



# Taiwan Adventist Hospital

## Pei-Hsuan Weng

### ENSH Gold Forum 2012

## 1. Engagement

1. Preventive medicine is an important service in this hospital. We have smoking cessation service since 1965.
2. The Superintendent of the hospital serves as the chairman of the Health Promotion Committee to supervise the development and implementation of the tobacco-free policies.
3. Chiefs of different departments comprise the ENSH group. The Medical Deputy Superintendent serves as the chairman of the ENSH group, working with chiefs of all related departments to implement all ENSH standards.
4. The Stop Smoking Education Unit comprises 2 health educators, 9 volunteers working toward a tobacco-free environment, and 3 lecturers assisting in the smoking cessation group. Led by Dr. Wu, this unit is responsible for monitoring the promotion of a tobacco-free environment, smoking cessation, and policy planning.

## 2. Communications

1. The chiefs in the ENSH group are responsible for achieving these standards.
  2. The hospital's Administrative Council delivers tobacco-free messages.
  3. When training newly hired employees, the Human Resources Division introduces the tobacco-free policy and implementation status.
  4. The contract with the outsourcing agency states the no-smoking policy in the hospital. The outsourcing agency will be subject to fines if its staffs smoke near the hospital.
  5. No smoking signs are displayed at every entrance of the hospital. The admission information states the no smoking policy of the hospital. We announced no-smoking area information in all patient rooms. Nurses will inform hospitalized patients, their families, and caregivers not to smoke in the hospital.
  6. Information regarding smoking cessation services is posted on hospital's bulletin boards and the website.
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## 3. Training and Education

1. Managers of every department instruct their staff on the hospital's no smoking policy and the corresponding actions.
2. Head nurses instruct nurses to inform patients, patient families, and caregivers to comply with the hospital's no smoking policy, and to report any disallowed smoking behavior.
3. Physicians, health educators, and nurses who provide first-line care to patients are trained to ask about smoking status, give advices to stop smoking, and refer to smoking cessation services.
4. Before providing tobacco cessation services, physicians and health educators receive professional training and obtain certificates.

## 4. Identification and Tobacco Cessation

1. It is mandatory that every patient's smoking status is entered into the system. Physicians see the patients' smoking status, advise patients to quit smoking, and refer patients to cessation services.
  2. Inpatients' smoking status is checked by nurses and inputted into the system.
  3. The system also records information regarding passive smoking, which alerts physicians when facing high-risk patients, e.g. coronary artery disease or asthma. Entry of passive smoking is a mandatory procedure for OBGY patients and all patients aged below 6.
  4. The hospital provides outpatient tobacco cessation services. Two full-time educators offer counseling services. Outpatients can be referred through the computer system by physicians or nurses.
  5. Tobacco Cessation Educators visit every hospitalized smoker actively. About 1/3 inpatients visited want to quit, and about 45% of them stop smoking 1 months after discharge.
  6. Inpatient smoking cessation services adopt motivational interviewing and single counseling services, and these patients receive follow-up at 2 weeks and 1 month after discharge.
  7. Patients receiving smoking cessation services are followed-up for 1 year. The point prevalence cessation rate at 1 year of outpatient service is approximately 35 %, and the figure of the smoking cessation group is around 45-50 %.
  8. The hospital posts tobacco cessation information on its web site, the Internet, television channels, and YouTube.
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## 5. Tobacco Control

1. According to the Tobacco Hazards Control Act in Taiwan, smoking is prohibited in the internal and external areas of hospitals.
2. All kinds of tobacco use are advised to quit. But we only help cigarette smokers to quit in our group.
3. Every morning from Monday to Friday, and every afternoon from Monday to Thursday, our volunteers spend 1-2 hours picking up cigarette butts and advice the offender not to smoke in hospital area and emphasize it is not allowed. Volunteers find 10 butts and 1 infringement per day in average.

## 6. Environment

1. No smoking signs are displayed at every entrance of the hospital.
  2. In-hospital announcements regarding the no smoking policy were distributed regularly every day.
  3. Guards and volunteers working to establish a tobacco-free environment conduct regular inspection tours. When they encounter smokers in the hospital, they inform the smokers of the no smoking policy and encourage them to quit smoking. In addition to the cleaning personnel who help to maintain the environment, volunteers also help clean and count the number of cigarette butts.
  4. No smoking signs are placed where people smoke or cigarette butts are found.
  5. Visitors are encouraged to report any smoking behavior to guards or employees of the hospital.
  6. The tobacco hazards prevention program of the hospital clearly states the hospital's no smoking policy. Selling or advertising cigarettes is also prohibited in the hospital. The hospital declines any donations from tobacco companies
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## 7. Healthy Workplace

1. Health promotion and preventive medicine have long been emphasized in the hospital, and we spare no effort to establish a health-promoting hospital.
2. Maintaining a tobacco-free environment and encouraging smoking cessation are the hospital's goals, and the Stop Smoking Education Unit in the hospital has been devoted to this mission.
3. The Human Resources Division informs every newly hired employee of the hospital's no smoking policy.
4. The hospital conducts an annual survey of smoking status among employees. The Human Resources Division enquires regarding the smoking status of every new employee, and the Stop Smoking Education Unit will actively visit employees with smoking habits to encourage smoking cessation.
5. Employee work rules clearly state that smoking on hospital grounds violates hospital policy, and offenders are liable for punishment and a deduction in their annual performance evaluation. For employees who successfully quit smoking, the hospital not only offers public praise, but also reimburses them all their associated expenditures.

## 8. Health Promotion

1. Since 2002, our team members, including Dr. Wu and tutors Lin, Huang, and Tsai, started to train tobacco cessation personnel in Taiwan. Those who participated in the training included physicians, pharmacists, nurses, and staff from enterprises, schools, and correctional organizations.
  2. We assist in training newly hired and existing employees of the tobacco quitline. New employees of the tobacco quitline visit our tobacco cessation clinics.
  3. We promote tobacco hazard prevention in universities and colleges in Taiwan.
  4. We also assist in establishing smoking cessation groups for hospitals and health centers in nearby cities and counties.
  5. We delivered oral presentations: 2007 Cross-Strait Seminar on Tobacco Control; the 2008 Health Promoting Hospitals Network. Posters: 2006 World Conference on Tobacco Or Health; 2010 Asia-Pacific Quitline Network; 2011 Cross-Strait Seminar on Tobacco Control. Oral presentations: 2010 Annual Conference of Taiwan Evidence-Based Medicine Association.
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## 9. Compliance Monitoring

1. The Stop Smoking Education Unit is responsible for designing the hospital's no smoking policy, and the ENSH group serves as a communication channel facilitating cooperation among departments. The Health Promotion Committee manages decision-making and monitoring, and the Stop Smoking Education Unit reports the implementation status and proposes plans for improvements during every seasonal meeting.
2. Monitoring of the tobacco-free environment relies on inspection tours conducted by volunteers. The number of smokers and cigarette butts are important indicators when developing a tobacco-free environment. The Stop Smoking Education Unit meets with the volunteers to understand the status of policy implementation, identify improvement strategies, and reward volunteers. Referrals for tobacco cessation services from each department are regarded as an indicator of advice on tobacco cessation. The prevalence of tobacco cessation among the smoking cessation group and outpatient clinics is used to evaluate the effectiveness of tobacco cessation services. We use the indicators explained previously to monitor the tobacco cessation services.

## 10. Policy Implementation

The ENSH group conducts regular seasonal meetings to assess the implementation of the ENSH standards. We will continue to monitor the implementation, seek improvements, and communicate to achieve the ENSH standards.

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