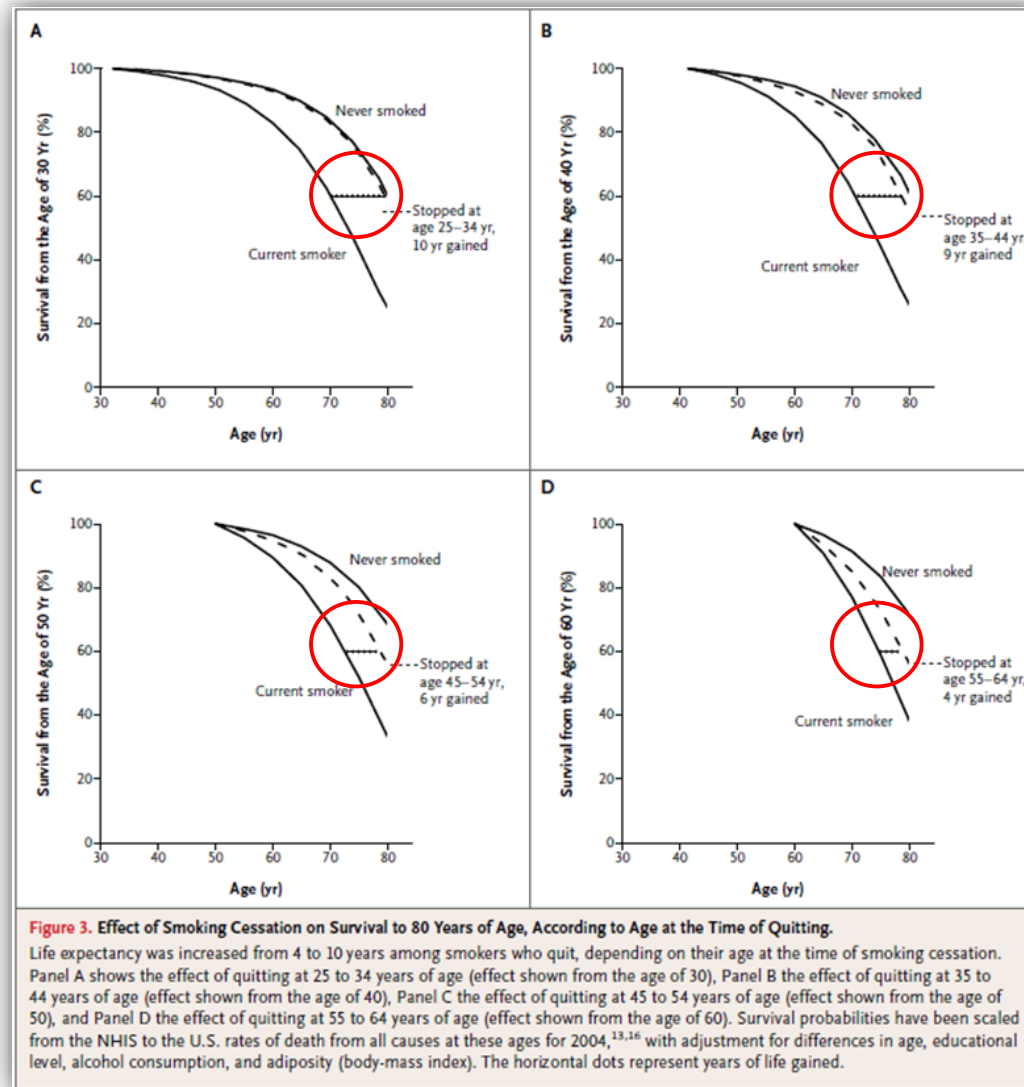
Standard 7 (4 indicators): 92%

- Collaborations with the Ticino Pulmonary League, Krebsliga Ticino, ANF, etc.
- Active participation to the World No-Tobacco day (31.05.2019)
- Link with other FTGS Healthcare Services

Standard 8 (5 indicators): 100%

- Regular internal Audit for standards improving
- Self-Audit Tool data
- Project Quality Indicators (n=25)
 - Pre-admission (n=3)
 - Inpatient phase (n=16)
 - Outpatient phase (n=6)

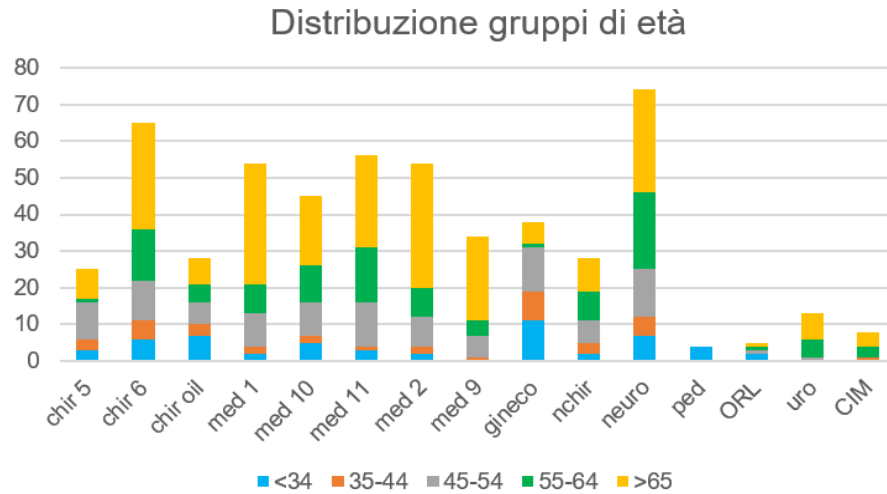
CLINICAL PHASE



Jha P et al. NEJM 2013; 368:341-50

Pilot Project «ORL: toward a tobacco-free Hospital

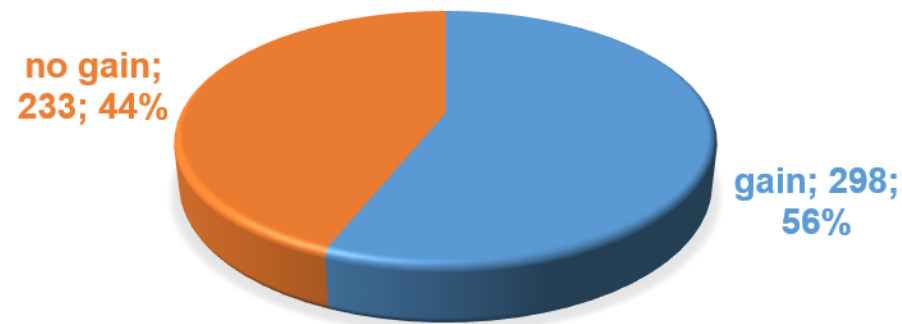
Patients distribution according to age (N=530)



Pilot Project «ORL: toward a tobacco-free Hospital

Patients distribution according to age (N=530)

POTENZIALE EFFICACIA DELLA DISASSUEFAZIONE IN ANNI DI VITA



CLINICAL PHASE

Tabagist patient clinical path

PATIENT



Pre-admission

- The Family Doctor informs the patient about the possibility of NST
- The Pre-Admission Service informs the patient about the Inpatient Tobacco Service and the modalities of support

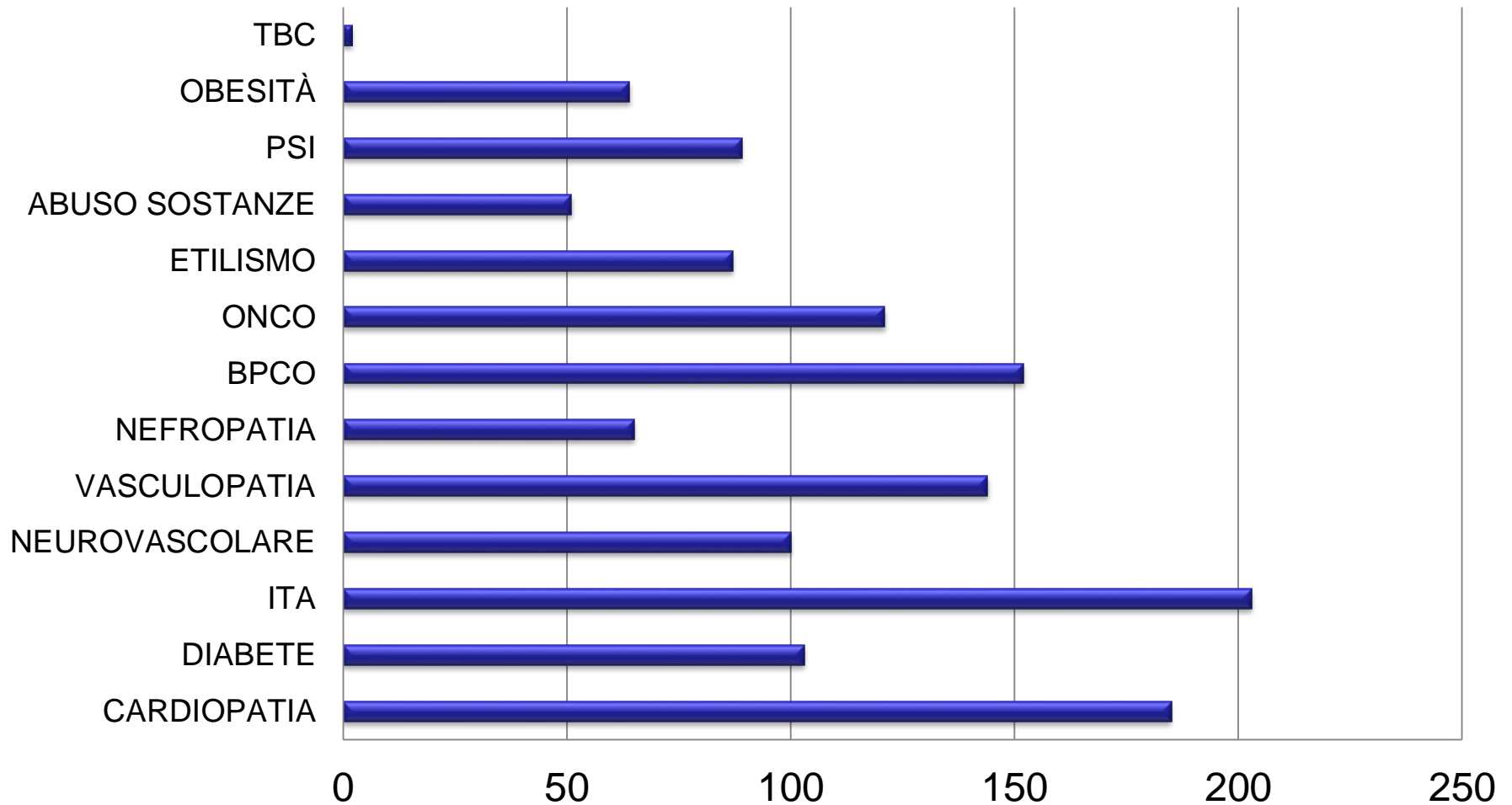


Inward

- At admission, the patient is informed about the possibility of a Tobacco specialist consultation and the chance of having a NST
- Identification of High-Risk Tabagist Patients
- NTS during hospitalization
- Tobacco specialist consultation before discharge

Pneumology
Cardiovascular Diseases
Diabetes
Hypertension
Kidney Diseases
Alcoholism
Surgery
Transplanted patients
Multiple sclerosis
Oncology
Urology/Andrology
Gynaecology
Aesthetic medicine
Dental pathologies

Pilot Project «ORL: toward a tobacco-free Hospital Co-morbidity Analysis (N=530)



Gentile Paziente,

benvenuto all'Ospedale Regionale di Lugano.

Cosa ne pensa se durante la sua degenza ne approfittasse per provare a smettere di fumare o almeno cercare di diminuire il numero di sigarette? Nell'ambito del Progetto Pilota "ORL: verso un ospedale senza fumo" le offriamo la possibilità di ricevere la consulenza dei nostri esperti in Tabacologia, che potranno rispondere a tutte le sue domande e, se lei vuole, aiutarla ad intraprendere un percorso per liberarsi dal tabacco; questo percorso potrebbe continuare anche dopo le sue dimissioni da questo Ospedale sempre con il sostegno dei nostri specialisti coadiuvati dalla Lega Polmonare Ticinese.

Cosa succede se smetto di fumare?



Provi a misurare il suo livello di dipendenza da nicotina...

1. Quante sigarette fuma al giorno?

- 10 o meno (0)
- 11-20 (1)
- 21-30 (2)
- 31 o più (3)

2. Quanto tempo dopo il risveglio fuma la prima sigaretta?

- entro 5 min. (3)
- 6-30 min. (2)
- 31-60 min. (1)
- dopo 60 min. (0)

3. Trova difficile non fumare nei luoghi dove è proibito?

- sì (1)
- no (0)

4. A quale sigaretta le costa di più rinunciare?

- la prima del mattino (1)
- qualsiasi altra (0)

5. Fuma più frequentemente durante le prime ore del mattino dopo il risveglio che durante il resto della giornata?

- sì (1)
- no (0)

6. Fuma anche quando è così malato da passare a letto la maggior parte della giornata?

- sì (1)
- no (0)

IL SUO PUNTEGGIO _____

Punteggio totale	Livello di dipendenza
0-2	Lieve
3-4	Media
5-6	Forte
7-10	Molto forte

Smettere non è impossibile, chiedi una consulenza!

STRUCTURAL PHASE



**OCL
(Ospedale Civico)**



OCL



**OIL
(Ospedale Italiano)**



OCL – Parking Entrance



Before



OCL



After

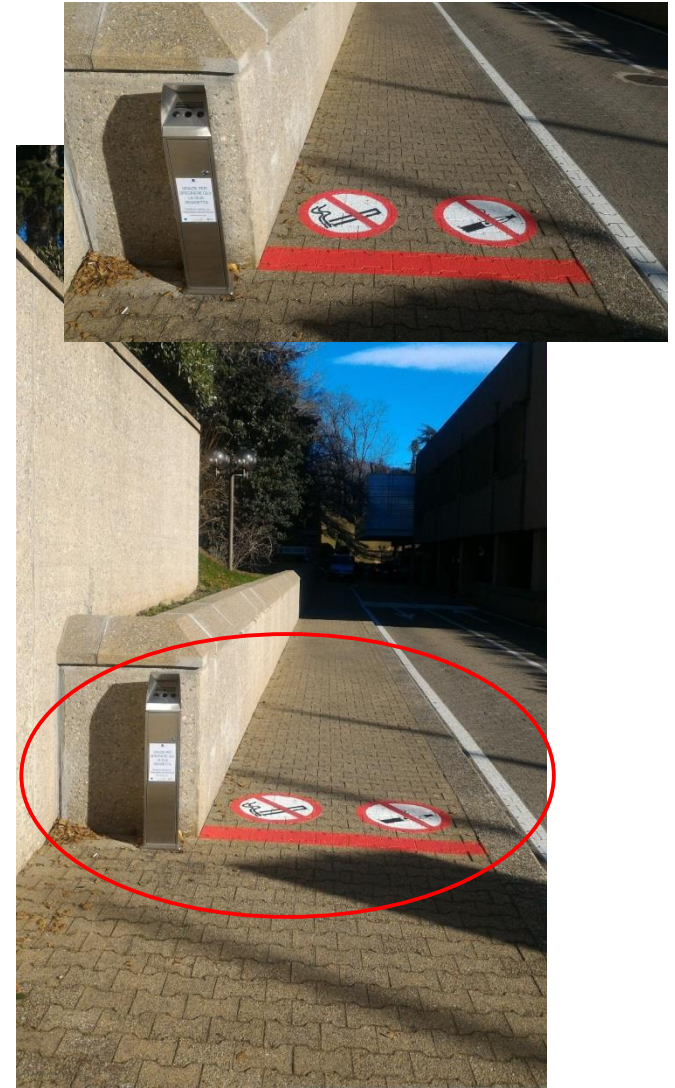
OCL – Main Entrance



Before

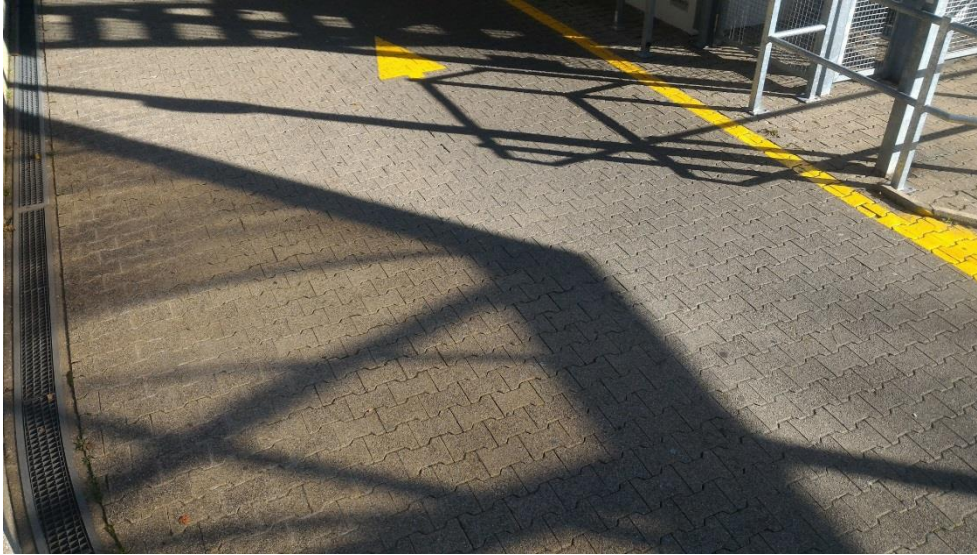


OCL



After

OCL – Main Entrance



Before



OCL



After

OCL – Main Entrance



Before



OCL



After



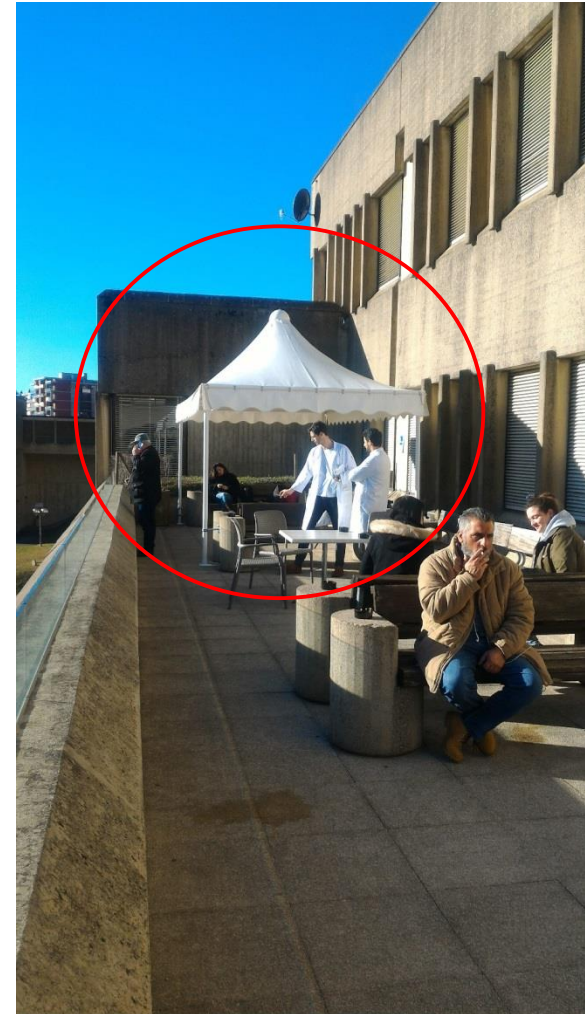
OCL – Terrace



OCL



Before



After

OCL – Smoking Lounge



OCL



Before



After

OIL – Main Entrance



Before



OIL



After



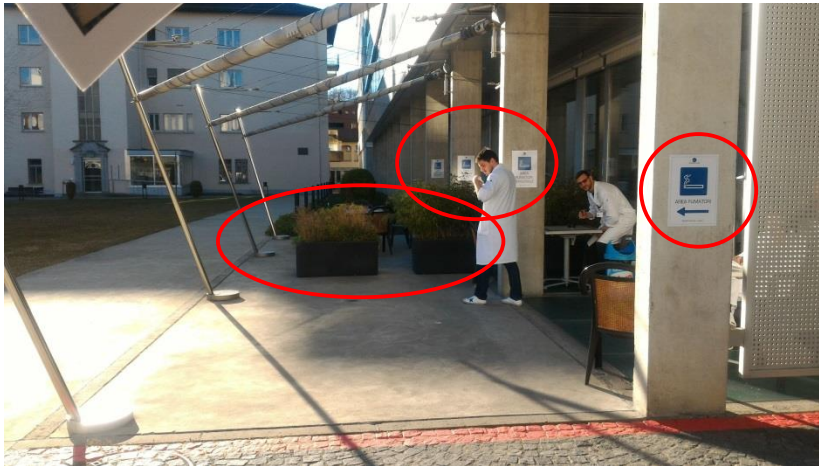
OIL – Smoking Area



Before



OIL



After



OIL – Terrace



Before

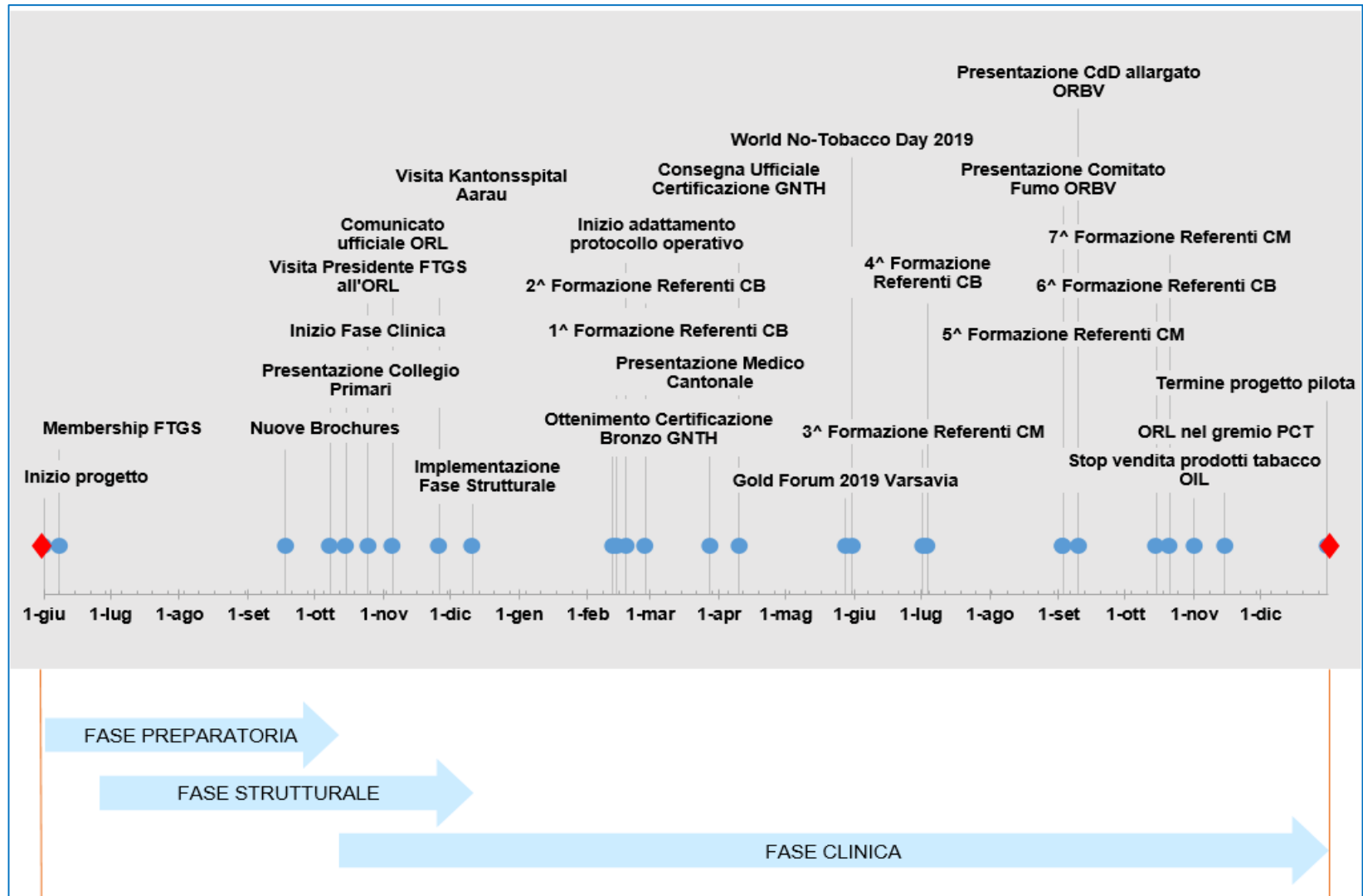


OIL

After



Project Timeline



Thanks to all the people involved!



FTGS (*S. Koalick*) & Pulmonary League Ticino (*A. Bianchini*)

- ❖ **ORL Director** (*L. Jelmoni*)
- ❖ **ORL Director Assistant** (*L. Toscanelli*)
- ❖ **ORL Executive Committee for Tobacco-Free Hospital** (*L. Jelmoni, M. Pons, G. Pezzoli, S. Cocchi, M. Puffi*)
- ❖ **ORL Health Directors** (*M. Pons, P. Merlani*)
- ❖ **ORL Direction Committee** (*L. Jelmoni, P. Majno, M. Pons, A. Kaelin, P.L. Lurà, L. Fauth, S. Cocchi*)
- ❖ **ORL Tobacco Cessation Service** (*J.P. Blanc, S. Bianchini-Casoni*)
- ❖ **ORL Nurse Direction** (*G. Pezzoli*)
- ❖ **ORL Expert Clinical Nurses** (*S. Piattini, A. Sertorio*)
- ❖ **Team HTQS Experts** (*J. Gianini, E. Hächler, V. Schmitt, P. Caccia, I.Grisi, E. Franconi*)
- ❖ **ORL Structural Project Service** (*M. Puffi, F. Pedrazzi*)
- ❖ **ORL Communication Service** (*C. Poncato*)
- ❖ **EOC Communication Service** (*L. Sangiorgi, S. Righetti, M. Masserini*)
- ❖ **ORL Pharmacy** (*D. De Santis*)
- ❖ **ORL EOQUAL** (*S. Cocchi, P. Aioldi, A. Comery, P. Bullani*)
- ❖ **ORL Personnel Medical Service** (*N. Ossola*)
- ❖ **ORL EONOSO** (*S. Rossi*)
- ❖ **ORL HospitalService** (*V. Rielo & Co.*)

- ❖ ...and to **all the ORL Collaborators** who really believed in this project!



«The future depends on what we do in the present»

Mahatma Gandhi

Thanks for your kind attention!