

This project was funded by the Health Promotion Administration, Ministry of Health and Welfare.

Relevance to HPH

- ▶ The framework of HPH was applied in the project of Adolescent-friendly Health Care Initiative.
- ▶ It is important that the unique needs of adolescents must be addressed and promoted to ensure the health of all adolescents.

How Adolescent-friendly Health Care Initiative implemented in Taiwan

Chien-Dai Chiang

Managing Supervisor, Taiwan Society for Adolescent Medicine and Health
Attending Physician, Taipei City Hospital, Obstetrics and Gynecology Division

Chao-Chun Wu

Director-General, Health Promotion Administration, Ministry of Health and Welfare, Taiwan, R. O. C.

Introduction

- ▶ The population of **adolescents among 10-19yrs old** at the end of 2022 was **8.8%** of the total population (23,264,640) in Taiwan.
- ▶ To promote adolescent-friendly health care and improve the quality of health-care services for adolescents, **the Health Promotion Administration, Ministry of Health and Welfare** has started to accredit **Adolescent-friendly Health Care Initiative (AFHCI)** following the standard set established in 2018.
- ▶ The standard set of adolescent-friendly health-care services was established to meet the global standards by WHO (2015)¹.
- ▶ With 5-year experience of implementing the initiatives, there were **26 institutions (20 hospitals and 6 clinics)** being accredited.
- ▶ This presentation analyzed how these 26 institutions had implemented the initiative to be qualified according to the standard set.

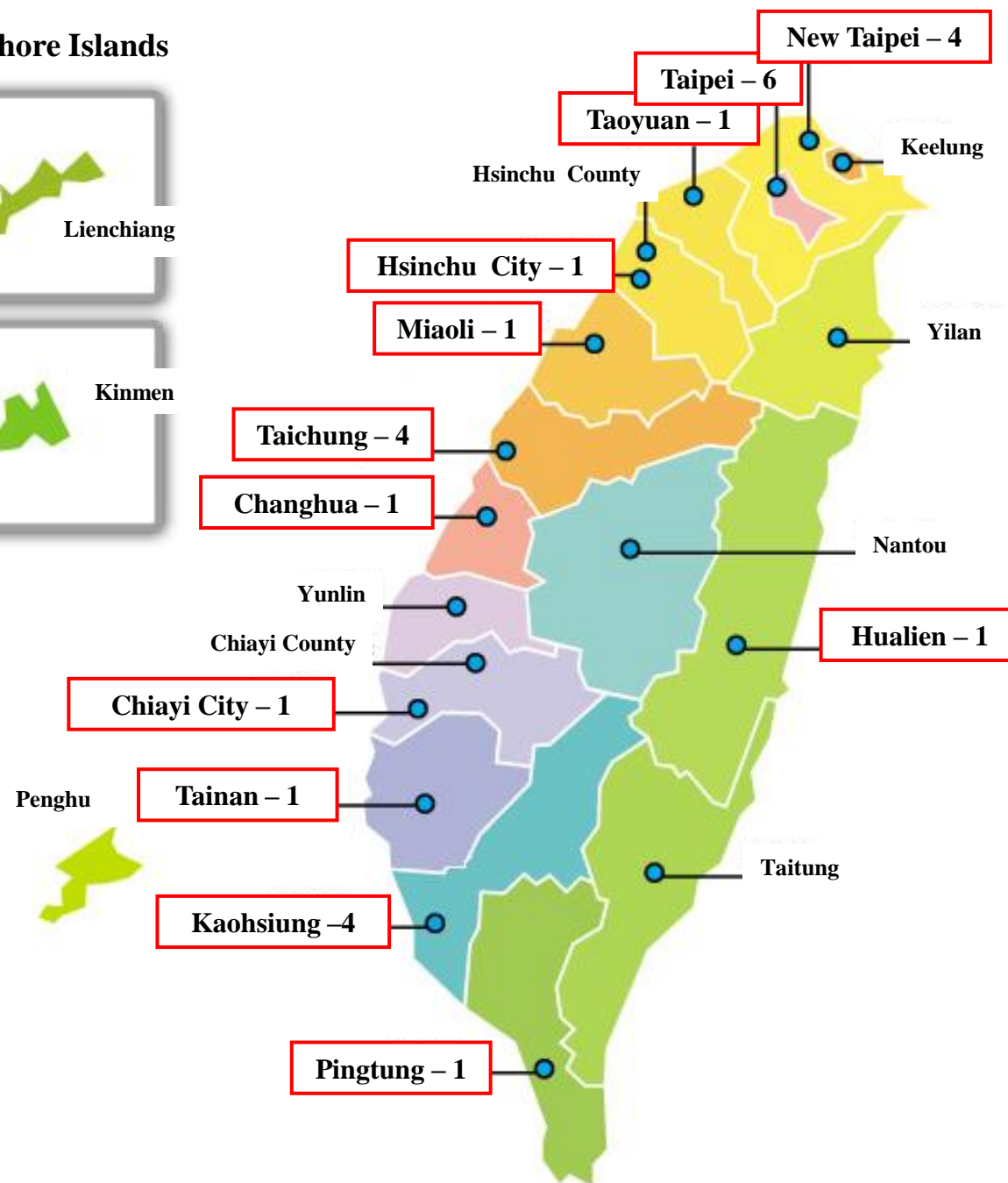
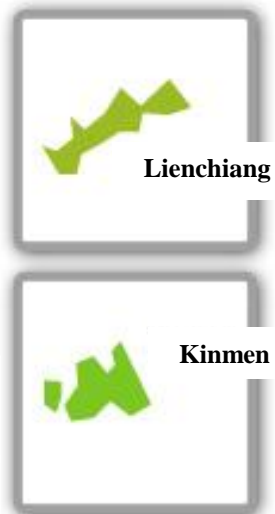
References:

1. World Health Organization (2015). Global standards for quality health-care services for adolescents: A guide to implement a standards-driven approach to improve the quality of health-care services for adolescents.

Distribution of 26 Adolescent-friendly health care institutes in Taiwan

Institution Levels		Medical Centers	Reginal Hospitals	District Hospitals	Clinics	Total
Areas	Northern Taiwan	3	6	0	4	13
	Central Taiwan	3	2	0	0	5
	Southern Taiwan	1	3	1	2	7
	Eastern Taiwan	1	0	0	0	1
Total		8	11	1	6	26

Offshore Islands



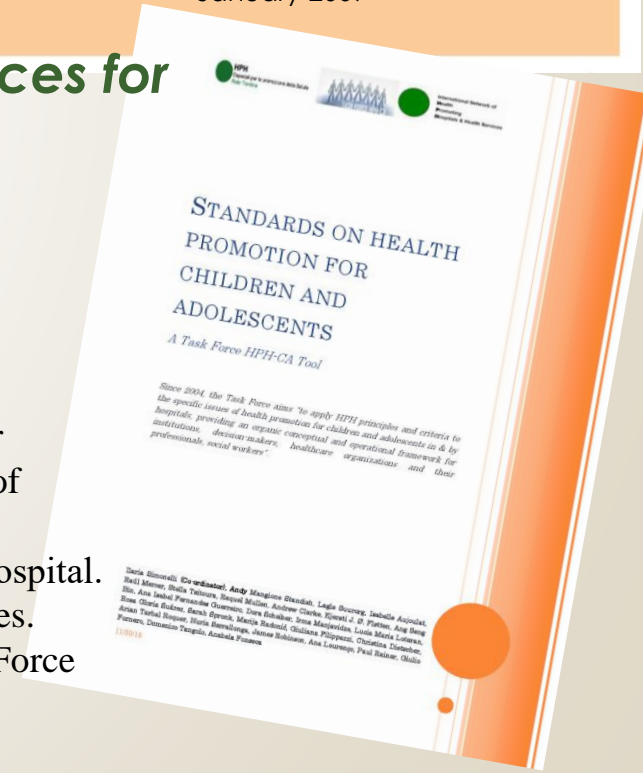
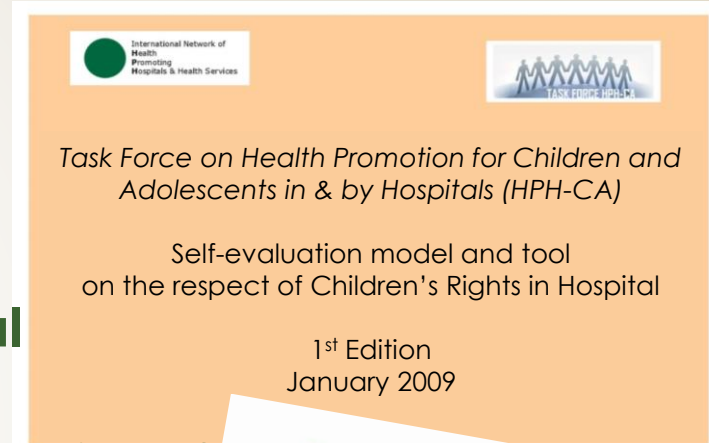
The standard set of adolescent-friendly health-care services

The standard set was developed according to:

- The framework of **Health Promoting Hospital** standard set in Taiwan.
- **Global Standards for Quality Health-care Services for Adolescents** by WHO (2015)².
- The concept and principles of the **Task Force HPH-CA^{3, 4} tool**.

References:

2. World Health Organization (2015). Global standards for quality health-care services for adolescents: A guide to implement a standards-driven approach to improve the quality of health-care services for adolescents.
3. HPH-CA (2009). Self-evaluation model and tool on the respect of children's rights in hospital. Frederiksberg: International Network of Health Promoting Hospitals and Health Services.
4. HPH-CA (2018). Standards on health promotion for children and adolescents – a Task Force HPH-CA tool.



The standard set

6 standards, 12 sub-standards, and 20 indicators

Standard 1: Policy and Leadership

1.1 The organization implements adolescent-friendly health care as part of HPH policy.

1.1.1 Adolescent-friendly health care policy being included in HPH policy.

1.2 The organization ensures continuity and coordination in adolescent-friendly health care program.

1.2.1 Laying stress on local health policy plans and needs and conducting cross-sector cooperation.

1.2.2 Forming a roster of partnership with health and social care resources.

Standard 2: Patient Assessment

2.1 The organization assesses adolescents' needs for health promotion at first contact.

2.1.1 The organization has the guidelines or procedures for assessing adolescents' health behavior, physical activities, nutrition, and psycho-social-economic condition at first contact.

2.1.2 Recording assessment results in the medical record.

2.2 Reassessing adolescents' needs for health promotion and adjusting as necessary according to changes in the adolescent's clinical condition.

2.2.1 Developing guidelines or procedures for reassessing adolescents' health needs according to changes.

Standard 3: Patient Information and Intervention

3.1 Based on the needs assessed, adolescents can obtain information on significant issues concerning their health and health promotion interventions.

3.1.1 Providing adolescents health information related to general and high-risk diseases.

3.1.2 Developing guidelines of cross-disciplinary for adolescent-friendly health care.

3.1.3 The major health promotion information or services for adolescents is documented in the medical record.

3.2 The organization has a friendly promotion strategy for adolescent health literacy.

3.2.1 Conducting outreach activities for promoting adolescent health issues to provide adolescents acquirable, understandable and applicable health information.

Standard 4: Promoting a Healthy Workplace and Ensuring Capacity for CHP (Clinical Health Promotion)

4.1 The organization ensures that employees can provide an adolescent-friendly environment.

4.1.1 Ensuring staff members are aware of the adolescent-friendly policy and their teen children have opportunities to participate health promotion activities for adolescents.

4.2 The multidisciplinary teams have the core competencies of adolescent health care.

4.2.1 Adolescent health care providers have completed relevant education activities.

Standard 5: Implementation and Monitoring

5.1 Implementing adolescent-friendly health care practically.

5.1.1 The organization assigns staff members to execute adolescent health promotion coordination.

5.1.2 The organization focuses on the privacy of adolescent visits and hospitalization.

5.1.3 Operational procedures incorporating adolescent health promotion services are available and suitable for adolescent operation procedures to meet their needs.

5.1.4 Providing convenient service time for adolescent and making public announcements.

5.2 The organization has mechanism to monitor the effectiveness of adolescent-friendly health care services.

5.2.1 Adolescent health care data being routinely captured and available to staff for data analysis and intervention.

5.2.2 Investigation of adolescent satisfaction being conducted and provided for quality improvement.

Standard 6: Adolescents' Participation

6.1 Involving adolescents in planning, monitoring, and evaluating of health-care services provided by organizations.

6.2 The organization can involve adolescents participating in their health care decisions and promoting the mechanism of Shared Decision Making.

Accreditation Process

- ▶ The accreditation committee comprised professionals from three different fields: **medical administration**, **clinical services (physicians)**, and **psychosocial care**.
- ▶ The committee assessed the completion status of each indicator for each institution, marking them as '**completed**', '**partially completed**', or '**not completed**'
- ▶ For **hospitals**, at least 12 indicators should be evaluated as completed and 3 or less indicators uncompleted. There must be at least one indicator completed in each standard.
- ▶ For **clinics**, the threshold of completed indicators was 10.

Approval Requirements (hospital use)	Approval Requirements (clinic use)
“Completed” \geq 12 indicators, and “Not Completed” \leq 3 indicators	“Completed” \geq 10 indicators, and “Not Completed” \leq 3 indicators
At least 1 indicator completed in each standard.	At least 1 indicator completed in each standard.

Results I

- **26 institutions** (20 hospitals and 6 clinics) had been accredited until 2022.
- 16 institutions (**61.5%**) out of 26 participants **had completed at least 16 or more indicators.**

Numbers of indicators completed	Level of Institutions				Numbers of institutions	% (N=26)
	Numbers of medical centers	Numbers of regional hospitals	Numbers of district hospitals	Numbers of clinics		
20	0	2	0	0	2	7.7%
18	1	0	0	0	1	3.8%
17	4	1	0	2	7	26.9%
16	1	4	0	1	6	23.1%
15	0	2	0	1	3	11.5%
14	0	2	1	2	5	19.2%
12	2	0	0	0	2	7.7%
Total	8	11	1	6	26	100%

61.5%

Results II

- About 70% of these institutions could complete all indicators in Standard 1, 2, 4, and 6, while **only 34.6% and 7.7% completed all indicators in Standard 3 and 5 respectively.**

Standards	Standard 1 Policy & Leadership (3 indicators)	Standard 2 Patient Assessment (3 indicators)	Standard 3 Information and Intervention (4 indicators)	Standard 4 Workplace & Capacity (2 indicators)	Standard 5 Implementation & Monitoring (6 indicators)	Standard 6 Adolescents' Participation (2 indicators)
Numbers of indicators completed and numbers of institutions	<u>3 indicators</u> 18 institutions (69.2%)	<u>3 indicators</u> 18 institutions (69.2%)	<u>4 indicators</u> 9 institutions (34.6%)	<u>2 indicators</u> 19 institutions (73.1%)	<u>6 indicators</u> 2 institutions (7.7%)	<u>2 indicators</u> 18 institutions (69.2%)
	<u>2 indicators</u> 8 institutions (30.8%)	<u>2 indicators</u> 4 institutions (15.4%)	<u>3 indicators</u> 12 institutions (46.2%)	<u>1 indicators</u> 7 institutions (26.9%)	<u>5 indicators</u> 8 institutions (30.8%)	<u>1 indicators</u> 8 institutions (30.8%)
	NA	<u>1 indicators</u> 4 institutions (15.4%)	<u>2 indicators</u> 4 institutions (15.4%)	NA	<u>4 indicators</u> 8 institutions (30.8%)	NA
	NA	NA	<u>1 indicators</u> 1 institutions (3.8%)	NA	<u>3 indicators</u> 7 institutions (26.9%)	NA
	NA	NA	NA	NA	<u>1 indicators</u> 1 institutions (3.8%)	NA

Conclusions

According to the results, institutions need to improve their services according to some indicators in standard 3 and standard 5. Such as:

- ▶ **Providing assigned personnel** for comprehensive care services for adolescents. (Indicator 3.1.2)
- ▶ **Being sensitive to private and confidential issues** while adolescents receiving health care. (Indicator 5.1.2)
- ▶ **Collecting, analyzing, and using data** for quality improvements in health care services. (Indicator 5.2.1)

Thanks for Your Attention