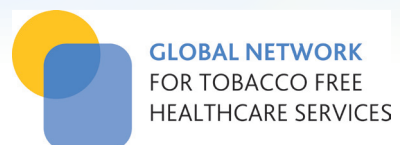


Tobacco Free Campus Implementation 2019

Book of Abstracts

Examples of Quality Improvement in
Policy Implementation



2019 TFC Bursary Process

Tobacco Free Campus (TFC) policy implementation requires a whole-organisation approach and the buy-in of all management, staff and service users. Successful implementation of TFC policy requires good leadership and a systematic approach. The Tobacco Free Ireland Programme (TFIP) is totally committed to supporting all services nationally to achieve the highest level of policy implementation and has consistently employed new and creative supportive strategies. The strategy chosen for 2019 was 'incentivisation' and it was with great excitement that the TFI programme planned the 2019 TFC Bursary initiative with the Global Quality Standards as a roadmap. To foster creative thinking, build supportive processes and address compliance, we decided to launch our initiative under three headings; Sustainability, Innovation as well as Monitoring & Compliance Building.

We issued a communication outlining details of the bursary process in December 2018. This was presented as an opportunity to avail of a €5,000 bursary for work that some services wanted to commence with the benefit of a supportive structure and an identified timeframe. Many Health Promotion & Improvement (HP&I) staff also used the bursary process to build relationships and engage new services in TFC policy implementation.

The following is an outline of the key steps:

- The process commenced with a baseline self-audit using the Global Network of Tobacco Free Health Services (GNTH) on-line self-audit tool. Local HP&I TFC support staff partnered with service management to complete this process and this was the beginning of a new productive partnership in a lot of cases.
- The next step was to develop a Quality Improvement Plan (QIP) using the Global Network of Tobacco free Health Services (GNTH) QIP template; identifying actions that could be completed in a timeframe of six months. The link with other priority programmes was highlighted and a number of services incorporated commitments to other programmes in their QIP i.e. MECC training.
- Over the next six months all applicants received supportive motivational emails from the TFIP and support from local HP&I staff. In addition, they were encouraged to contact the TFIP if they needed specific direction or support and many availed of this offer.
- In July 2019, all applicants were requested to re-audit using the GNTH self-audit, complete and submit an application form with an update on progress made in each identified action area on their QIP. They were asked to submit their work under the three headings; innovation, sustainability and compliance building.

Twenty one services to include 13 Hospitals and 8 Mental Health Services completed the process and submitted applications.

All applications were anonymised and assigned to an audit team for review, scoring and feedback. Care was taken to ensure that all teams were not assigned any applications from their own CHO or Hospitals group. Auditors were recruited by the TFIP from senior HSE service management for their specific roles or known expertise in TFC policy implementation with a view to these staff influencing change at a higher level as a result of their learning and engagement in this process.

Four Audit teams each comprised of three members took responsibility for the auditing of 5-6 applications. Prior to commencing the audit process, all audit team members were invited to participate in an on-line training by Ms Christa Rustler, Director of the German Network of Tobacco Free Health Services who was commissioned by the TFIP. To ensure all audit team members had an opportunity to avail of the training, two trainings were facilitated.

Ms. Rustler's training covered

- what to look for in applications,
- key considerations under each of the headings,
- how to develop and deliver constructive feedback,
- direction on using the scoring system and
- what to look for when highlighting what each candidate might share.

Each audit team member reviewed applications individually before engaging in a face to face meeting coordinated by a lead auditor then; all three members shared their thoughts, agreed scores, drafted feedback and identified a highlight in each application for sharing. The lead auditor from each team returned feedback on all their team applications to the TFIP. The TFIP reviewed feedback and agreed the bursaries to be awarded.

We had 18 successful services and 3 further services that completed the bursary process but were not successful in progressing actions. These services did however receive a participation award to acknowledge their interest and effort. A communication was issued to all applicants, which included the auditor's feedback on their respective site, details of the award they received with an invitation to a Bursary Award Event where highlights of the process would be shared.

A number of key achievements and learnings have been highlighted from the bursary process. These include:

- creative and innovative approaches by staff to policy improvement as highlighted in this book of abstracts. This new resource will add to the existing suite of TFC supportive resources.
- enhanced partnership working between operational staff and Health Promotion & Improvement staff who have specific roles to support healthy public policy implementation,
- the application of values in action behaviours to engage all staff in policy implementation that reflects our organisations values of care.
- achievement of other priority programme targets/ commitments through bursary participation; for example MECC training and implementation.

Most of all the process has provided an opportunity to recognise, value and acknowledge the hard work of staff in the implementation of HSE TFC policy within their service.

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The importance of having a dedicated smoking cessation post to support TFC policy implementation in the Acute Adult Mental Health Unit, Galway

Margaret O Grady (Consultant Psychiatrist & Clinical Director),
Bryan Harrison (CNM II) & Mary Geraghty (Senior Occupational Therapist)
Adult Acute Mental Health Unit, University Hospital Galway.

Who are we, and what is our bursary application highlight?

We represent staff from **The Acute Admission Mental Health Unit, Galway** and our bursary application highlights the importance of having a dedicated smoking cessation post to support Tobacco Free Campus (TFC) policy implementation in the AAMHU, Galway.

How did we go about this?

When the new Acute Admission Mental Health Unit (AAMHU) in Galway opened its doors in June 2018, it was felt that this was the perfect opportunity to introduce and implement HSE Tobacco Free Campus policy. Our Clinical Director led this initiative and prioritised the diagnosis and treatment of tobacco dependent service users. With the resources available, service users were supported by all clinical staff and prescribed combination Nicotine Replacement Therapy (NRT). This worked well initially but soon compliance became an issue and extra resources were needed to address this.

What did we change?

- A site specific TFC policy was developed and continues to be communicated to all staff, services users and visitors.
- A number of TFC staff information sessions were facilitated where staff had an opportunity to have their concerns addressed.
- From day one, all service users who were admitted to the AAMHU Galway were asked about tobacco use and had the TFC Policy clearly explained to them.
- Those who smoke are identified immediately and have the TFC policy clearly explained to them and their family members and are prescribed combination Nicotine Replacement Therapy and 1:1 counselling.
- We promote the benefits of quitting by educating staff on the positive aspects of a TFC while also encouraging them to apply for NCSCCT training and Making Every Contact Count training (MECC).
- A full time smoking cessation post has been developed to ensure that each service user is given the appropriate time and support needed in their admission.
- Every Sunday at staff meetings the topic of smoking Cessation is included in the minutes and any issues are addressed.

What comes next or what have we still to do?

We plan to extend the provision of intensive smoking cessation support into the community to allow discharged service users from the unit every opportunity to avail of intensive smoking cessation support through weekly meetings in the community.

Some challenges & successes we identified:

TFC policy compliance was a huge issue in the early days and staff felt unsupported. The importance given to this by senior management in building a business case and securing a full-time post to provide intensive smoking cessation has given great leadership and support. As this is new to most clinical staff, they also need support with use of NRT. Service users often find policy compliance and correct use of NRT challenging and need a lot of support.

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'The Ashlin Centre values Tobacco Free Campus Policy feedback from staff and service users'

Liam Walshe (CNM 2), Vicky Doyle (HSE Health Promotion & Improvement Officer)
The Ashlin Centre, Beaumont

Who are we, and what is our bursary application highlight?

We represent the staff of the **Ashlin Centre (Dublin North Mental Health Service)** and our bursary highlight demonstrates that feedback from all staff and service users is encouraged and valued in the process of the Tobacco Free Campus (TFC) Policy implementation.

How did we go about this?

A Tobacco Free Campus (TFC) working group was set up in the Ashlin Centre to begin the process of planning and implementation of the TFC policy in April 2018. The group met regularly, agreed actions to be progressed and launched the policy in September 2018. Representation on this group included all staff disciplines. Engagement with service users on all aspects of policy development and implementation was through weekly unit meetings. A further face to face and on-line consultation process was facilitated to include representation from family member groups acting as advocates for service users via the north Dublin service user forum group. All developments and changes were negotiated through these forums.

What did we change?

- We now diagnose and treat tobacco dependence with Nicotine Replacement Therapy and behavioural support from the earliest contact.
- We provide a supportive environment for successful quitting with no tobacco products on the unit.
- We work closely with colleagues throughout all North Dublin Mental Health Services (NDMHS) to communicate our tobacco free services and treat tobacco dependence pre and post admission.
- We surveyed our staff and service users before the policy went live and an overwhelming majority favoured a smoke free environment, citing a healthier workplace and environment for service users.
- We document breaches and do regular walkabouts and spot checks to ensure compliance with the policy document.
- 50% of our staff completed the online Making Every Contact Count (MECC) training and are currently being trained in the face to face training module.
- We review and update all TFC communication materials regularly.
- We provide 'Comment Boxes' to gather feedback; one for staff and visitors and one for service users.
- We address all feedback at structured meetings.
- One staff member has been trained in the National Centre for Smoking Cessation Training (NCSCT) which means there is a qualified smoking cessation practitioner in the centre.

What comes next or what have we still to do?

We will continue to maintain a Tobacco Free Campus Policy and monitor compliance. We will carry out a follow-up survey of staff and service users after one year of TFC policy implementation on the unit. We will invite the north Dublin Service User forum group to do a site visit of the Ashlin Centre, one year post TFC policy implementation. We will continue to promote MECC on-line and face to face training modules and promote further training for staff in National Centre for Smoking Cessation Training (NCSCT).

Some challenges & successes we identified:

The Ashlin Centre is fully committed to Tobacco Free Campus policy implementation. We anticipated and accept that implementing TFC policy in any acute mental health service is challenging but to date, we have found that by using a solution-focussed collaborative approach we have successfully addressed a number of challenges. The policy document reflects the important role of staff and facilitating and valuing their feedback and suggestions has also been a great support. By monitoring and documenting policy breaches, we have worked together with our service users, improved communication, reviewed and improved activities and successfully reduced/minimised breaches.

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How we rolled out MECC in pilot sites and how we propose to implement further

Olive Gibson (Health Promotion Officer) & Vicky Doyle (HSE Health Promotion & Improvement Officer)
Beaumont Hospital, Dublin

Who are we, and what is our bursary application highlight?

We represent staff from **Beaumont Hospital**, and our bursary application highlight is how we rolled out MECC in pilot sites and how we propose to implement further.

How did we go about this?

The Beaumont Hospital Healthy Ireland Steering Committee decided to place MECC as a priority item on its 2019 agenda. Staff from Nursing, Medicine, Health Promotion, Occupational Health, Physiotherapy & Dietetics were invited to participate in MECC training as a pilot group. The specific objectives of the pilot were to: (1) obtain feedback from participating staff regarding the training to allow for a more-informed communications approach when promoting it hospital-wide; (2) to pass on the feedback to the MECC development team to help improve the user friendliness of the training programme, and (3) to enable this group of staff to promote MECC to their colleagues

What did we change?

- Beaumont Hospital has its own e-learning platform called BORIS, which all staff use for mandatory training, we uploaded MECC onto this platform, and we advertised MECC on this platform to raise staff awareness of MECC.
- A hospital-wide MECC communication plan was developed, including advertising MECC on the hospital intranet, a screensaver, an e-mail, newsletter, gif, posters, flyers etc. This was communicated over a 2 month period and will be an ongoing arrangement.
- A MECC Education Stand was held outside the Staff Restaurant on 'World No Tobacco Day'.
- Through the Healthy Ireland Steering Committee, target numbers were agreed among nursing and allied health professionals to complete training for 2019.
- Face to face meetings were arranged with many departments to discuss and promote MECC e.g. Nursing Directorate Teams, Clinical Nurse Specialists, Allied Health, Department Heads.
- To date 54 staff members have completed the MECC on-line training. A further 60 staff have registered and are at some stage in the process.

What comes next or what have we still to do?

The first face-to-face training is planned for November; we are linking with all staff who have completed online training regarding this, and we are engaging with those who have registered to encourage completion of the training as soon as possible.

Through the Healthy Ireland Steering Group, we plan to meet with managers regarding agreed training targets to discuss progress, any related difficulties and possible additional pilot areas. In addition, an ongoing MECC communications strategy will be discussed; including highlighting to staff the signposting aspect of MECC in relation to health promotion literature and the many lifestyle change programmes currently available for patients in the hospital. We continue to liaise with the National MECC implementation Team re: signposting and documentation paperwork required for the next phase of the MECC rollout Programme.

Some challenges & successes we identified:

The MECC education stand for staff was very successful and proved a very effective means of informing staff and answering queries about MECC, as well as gaining valuable contacts. Following this pilot, the full multidisciplinary Stroke / TIA Department have agreed to pilot MECC. They are engaging with MECC training and plan to carry out interventions to include documenting and becoming part of the research group to assess effectiveness of interventions. In addition, the HCA advanced programme have agreed to add MECC to their training schedule, with all staff on their advanced programme now required to complete the training. Finally, Clinical Practise Co-ordinators who have participated in the training and are now actively promoting it with their nursing students and encouraging them to complete their training as soon as possible.

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How an Acute Hospital put strategies in place in order to achieve a Tobacco Free Environment

Maurice Friel (General Services Manager), Mary Scales (HP&I TFC support)
Connolly Hospital, Blanchardstown, Dublin 15

Who are we, and what is our bursary application highlight?

We represent staff from **Connolly Hospital, Blanchardstown** and our bursary application highlighted is 'How we incorporated strategies in order to improve compliance among our staff patients and visitors with our Tobacco Free Environment'.

How did we go about this?

We have a long-established multidisciplinary Steering Committee to provide governance for our tobacco free campus and our on-site smoking cessation service in Connolly. We used the bursary process to actively engage representatives from various departments i.e. HR, HP&I, OPD, ED, Consultants, Security, Estates, Occupational Health, Admin & Environmental Health to address identified smoking on the campus.

Following an Outdoor Needs Assessment the following changes were made:

- TFC information has been put on our mobile security van which is visible around the campus.
- Security are recording breaches of TFC and sending weekly data to the General Services Manager.
- Leaflets are being circulated in high footfall areas to encourage awareness.
- Outdoor signage is monitored and maintained by security/estates.
- Shop tender documentation stipulates sale of tobacco and associated devices/e-cigarettes are not permitted and advertising is not permitted on the campus or in the hospital.
- TFC Committee has agreed that a risk form is to be completed by staff when and if incidents of TFC breaches occur. These forms are then forwarded to our Quality Department where they are monitored and used for audit purposes.
- All staff are advised NOT to accompany patients outdoors to smoke.
- All exceptional circumstances are managed by a procedure that is consistent with the denormalisation of tobacco consumption on a case by case basis after all other avenues regarding cessation have been exhausted.
- Walkabouts to monitor TFC policy compliance are conducted on a rota basis by members of the steering committee.

What comes next or what have we still to do?

We will continue to improve our TFC signage and to minimise the number of exceptional circumstances. We will continue to work with HR to address staff smoking and staff accompanying patients outdoors to smoke.

Some challenges & successes we identified:

Engaging security has helped to put new systems in place to monitor and track policy breaches and working with our quality department has highlighted tobacco management as a risk.

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How Cavan and Monaghan Hospital developed a community partnership and increased the use of media to promote a Tobacco Free Campus

Olivia Mulvaney (Clinical Nurse Specialist), Carmel McGuigan (Clinical Nurse Specialist) & Renée Stephenson Egan (Operational Services Manager). Cavan Monaghan Hospital

Who are we and what is our bursary application highlight?

We are members of the **Cavan and Monaghan Hospital** Tobacco Free Campus Committee. Our bursary highlight for sharing is, 'good use of digital media in promoting Tobacco Free Campus (TFC), improving community partnerships with GAA and promoting availability of smoking cessation support to community based services'.

How did we go about this?

We reconvened our Tobacco Free Campus meetings cross-site with membership representation from all key services and the meetings are chaired by a member from the senior management team. We updated and adapted the National Tobacco Free Campus policy to suit Cavan and Monaghan Hospitals and circulated it to all Heads of Departments asking managers to get staff to read and sign the signature sheet. We completed the Global Network Tobacco-Free Hospital Audit to establish our baseline and findings from the Audit helped to inform our Quality Improvement Plan (QIP).

What did we change?

- On-going briefing sessions of the Tobacco Free Campus policy were carried out at staff inductions, part of nursing medical study days and at medical and nursing forum meetings identifying staff roles and responsibilities in its implementation.
- We added written instructions as per TFC policy on how staff approach breaches of hospital policy, to increase staff confidence.
- The introduction of breach forms to monitor compliance has been introduced and all staff, including security staff, have been informed as per Tobacco Free Campus Policy. Those completed forms shall be stored in the Operational Services Manger's office cross –site for monitoring and evaluation.
- Tobacco Free Campus information including contact details for smoking cessation service, the Quitline and benefits of quitting were added to the TV screen in the canteen, outpatients department and hospital foyers cross-site.
- We attended the launch of the local GAA club's 'Tobacco Free Campus Policy' and informed the public via radio interview of free smoking cessation service available at Cavan & Monaghan Hospitals and that there is a Tobacco Free Campus Policy in place at both hospital sites.
- We also provided support to a number of community groups e.g. Stroke Support groups in Cavan; Women's Health Promotion Day and National Learning Network in Monaghan along with various smoking cessation awareness days being carried out during the year in both hospitals.

What comes next?

We hope to further expand the roll out of MECC (Making Every Contact Count) online training in Cavan and Monaghan hospitals to build capacity within staffing levels to support compliance of Tobacco Free Campus policy. We will continue with the Environmental Audits of the campus to monitor compliance. We are currently planning a re-launch of our Tobacco Free Campus Policy to reinforce policy implementation and compliance. The clinical director shall be invited to present to all staff and heads of department on the implementation of the updated TFC policy. We plan to invite the local press and radio station personnel to conduct media interviews on the day. We hope to also invite a service user and staff member, who recently quit, to talk about their experiences on the day.

Some Challenges and Successes

We have experienced some difficulties in always obtaining the necessary attendance by the necessary people at the scheduled TFC meetings to reach the quorum; this is a challenge amid competing demands, but we are continuing to work on this. Some staff members are reluctant to approach breaches of the TFC policy; we hope to empower staff to recognise their roles in TFC including approaching breaches, and are continuing to work on this including giving staff written instruction on how to approach breaches. Corporate walkabouts were carried out cross site, and were successful in identifying problem areas; however, extra time and resources will be required to address these additional control measures on the Cavan site.

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Strategies used in a Mental Health Unit to achieve a Tobacco Free Campus

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Gail McNeill (Line Manager Cardiovascular Team) & Joan Tierney (Health Promotion & Improvement Officer)
Cluain Lir Mental Health Unit, Mullingar, Co. Westmeath

Who are we, and what is our bursary application highlight?

We represent staff from the **Cluain Lir Mental Health Unit in Mullingar**, and our bursary application highlights describes the strategies we used to achieve a Tobacco Free Campus (TFC) in our mental health unit.

How did we go about this?

For years, patients within mental health services have had minimum focus on their physical health needs and as such were being 'left behind' due to lack of parity of esteem with other patient groups. In Cluain Lir Mental Health Unit, our aim was to afford people who use our services the same opportunities as that of the general adult population to quit smoking, including the provision of a TFC whereby the environment and culture supported a new tobacco free norm. To initiate this change we requested that TFC be included as a standing item on the agenda for all our clinical governance meetings.

What did we change?

- We set about identifying Champions from staff in our approved centre.
- We invited the Mental Health Engagement Lead to join our clinical governance meetings.
- We used the GNTH audit tool to deconstruct the task of implementing TFC into smaller challenges.
- From a care planning perspective, we compiled templates of care plans for both tobacco users and ex-tobacco users.
- We trained staff in MECC as it is imperative that staff have the necessary knowledge and skills to support their practice, and we established support from our local Health Promotion Staff.
- We worked with our neighbouring services, to decommission two smoking rooms which they had for service users.

What comes next or what have we still to do?

We will continue to prioritise staff training in MECC and NCSCT on-line and face to face modules with a view to establishing on-site intensive smoking cessation support for all our service users. We are committed to undertaking an annual GNTH audit to monitor compliance.

Some challenges & successes we identified:

TFC policy is now included in our mission statement for review by Mental Health Commission inspectors. Our staff are participating in national sub-groups to progress tobacco management as part of recovery in mental health services. We also participated at the National Conversation Cafe: "Smoking, Mental Health and Recovery – making conversations that matter" in July 2019.

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Introduction of a retrospective audit of prescribed Nicotine Replacement Therapy (NRT) from the medical records of smokers

Marie J. McCarthy (Services Manager), Gayle Monahan (Smoking Cessation Counsellor) & Anna Burns (Senior Health Promotion Officer)
Cork University Hospital, Cork

Who are we, and what is our bursary application highlight?

We represent staff from **Cork University Hospital**. In our bursary application we identified how we undertook a retrospective audit of the drug charts in the medical records of smokers and determined whether NRT was prescribed or not. Our findings were circulated to medical staff to raise awareness of the importance of dual NRT prescribing for smokers who wish to suspend smoking while in hospital.

How did we go about this?

Health Promotion & Improvement deliver a smoking cessation service in CUH and a Smoke Free Campus Implementation Team is in place. They support each other and work collectively with administrative, nursing and medical staff to advise and treat all patients who are tobacco dependant. In November 2018, we conducted a retrospective audit of prescribed NRT among smokers who were inpatients at CUH in the previous three months. Through the bursary, we will continue to implement the GNTH standards and will undertake this audit again in November 2019.

What did we do?

- We ensure all tobacco users are advised to quit and provide them with behavioural support and NRT.
- In addition, we provide NRT advice and chart NRT to those who are not yet ready to quit in order to manage their nicotine withdrawals.
- We include tobacco use in discharge processes and refer clients on to community support services.
- Furthermore, staff are offered free NRT products through the SC service.
- The Professor in Respiratory Medicine provides NRT prescribing training to junior doctors on the importance of prescribing dual NRT to patients who smoke.
- The smoking cessation counsellor also provides Ward, Department and Clinic awareness sessions to ensure that staff are guided regarding best practice in smoking cessation.
- Both nursing documentation and care plans have been updated to record these interventions.
- In November 2018, we audited medical records of documented smokers and recorded whether or not NRT was prescribed to that patient while in hospital; this is our baseline.
- In November 2019, we plan to repeat this exercise, and compare results. The results of this audit will report on compliance with the prescribing of NRT to smokers, as best practice, and determine our next steps.
- We use A1 display posters to continually communicate our SFC message including that the average length stay for smokers in CUH is two days longer than for non smokers.

What comes next or what have we still to do?

We have commenced the rollout of Making Every Contact Count (MECC) training to three departments in CUH. We are amending and re-circulating the updated SFC policy. Addressing exposure to second-hand smoke is a new priority, and we have developed second hand smoke information leaflets for staff, patients and visitors to CUH.

Some challenges & successes we identified:

The SFC implementation team has had many successes to date including the successful amalgamation of the outpatient clinics and the smoking cessation service on site – highlighting effective working relationships and the positive outcome patients are experiencing as a result.

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Perinatal Project: Treating Tobacco Use as a Healthcare Issue

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Mary Doherty (CNM2), Raphael Dalton (CNM2) and Elaine Robinson (SC CNS)
Letterkenny University Hospital, Donegal

Who are we, and what is our bursary application highlight?

Letterkenny University Hospital (LUH), Donegal has been developing as a tobacco free healthcare setting since 2001, identifying and treating tobacco users is seen as a healthcare issue and critical to this end. Our bursary application focused on a comprehensive approach to facilitating healthcare professionals (HCPs) to deliver tobacco cessation interventions (TCIs) routinely in clinical practice; thus treating tobacco use (TU) as a healthcare issue. The ongoing perinatal project with maternity services will be outlined.

How did we go about this?

In 2018, during a review of CNS smoking cessation referrals, service delivery and future business planning, a need was recognised to improve access and reduce barriers to intensive cessation support of perinatal women. While a plethora of evidence supports and details effective cessation interventions for perinatal women, uptake of the specialist service by this population remained low, even though the Antenatal Booking Department (LUH) consistently refer women to the service. Specific pregnancy training in TCIs was delivered to LUH midwives in 2001 (ICS), 2004 (NSPCC), 2005-6 (SCS) and 2013 (CNS). In September 2018, the SC CNS met with maternity services managers and advocated for the formal introduction of TCIs into perinatal care of women.

In partnership, with service managers a perinatal project was designed and planned to cover all maternity services. During discussions three types of training were detailed; managers decided to use the national Making Every Contact Count (MECC) training programme as a basis for the training. The plan detailed online training and delivery of workshop to all 64 midwives in April and September 2019. The project objectives were aligned to the Global Network for Tobacco Free Healthcare (GNTH) Services standards 3.0 - Education and Training; 4.0 – Identification, Diagnosis and Tobacco Cessation support; and 8.0 – Monitoring and Evaluation.

What did we change?

In April 2019,

- 32 midwives (50%) had completed the online training and attended the workshop;
- Four sessions of the MECC programme workshop were delivered by the SC CNS. Training included an additional module on Carbon Monoxide (CO) monitoring/testing, documentation of TCIs and

outcomes (MIRS, HHN) and resources to facilitate TCIs with the perinatal woman.

- Workshop and resource details included specific population evidence and information (NICE, 2019, USPSTF, 2015, USDHHS, 2014).
- At the end of each workshop an evaluation was completed.

What comes next or what have we still to do?

Online training for the 32 remaining midwives will happen between September and December 2019 with workshops delivery dates agreed in December and January. Recording system queries to support MECC are being reviewed with the upgrading of the current maternity system due in December 2019. The Clinical Audit Dept. is currently being consulted on the areas of integrating audit and evaluation into the project. Other resources to support the project include; update of CO monitoring policy, launch of nursing care plan for tobacco dependence treatment and completion of tobacco cessation resource folder for all hospital departments. The bursary will be used for resources to support and sustain the project.

Some challenges & successes we identified:

The pre-course evaluation identified system difficulties in staff navigating and completing the online training; a summary of the evaluations (26) was forwarded to the MECC programme lead. Feedback from the midwives deemed interventions would positively impact on wider family health and well-being, perinatal and public health outcomes. The second wave of training is being delayed to November 2019 and January 2020, due to mandatory national training for HSE clinical staff. Further documentation, education, resources, audit and evaluation integration to support project are being considered.

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The Importance of strong Leadership & Commitment in the Implementation of Tobacco-Free Campus Policy at Local Level

Sharon McManus Cooley (CNM2) & Caroline Murray (HSE Health Promotion & Improvement Officer)
Loughrea Community Mental Health Unit, Co. Galway

Who are we, and what is our bursary application highlight?

We represent staff from **Loughrea Community Mental Health Unit**, and our bursary application highlight is the importance of strong leadership and commitment for implementation of Tobacco Free Campus (TFC) policy at local level.

How did we go about this?

In 2019, the composition of the TFC group was reviewed and extended to include representatives from other services, namely, older person's services, mental health, maintenance, ambulance service and primary care. Quarterly meetings were scheduled.

What did we change?

- A local TFC policy was developed and circulated to all staff.
- TFC is now included in our Safety Statement, in our Operations Policy and it has also been added to the Staff Orientation Booklet.
- Following completion of the self-audit, a Quality Improvement Plan (QIP) was developed, which gives a focus to the TFC meetings and outlines actions.
- TFC updates are included in Managers' meetings.
- Staff are regularly reminded of their roles & responsibilities.
- A walk-about tool was developed, and a walk-about is completed on a quarterly-basis. Any breaches recorded are discussed at the TFC meeting.
- We established a feedback system, where service users and visitors can comment or report breaches - these are discussed at the TFC meeting.
- All staff are encouraged to complete the MECC & NCSCT online-Training.
- Information sessions are provided for new service users so they are aware of the policy.
- The Blue line at the perimeter was repainted, as it had faded!

What comes next or what have we still to do?

The TFC committee are always providing new ideas for how we promote TFC messages to staff, service users and visitors. We will continue to encourage all staff to continue with their training, and we will continue to remind all that TFC is everybody's responsibility.

Some challenges & successes we identified:

A huge success for this group is the engagement of all service providers on campus and the collaboration among services in relation to TFC. Funding is always a challenge – the provision of NRT for staff is something we would like to fund.

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The Introduction of Virtual Smoking Cessation Clinics

Siobhan Lines (HI Project Manager RCSI Hospital Group) & Jane Shields (Smoking Cessation Nurse)
Our Lady of Lourdes Hospital, Drogheda

Who are we, and what is our bursary application highlight?

We represent staff from **Our Lady of Lourdes Hospital OLOL Drogheda**. OLOL was successful in its application for GNTH Gold Forum membership in 2012 and again this year in 2019. Our bursary application highlights how we plan to use our virtual clinic for COPD patients to provide on-going smoking cessation support to clients.

How did we go about this?

Due to the application for GNTH Gold Forum there was a keen interest from all stakeholders to participate and encourage all staff to submit ideas and initiatives to improve and maintain Tobacco free campus. Through membership of a cross-border COPD project and the available data to highlight the high incidence of COPD among the population of the hospital catchment area, two physiotherapy posts have been funded. One of the ideas put forward was the introduction of virtual clinics to maintain quitting post discharge from hospital and ensure follow-up intensive SC support.

What did we change?

- We identify all staff and service users who smoke via clinics or Health assessments, give them information on TFC, discuss tobacco addiction as part of their core assessment and encourage them to make a quit attempt using NRT which we prescribe and administer as well as offering behavioural support.
- We provide free NRT to staff who attend our smoking cessation service.
- We introduced carbon monoxide monitoring in our maternity services where all midwives were trained in the use of CO monitors.
- We increased referral to our smoking cessation CNS and supported a number of staff to quit smoking.

What comes next or what have we still to do?

From Second quarter 2020, we hope to be part of providing brief intervention via a virtual clinic for COPD patients. The digital hub is established in a HSE health clinic beside the hospital and physios from OLOL Hospital provide exercise classes to a group of COPD Patients who can dial in from their homes via laptop or handheld device. By training all physios to deliver intensive smoking cessation support, we plan to extend this service to include intensive smoking cessation support.

Some challenges & successes we identified:

- We have experienced great successes by engaging champions and creative thinking.
- the inclusion of Carbon Monoxide Monitoring in Ante-Natal clinics has seen a huge increase in referrals to our SC support service.
- A novel Hospital Volunteers programme which presents a 'meet and greet' team wearing polo shirts with a 'Smoke Free Campus' emblem and helps to communicate the policy.
- A brief intervention for smoking cessation and referral to SC support for all staff presenting to Flu Vaccination Clinics.
- We held a 'Well Men' information day with a focus on Prostate cancer awareness and included brief intervention for smoking cessation to an audience of 60 external contractors working on-site.

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Promoting Smoking Cessation within a Maternity Setting

Catherine Halloran (Assistant Director of Nursing and Midwifery),
Elizabeth Iredale (Smoking Cessation Midwife) & Rachel Burke (HP&I)
The Rotunda Hospital, Dublin

Who are we, and what is our bursary application highlight?

We represent the staff from **The Rotunda Hospital in Dublin**, and our bursary application highlight is how we promote our on-site smoking cessation support service and systematically support pregnant women to quit smoking.

How did we go about this?

- We organised and offered an information stand on World No Tobacco Day for members of the public and staff, providing carbon monoxide monitoring, smoking cessation advice and tobacco information. We engaged the hospital's media team to cover the event on social media accounts for Facebook and Instagram.
- Our GP liaison officer sends out an electronic e-zine every quarter to all the GP's in the RCSI area and all the public health nurses covering our geographic area. We included a 'full page advertisement' giving information on the smoking cessation service available in the hospital and details of how to access this service.
- We developed an efficient referral pathway in relation to tobacco use, and offer a weekly smoking cessation service for clients provided by a smoking cessation Midwife and promoted it with staff.
- We laminated new 'quick reference guides' and distributed them throughout OPD and the private clinic to ensure tobacco-dependant women who are identified are highlighted within the electronic chart under two specific headings:
 1. Highlighting tobacco use in the 'risk factor' section prompts the paediatric team to speak about the dangers of second hand smoking.
 2. Highlighting tobacco use in the 'to do' list in the electronic chart prompts all staff at every encounter to do a brief intervention on smoking and refer to smoking cessation services.

What did we change?

- We have literature available at various points in the hospital with quit.ie references. These can be given to women who don't want to engage with smoking cessation in the hospital.
- All smoking cessation midwife notes are included in the new electronic chart records. This allows all members of the multidisciplinary team providing care for the pregnant woman to access progress.
- Administration staff allocated a specific code and clinic time for women attending the smoking cessation clinic and also women who are being followed up in the telephone clinic. This supports data collection on attendance and non-attendance at appointments and facilitates smoking cessation appointments to be twinned with scan appointments etc
- We return intensive smoking cessation stats as per national standard to the HSE Tobacco Free Ireland programme every month.

What comes next or what have we still to do?

We plan to carry out an audit of smoking status recording in the electronic chart. We are currently awaiting an update from our electronic chart hosts so that referral to smoking cessation support can be done directly from the electronic chart. We want to promote the service from an early gestation and get more GP's engaged with the services. We will promote and support uptake of Making Every Contact Count (MECC) training with staff.

Some challenges & successes we identified:

We noted that if a woman opts out of smoking cessation, ignores phone calls or doesn't attend her appointment, she was 'lost' to the system. So, we developed a clear pathway to address this. Now she is sent a letter with contact details of smoking cessation services and quit.ie should she want to opt in at a later stage and a letter is also sent to her GP so the GP can discuss this with her at an antenatal visit or postnatal.

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How a Mental Health Unit Incorporated Smoking Cessation into Discharge Planning for Service Users

*Nuala Creighton, Sabina Feeney (Consultant Psychiatrist) & Greg Clark (Workshop Instructor)
Roscommon Mental Health Unit, Roscommon County Hospital*

Who are we, and what is our bursary application highlight?

We represent staff from the **Roscommon Mental Health Unit**, and our bursary application highlight is how we incorporated smoking cessation into discharge planning for our service users.

How did we go about this?

We set up a multidisciplinary Health & Fitness Committee to provide governance for tobacco free campus at Roscommon Mental Health Unit and smoking cessation is now a standing item on their agenda since January 2019. We involved all stakeholders, including internal staff, community staff and service users in the development of a local Tobacco Free Campus (TFC) policy.

What did we change?

- We facilitated staff to attend training and developed a suite of communication tools to clearly communicate our TFC policy to staff and service users.
- We identify all service users who smoke on admission, give them information on TFC, discuss tobacco addiction as part of their core assessment and encourage them to make a quit attempt using NRT which we prescribe and administer as well as offering behavioural support.
- We have engaged the support of a trained external practitioner to facilitate in-house smoking cessation support groups and he documents and records all interventions.
- We discuss Smoking cessation (including NRT) at the weekly multidisciplinary care planning meetings and hold records of prescribed NRT by the pharmacy on the unit. Also Smoking cessation is a standing item at the weekly Mutual Help meetings held by Clients and Staff.
- On discharge from the unit, we incorporate tobacco cessation including external service details like QUIT.ie into the service users discharge plan.
- In addition, we communicate TFC information with General Practitioners, multidisciplinary teams and outpatient departments associated with this unit.

What comes next or what have we still to do?

From September 2019, we hope to extend smoking cessation group support meetings to the community setting. We plan to build in an audit process to ensure quality and effectiveness, once TFC Policy is implemented in 2020.

Some challenges & successes we identified:

On a positive note, here in the Approved Centre in Roscommon, the majority of Staff have completed the MECC online training, and one Staff Member has completed the two day NCSCT face to face training. Another three Staff had unsuccessfully applied to attend the September course but are hopeful of attending this course, early in the new year. Throughout this process, the significant challenge is ensuring that once staff are trained, they are then released to resource this project. We develop business cases for additional resources, because we believe that the success and sustainability of this project remains very much dependent on buy-in from senior management, the multidisciplinary teams (internally & community) and service users.

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Building capacity for a Tobacco Free Supervised Residential Unit through partnership working

Jacqui McManus (Clinical Nurse Manager), Fiona Boyle & Maresa McGettigan (Tobacco Cessation Advisors)
Rowanfield House Supervised Residential Unit, Donegal Town

Who are we, and what is our bursary application highlight?

We represent staff from **Rowanfield House Supervised Residential Unit** and community Health Promotion Staff. Our bursary application highlight, is the strong partnerships that we have built in working towards a Tobacco Free Campus.

How did we go about this?

A Tobacco Free Campus implementation team was established which ensures accountability at all levels, appropriate communication and shared decision making. TFC is a fixed item on the agenda of our existing meetings. We communicated continually with the local Pharmacist, Consultant Psychiatrist, NCHD, Smoking Cessation Service and Respiratory Integrated Care team on TFCP progress. We have availed of resources and support offered by the HP&I team and local pharmacy. We have worked in partnership with our service users and agreed individual care plans. All tobacco users are currently using pharmacotherapy to help reduce their tobacco use. This will help manage withdrawals associated with nicotine addiction and provide inherent support for the TFCP. This is also in accordance with the recovery model of care, which reduces harm and promotes physical and mental health and improved QOL. Three service users have quit with support from the on campus Smoking Cessation Service.

What did we change?

- We updated Care Plan documentation to prompt brief interventions in relation to tobacco use. All current tobacco users are offered pharmacological support to help manage nicotine withdrawal or to totally quit. This is supported by SCS, GP and Pharmacist. We have an excellent working partnership with our local pharmacy and GP practice to ensure prescription and dispensing of appropriate pharmacotherapy occurs on the day required.
- We have established an implementation team which includes all key stakeholders and engage with service users through the implementation team and community meetings. The TFCP is a fixed agenda item on their community forum meetings.
- We have availed of support from our local community partners HP&I and local pharmacy to provide awareness, information and education sessions for staff and service users.
- We have encouraged staff to avail of online training in MECC (challenged by existing IT issues).
- We have liaised with the clinical placement co-ordinator to incorporate the TFCP in student inductions.

What comes next or what have we still to do?

Our next step is to increase the number of staff members trained in MECC (Making Every Contact Count) and NCSCT trained Tobacco Cessation Practitioners. We will also continue to liaise with the Clinical Placement Co-ordinator regarding the addition of TFC into formal induction processes. We are also keen to provide an alternative pleasant seating area when the designated smoking area is decommissioned.

Some challenges & successes we identified:

A significant challenge arose in accessing MECC online training due to IT issues over a seven week period. This has now been resolved. Our successes to date are due to continuous communication to and with all key stakeholders including service users to ensure the promotion of consistent messages in relation to the implementation of the TFCP.

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Implementation of a Tobacco-Free Campus Policy

*Breeda Sheedy (Health and Safety Officer), Miriam O'Shea (Smoking Cessation Officer), Briain Madden (Clerical Support)
South Infirmary Victoria University Hospital, Cork*

Who are we, and what is our bursary application highlight:

We are a voluntary general elective hospital - **South Infirmary Victoria University Hospital**, with 192 beds and employing circa 902 Staff with an annual throughput of approximately 100,000 patients per annum. We are the regional centre for ENT, Dermatology, and Orthopaedic Elective and Orthopaedic Trauma Rehabilitation services.

Our bursary application highlights the development of a strong focus on a Smoke Free Hospital Campus through the commitment of the Smoke Free Hospital Committee with new representation, to direct and implement a comprehensive action plan to actively address TFC policy implementation.

How did we go about this:

We reviewed membership of our Smoke Free Hospital group, engaged our Clinical Director as a member of the Committee, ensured all disciplines were represented and reviewed our Terms of Reference. Membership of the committee includes the HSE Smoking Cessation Officer. Emails were sent highlighting the SIVUH as a smoke free hospital campus and advice given on QUIT services. To progress actions all of the necessary expertise was engaged. Meetings of the group were held which are ongoing.

Where we are at:

- We reviewed our Policy and Terms of Reference, completed the GNTH on-line audit and QIP. The audit tool and Quality Improvement Plan now form part of the agenda of the Committee.
- We conducted a review of our signage. This was updated.
- Local communication tools for staff, service users and visitors were reviewed.
- We included reference to the TFC policy in our safety statement.
- We held an information workshop on World No Tobacco Day.
- We engaged the services of the Smoking Cessation Officer to give an information session at induction training for all new staff medical and non-medical.
- We reviewed our documentation and included a section on the benefits of quitting on our SIVUH Newsletter.
- All letters to GP's have it highlighted that the SIVUH is a smoke free hospital campus.
- All letters generated from HR have reference to the SIVUH as a Smoke Free Hospital Campus.
- Staff were reminded that NRT is available to all staff who wish to quit plus the services of Occupational Health and referral to the Smoking Cessation Officer plus Quit.ie.
- NRT is available for patients while inpatients.
- Information on Quit services is available on OPD TV's. Quit pocket cards are available throughout the hospital.
- A walkabout took place using the walkabout tool for compliance monitoring.
- Information is included in the policy for external contractors.
- We identify all service users who smoke on admission, give them information on TFC. Nursing metrics will be reviewed through our linkage with Nurse Practice Development/ Training and Development.
- Complaints in relation to smoking on the hospital campus are monitored via our National Incident Report Form and the SIVUH Complaints Co-Ordinator.

What comes next or what have we still to do:

We plan to ring-fence an annual budget allocation to TFC policy implementation; roll out Making Every Contact Count training to staff, continue to incentivise smoking cessation to staff. We will continue to hold meetings of the Smoke Free Hospital Group which is an active working group. We will continue to audit the hospital grounds using the HSE Tool and monitor using the NIRF. Smoking cessation services will continue to be available to staff and staff will be reminded of same.

Some challenges & successes we identified:

The use of the GNTH audit tool helped us to identify the resources we require for effective implementation of the policy. Throughout this process, we identified the need for an annual budget allocation. However, through the strong governance and expertise of the SFC group, we were successful in accessing funding to replace TFC signage and incentivised quitting by staff. We have no on-site health promotion/smoking cessation support but through an established partnership with Miriam O'Shea Health Promotion/Smoking Cessation Officer HSE we reviewed/updated our SFC policy and were able to provide intensive smoking cessation support to our service-users through her clinics or via www.QUIT.ie

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Tobacco Litter – an innovative way of raising the issue with Hospital staff

Declan Kelly, Mary Ryan (Business Manager) & Aileen Scott (Senior Health Promotion Officer)
St Luke's General Hospital, Carlow/Kilkenny

Who are we, and what is our bursary application highlight?

We represent staff from **St Luke's General Hospital, Carlow Kilkenny** and our bursary 'application highlight' that we would like to share with you, is how we tackled tobacco litter on our hospital campus.

How did we go about this?

Senior Management at St Luke's Hospital are committed to the implementation of Tobacco Free Campus (TFC) policy and our TFC working group agree that all staff have a key role as role-models of good behaviour. We used the bursary process to address policy non-compliance by staff and the resulting tobacco litter on our campus.

What did we change?

- We took some photos of tobacco litter in staff areas on our campus and included these photos in an email to all staff reminding them of our TFC policy, as well as highlighting the potential health & safety (including fire hazard) risks of this litter.
- We also asked staff to consider tobacco litter from the perspective of the support staff, who had to collect this litter.
- We arranged a clean-up day and again we circulated an email to all staff with photos of the cleaned areas and a message of thanks to those who had assisted.
- This series of emails to staff generated much discussion and evoked quite an emotional response from staff, which very much raised the profile of TFC within the hospital and has highlighted the HSE Values in Action behaviour 'Am I putting myself in other people's shoes'.
- We increased the amount of TFC signage erected in the hospital and have added the contact details of the Quit support team on these signs. There is also information on www.quit.ie available on digital boards in out-patients waiting areas.

What comes next or what have we still to do?

- We will continue to monitor policy compliance through regular, visible visits, particularly to problem areas on site.
- Our working group will continue to keep TFC high on the agenda for all staff in the hospital to give a strong message that 'TFC is here to stay'. This will be re-enforced by annual participation in awareness campaigns such as National No Smoking Day on Ash Wednesday, World Health Organisation No Tobacco day on May 31st.
- These will in turn, be backed up by our own local initiatives such as the staff smoking cessation support service and 'Stoptober' – a month-long awareness campaign that we ran in October 2018, which we plan to run again in October 2019 and in future years.
- We will continue to increase the number of staff being trained in MECC, so that tobacco addiction will be treated as a care issue by all clinicians and healthcare workers and to ensure that we continue to signpost our service users to Quit.ie, so that they can quit successfully.
- In doing so, we hope over time, to equip all staff regardless of their role in the organisation, with the language and tools to discourage tobacco use and to encourage their colleagues or services users to seek the support services that are available to quit smoking.

Some challenges & successes we identified:

A recent site walk-about showed only a small amount of re-occurrence of disposed cigarette litter in staff areas; this initiative really engaged staff by raising the profile of TFC in the hospital and creating a revitalised momentum within the hospital for TFC. We also interviewed a member of our stores staff, who is very well known across the hospital, and was willing to share his experience of quitting with the help of our staff 'Smoking Cessation support initiative' in 2018. We will use 'Billy's story' to encourage others and remind them of the benefits to quitting.

One of our main challenges is that we have no identified onsite personnel to provide smoking cessation support to staff/patients. Another challenge is that some staff members are still reluctant to address smoking on the campus; in an effort to support staff in these situations, the TFC working group devised a number of key questions/supportive statements that can be used in various situations, along with directing them to the MECC training programme.

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Maximising Smoking Cessation Support for patients in SVUH

Ailsa Lyons (Head of Preventive Medicine and Health Promotion), Kirsten Doherty (Health Promotion Officer), Caroline Walsh (Health Promotion Officer) & Laura Kinsella (Health Promotion Professional)
St Vincent's University Hospital, Dublin 4

Who are we, and what is our bursary application highlight?

We are the staff from the Department of Preventive Medicine and Health Promotion in **St Vincent's University Hospital (SVUH)** who deliver a comprehensive Smoking Advice Service for inpatients, outpatients, staff and the local community through the provision of one-to-one and group smoking cessation services. Additionally we deliver information, workshops and training to staff on the smoke free campus policy, importance of brief interventions, use of Nicotine Replacement Therapies and referral to our intensive smoking cessation support services. Our bursary application highlight is maximising smoking cessation support for patients in SVUH.

How did we go about this?

- We brought the findings from our latest SFC policy audit to relevant managers and committees and agreed a plan to address the need to increase the promotion of our smoking cessation support services and improve support to quit and referral to services by staff.
- We delivered presentations on the Smoke Free Campus Policy and the Smoking Advice Service to nursing students.
- We facilitated workshops including information on the Smoke Free Campus Policy, smoking cessation, and the Smoking Advice Service to incoming medical interns.
- On World No Tobacco day, in partnership with the Irish Cancer Society, we facilitated information stands on the Smoke Free Campus Policy and the Smoking Advice Service for hospital outpatients, visitors and staff.
- We promoted the Smoking Advice Service to all those that attended the SVUH annual Health Fair (staff, visitors, and patients).
- We updated the SVUH website and intranet information on the Smoke Free Campus policy.
- We updated an information leaflet on Smoke Free Campus.

What did we change?

We raised awareness around the importance of 'Treating Tobacco Dependence' among clinical staff and service users, improved staff skills and knowledge, improved communication tools and re-engaged management in SFC policy implementation.

What comes next or what have we still to do?

We will continue to work with clinical staff to improve their skills and knowledge and support the completion of online and face-to-face MECC brief intervention training for SVUH staff. We will use our bursary funding to develop and deliver a comprehensive communication strategy to re-launch awareness of the roles and responsibilities of all SVUH staff in implementing SFC policy and building compliance.

Some challenges & successes we identified:

Engaging staff in addressing policy non-compliance remains a challenge ten years after SFC policy implementation in SVUH. Ensuring representation from all disciplines in the SFC committee is crucial to getting and maintaining engagement.

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How a Mental Health Unit Engaged Staff in Make Every Contact Count Training

*Dr Yolanda Ferguson (Clinical Director of Psychiatry), Sharon Byrne (CNM3) & Aine Buggy (Health Promotion & Improvement HSE)
Tallaght University Hospital Approved Unit*

Who are we, and what is our bursary application highlight?

We represent the 'Fresh Air framework group' that oversees the implementation of the Tobacco Free Campus Policy in the **Approved Mental Health Unit in Tallaght University Hospital**. Our bursary application highlight identifies our positive role in supporting staff to engage in Make Every Contact Count (MECC) Training.

How did we go about this?

The Fresh Air group coordinates the development, implementation and monitoring of the Tobacco Free Campus policy in line with the Global Quality Standards. Training of staff in the skills and knowledge to support tobacco users to quit was identified by management as a key priority in the implementation of the Tobacco Free Campus Policy. TUH was one of 3 pilot sites chosen to implement the national pilot for the Physical Health Assessment pro-forma for inpatient services. The pro-forma has three elements to it, a General observations module, a physical examination module and a lifestyle behaviours assessment module. Staff were required to complete the MECC training in order to support the delivery of this intervention on the units. It was agreed that Make Every Contact Count on-line training would become mandatory.

What did we change?

- Developed awareness of the physical health needs of our service users through staff education sessions.
- Use of MECC promotional materials i.e. posters and leaflets in patient and staff area.
- A Gantt chart was developed by the Fresh Air Group (linked to each of the 8 standards) and utilized to map progress in overall tobacco free campus policy planning, including Make Every Contact Count.
- Management communicated a clear consistent message to all staff stating that online MECC training was mandatory.
- Staff were supported to complete the online training during work time if required.
- Staff were provided with time in lieu for online training or face to face training, where necessary.

What comes next or what have we still to do?

Currently 100% of nursing staff have completed the online Make Every Contact Count training. We will continue to get staff trained in the MECC face to face module.

Some challenges & successes we identified:

Through management support, we have successfully provided all nursing staff on the unit the opportunity to complete the online MECC training. Further support will be required for staff to attend the MECC face to face training.

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Developing Site-specific Posters to support Tobacco Free Campus

*Pamela Normoyle (Flu Vaccine Lead), Colette Walsh Smoking Cessation Advisor) & Caroline Murray (Health Promotion & Improvement Officer)
Galway University Hospital, Galway*

Who are we, and what is our bursary application highlight?

We represent staff from **Galway University Hospital**, and our bursary application highlight is how we developed site-specific posters to support Tobacco Free Campus (TFC).

How did we go about this?

The TFC steering group at GUH are constantly trying to come up with new ways of getting the message across to patients, visitors and staff, that the hospital campus is tobacco-free. In 2019, we decided to develop new posters, which would be displayed on campus for this purpose.

What did we do?

- The TFC steering committee, in conjunction with a design company, produced 2 new posters for display on the campus; 1 for display in general areas, and 1 for display in the maternity unit.
- We decided on a key message for each poster and we also included QUIT information to signpost those who are interested in quitting smoking.
- We rotate the posters on a regular basis, in order to refresh the message of TFC for patients, visitors and staff.

What comes next or what have we still to do?

We now want to develop a communications plan to keep the message of TFC fresh and ongoing – this is crucial for the sustainability of TFC.

Some challenges & successes we identified:

We are working to get the role of cessation officer increased to fulltime to meet demand and we will continue to monitor policy implementation and look for creative ways of addressing policy non-compliance.

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