

31ST INTERNATIONAL CONFERENCE ON
HEALTH PROMOTING HOSPITALS AND HEALTH SERVICES

CREATING SUSTAINABLE HEALTHCARE SYSTEMS TO PROMOTE HEALTH, EQUITY AND RESILIENCE IN TIMES OF GLOBAL CRISES

MAY 20-22, 2026

SLAGTHUSET, MALMÖ, SWEDEN

Integrating HPH Standard 3 into Clinical Networks and
Diagnostic, Therapeutic and Care Pathways to Strengthen
Health Literacy, Equity, and Resilience

Mario Calci, Roberta Chiandetti, Emanuela Testori, Giacomo Cigui, Cristian Sant, Giulio Menegazzi, Sara Di Fiore, Cristina Aguzzoli



RETI CLINICHE FVG



ARCS
Azienda Regionale
di Coordinamento
per la Salute



REGIONE AUTONOMA
FRIULI VENEZIA GIULIA

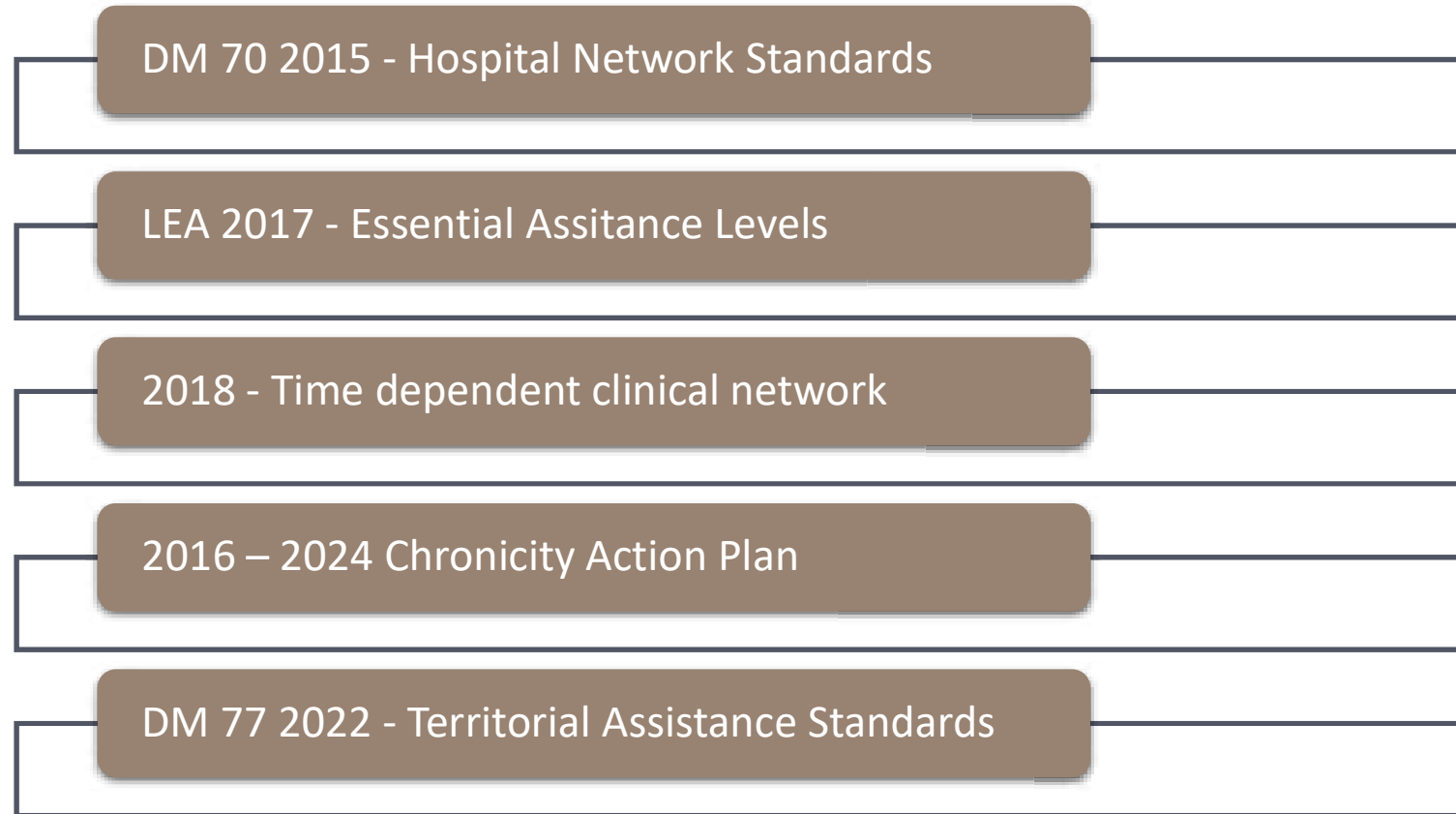


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Health Promotion

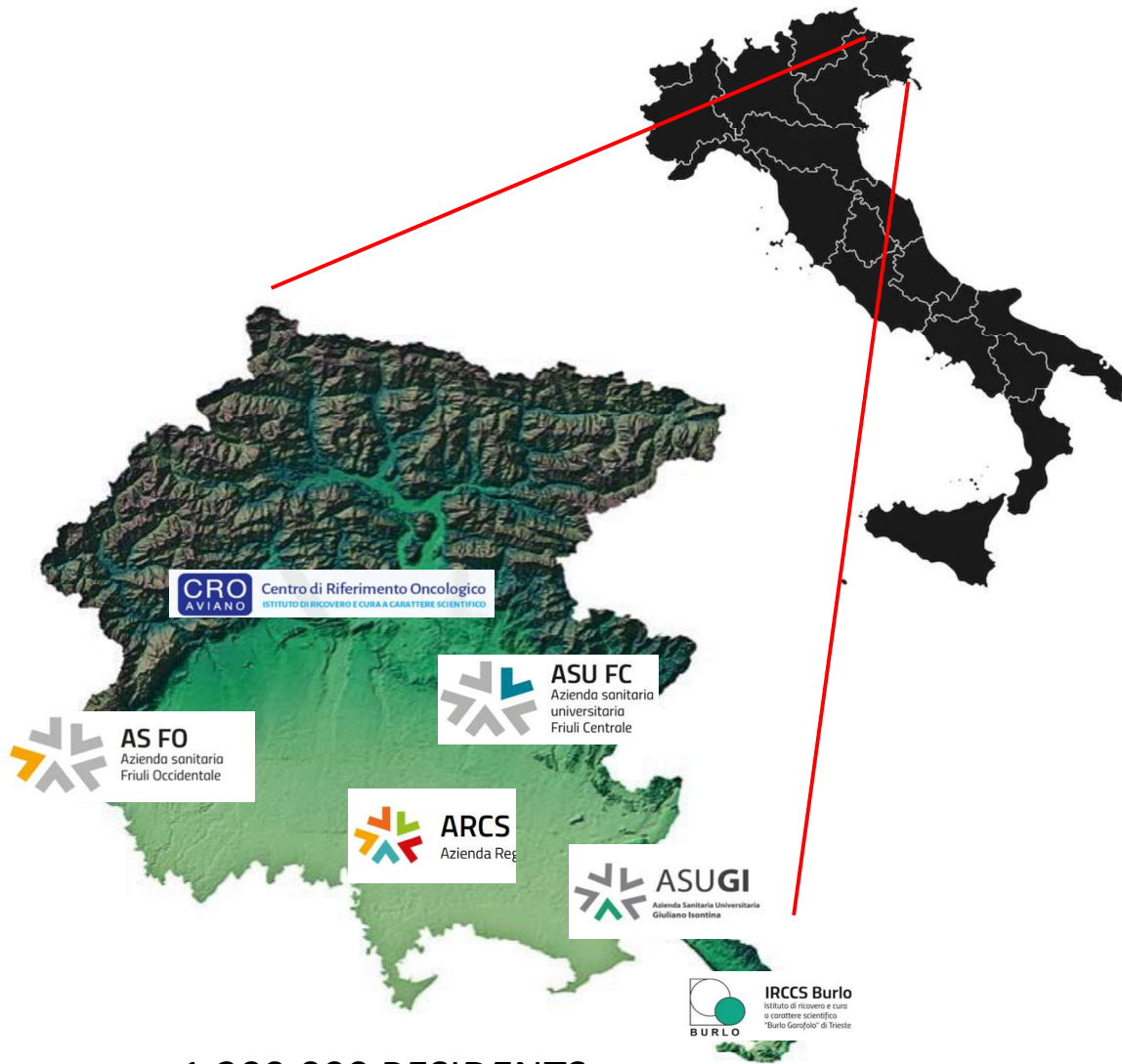
Area	Law / Document	Focus
<u>Right to Health</u>	Article 32 of the Italian Constitution	Health as a fundamental right and collective interest
<u>National Health System</u>	Law 833/1978	Health promotion, prevention, universal access
<u>Governance and Quality</u>	Legislative Decrees 502/1992 and 229/1999	Planning, quality, prevention integration
<u>Workplace Health & Safety</u>	Legislative Decree 81/2008	Risk assessment, psychosocial risks, organizational well-being
<u>National Strategies</u>	National Prevention Plan (PNP), Guadagnare Salute, HPH Network	Healthy lifestyles, empowerment, salutogenic environments

The italian contest



- Italian legislation promotes clinical networks as a fundamental element for the evolution of the National Health Service and the response to new needs related to chronic conditions

The regional contest - Friuli Venezia Giulia



1.200.000 RESIDENTS



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HPH programs in regional health planning
from 2017



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Regional Clinical Pathway produced from 2014.
Clinical Network structure implemented from 2024

RESEARCH

Open Access



Organizational contextual features that influence the implementation of evidence-based practices across healthcare settings: a systematic integrative review

Shelly-Anne Li^{1,4*}, Lianne Jeffs^{2,3}, Melanie Barwick^{4,5,6} and Bonnie Stevens^{1,4,7}

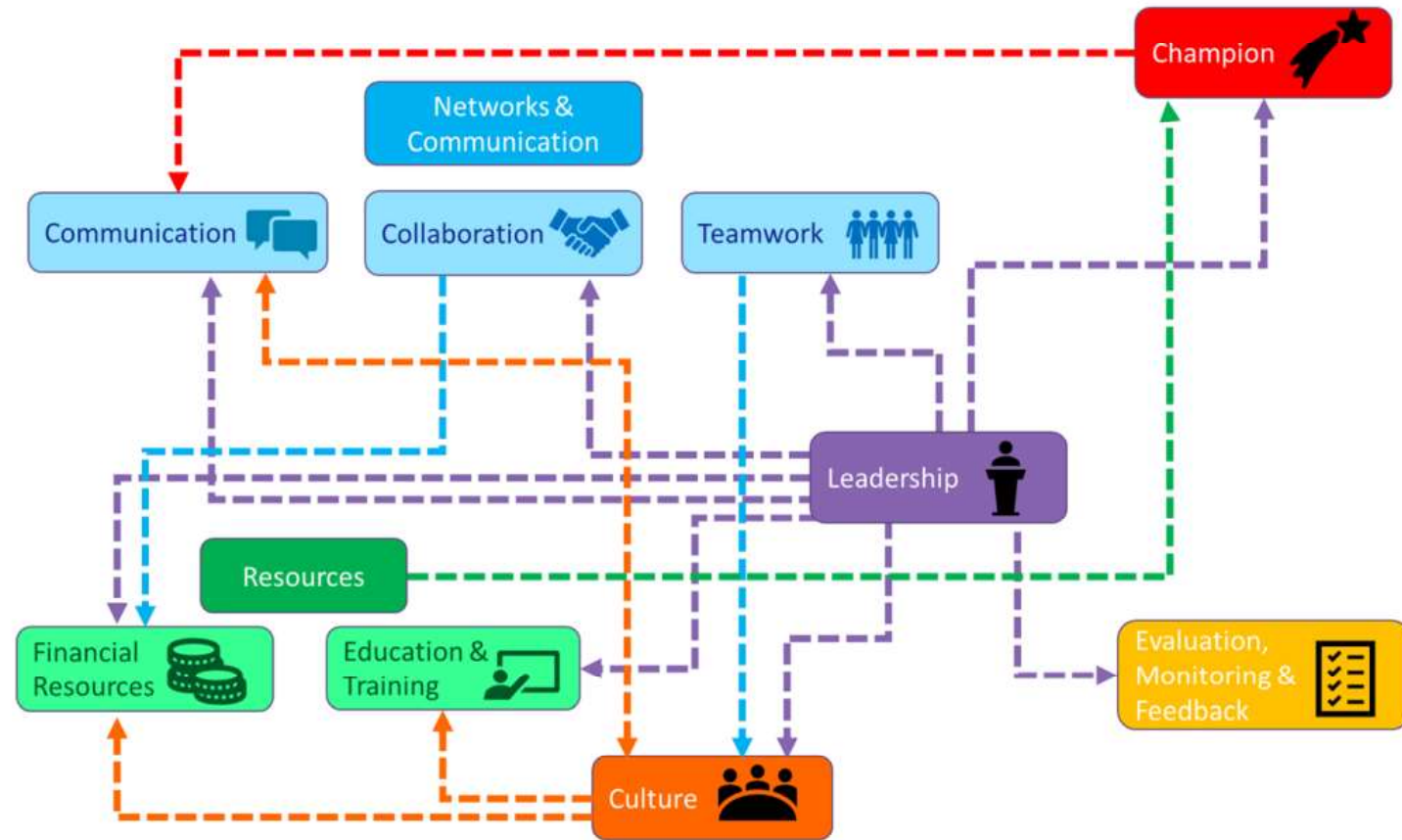


Fig. 2 Illustration of the relationships between organizational contextual features and sub-features based on analysis of the results of selected studies. Arrows depict the potential direction of the relationship (e.g., leadership influences evaluation and feedback). The color of each dotted line corresponds to the feature that may exert influence on the other connecting feature. Please refer to the main text for a description of these potential interrelationships between the features and sub-features



**Project of implementation of
HPH standard in Clinical Networks**

2020 Standards for Health Promoting Hospitals and Health Services



STANDARD 1. Demonstrating organizational commitment for HPH

Substandard 1: Leadership

1.1.7. Our performance appraisal and continuing development practices address the **HPH vision**

1. Education

Workshop, meetings, seminars

2. Implementation

Clinical Pathways, Network action plans

3. Acquisition of skills

Dedicated training to specific Clinical Network



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**GIORNATA REGIONALE DELLE RETI
CLINICHE FVG – I EDIZIONE**



RETI CLINICHE FVG

**THE ROLE OF CLINICAL NETWORKS IN THE
EVOLUTION OF THE REGIONAL HEALTH SERVICE**

Udine – Palazzo della Regione, Via Sabbadini Udine, 6 maggio 2025




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RETI CLINICHE FVG

**LABORATORIO REGIONALE DELLE RETI CLINICHE FVG
THE ROLE OF PROFESSIONALS IN THE EVOLUTION
OF THE REGIONAL HEALTH SERVICE**

Udine - Hotel Là di Morét, 7 aprile 2025



Webinar Reti Cliniche / Rete HPH FVG
15 aprile 2026
Evento accreditato
CORSO ARCS_26047



International Network of
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REGIONE AUTONOMA
FRIULI VENEZIA GIULIA

**HEALTH LITERACY AND CLINICAL NETWORKS: LET'S
IMPROVE OUR COMMUNICATIONS SKILLS**



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RETI CLINICHE FVG

THE USE OF INDICATORS IN CLINICAL NETWORK ACTIVITY

seminario di approfondimento

19 novembre 2025 – ore 14.30 – 18.30 - Palmanova, Sala della Direzione Generale

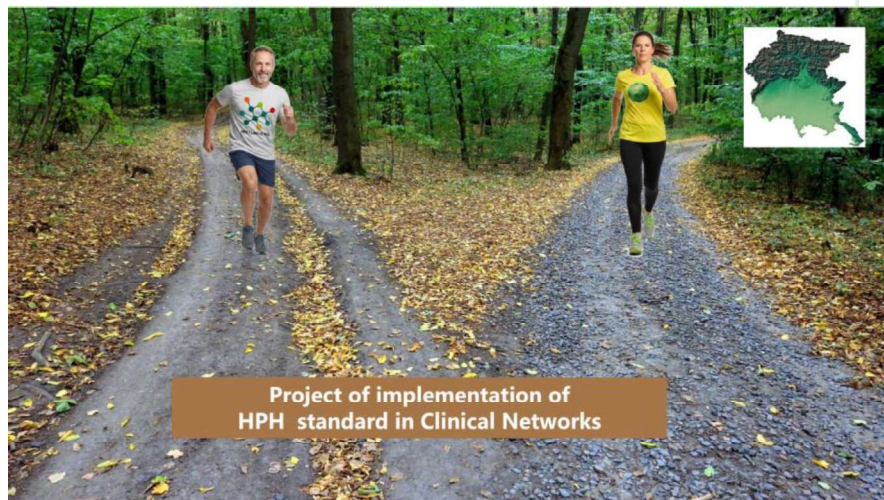


Gestione prestazioni sanitarie e coordinamento
e controllo delle reti cliniche

Versione n. 02
del 29/12/2025

CLINICAL PATHWAYS FOR PATIENTS WITH ACUTE STROKE: 2025 UPGRADE

Aggiornamento 2025



Integrating HPH Principles into Clinical Pathways

Strategic Alignment

Embed HPH principles into PDTA (CLINICAL PATHWAYS) goals.

Multidisciplinary Co-Design

Involve healthcare professionals, managers, and patients in pathway development.

Integration of HPH Standards

Include prevention, patient empowerment, education, and continuity of care within the PDTA.

Monitoring & Continuous Improvement

Measure outcomes, well-being indicators, and quality of care to refine the pathway over time.

ARCS Azienda Regionale di Coordinamento per la Salute
REGIONE AUTONOMA FRIULI VENEZIA GIULIA

HPH DATA MODEL ADAPTED
CHRONIC STRESS-RELATED VAGUE AND ASPECIFIC SYMPTOMS
HEALTH PROMOTION PATIENT ≥ 18 YEARS
Version No. 1 – December 12, 2025
Regional HPH Patient Engagement Group of Friuli Venezia Giulia

1 A positive response per field is sufficient to define the presence of risk and activate counseling actions.

1. NUTRITIONAL RISK	YES	NO	RISK
Is the patient at risk of malnutrition? BMI < 18.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the patient overweight or obese? BMI ≥ 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient skip meals or have irregular meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient report increased evening or night-time hunger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PHYSICAL INACTIVITY	YES	NO	RISK
Does the patient engage in moderate physical activity < 150 minutes/week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient engage in vigorous physical activity < 75 minutes/week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If ≥ 65 years old, does the patient perform balance and muscle-strengthening exercises < 3 times/week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient spend many hours sitting during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. SMOKING	YES	NO	RISK
Does the patient smoke every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient smoke more during stressful periods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ALCOHOL	YES	NO	RISK
Does the patient drink > 1 alcohol unit/day if female or > 2 alcohol units/day if male?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient use alcohol to relax, sleep, or manage stress/anxiety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. PROTECTIVE FACTORS – Effective psychosocial stress management (YES = active protection)	YES	NO	RISK
Does the patient maintain regular meal and sleep schedules?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the patient involved in a social or family network he/she can rely on?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the patient able to meet work, family, or daily routine commitments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient engage in leisure or pleasant activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. CURRENT STRESS MARKERS – Medically unexplained or vague/aspecific symptoms Be careful if they persist for more than 6 months	YES	NO	RISK
Fatigue, especially in the morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short, interrupted, or non-restorative sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diffuse muscle tension or pain, especially neck, shoulders, back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digestive disorders, such as bloating, reflux, nausea, constipation, or diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palpitations or sensation of accelerated heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervousness, anxiety, irritability, or reduced interest in activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINAL CLASSIFICATION	YES	NO	
Lifestyle-related risk present	<input type="checkbox"/>	<input type="checkbox"/>	
Reduced protective factors present	<input type="checkbox"/>	<input type="checkbox"/>	
Current stress markers present	<input type="checkbox"/>	<input type="checkbox"/>	
Symptoms persistent or recurrent for more than 6 months	<input type="checkbox"/>	<input type="checkbox"/>	
Counseling actions activated	<input type="checkbox"/>	<input type="checkbox"/>	
Referral or follow-up suggested	<input type="checkbox"/>	<input type="checkbox"/>	

This adapted checklist supports early identification of modifiable lifestyle risks, reduced protective factors, and chronic stress-related vague or aspecific symptoms. It is intended to guide brief counseling and health promotion actions, not to provide a diagnosis.

How can we support an integrated vision of health promotion in the event of a chronic illness?

- We have included this check list in the document on healthcare assistance.

HPH DATA MODEL

Assess and document the health promotion needs of your patients

The HPH DATA Model is useful for practical clinical assessment and documentation of patient needs for health promotion services. It fits directly into WHO HPH standard 2 on patient assessment (see [Groene 2006](#)), and use of this tool precedes and is compatible with the HPH DOC-ACT Model below. The HPH DATA Model comprises just 9 simple questions that cover the 5 main risk factors (smoking, risky drinking, overweight/obesity, malnutrition and physical inactivity) influencing the treatment results of the patients. The model has been validated internationally. It is easy to understand and use with a low inter-variation in the clinical setting (see [Tonnesen et al 2012](#)).

HPH Data Model: Document risk in medical records

Yes/No Risk?

A. Risk of malnutrition

- A1. Does patient have a BMI < 20.5 ?
A2. Has patient suffered from weight-loss in the past month?
A3. Has patient suffered from decreased food intake in the last wk.?
A4. Is patient severely ill (sepsis, burns, etc.)?

<input type="checkbox"/>	<input type="checkbox"/>	}	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

B. Overweight

- B1. Does patient have a BMI > 25 ?
B2. Is patient's waist-measure > 80 cm (W) or 94cm (M) ?

<input type="checkbox"/>	<input type="checkbox"/>	}	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		

C. Physical inactivity

- C1. Is patient physically active < 1/2 hour / day ?

<input type="checkbox"/>	<input type="checkbox"/>	}	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		

D. Smoking

- D1. Does patient smoke daily ?

<input type="checkbox"/>	<input type="checkbox"/>	}	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		

E. Drinking

- E1. Does patient drink > 14 drinks/wk (W) or 21 (M) ?

<input type="checkbox"/>	<input type="checkbox"/>	}	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		

Note: YES to ANY of the questions in a group (A, B, C, D or E) equals RISK.

HPH DOC-ACT MODEL

Assess and document the health promotion services you provide

3. Activation of skills

STANDARD 3. Enhancing people-centered health care and user involvement

Substandard 3: Patient and provider communication

3.3.2. Our organization trains staff in techniques that improve communication and patient-centeredness. This applies to both written and oral communication through methods such as plain language or teach-back techniques.

Laboratorio Reti Cliniche / Rete HPH FVG
26 maggio, 10 giugno, 17 settembre
2026 - Evento accreditato



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**CLINICAL NETWORKS AND HEALTH LITERACY LABORATORY: IMPLEMENTATION AND USE OF
ISS COMMUNICATION MANUALS**

Handbooks of National Institute of Health for COMMUNICATION IN HEALTHCARE ORGANIZATIONS



Structured as Guideline Documents

- They guide professionals toward improving the **quality of care**
- They quantify and analytically evaluate the **quality of communication with patients and families**
- They serve as a **tool for assessing and self-assessing the skills of healthcare** professionals in public, private, and non-profit organizations
- They increase **professionals' awareness of patients' psychological and practical problems** with continuous reference to concrete situations, accompanied by proposed solutions
- They facilitate the **development of a sensitivity that allows for a deeper understanding of the powerful emotions of fear, hope, anguish, delusion, and loneliness** that characterize the experience of every patient and their family

Substandard 1: Responsiveness to care needs

3.1.1. Our organization partners with patients, their families, and caregivers to develop procedures to assess patients' health needs.

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Allegato 1

PUBLIC NOTICE FOR EXPRESSIONS OF INTEREST BY PATIENT ASSOCIATIONS



REGIONE AUTONOMA
FRIULI VENEZIA GIULIA

UDINE, 25 FEBBRAIO 2026



TOGETHER IN CLINICAL NETWORKS: THE VALUE OF ASSOCIATIONS

UDINE - OSPEDALE S. MARIA DELLA MISERICORDIA
SALA POLIFUNZIONALE (SOTTO LA CHIESA)

- The selection of patient associations in clinical networks is structured and their active participation enhanced



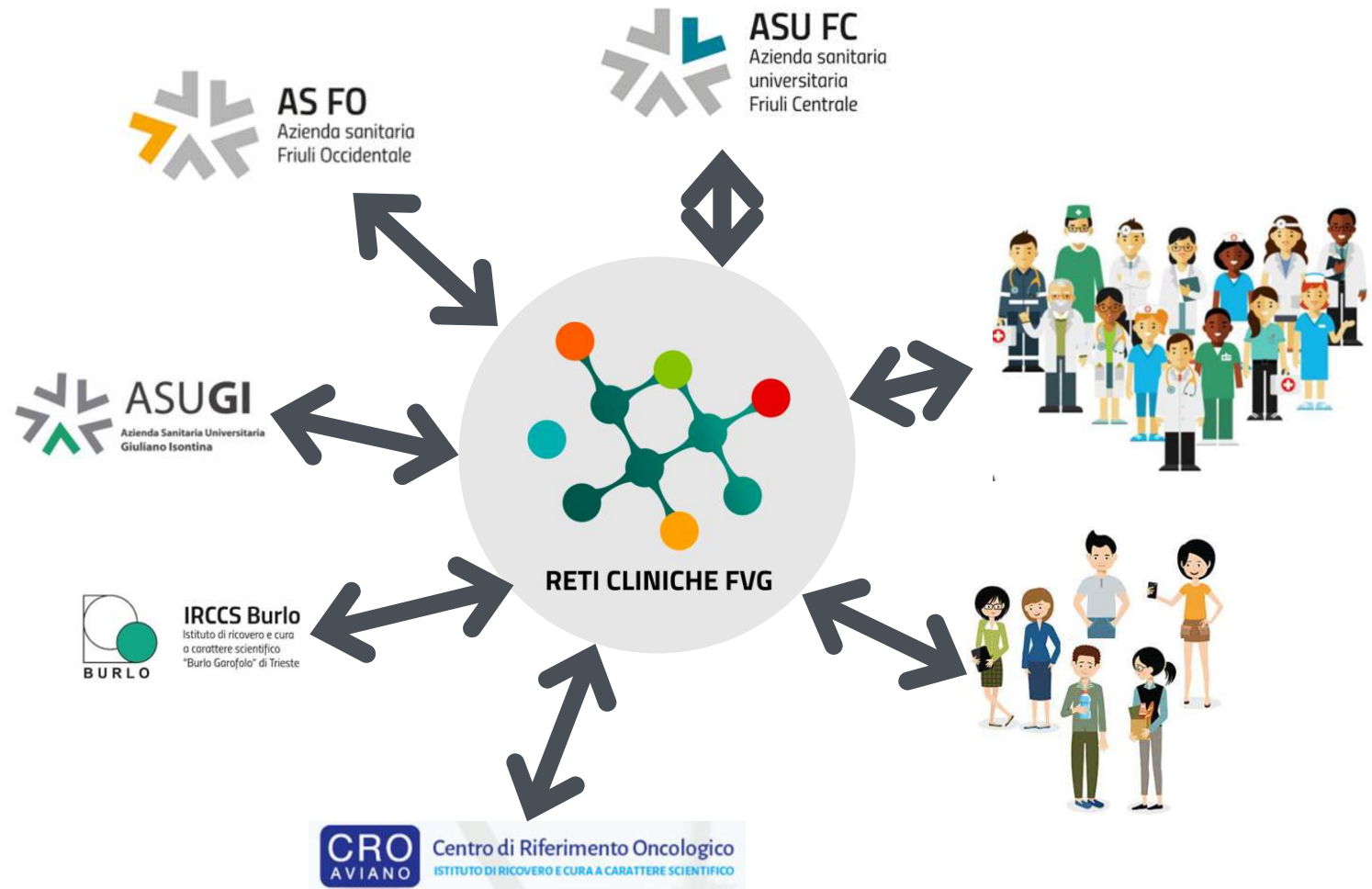
STANDARD 2. Ensuring access to the service

Substandard 1: Responsiveness to care needs

3.3.1. Our organization implements patient-centered communication and shared decision-making as the main tools to support an active role of patients and families in their care.

»»» CLOSE CONNECTION WITH HEALTHCARE COMPANIES, PROFESSIONALS AND CITIZENS.

»»» PRODUCTION OF CONTENT SHARED WITH PATIENTS AND SCIENTIFICALLY VALIDATED BY PROFESSIONALS



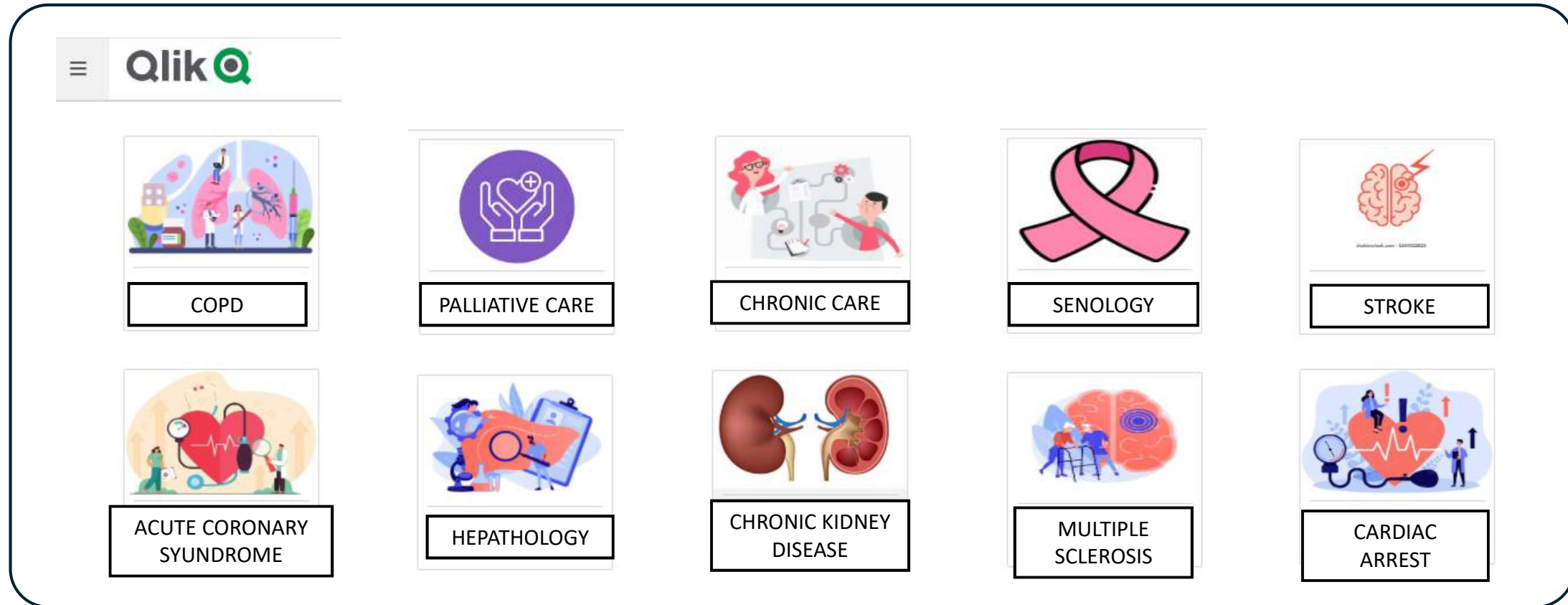
WEB SITE AND SOCIAL



STANDARD 1. Demonstrating organizational commitment for HPH

Substandard 3: Monitoring, implementation, and evaluation

1.3.3. Our procedures and interventions for the improvement of health outcomes are periodically evaluated.



- The indicators defined by the Clinical Networks are accessible to professionals for verification and benchmarking processes

8. Trombolisi su pazienti ricoverati per ictus

THROMBOLYSIS (%)

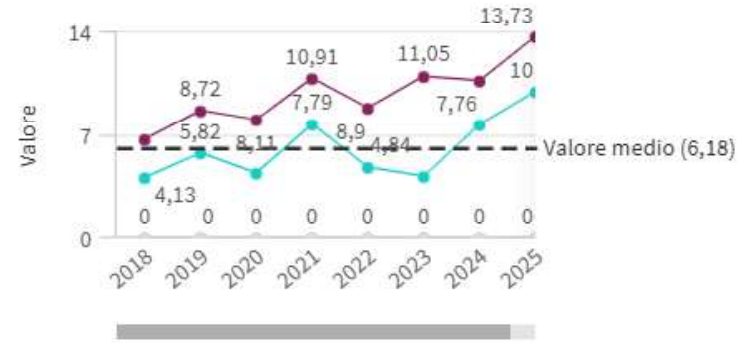


THROMBOLYSIS (NUMBER)

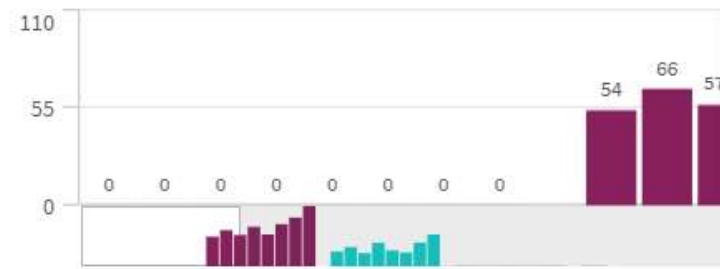


9. Trombectomie su pazienti ricoverati per ictus

THROMBECTOMY (%)

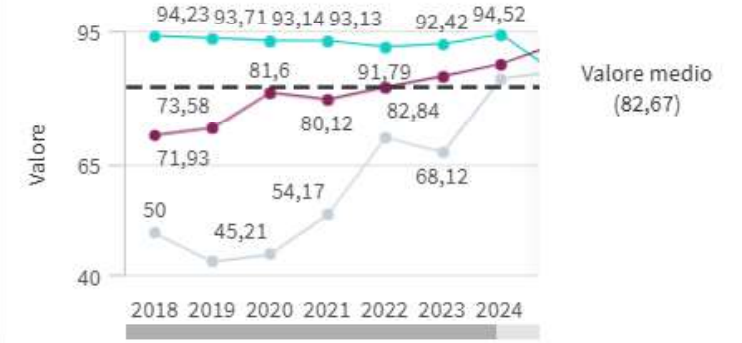


THROMBECTOMY (NUMBER)

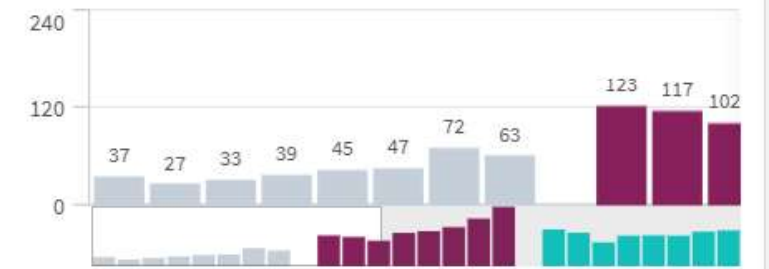


10. Angio TC su pazienti soggetti a terapia

CT SCAN ANGIOGRAPHY (%)

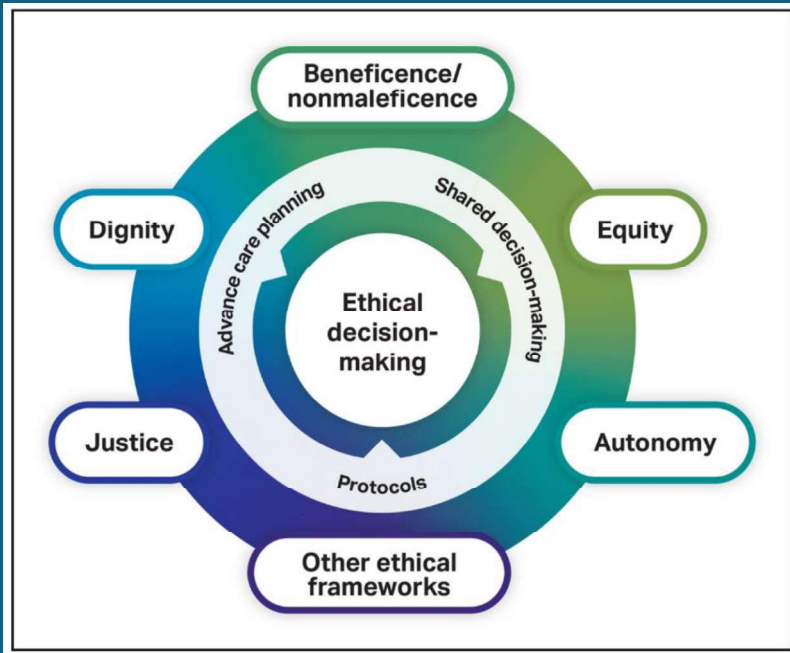


CT SCAN ANGIOGRAPHY (NUMBER)



- The ability for professionals to verify indicators plays a crucial role in determining changes in service delivery

<https://arcs.sanita.fvg.it/reti-cliniche/reti-cliniche-di-patologia>



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