**Healthcare Organization Gold Star Standards of Excellence Program**

**GUIDANCE DOCUMENT**

To best support healthcare organizations to participate in the Gold Star Standards of Excellence program, this guidance document provides examples of best practice answers to assist with completing the application. Each of the standards is followed by a sample answer from previous years’ applications. These sample answers provide one example of how the standards can be successfully met.

If you have additional questions or need clarification please don’t hesitate to contact us at BreatheEasy@mainehealth.org

**Tobacco-Free Policy  
Standard 1:** The healthcare organization has a 100% tobacco-free campus policy that prohibits the smoking and use of all tobacco products including cigarettes, electronic smoking devices, smokeless tobacco, snuff, chew, snus, cigars, pipes and non-FDA approved electronic nicotine delivery systems. Smoking and tobacco use by employees, patients, visitors and contractors is prohibited at all times on the healthcare organization campus, including in parking lots, in vehicles parked on campus, at all satellite sites and at other properties the healthcare organization owns and/or rents.

Requirement: **Attach the written policy** for the healthcare organization. **\*Platinum Level Requirements**

1. Must include a definition of “smoking”.
2. Must provide examples of prohibited products, including electronic smoking devices and/or other vapor products.
3. Includes prohibition of smoking and tobacco use in vehicles, parking lots and in personal vehicles parked on healthcare organization grounds
4. Includes a prohibition of smoking and tobacco use at all locations where healthcare organization employees work. The policy extends to all off-site meetings, conferences and in all healthcare organization vehicles.

**Notes:** This policy prohibits all smoking and the use of all tobacco: In all owned, leased, satellite, and affiliated buildings or at any location (onsite or offsite) where any [Healthcare Organization] staff work. On all owned or leased grounds. At all sponsored events – both indoor and outdoor. In all owned, leased, or rented vehicles, on or off grounds. In all personal vehicles parked on owned, leased, and affiliated property, including parking lots, etc. At all events hosted or organized by organization. The smoke-free and tobacco-free campus policy applies to all patients, visitors, volunteers, staff, providers, vendors, and contractors including organizers of and attendees at, public events, including but not limited to, conferences, meetings, lectures, social events, and/or cultural events using owned, leased, and affiliated property who are required to abide by smoke- and tobacco-free policy. In addition to prohibiting smoking and tobacco use and to best support smoke-free and tobacco-free lifestyles, Will not sell or distribute tobacco products and paraphernalia. Does not support advertising and promotion of tobacco products in publications. Will not accept donations from the tobacco industry, including divesting itself of tobacco company stock. Definitions A. “Smoking” means inhaling, exhaling, burning or carrying any lighted or heated cigar, cigarette, pipe or joint, or any other lighted or heated tobacco or plant product intended for inhalation, including hookahs and marijuana, whether natural or synthetic in any manner or in any form. “Smoking” also includes the use of an electronic nicotine delivery system or e-cigarette which creates an aerosol or vapor, in any manner or in any form, or the use of any oral smoking device for the purpose of circumventing the prohibition of smoking in this policy. Non-smoked marijuana products including, but not limited to, edibles and dabs are also included in this policy. B. “Tobacco” is defined as all tobacco-derived or tobacco-containing products, including but not limited to, cigarettes, cigars, little cigars, cigarillos, bidis, kreteks; all smokeless and dissolvable tobacco products, including but not limited to, dip, spit/spit-less, chew, snuff, snus and nasal tobacco; and any product intended to mimic tobacco, containing tobacco flavoring or delivering nicotine, including but not limited to, electronic nicotine delivery systems, e-cigarettes, e-cigars, e-hookahs, vape pens, or any other product name or descriptor. Or the use of any other type of tobacco or nicotine product for the purpose of circumventing the prohibition of tobacco in this policy. This does not include products specifically approved by the US Food and Drug Administration (FDA) for the purpose of cessation or nicotine replacement therapy.

**Thirdhand Smoke Policy  
Standard 2:** The healthcare organization has a policy and clearly defined procedures to reduce patient and employee exposure to thirdhand tobacco smoke. Procedures and materials are available for patient and visitor education regarding thirdhand smoke.

**Requirement:** **Attach the written policy** for the healthcare organization. Indicate how it is communicated to employees, patients, visitors and contractors. For example, tobacco smoke odor is included in the healthcare organization’s scent-free policy and/or language in the tobacco policy which prohibits employees from reporting to work with notable thirdhand smoke odor.

**Notes:** Secondhand and thirdhand smoke is addressed in the organization’s HR policies. HR06- General Conditions of Employment: “In consideration of our patients, families, guests, volunteers and employees, the use of strongly scented and fragrant products is prohibited. Exposure to strong scents and fragrances can cause discomfort for some individuals. Additionally, employees/ volunteers who smoke must keep patient and coworkers sensitivity in mind and ensure not to expose others to the odor of second hand smoke.” Employees, volunteers, students and members of the medical staff are informed of our tobacco-free and secondhand and thirdhand smoke policies by appropriate written material, administrative policy, the interview process, orientation and signage. See attached policy.

**Policy Communication and Enforcement**

**Standard 3:** Written policies and procedures exist that detail the healthcare organization’s policy (whether it is 100% tobacco-free or not) including a plan for enforcement and employee expectations. The tobacco-free policy defines staff members or departments that are responsible for enforcing the policy; including non-compliance.

**Requirement:** Include a copy of any policies/procedures that document meeting this standard with your application. **At least five** of the following strategies must be met in order to achieve this standard.

All staff are required to acknowledge in writing, on an annual basis, that they have read/understand the tobacco-free policy.

New staff orientations include education about the healthcare organization’s tobacco-free policy.

Progressive discipline for employee violations is written into the policy and made clear to all employees.

Information about the tobacco-free policy is readily available on the healthcare organization website and/or through the HR department.

Employee training on how to handle policy violations with other employees, patients, and visitors is provided for all staff.

Leadership walkabouts on the grounds are conducted during different times and days to approach staff, visitors, and contractors using tobacco to offer education and request compliance with the policy.

Staff involvement in regular cleanup efforts to reduce tobacco-related waste on the healthcare organization campus.

Policy signage can be found throughout the grounds including at all entrances to the campus and buildings, in parking lots, near picnic tables and other outside seating areas, other areas where people tend to gather, etc.

Patients receive information on the healthcare organization’s tobacco-free policy at their initial appointment and again as necessary that outlines policy compliance expectations.

Other (please explain): Click or tap here to enter text.

**Tobacco Advertising**  
**Standard 4:** Advertisement or promotion of tobacco products is prohibited on the healthcare organization’s campus and satellite facilities. This includes healthcare organization publications and magazines subscribed to by the healthcare organization for placement in waiting rooms.

**Requirement:** Describe efforts your healthcare organization has taken to regulate magazines that have tobacco advertising. At least one strategy must be included to achieve this standard.

Healthcare organization only allows magazines without tobacco advertising.

Stickers are placed on all donated or subscribed magazines that may contain tobacco advertising.

Healthcare organization removes tobacco advertising from magazines before allowing them in waiting rooms or other facility areas.

Notices (posters, flyers, tent cards, signage, etc.) are placed in magazine areas stating that the healthcare organization does not support tobacco advertising.

Other (please explain): Due to the COVID-19 Pandemic, there are no magazines in the waiting rooms.

**Tobacco Prevention & Treatment Education for Patients & Visitors**

**Standard 5:** Information about tobacco dependence and treatment, secondhand smoke, thirdhand smoke and local/statewide treatment resources are readily available to patients and visitors. For example, brochures about the Maine QuitLink are displayed in patient or visitor areas, patients are offered a proactive referral to the Maine Quitlink, healthcare organization discharge paperwork includes treatment options and resources, patients are given information on the harmful effects of tobacco use and secondhand/thirdhand smoke and/or information on tobacco treatment methods and where to find resources are available to patients and families.

**Requirement:** Describe how treatment services and resources are accessed by patients and visitors.

Signage and brochures for the Maine QuitLink as well as secondhand smoke and thirdhand smoke rack cards are posted in all exam rooms, included in discharge summaries, and in visitor waiting areas.

**Evidence-Based Tobacco Treatment Training for Staff**  
**Standard 6:** The healthcare organization supports evidence-based tobacco treatment training for staff by offering in-services on tobacco treatment and/or supports staff financially to attend trainings. Literature and resources are available on-site for staff. **Trained staff are available to provide treatment and counseling to tobacco-dependent patients.** Note:These trainings would typically have a CEU/CME attached to it.

**Requirement:** List the **number** of current employees who have been trained to deliver evidence-based tobacco treatment counseling. If there are current employees who have been previously trained in tobacco treatment, list the tobacco treatment related activities held over the **past year** that support continued education for tobacco treatment.

Our employees are financially supported to attend ongoing trainings through their continuing medical education benefit. Clinical staff attended outside educational programs specific to tobacco treatment including Basic Skills, Intensive Skills and the Annual Tobacco Conference. Three staff members are trained in house to complete Tobacco Treatment consultations. Staff members participated in the 2021 annual tobacco treatment and prevention conference and webinars offered by CTI.

**Patient Screening and Assistance for Tobacco Dependence**

**Standard 7:** All patients are screened at each visit for tobacco use, tobacco status is documented, and patients are offered an option for treatment.

This could include in person evidence-based tobacco dependence counseling/education as well as educating and/or offering FDA-approved tobacco treatment medications. Treatment would be provided by a staff person who is trained in tobacco treatment.

**AND/OR**

Brief counseling on the importance of quitting tobacco use and a referral to tobacco treatment (i.e. The Maine QuitLink) post-discharge.

**Requirement:** Describe how patients are made aware of these services; the ways your healthcare organization delivers them and how designated staff members are responsible for implementation.

**Requirement**: Please described in detail the screening and assistance process for your patients.

Tobacco treatment support is available for all tobacco using patients. Upon intake all patients are asked if they use tobacco via an SBIRT intervention. These individuals are provided with the “Quit Tobacco: Plan for Success” brochure. In the brochure information is available about a Free Tobacco Support Group, Treatment Specialist information, and The Maine QuitLink. The brochure is also set up as a work booklet, allowing individuals to work through their own tobacco also asked if they would like to receive a call from the hospital’s Certified Tobacco Treatment Specialist to learn about support programs and resources and fax referrals to the QuitLink if the patient is interested in receiving a call from them. Providers have referral to the Maine QuitLink and to local intensive one of the seven first line medications approved by the FDA to treat tobacco dependence to treat tobacco dependence.

**Tobacco Treatment Benefits**

**Standard 8:** Tobacco treatment services are a covered benefit in the healthcare organization’s health insurance package for employees and their dependents. Benefits include coverage for counseling and medication for quitting tobacco, with minimal, or no barriers to utilization (i.e. copays, out of pocket costs, limits).

**Requirement:** Describe tobacco treatment benefits provided and how they are promoted to employees.

Our employee health insurance programs offer 100% coverage for tobacco treatment medications with no co-pays or deductibles. The system-wide, eight week program “Quit for Life” benefits all employees for tobacco cessation. This is an on-line and phone based coaching program that is available in multiple languages. Using an integrated mix of medication support, phone-based cognitive behavioral coaching and web-based learning and support tools. Employees receive information about benefits at on-site events such as: the Annual Spring Employee Wellness Fair, the annual Fall Benefits Fair, the annual Great American Smoke-out and through open enrollment for benefits.

**Tobacco Funding and Donations**

**Standard 9:** The healthcare organization has a written policy or position statement stating it refuses all donations from the tobacco industry, and divests itself of all tobacco company stock.

**Requirement:** Provide policy language, procedures and/or guidelines that explain the healthcare organization’s position on tobacco industry donations. By adopting a tobacco-free funding policy, ORGANIZATION affirms that it will not accept any donations from the tobacco industry and, as a result, will not let the tobacco industry use its good name to promote its products. Any and all inquiries from tobacco companies related to charitable giving will be referred to the Service Excellence and Communications Department. This policy will be upheld when addressing all inquiries from the tobacco industry.