

*Making the hospital a more effective agent  
for individual and public health  
by implementing the comprehensive vision  
of HPH*

Jürgen M. Pelikan

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# Overview

- A short balance of HPH performance 1997-2007
  - Baseline up to 1997
  - Performance 1997-2007
- Implementing the comprehensive vision of HPH
  - The comprehensive vision
  - Preconditions for implementing the vision successfully



# *A short balance of HPH performance 1997-2007*



# *Baseline & Relevant Background*



# *A Balance of Performance for the 1st Phase of HPH 1986 -1997 – Starting Activities*

- 1986 WHO Ottawa Charter & WHO Healthy Cities Network
- 1988 WHO Workshop on HPH Copenhagen
- 1989 Start of Vienna WHO-Model-Project Health & Hospital
- 1990 WHO-HPH-NW as an MCAP of the WHO Healthy Cities Project
- 1991 Budapest Declaration on HPH
- 1993 Official Start EPHP on HPH
- 1995 Official Start of National/Regional HPH NWs by WHO & supported by EC
- 1997 5th IC, Closing of EPHP, Vienna Recommendations on HPH



# *A balance of performance for the 1st phase of HPH 1986-1997 - Methodology*

- HP WHO-Euro specific:
  - Project Management
  - Network Development
- HPH specific:
  - Organizational Development (Learning Organization)
  - External Organizational Consultation
  - External Evaluation



# *Relevant background for HPH 1.1 – Societal Developments*

- Ageing populations
- Weakening households and social networks
- Scientific & technological innovations changing & expanding medical interventions
  - → Increasing demand for (integrated) health care services
- Increasing role of public health, prevention and promotion in health policy (in many countries)
  - → Increasing demand for more comprehensive health care services



# *Relevant background for HPH 1.2 - Pressures on hospitals and health care*

Limited budgets for public health care and expectations for high profits in the private health care industry

- Increasing pressure for efficiency of health care organisations
  - Downsizing of numbers of beds
  - Hospital mergers, privatisations, outsourcing
- Decreasing lengths of stay in hospitals → increasing workload for staff – Intensification of work
  - Burn-out, physical illness, early exit of health care staff
  - Shortage of nursing and medical staff in some countries - migration of health care staff
- Changing expectations for hospital organisational performance
  - From hospitals as administrative units to strategic, managed enterprises
  - Evidence based health care & quality management
  - Patient safety & empowerment by patient & consumer movement
  - Corporate social responsibility & sustainable development



## *Relevant Background for HPH 3 - Developments in Health Promotion & Public Health*

- New trends in health promotion / public health
  - Alliances for health (Jakarta Declaration 1998)
  - Health literacy
  - Social capital
  - Capacity building
  - Governance structures (EU)
  - Mental health promotion (WHO & EU)
  - New support for the Settings Approach (Bangkok Charter & IUHPE)
- Strengthened linkages between health promotion (in health care) and public health
  - Working groups and discussions in EUPHA and IUHPE



# *What Happened in and by HPH between 1997-2007?*



# *Capacity Building: WHO-CCs, TFs for Vulnerable Groups & WGs for Quality Issues*

- 1997- Vienna WHO-CC for HP in Hospitals and Health Care-prolongation
- 1998- TF Health Promoting Psychiatric Health Care services
- 1999- Barcelona WHO-Center for Integrated Health Care Services
- 2001-2006 WG HPH Standards
- 2001-2006 WG Putting HPH into Practice
- 2004- TF Children & Adolescents in Hospitals
- 2005- TF Migrant Friendly Hospitals
- 2005- Copenhagen WHO-CC for Evidence-Based Health Promotion in Hospitals
- 2005- Linköping WHO-CC for Public Health Sciences - prolongation
- 2006- TF Quality Based Purchasing
- 2006- Firenze WHO-CC for Health Promotion Capacity Building in Child and Adolescent Health
- 2007- WG on HPH and Patient Safety



## *Growth of Membership of Networks & Hospitals*

From around 20 networks to 25 (10 national/(regional) networks

From around 100 to 650 internationally recognized member hospitals.

And: NWs & hospitals outside Europe:  
Australia, Canada, Taiwan, Thailand,  
USA



# Secretariat & Governance Structure

- Transfer of Secretariat
  - 1990-2000 at Vienna (1992- WHO-CC) (together with Copenhagen WHO-Euro Office)
  - 2000-2004 at Barcelona WHO-Center
  - 2005- at Copenhagen WHO-CC
- Governance Structure
  - 1990 WHO + Secretariat
  - 1992 - 1997 WHO + Secretariat + Advisory Board
  - 1998 - 2000 WHO + Secretariat + Annual Coordinators Meeting
  - 2001 - 2004 WHO + WHO-CC + Annual Coordinators Meeting
  - 2005- WHO + Secretariat + WHO-CCs + Steering Committee + Annual Coordinators Meeting
  - 2008- European Association affiliated to WHO



# Knowledge Development: Concepts, Projects & Tools

- Strategies & Policies (2001-2006)
  - Working Paper, May 2006: “Putting HPH Policy into Action”
- Standards (2001-2006)
  - Standards for HP in Hospitals
  - Manual and self assessment tools
- Specific international or WHO projects
  - 1998-2001 EU project HP in Primary Health Care
  - 2002- WHO Pilot Project for Implementation of HPH strategy (Immanuel Diakonie Group, Berlin)
  - 2002-2005 Migrant Friendly Hospitals EU-Project
    - Amsterdam Declaration
    - Migrant Friendly Quality Questionnaire (MFQQ)
  - CINDI
  - EUPHID
  - EU Mental health promotion projects (IMHPA, EMIP)
  - ...



# *Continuous Exchange of Experiences*

- Annual international (national & regional) HPH conferences
  - 1993 1st IC Warszawa (150 participants) → 1997 5th Vienna (~300) → 2005 13th IC Dublin (600) → 2007 15th IC Vienna (500)
- Semi-annual international (national & regional) HPH Newsletters
- International (national & regional) websites
- Spread of HPH in international (national & regional) conferences and workshops outside the HPH NW
- WHO-HP ICs (Jakarta, Mexico, Bangkok)
- IUPHE-World (Tokio, San Juan, Paris, Melbourne, Vancouver)
- IUPHE-Europe (Santander, London, Stockholm, Budapest)
- EUPHA (Graz, Montreux)
- HOPE



# *Continuous Partnerships & Alliances*

- European Commission
- European Hospital and Health Care Federation HOPE
- European Association of Hospital Managers
- International Union for Health Promotion and Education
- International Alliance of Patients' Organizations
- European Federation of Nurses' Associations
- Permanent Working Group of European Junior Doctors
- European Network of Workplace Health Promotion
- European Network of Smoke-Free Hospitals
- National / regional partners of local hosts of international HPH conferences
- European Foundation for Quality Management



# HPH & (Total) Quality (Management)

## Danish Network initiatives

- Evidence based Health Promotion
- Standard development following ISQUA

## German Network initiatives

- (1993-1997: TQM in EPHP pilot hospitals (Chemnitz, Hamburg, Hildesheim))
- 1998 EFQM Assessment Rüdersdorf Hospital /Germany
- 2000- Rüdersdorf General Member of EFQM
- 2001 Handbook Brandt (ed.): Quality Management & Health Promotion in Hospitals
- 2002- WHO Pilot Project for Implementation of HPH strategy by EFQM & BSC (Immanuel Diakonie Group)

## Agenda setting for quality by ICs programs

- 1995 Linköping (outcome and health gain orientation)
- 1999 7th IC Swansea (EFQM)
- 2002 10th IC Bratislava (health gain by partnerships and quality)
- 2007 15th IC Vienna (HPH + quality of care, of life and of health systems)



# *HPH & Sustainability Management*

- Ecology part of OC and of HPH umbrella concept since HPH Budapest & Vienna documents
- Numerous documented projects (waste management, etc.) by member hospitals
- In this period start of a systematic project “Sustainable Hospital” (integrating the HPH approach) at Otto Wagner Hospital (Vienna), in cooperation with Diakonie Group (Berlin)



# Summary of HPH Performance 1997-2007

- HPH survived sustainably in a more competitive environment for health care
- HPH adapted successfully to a changing environment, outside & inside WHO
- HPH in general grew quantitatively in Europe, but regionally differently, by networks & member hospitals (even, few national networks are in danger of perishing!)
- HPH is moderately globalized, all continents are at least partly involved
- HPH grew qualitatively by internal differentiation & specialization



# *Deficits and Potential 1997-2007*

- But HPH is lacking resources
  - for systematic evaluation
  - and for more systematic quantitative & qualitative growth!
- In general, there is still comparably limited public health orientation of HPHs!
- And:  
Did we implement the comprehensive vision of HPH?
- Unfortunately, not yet!



# *Why is there no Full Implementation of the Comprehensive Vision?*

1. Character of comprehensive vision
  - Is it clear, plausible & realistic?
2. Tools for implementation
  - Are they available?
3. Agency of hospitals
  - Are hospitals capable to act strategically, systematically & comprehensively?
4. Favorable environments
  - Does the relevant environment expect and promote a comprehensive contribution of hospitals to public health?



# *Is there a Clear, Plausible & Realistic Comprehensive Vision of HPH?*



# *The Comprehensive Vision of HPH – Some Labels*

- Ottawa Charter: **Reorientation** of Health Services
- Scientific community (Baric et al.): From Health Promotion **Projects** in and by hospitals to the hospital as a **Health Promoting Setting**
- This conference: The hospital as an agent for **individual** and **public** health



# *The Comprehensive Vision of HPH –What Does Comprehensive Mean Systematically?*

Extension of the responsibility and accountability of the hospital for its health impact & outcome in three dimensions:

1. Factual (What kind of health?)
2. Temporal (When, at what time?)
3. Social (Whose health?)



# *The Comprehensive Vision of HPH – What Does Factual Extension of Health Mean?*

1. From **curing & caring for disease** → **preventing disease & protecting & promoting positive health**
2. From **physical** → **mental + social health**
3. From objective measurable **clinical outcomes** to **subjective wellbeing** (quality of life + satisfaction with services)
4. From **professional repair** to **co-productive empowerment & learning (health literacy)**
  1. From **disease** to **patient to person orientation**
  2. From **clinical outcome** to **health gain orientation**
5. From healthy **individuals + populations** → **health promoting environmental settings + social systems**
  1. From **individual** person to **population orientation**
  2. From healthy **people** to health promoting **settings orientation**



# *The comprehensive vision of HPH – Examples for **factual** extension of health*

## 1. From **curing & caring** for disease → **preventing disease & protecting & promoting positive health**

1. Even **caring** for (e.g. palliative medicine) not self-understood
2. Acute **prevention** better accepted than middle and long term, but even for acute prevention there is quite a potential concerning medical errors, nosocomial infections etc. or better preparation of patients before surgery (e.g. Copenhagen)
3. **Protection** of positive health: is accepted in clinical work (e.g. minimal invasive surgery etc.), but could be extended in hotel functions (e.g. diet Copenhagen)
4. **Promotion** of positive health is accepted, e.g. in the form of rehabilitation, but rehabilitation could be improved and extended and other forms of training & exercise institutionalized.



# *The Comprehensive Vision of HPH – what does **Temporal Extension of Health Mean?***

Health at what point in time is envisaged?

- From health at time of the **acute** intervention in the hospital,
- to health **after discharge**
- to health in the middle and long term **future**



# *The Comprehensive Vision of HPH – What Does **Social** Extension of Health Mean?*

Whose health is at stake?

1. From **patients'** health
2. to patients' **relatives** health
3. to **staff + staff relatives** health
4. to health of **inhabitants in the catchment area** of the hospital
5. to **global** health
  - **Health footprint or health rucksack** of goods and services used by the hospital



# 18 HPH Core Strategies

HP by ... \ HP for...		Patients	Staff	Community
HP quality development	1. Enabling for HP self management in living	PAT-1: HP living in the hospital for patients	STA-1: HP work life in the hospital for staff	COM-1: HP access to the hospital for citizens
	2. Enabling for HP co-production of health in care	PAT-2: HP Co-production of patients in treatment	STA-2: HP Co-production of staff in work processes	COM-2: HP Co-production with services in region
	3. Development of a HP hospital setting	PAT-3: HP hospital setting for patients	STA-3: HP hospital setting for staff	COM-3: HP hospital setting for citizens
HP strategic (re-)positioning	4. Enabling for HP illness management	PAT-4: HP illness management for patients	STA-4: HP illness management for staff	COM-4: HP illness management for citizens
	5. Enabling for HP lifestyle development	PAT-5: HP lifestyle development for patients	STA-5: HP lifestyle development for staff	COM-5: HP lifestyle development for citizens
	6. Development of a HP community setting	PAT-6: HP community setting for patients	STA-6: HP community setting for staff	COM-6: HP community setting for citizens



# *Are there Adequate Tools for Implementation?*



# How can (Quality) Management assure & improve the comprehensive vision of HPH? > 7 HPQM Strategies

Quality function/ activity ... for quality of	Structures of services (& settings) →	Processes of services (& settings) →	Outcomes/ impacts of services (& settings)
1. Definition	S1: Define HP criteria & standards for structures	P1: Define HP guidelines & standards for processes	O1: Define HP targets for outcomes & impacts
2. Assessment, monitoring, evaluation	S2: Assess for HP of structures	P2: Assess for HP of processes	O2: Assess for HP of outcomes & impacts
3. Assurance, development, improvement	S3: Develop HP of structures by OD, PD, TD	X	X



# *Relationship of the five Standards of the Standard WG to the Strategies of the Putting into Practice WG*

- 1. Management Policy
  - HPQM strategies
- 2. Patient Assessment
  - PAT 1,2
- 3. Patient Information and Intervention
  - PAT1, 2, 4, 5
- 4. Promoting a Healthy Workplace
  - STA 3, 1,2
- 5. Continuity and Cooperation
  - COM 1, 2, (PAT6, STA6, COM6)



# Documents on HPH Strategies & Standards



# *Are Hospitals Effective Agents for Implementing the Comprehensive Vision of HPH?*



# *Are Hospitals Capable Agents to Implement the Comprehensive Vision?*

- Many hospitals still are rather administrative units than **strategic enterprises**, but generally moving into this direction
- Many hospitals still are not **one organization**, but a loosely knit bundle of some parallel professional people processing expert organizations, but generally moving towards more unity
- But, being **not** one strategic enterprise **hinders to implement** comprehensive visions, be it HPH or any other complex vision



# *How Can Hospitals Implement the Comprehensive Vision of HPH*

- By an **Integrated Management System** including a specific Health Promotion Management System besides or integrated with Quality Management, Sustainable Management, Corporate Social Responsibility Management.
- Hospitals to be **one strategic enterprise** seems to be an important **precondition** for an Integrated Management System including HP management (e.g. Henry Ford Health System - USA, Clalit Health Services – Israel, Immanuel Diakonie Group - Germany)



# *Why Should Hospitals Implement the Comprehensive Vision of HPH ?*

## 1. Self interest of the organization

- Using HP as means to improve the performance of its core functions, i.e. health care in case of hospitals, e.g. by empowerment of patients for co-production in treatment
- Using HP to solve other problems the hospital has to deal with, e.g. to recruit and preserve work force by Workplace Health Promotion
- But, what is self-interest or a problem for the organization, and if the problem can be outsourced or has to be solved inside the organization, depends on legal & financial rules and regulations defined by the relevant environment for the hospital

## 2. To fulfill positively or negatively sanctioned expectations of the relevant environment of the hospital, by political system, market, civil society



# *Are Relevant Environments of Hospitals Favorable to the Implementation of the Comprehensive Vision?*



# *HPH & Public Health and Health Promotion Policy*

- This relationship is very much determined by the priority public health has in the respective national or regional health policy.
- There is a growing importance of public health in the EU, but still considerable differences between member states
- Public health in and by health care seems to be higher on the agenda in countries with National Health Care Services, e.g. some of the Scandinavian countries (Denmark, Sweden) or Ireland and Italy.
- Austria
  - “Health services need to be performed in health promoting environments” (Austrian law on quality in health care)
  - Currently government plans to develop a health promotion law as 3rd column of the health system



# *The Role of the HPH Network in Enabling & Empowering Hospitals for Comprehensive HPH Agency*



# Tasks & Opportunities for the HPH Network 2007-

1. To improve its structures and resources, by **capacity building** and **growth** in membership of networks & hospitals > **A more healthy HPH network**
2. To support networks & hospitals by improving the concept (e.g. for patient safety, mental health promotion), by collecting **evidence** and by developing **tools** for assessment and implementation, evaluation and monitoring of HPH policies.
3. To support networks & hospitals by **agenda setting and lobbying** for HPH as an effective strategy to improve quality of health care, to achieve healthy public policy & to contribute to corporate social responsibility & sustainable management.
4. To do this successfully, the HPH NW needs the **support** of all its regional / national networks, its member hospitals and its partners for health.



*Es gibt nichts Gutes, außer man tut es.*

*(Erich Kästner)*

There is nothing good, if you don't do it.

