GLOBAL NETWORK
FOR TOBACCO FREE
HEALTHCARE SERVICES

USER MANUAL

GLOBAL NETWORK ONLINE SELF-AUDIT TOOL

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THE NEW GLOBAL NETWORK ONLINE SELF-AUDIT TOOL

The Global Network of Tobacco-free Healthcare Services is pleased to announce the availability of its new Online Self-Audit Tool.

The tool aims to facilitate implementation of the Global Network Standards by providing a platform for recording and reviewing healthcare service performance against the Standards and enabling benchmarking with other services.

The Global Standards address key elements known to be important in achieving outcomes for effective tobacco management and tobacco cessation within healthcare services. Each standard is supported by implementation criteria (specific structures and processes) to help guide healthcare services in achieving implementation and monitoring progress.

This document provides a guide for the use of the new Global Network Online Self-Audit Tool, outlining the steps in:

- Gaining access to the tool
- Entering and submitting audit data
- Generating reports to inform your planning and improvement processes.

The Guide also includes **Frequently Asked Questions** to help you gain the most from the tool and the self-audit process.

Trouble shooting and contact details

If you have read this guide and still need help gaining access to or using the online self-audit, please contact the Coordinating Centre on info@tobaccofreehealthcare.org

1. ABOUT THE GLOBAL NETWORK SELF-AUDIT PROCESS

The annual self-audit and planning process is central to the Global Network concept, enabling healthcare services to assess their performance against the Global Standards and plan for ongoing systematic improvement, including establishing priorities and allocating appropriate resources. For regional networks, it also provides a means of benchmarking with other healthcare services.

FIGURE 1. The self-audit process supports continuous improvement for tobacco-free healthcare

The Global Network self-audit is an in-depth process requiring input from those responsible for the various aspects of implementation. This may include:

- senior executives and policy makers
- clinical leaders and clinicians
- those responsible for signage and environmental management
- educators
- those responsible for staff health including occupational health and safety personnel
- communication personnel
- health information personnel
- and others depending on the accountabilities within your health service.

The person(s) mainly responsible for the tobacco management policy take the lead in facilitating these inputs, which may take significant investigation, particularly when completed for the first time.

Completion of the self-audit is guided by template documents made available through the Global Network (Figure 2). The self-audit templates can be downloaded from the website in several languages (Figure 3). Information and evidence about the status of implementation is gathered and summarised and the implementation status is then scored for each criterion - from 0 (no implementation) to 3 (full implementation) and the maximum possible score is 144. General statements about planning actions resulting from the assessment are also documented, which can then be explored in more detail in the planning process.

Once completed, audit results can be entered to the NEW online self-audit tool in order to submit results to the Global Network and access reporting functionality.

FIGURE 2. Templates guide the self-audit process

Global Network Self-Audit Questionnaire and Planning Template

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 implemented 1 = Less than half implemented 2 = More than half implemented 3 = 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** **Summarize the actions flowing from the audit process for each criterion** *(These will inform a more detailed planning process)*
1.1 The healthcare organisation has clear policy documents towards the implementation of the GNTH Global Standards.	1.1.1 Policy documents of the healthcare organisation show commitment to implement all GNTH Global Standards.		☐	☐	☐	☐	
1.2 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.	1.2.1 The healthcare organisation prohibits the acceptance of tobacco industry sponsorship and funding.		☐	☐	☐	☐	
	1.2.2 The healthcare organisation prohibits the sale of tobacco products and associated devices/e-cigarettes.		☐	☐	☐	☐	
1.3 The healthcare organisation identifies clear accountability for all levels and aspects of policy implementation.	1.3.1 A senior manager has responsibility for the implementation of the tobacco-free policy.		☐	☐	☐	☐	
	1.3.2 Accountability is assigned at all levels and for all aspects of policy implementation.		☐	☐	☐	☐	
1.4 The healthcare organisation's staff employment documents (including subcontracts and documents with other agencies that work within the healthcare organisation) require commitment by all staff to the organisation's tobacco-free policy.	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.		☐	☐	☐	☐	

FIGURE 3. Audit templates are available for download in 19 languages

Downloads and translations

The Global Network Self-audit Tool is available in 19 languages. These are available to download by clicking on your language below.

For instructions on how to complete a self audit please refer to the self audit overview.

Once you have completed the self-audit, enter your results in the NEW online self audit tool.

ARABIC	ESPAÑOL	KOREAN
AUSTRIAN-GERMAN	ESTONIAN	NORWEGIAN
CATALAN	FINNISH	ROMANIAN
CHINESE	FRENCH	SWEDISH
CZECH	GERMAN	SWISS GERMAN
DUTCH	GEORGIAN	

2. FEATURES AND FUNCTIONS OF THE ONLINE SELF-AUDIT TOOL

The online self-audit tool has a number of interactive features and functions to support your health service's tobacco free journey. These are described briefly below, with further detail provided in the next section.

Members have access to the full range of functions. Non-members may use the tool to enter and report on a single audit (see Figure 4).

Your audit dashboard

This is the central go-to area for accessing the audit tool functions. It guides access to the functions described below and shows the status of data entry for your current audit.

Audit data entry

Audit data can be entered for the current year and submitted to the Global Network to meet the annual audit obligations for members.

Audit results from past years (from 2016 onwards) can also be entered in order to build a performance history and monitor improvement over time.

Recognition

Members who submit their data via the online self-audit tool receive recognition of their level of achievement in the form of a logo that they can display through the service communications.

Reporting

Based on the audit data entered, the tool provides the following reporting functions:

- **Implementation report:** This report shows your current level of implementation for each standard compared to the maximum score.
- **Improvement report:** This report enables you to compare your performance over time including a comparison of results for each standard and a percentage change in performance.
- **Benchmarking report:** This report benchmarks your performance against healthcare services in your country. It also shows all scores in relation to Bronze (more than 26), Silver (more than 112) and Gold levels (more than 126), in relation to the maximum score of 144.

Updating your profile (members only)

In signing up to use the online self-audit tool, members create a profile in the Global Network system. This stores your audit data and membership details. Members can update their contact details via the 'update my details' function.

FIGURE 4. Functionality for members and non-members

Online audit functionality	Member	Non- Member
Immediate access – no waiting for approval	✓	✓
Unlimited access to the online audit tool for audit data entry	✓	X
Summary of your current audit results	✓	✓
Enter and compare previous years' audit results	✓	X
Benchmark results against healthcare services in your region/country	✓	X
Meet your membership requirements by submitting an annual audit	✓	X
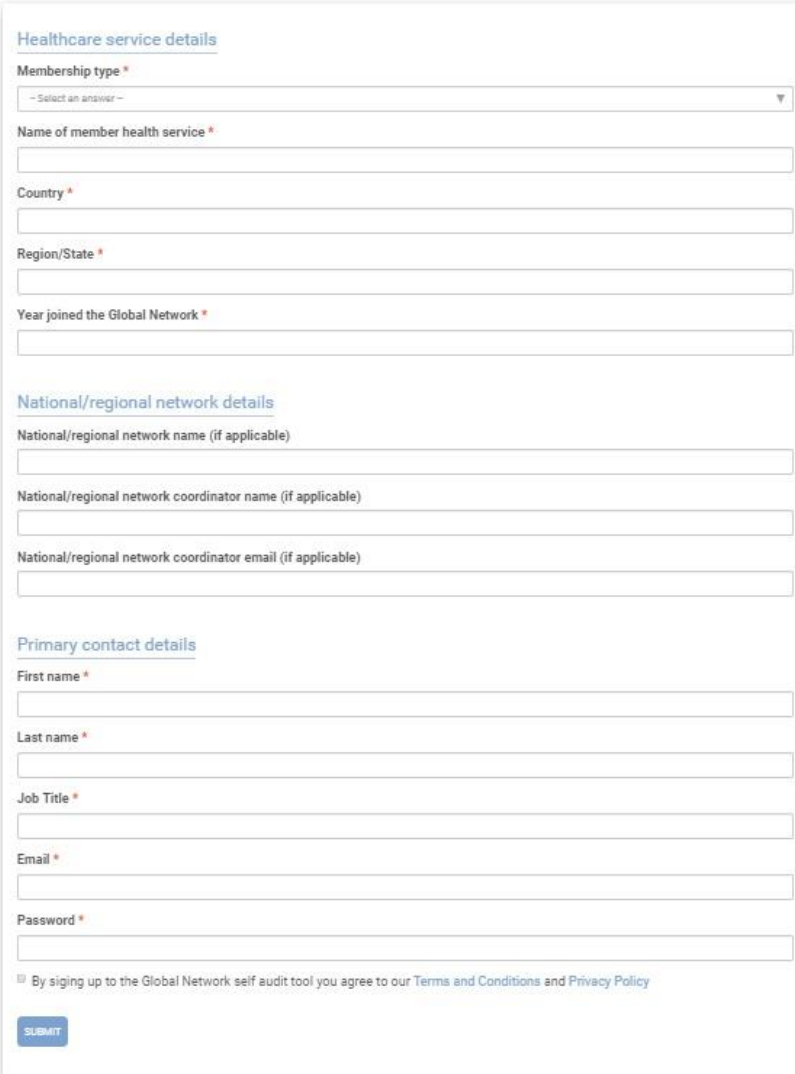
3. GETTING STARTED – ACCESSING THE ONLINE SELF-AUDIT TOOL

3.1 SIGNING UP

For initial access, both member and non-member healthcare services sign up using the relevant forms provided on the 'online audit' page. The fields in this form include details about your membership status to create a member profile in the CRM. Providing an email address and password will enable you to access the online self-audit after the email verification process is complete (see 3.2 below).

N.B. Regardless of whether you are a member or non-member, each sign up form is **limited to one primary contact per health service** due to the risk of over-riding data entered initially by the primary contact.

FIGURE 5. Members and non-members sign up using the web-based forms

3.2 EMAIL VERIFICATION

Once the registration form has been submitted, you will receive an email which includes a link to verify your email address. Please click on this link and follow the instructions to log in to the audit dashboard by selecting the member or non-member buttons (see Figure 6).

FIGURE 6. Once verified, members and non-members follow relevant links to complete login

FIGURE 7. The login page for access to the online tool

3.3 WELCOME TO THE YOUR AUDIT DASHBOARD

Your audit dashboard will display each time you login. It is set out in three parts providing access to the three main audit functions available for members. Non-member functions are limited to data entry and reporting for a single audit.

FIGURE 8. The audit dashboard page

4. ENTERING YOUR AUDIT DATA

The audit dashboard directs you to the area to enter your current year audit data or your previous years' data (Figure 9).

FIGURE 9. The audit data entry options on the dashboard page – current audit or past audits
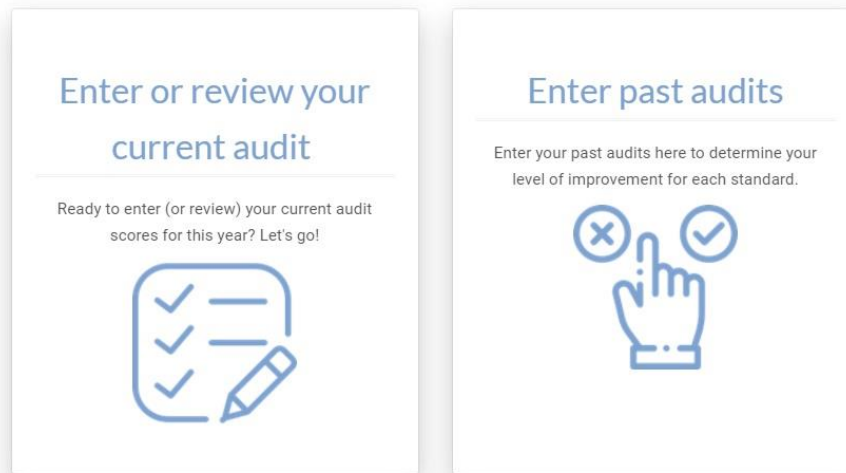
4.1 ENTERING & SUBMITTING CURRENT YEAR AUDIT DATA

Audit data for each standard is entered via a separate page. The dashboard guides you in accessing these pages and indicates whether data entry is complete (GREEN) or incomplete (ORANGE) for each standard (Figure 10).

FIGURE 10. Dashboard indicating status of data entry – GREEN (complete), ORANGE (incomplete)

To enter the data for a particular standard, click on the relevant tile and you will be taken to the data entry page (Figure 11). For each criterion, click on the relevant score (0 to 3).

If you have not completed data entry for a particular standard, you can "Save progress" and return to this page at a later date via the dashboard.

When you have completed data entry for that standard, click 'view result' to view the subtotal score and the percentage of implementation for that standard (Figure 11, 12).

FIGURE 11. Each Standard has a separate page for data entry

When all the standards are complete i.e. all 'green', you will be directed to the *Summary of current audit results* page (Figure 13). This enables you to check that all your data has been entered correctly. At the bottom of that page, you will see an invitation to submit this audit score to the Global Network. This button also submits your audit score to your country or regional network if applicable. When this is submitted, you will be directed to a page indicating your level of achievement (members only) and a logo if your total score was above 26 points (Figure 14).

FIGURE 12. Screen showing subtotal score for a particular standard
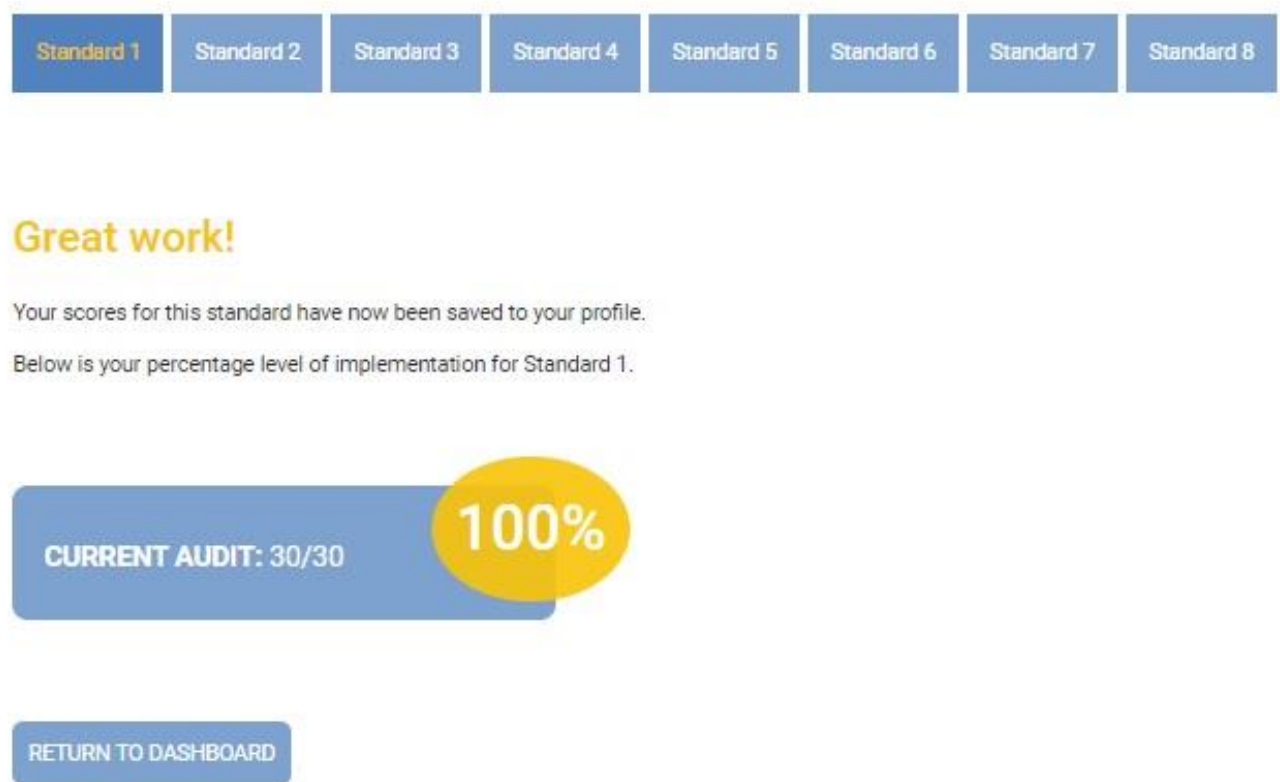
FIGURE 13. "Summary of Audit Results" page generated when all audit results are entered.

Online audit dashboard | Enter past audit scores | Summary of current audit results | Update Your Profile

Summary of current audit results

Congratulations you have completed your audit!

- Below is a summary of your audit score results for each Global Standard and the total score.
- To view your achievement level status and logo, submit your results to the Global Network Coordinating Centre (and Network Coordinator, if applicable) by selecting the submit button below.

Return Home

Name of member healthcare service

Torquay Health

National/regional network name (if applicable)

Victoria Network of Smokefree Healthcare Services

Standard 1 - Governance and commitment (max. score of 30)

30.00

Standard 2 - Communication (max. score of 9)

9.00

Standard 3 - Education and training (max. score of 12)

6.00

Standard 4 - Identification, diagnosis and tobacco cessation support (max. score of 30)

22.00

Standard 5 - Tobacco-free environment (max. score of 21)

17.00

Standard 6 - Healthy workplace (max. score of 15)

13.00

Standard 7 - Community engagement (max. score of 12)

10.00

Standard 8 - Monitoring and evaluation (max. score of 15)

13.00

Total Score (max. score of 144)

120

Here is your total result (120)/144

SUBMIT AUDIT RESULTS TO THE GLOBAL NETWORK

FIGURE 14. Confirmation of audit submission and level of achievement

4.2 ENTERING PAST AUDIT DATA

Click on the button 'Enter past audit data' in the first row of your audit dashboard and enter your past audit scores against the 8 standards.

Select the audit year (circled in red) using the drop-down field and fill in the scores for each standard. When you have completed data entry for that audit year, click 'submit past audit result' circled below. You will now be able to access the improvement reports (see 5.2 for details).

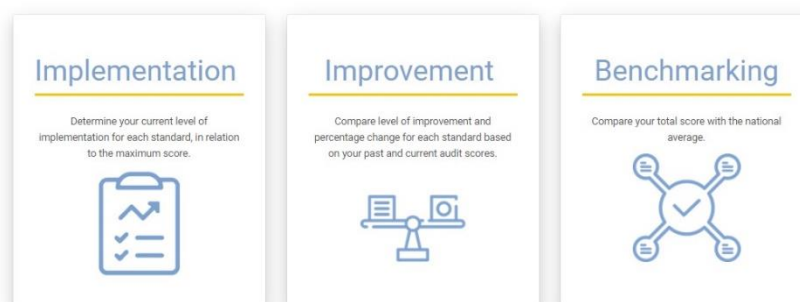**FIGURE 15. Entering past audit data**

5. GENERATING REPORTS

Members can access reporting functions via the audit dashboard after submission of their current year audit results (Figure 16).

FIGURE 16. Reporting options available via the Audit Dashboard (following submission of current year audit)

5.1 IMPLEMENTATION REPORT

Once data entry is completed for the current year audit, <u>and submitted to the Global Network</u> you can run an "Implementation Report" which shows the percentage of implementation for each standard (Figure 17). If you have also entered data from previous years, this will also show up in the report (Figure 18). This report is accessible for both members and non-members, however non-members can only enter a single audit.

FIGURE 17. Implementation Report showing percentage implementation for each of the 8 standards for current year

Implementation report

Based on your current year audit results, the following table shows the level of implementation achieved for each standard compared to the maximum score.

To find out how you improved from previous year audits, access the improvement reports here.

	Maximum Value	2019 Audit	Percent level of implementation
Standard 1: Governance and commitment The healthcare organisation has clear and strong leadership to systematically implement a tobacco-free policy.	30	30	100%
Standard 2: Communication Communication The healthcare organisation has a comprehensive communication strategy to support awareness and implementation of the tobacco-free policy and tobacco cessation services.	9	9	100%
Standard 3: Education and training The healthcare organisation ensures appropriate education and training for clinical and non-clinical staff.	12	8	67%
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.	30	23	77%
Standard 5: Tobacco free environment The healthcare organisation has strategies in place to achieve a tobacco-free campus.	21	17	81%
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.	15	13	87%
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.	12	11	92%
Standard 8: Monitoring and evaluation The healthcare organisation monitors and evaluates the implementation of all the Global Standards at regular intervals.	15	13	87%
Total	144	124	86%

FIGURE 18. Implementation Report showing percentage implementation for each of the 8 standards

Graph 1 - Yearly comparison
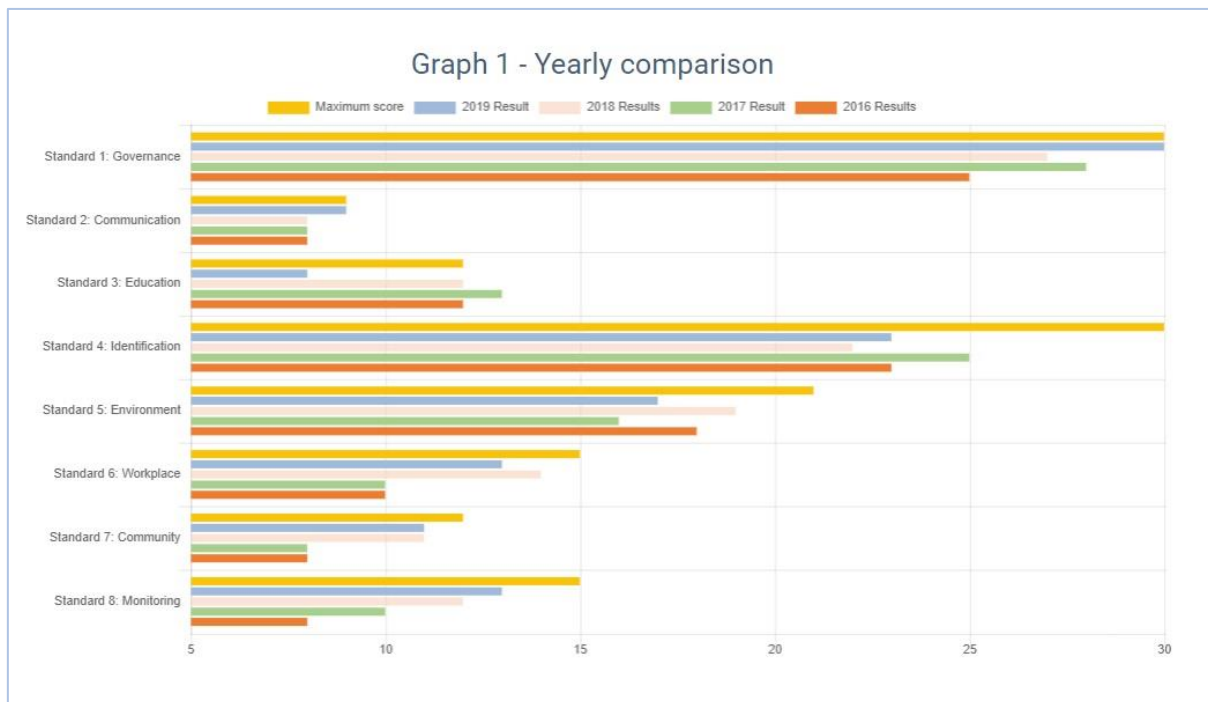
5.2   IMPROVEMENT REPORT

After entering past audit data, members can also view the "Improvement Report", which shows percentage change for the current audit compared to the previous audit. This is helpful for identifying areas of particular improvement and where performance has slipped (Figure 19).

FIGURE 19. Improvement Report showing percentage change in performance

Graph 2 - Percentage change between 2018 and 2019 self-audit
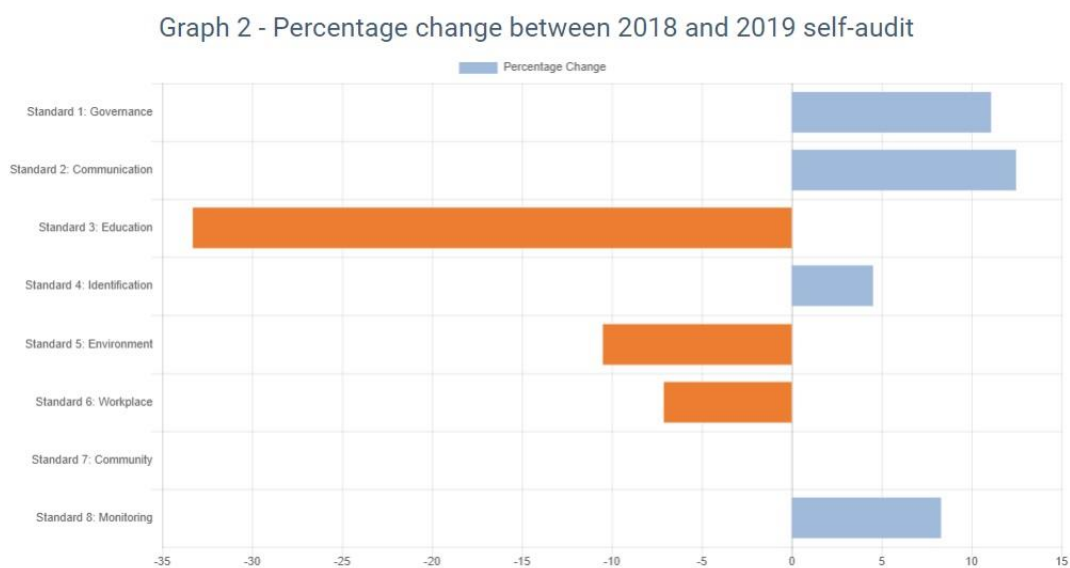
5.3 BENCHMARKING REPORT

Members can also view the "Benchmarking Report" after submitting their current year audit results to the Global Network, which shows their audit result compared to other healthcare services in their country. Results are taken from current year audits (Figure 20).

The benchmarking report is currently set to display a maximum of 50 healthcare services (or data points) for your country. When the number of submitted audits becomes greater than the maximum data set, the graph shows the lowest and highest score from other audit submissions, the overall trend in between as well as your result/position (in orange).

FIGURE 20. Benchmarking Report showing member audit result compared to other healthcare services in their country
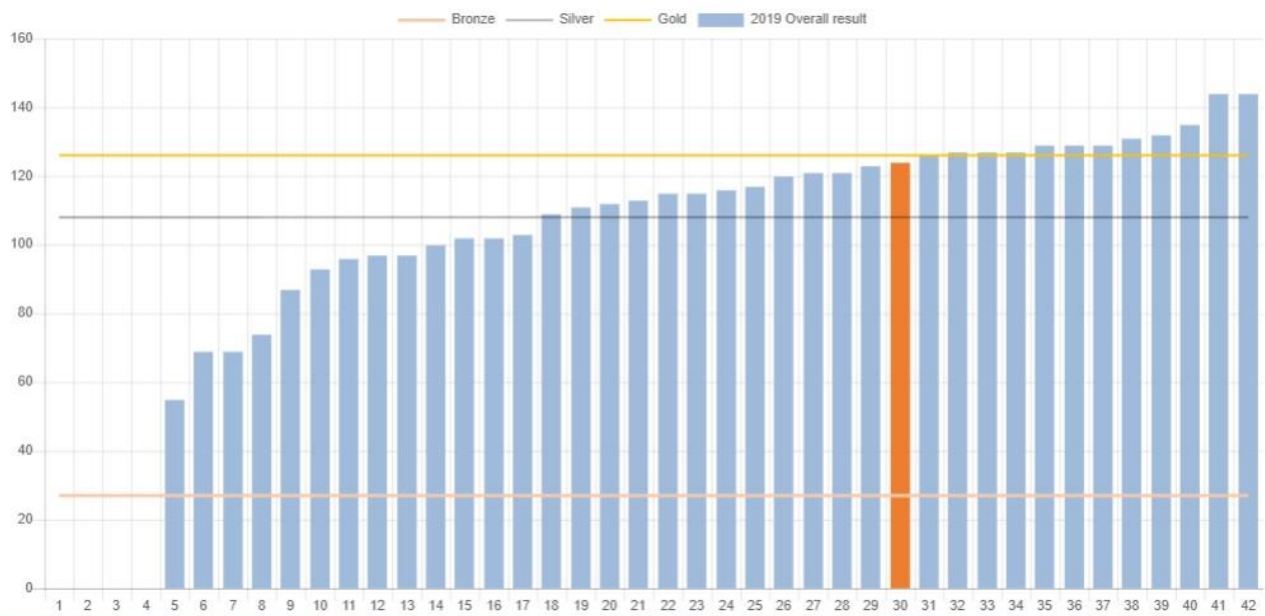
6. FREQUENTLY ASKED QUESTIONS (FAQS)

Q. Why should I complete the self-audit template before using the online tool?

The self-audit online tool is intended as a data entry and reporting tool only. It is recommended to be used once you have completed the self-audit process using the more detailed audit template, which is provided in 19 different languages.

Q. Will the audit results that I have previously submitted be available through this new system?

No, the previously submitted data will not be loaded onto the system, however we encourage you to load this yourself so that you have access to your performance history (see Section 4.2 of this guide).

Q. I completed an audit late last year (2018). Can I enter this as my 'current year' audit (2019)?

Yes you can. In fact we recommend that you do this so that you can access the reporting functionality.

Q. Can I amend my audit results once they have been submitted?

Audit results are not able to be amended once submitted to the Global Network. If you have made a mistake with entering your data, contact the Coordinating Centre (info@tobaccofreehealthcare.org) for assistance.

Q. Why am I only able to submit one current year audit to the Global Network?

The Global Network accepts formal submission of one audit annually. This meets the member obligation and also ensures the online benchmarking process can be conducted effectively. You can however enter as many audits as you wish to support your own improvement work. Once your current year audit results have been submitted to the Global Network, your audit dashboard automatically becomes a "practice" area so any additional audits conducted do not override your official audit scores and total result.

Q. Can I download my reports in pdf?

Those who submit reports to the Global Network will receive a summary of their results via email, including your achievement level status and logo. The system does not currently provide pdf downloads.

Q. I am a non-member and have submitted my online audit results to the Global Network - why did I not receive an achievement level logo?

This is one of the many benefits of becoming a member of the Global Network. To find out more about becoming a member, click here to join!

7. GLOSSARY

The following definitions are to be used in interpreting the Global Network Standards. The terms are taken directly or adapted from those used in the **WHO FCTC**[1] and specifically in the **FCTC Art 14 Guidelines**[2]

- **"Associated devices":** means any device manufactured for the purpose of either delivering nicotine or imitating smoking (ie shisha, nargile hookah, water pipes and E-Cigarettes or electronic nicotine delivery system (ENDS) or personal vaporizer (PV) which is a battery-powered vaporizer that simulates the feeling of smoking, but without tobacco combustion);

- **"Healthcare services":** means settings in which healthcare professionals deliver health services for the promotion of health, prevention of illness and the treatment of disease and ill health.

- **"Promotion of tobacco cessation":** means approaches that contribute to population-wide measures to reduce tobacco prevalence."

- **"Tobacco addiction/dependence":** means a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated tobacco use and that typically include a strong desire to use tobacco, difficulties in controlling its use, persistence in tobacco use despite harmful consequences, a higher priority given to tobacco use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state;

- **"Tobacco advertising and promotion":** means any form of commercial communication, recommendation or endorsement by or on behalf of the tobacco industry;

- **"Tobacco cessation services":** means the provision of behavioural support or medication, or both, to tobacco users to help them overcome their addiction/dependence and stop their tobacco use;

- **"Tobacco cessation":** means the process of stopping the use of any tobacco product or associate devises with or without assistance and with the intention to remain tobacco free;

- **"Tobacco control/prevention":** means a range of supply, demand and treatment strategies that aim to improve the health of a population by eliminating or reducing their consumption of tobacco products or the use of associated devices and exposure to second-hand smoke and e-cigarette vapor;

- **"Tobacco industry":** means growers, tobacco manufacturers, wholesale distributors and importers of tobacco products and associated devises;

- **"Tobacco management":** means an agreed method of implementing a tobacco-free policy to deliver safe quality care in relation to tobacco;

- **"Tobacco products":** means products entirely (such as nicotine) or partly made of the leaf tobacco as raw material which are manufactured to be used for smoking, sucking, chewing or snuffing;

- **"Tobacco sponsorship":** means any form of contribution to an event, activity, research or individual by or on behalf of the tobacco industry;

- **"Tobacco user":** means a person who uses any tobacco product or associated devises as defined above regardless of frequency of use;

- **"Tobacco-free policy":** means a set of guidelines or principles adopted by the healthcare organisation to address all matters related to tobacco use;

- **"Tobacco-free":** means to improve population health within healthcare settings by treating tobacco addiction/dependence as part of routine healthcare, denormalising tobacco use, prohibiting all tobacco products and associated devises and eliminating exposure to second-hand smoke and e-cigarette vapor;

1 Framework for Convention on Tobacco Control; http://www.who.int/fctc/publications/en/

2 Guidelines for implementation of Article 14; http://www.who.int/fctc/treaty_instruments/adopted/article_14/en/