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"Health Promoting Hospitals
in the 21st Century:
Challenges and Opportunities,
Strategies and Scenarios for
Patients, Staff, Communities
and the Hospital as an
Organisation"

Abstract Book



**Health
Promoting
Hospitals**

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Health Promoting
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**Ludwig
Boltzmann-
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Plenary 1 – Opening Keynotes

HPH on its way into the 21st century - a general introduction

Pelikan, Jürgen M.

HPH looks back on its first decade of existence. The turn of the century is a good point in time to look back on the past: What can be learnt from the experiences of the last 10 years with regard to supportive and problematic conditions for HPH development? And what trends might be expected for the coming decade: What old and new challenges do/ will hospitals have to face, and what might health promotion have to offer to hospitals in this situation? In which direction should we further develop HPH strategies to make HPH an attractive contribution to hospital and health promotion development at the beginning of the 21st century?

What did we set out to do – and what did we achieve?

- What were our initial goals?
- What strategies were developed and applied for working towards the overall goal?
- What effects could be achieved by these strategies, and in how far did they contribute to reaching the overall goal?
- What were furthering, what were hindering factors for HPH developments?

What factors will influence, what trends will characterise hospital development in the coming 10 years?

- What will be the opportunities and challenges for hospital development in the coming 10 years?
- What political, legal, financial, technological, scientific, professional and epidemiological developments are likely to

shape hospital developments in the next decade?

In what direction will health promotion develop in the coming decade?

- What will be the opportunities and challenges for health promotion in the coming decade?
- What trends are likely to shape health promotion development (e.g. the evidence movement)?

What are the strategic options for further HPH development against the background of our own experiences of the last 10 years and the expected health care and health promotion developments?

- Does it make sense to continue HPH – and if yes:
- What should be continued in the same way as in the last 10 years?
- What minor adaptations might be necessary/ desirable?
- What major adaptations might be necessary/ desirable?

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HPH on its way into the 21st century – the Greek situation

Tountas, Yannis

In 1992 Araithaieion Hospital of Athens became a member of the European Network of Health Promoting Hospitals. For five years we systematically influenced hospital mentality in order to put forward and into practice the objectives and visions of the HPH movement. We encountered difficulties, which to some extent we surpassed. We managed to organise programs for the improvement of patients' health, the

improvement of working conditions of employees and managed to positively change in many ways the hospital's organisational functioning. Nevertheless, we did not achieve in prioritising the HPH concept or in raising it to an integral part of everyday participating activities for both hospital staff and hospital administration.

When we thus began to create the National HPH Network three years ago with the participation of 7 hospitals in the major Athens area, we knew that it would take a lot more work to put forth the program. The structure and function of both private and public hospitals in Greece pose serious obstacles to their participation in the HPH movement. Public hospitals have serious financial problems and out of date forms of administration while the private sector is dominated by a small number of highly profitable hospitals which are yet unaccustomed to the ideas of the HPH. Being in a country like Greece though gives us hopes for the future outcome of our attempts. We can hold on to the fact that the modern Health Promoting Hospital is the best possible interpretation of the ancient Hellenic Asklepian hospitals. History tells us that these were built near the most beautiful locations of the Greek country side, near ancient theatres and athletic stadiums fulfilling in the best possible way the cause of physical, psychological and social well being and connecting health to culture, and the physical environment.

This year the Greek network of HPH is having new hospital members, from all over Greece. With a more formal structure and with the experience gained so far, we believe that a lot more can be achieved in the years to come.

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Plenary 2 – Plenary Lectures and Panel Discussion

Constructing the hospital patient as contextualised citizen – the case for promoting health through the application of the Neuman's Model of Nursing

Cruse-Jungling, Sue

Nursing offers many opportunities to promote health as well as a number of barriers. Nurses have the opportunity to promote health through their access to and credibility with the patient and they operate in a climate which increasingly endorses patient participation, with the patient seen as contextualised citizen. If nurses are to promote health effectively, health promotion needs to fit with their view of nursing, nurses need to believe that they have something to contribute to the health promotion endeavour and they need to be equipped with adequate knowledge, skills and mechanisms. The Health Promoting Hospital offers an organisational setting which is committed to promoting the health of the contextualised citizen. The nurse within such a setting needs to be able to respond appropriately. It is my intention to propose that an efficient and effective response will best be facilitated through the framework of the Neuman Model of Nursing which is an extensively tried and tested model and highly respected within many nursing spheres.

Why use a model?

A model not only describes what is but also provides a framework for making decisions about what could be. It gives direction for assessment, guidance in analysis and assistance in planning and evaluation.

What defines a useful model?

Such a model's features include social congruence, social significance and social utility. Questions asked include: is there congruence with society's expectations of nursing, does nursing action based on the model make a difference to patients, is the model of value to the profession?

The Neuman Model of Nursing

This model facilitates exploration of the contextualised citizen's health, seeing people as in constant interaction with their environments. The model aims to maintain optimum levels of wellness by purposeful interventions to reduce stress factors. Stressors are seen as intra-, inter- or extra-personal.

Why use the Neuman Model of Nursing within a Health Promoting Hospital? There is congruence in philosophy between HPH and the model. The model structures the nursing approach, allowing nurses to view the whole person who has presented as patient and identify the areas for focus and negotiated action. The model structures the hospital nurse's public health endeavour, facilitating optimal use of limited time.

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Health promotion for hospital patients – the perspective of the medical profession

Jorgenson, Svend Juul

The primary objective for the hospital is to deliver health care services including care, treatment, education and health promotion to patients in the hospitals' responsibility. Health promotion and preventive activities should be directed to the

patients and take their background in the actual needs of the patients. The activity will have elements of primary prevention, but the needs of the large groups of patients with chronic diseases are mainly secondary and tertiary preventive activities and rehabilitation. Health promotion in hospitals should meet the same standards as other elements of the care: They should take their basis in significant and concrete needs, they should be designed to meet these needs and the efficacy of the activities should be evaluated. The medical profession has the obligation to identify significant health problems and the health promoting activities to meet them, to ensure implementing, to spread the knowledge about it in the organisation and to document the effect of the activity.

These principles can be illustrated through newly established programs for health promotion.

Analysis of the complication rate in patients with alcohol abuse undergoing surgery revealed a significantly increased postoperative morbidity and mortality. A prospective, randomised clinical trial proved that preoperative control of alcohol intake was possible and that the intervention resulted in significant reduction in complication rate and postoperative mortality (Tønnesen, Brit. Journal of Surgery, 1999). Clinical guidelines for preoperative alcohol intervention in surgical patients is now being implemented.

In a case based data base including risk factors, outcome factors and complications a strong correlation between smoking and surgical complications was found. A prospective, randomised clinical trial was initiated. It has demonstrated that preoperative intervention in cigarette smoking patients to undergo planned surgery is feasible. If the trial proves the efficacy of the intervention new clinical guide lines for smoking patients to undergo planned surgery must be established.

A large group of diabetic patients of Pakistani origin was found to have poor compliance to diet and

medical treatment. A deeper analysis of the problem revealed, that this group of patients' understanding of the disease was quite different from the staffs expectations. An educational program tailored to the cultural and religious background of this group proved to be effective in improving the diabetic status and is now implemented in the hospital. It forms the basis for similar programs in other hospitals (J. Vibe Petersen, 1999).

These examples demonstrate the development of evidence based programs for health promotion in hospital patients. The approach is identical to developing and implementing programs for treatment and care and a thorough evaluation of the effectiveness of the programs was carried out. The initiative to the programs came from the professionals and they never doubted the ownership. There is a growing awareness of the needs of a large and increasing group of patients living with chronic diseases and the lack of effective therapy in serious life style related diseases. The expertise and engagement of the medical profession is necessary in intensifying the health promoting measures of the hospitals.

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Plenary 3 – Plenary Lectures

Health promotion for hospital staff – challenges, objectives and strategies at the beginning of the 21st century

Caillard, Jean-Francois

Today's hospitals are confronted with four great challenges:
1. the reduction of their re-

sources which bring about a need for restructuring of settings, aiming at a better utilisation of the financial and human capacities; 2. the obligation to meet the needs of the changing societies, in which unemployment, precariousness and violence are increasing; 3. the growing complexity of work which is brought about by the evolution of care techniques, quality assurance and certification procedures; 4. the ageing of the work-force.

In order to face these new constraints for hospital staff, occupational health professionals cannot only set out to prevent traditional risks (risk of infections, risk of diseases, physical, chemical, musculo-skeletal, psychological risks, ...) but must follow two additional objectives: 1) to develop strategies aiming at maintaining the working capacity of each individual at its best, and 2) to facilitate a participative approach in aiming to influence the organisation of work. Health Promoting Hospitals provide an opportunity to implement the principles edited by the WHO/ILO Joint Committee in 1995: 1) the maintenance and promotion of workers' health and working capacity. 2) the improvement of working environment and work to become conducive to safety and health; 3) the development of work organisations and working cultures towards a direction which supports health and safety at work and, in doing so, also promotes a positive social climate and smooth operation, and may enhance the productivity of the whole enterprises.

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Hospitals – new roles for a new millennium

Cernak, Keith

Objectives: Hospitals can transform their role from reactively treating people when they are ill to becoming proactive vehicles for the community health improvement. In Seattle, Washington a unique alliance of six hospitals competitors has created a new collaborative standard of community health improvement called "Partners For A Healthier Community" ("Partners").

Target Group: Hospitals.

Method: "Partners", pushing the early detection of population-based health problems and community empowerment to a higher level has redefined the role its hospitals have in the community. By launching initiatives in domestic violence, workplace violence, breast cancer, preventing violence in schools and pregnancy risk reduction, "Partners" has extended the traditional boundaries of its hospitals. For example, in domestic violence "Partners" has trained its hospitals in early recognition increasing victim referrals 143% while simultaneously reaching out to increase shelter capacity 50%.

Results: "Partners" has now become the major national model of community health improvement in the United States. In 1999 it received the prestigious national Premier Cares Award and "Partners" initiatives are being introduced to Premier's two thousand affiliate hospital systems throughout the U.S. In 1998 "Partners" received the American Hospital Association's award for community health improvement in Washington D.C.

Conclusions & Relevance to HPH: "Partners" structure is an innovative outcome based approach that can be replicated by any hospital.

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From hospitals to integrated health care delivery networks and health as a consumable product: challenges in creating Health Promoting Hospital Organisations

Hildebrandt, Helmut

All over the world, hospitals are facing a time of rapid change. Looking forward into the 21st century, we will have to deal with some mega-trends, that are nearly similar in different countries with only gradual variation and a difference in the number of years we have to adopt:

Hospitals are developing from their historically grown role as charitable organisations into enterprises in a competitively organised health care market.

- Hospitals are developing from organisations that concentrate on delivering in-patient care and focus on highly specific acute care towards organisations that deliver the whole health care spectrum and serve for the health of populations.
- Health care itself is changing with the rising of new technological possibilities (e.g. minimal surgery, individually oriented drugs, gene therapy, internet based information tools), and cultural and financial changes will make health and health care a more and more privately paid consumable product of wellness, beauty and longevity.

The underlying reasons for these developments are characterised by modern buzz-words like cost containment, effectiveness and efficiency on the one hand and individual preferences and willingness to pay for health and wellness on the other hand and are connected by the phenomenon of globalisation, differentiation and international competition.

After lining out these trends the presentation will concentrate on the question of how far HPH

can contribute to adequately coping with these mega-trends and which lines of further developments should be adopted, focusing on financially healthy and sustainable hospital organisations.

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Session 1.3 Workshop "Health Promoting Mental Health Care Services"

A collaborative programme to re-orient adult mental health hospital and community services

Elliott, Iris

This paper will describe the process and learning from a 3 year collaborative programme developed by Irish National Health Promoting Hospitals Network, the Health Promotion Department and the Adult Mental Health Services of the Eastern Health Board. The Programme commenced in 1999.

Aims: To re-orient the mental health services to a health promotion approach.

Objectives: 1) increase the knowledge, understanding and interest of all mental health practitioners in health promotion; 2) assist practitioners in identifying the existing health promotion work in their service; 3) provide fora wherein practitioners can develop ideas for building upon existing health promotion work, based on assessed need; 4) assist practitioners identify supports and potential healthy alliances for their health promotion work; 5) develop a number of effective approaches to hospital and community based mental health promotion; 6) transfer success-

fully evaluated initiatives to other regions and sectors; 7) disseminate learning to peer practitioners, and policy and service decision-makers

Target group: Inter-disciplinary Practitioners in the Adult Mental Health Services

Methods: Year 1: Seminar on HPH –Regional training for inter-disciplinary groups; Submissions of pilot proposals. Year 2: Selection and support of pilot initiatives; Dissemination Seminar of pilot findings; Planning for transference of successful initiatives. Year 3: Transfer of successful initiatives; Dissemination of process and learning of the Programme

Results: The Seminar and Training have been positively evaluated. By June 2000, process evaluation of the initiatives and Programme will be available.

Conclusions: It is early in the Programme to draw conclusions. The process of the Programme has developed strong relationships between the three partners.

Link to HPH topic: The HPH approach is the process through which the mental health hospital and community services are developing a health promotion focus.

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Co-operation of the child psychiatric clinic with schools: an intervention aiming at prevention

Koumi, Ioanna

The programme "Smoking prevention in adolescence: A school-based action" had the aim to implement and assess an intervention focussing on smoking prevention among adolescents, during the school year 1998-99. The objective was to involve students (peer leaders) in the development and delivery of the intervention,

by means of their own sensitisation, and later influence on the target group (whole school population). This was achieved via working groups facilitated by both child mental health professional and teachers. The groups produced audio-visual material with antismoking messages, which was presented to the target population. The intervention took place in 3 schools (experimental group N=475). Comparisons were made to a fourth, control school (N=320) in Athens. Methods of assessment were both quantitative (questionnaires) and qualitative (focus groups). Changes were observed for the experimental group in the parameters of antismoking attitude and self-concept relating to health issues. The co-operation of the Child Psychiatric Unit with schools is further discussed.

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The future of consultation – liaison psychiatry Sakkas, Paul

Consultation – Liaison Psychiatry, is a subspecialty of Psychiatry, which deals with psychiatric problems inside the framework of the General Hospital. In our presentation, we describe the present status of C-L Psychiatry in Greece. We elucidated the problems and the opportunities of expansion for C-L Psychiatry in many domains of the General Hospital, based on our experience. Finally, we make some suggestions for the future, relating CL psychiatry with the primary care.

The most common problem that Psychiatry has, inside the General Hospital, is its lack of communication with the rest of the medical community. The new domain of consultation liaison services is to reveal the underline psychiatric disorders

in many patients, who are presented to the physicians, with somatic symptoms. Also, CL psychiatrist's major target is to teach the medical and nursing staff of the general hospital to adapt a holistic view towards every patient.

CL service is one of the first units of the General Hospital, which has to look over the fence of the hospital, toward the community. In order to detect psychosocial problems of the patients, and resolve them, CL services have to expand their network to the community. CL psychiatry could play a major role in the prevention, teaching primary care physicians how to recognise and how to handle psychopathology, and increase their sensitivity on psychiatric aspects of somatic symptoms.

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Mental health promotion through the psychological preparation of children and parents in hospitals for surgery

Athanassiadou, Eftychia
Tsiantis, John

It is well known that hospitalisation and surgery is a very stressful experience, especially for children and their parents. The main goal of the present study was to develop a structured preparation program for children and their mothers and test its effectiveness in helping children cope with the experience.

Our sample were 91 children, 4 to 10 years old with their mothers, who were admitted for elective Ear, Nose and Throat Surgery.

This experimental study investigated the importance of preparing the child and the mother psychologically for surgery, by

comparing two groups of children, intervention and control. Factors such as the mother's distress for the surgery, and the child's previous admissions to the hospital, were also examined through factorial analysis, for their effect on the child's distress during the surgical procedure, and his psychopathological reactions ten days later.

Results showed that children aged 4 to 6 years had less psychopathological reactions after surgery when they had received the preparation program and mothers were less distressed.

In conclusion, the implementation of preparation programs in hospitals for children and parents for surgery can promote the patient's mental health by preventing adverse psychological effects of hospitalisation and surgery.

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Session 1.4 **Chronic Disease I: Diabetes and Metabolic Disorders**

Program for designing dietetic recommendations for patients with diabetes mellitus; hypertension and hyperlipidemia during the period of Ramadan

Chatzipantazi, Petroula

The Sismanoglion Hospital of Athens has since 1992 been the supporting hospital of the National Telemedicine Network. It is connected with twenty remote areas, spread across the county. Thus, the community of the hospital ranges far away from its conventional borders.

The hospital's specialists have long known that the attitude and co-operation of patients with

chronic diseases is greatly affected by their social and cultural traditions.

In this paper we present the collaboration of the Advisory Centre of Nutrition and the Telemedicine Unit of the hospital with the Health Care Centre of Echinós (north-east Greece) in the dietetic education of patients, who are Muslim by religion, with diabetes mellitus, hypertension and hyperlipidemia, during the period of Ramadan.

The education of the patients was delivered through the telemedicine system. The dietetic recommendations were tailored to their religious and cultural beliefs. Traditional recipes were collected and their sodium, fat and protein proportions were altered while the characteristics of the meals were respected. After that, the patients were educated on how they could follow their program during the period of Ramadan when the main meals are during the night. The 125 patients who participated in the program had better laboratory results than the others who didn't. They felt satisfied in keeping their traditions and continuity of their therapy was achieved.

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Integrated care pathways for pregnant women with diabetes

Gray, Jane

Background: The Woman's Health Unit at the University Hospital of Wales has been responsible for providing a high standard of care for pregnant women with diabetes. This has been achieved by close communication with our Obstetric and Medical colleagues.

Clinical Practise: However, it was noticeable that the standard of care could vary depending on the staff available for the joint obstetric/ medical clinic, held on a weekly basis. This led to inconsistent 1) information to the mothers; 2) treatment; 3) care.

Audit, Evaluation of Results and Subsequent Tool for Standardising Care: In devising a standardised care pathway for these mothers, the author, in addition to a literature review, collated data examining pregnancy outcomes for 105 mothers over a 4 year period.

Internal and External Stakeholders were involved in the care pathway, which is now in practical use.

Evaluation of Care Pathway: It is to be hoped that information for the pathway's evaluation will be available by September 2000. This will then be followed by an evaluation of pregnancy outcomes.

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Variable success in permanent care of individuals having features of the Metabolic Syndrome X

Halmos, Tamas

Since 1988 it is widely accepted, that abdominal obesity, hypertension, dyslipidemia, carbohydrate intolerance, blood clotting disorders form a syndrome which is a cluster of risk factors towards myocardial infarct and stroke as well. It is believed that modifying lifestyle, introducing healthier nutrition and to treat the above mentioned anomalies might help to avoid fatal outcomes.

Our aim was to: use a complex successful treatment procedure to over 600 registered patients. Average observation periods were: 5, ½ years (+ 2, 3 years).

Result: drug therapy proved to be most effective. Over 85% took regular antihypertensive blood sugar and lipid lowering drugs, but only a minority (5%) was able to changed life-style and diet radically.

Conclusion: This points out the lack of patient education and failure in persuasion efforts. HP-hospitals should therefore adopt a holistic care for these targeted endangered patients.

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Session 1.5

Health Promoting Hospitals in their Communities I

The creative hospital

Hooper, Leslie

This concerns the development of hospital based arts and environment programme which actively engages the surrounding community in its delivery.

Projects that enhance the hospital environment are linked to education and training which benefits from the participation of a wide range of user groups and special needs. The current range of projects encompasses the visual and performing arts, radio production and landscape design.

In this, the hospital is beginning to play an important, and unique role in nurturing creativity in its neighbourhood, as well as enhancing the environmental well being of its staff and users.

The presentation describes a case study at South Tyneside District Hospital. This is an active partnership using hospital courtyard projects in the training of unemployed young adults in design and construction awareness, addressing the access needs of the elderly and disabled. Associates include the local authority (EU funding

sources), University of Sunderland, local environmental agencies and resident groups.

These skills are then extrapolated in the wider public context.

This is an example where the HPH is able to assist the development of a valuable environmental resource for the community it serves.

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Hospital challenge day: a successful outcome

Mc Acree-Murphy, Jacinta

Objectives: 1) To achieve better communications between the hospital staff and the public. 2) To increase public awareness of healthier choices available. 3) Increase the uptake of the staff and the public, choosing the healthier option by taking exercises. 4) To motivate people of all ages and social levels whether able or disabled to take 15 minutes of physical activity during challenge day.

Methodology: 1) Initial contact with hospital management for permission and support to hold the event. 2) Canvas for and compile short-term planning committee. 3) Discuss and coordinate content of programmes to meet local health care needs. 4) Elicit the commitment and the co-operation of management, medical, nursing, allied services, voluntary and statutory agencies in the preparation and delivery of hospital challenge day. 5) Development of a communication strategy to ensure that the objectives were met. 6) Audit and evaluation.

Results: Hospital Challenge day was a success. Monaghan General Hospital was awarded 1st place Nationally in the

category < 500 beds in 1998 and in 1999.

Conclusion: The planning for this particular initiative commenced in July 1998, following initial discussions with management for permission to stage the event. The theme of the event was that "exercise can be fun and enjoyable" In my opinion, this initiative was a qualified success. The event was captured on a home video and this record provides the audience with an overview into how successful the day was. This recording provides me with an independent audit tool. Already staff are asking when the next one will be held. An edited transcript of this video broadcast will be available to be seen at the forthcoming conference for your appraisal. The success of this event has been phenomenal.

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A community friendly hospital

Petricek, Stefan

Presented are some of the Institute's community aimed projects: "Stop Lung Cancer", "Asthma School", "Mediform" and "Preventing Osteoporosis", namely.

For each of these three particular projects the aims, specific target groups and preliminary results are given. Methods used include: school-based program for prevention of smoking, educational programs on nutrition and occupational carcinogens, dissemination of leaflets, booklets, posters, in-site visits, training handling the MDI activities, oral communications and special web-sites: www.viapvt.sk and www.viapvt.sk/stoprakovinepluc.htm.

Note is also given to the non-smoking policy of the Institute, due both to its highly specific profile of services and to the health care non-smoking policy in Slovakia (which is, though, not the case in all health care facilities).

The Institute of TB and Respiratory Diseases in Nitra is a medium-sized facility, providing complex preventive, diagnostic and curative services to a catchment area of one million inhabitants of West and Middle Slovakia. Substituting some district departments of respiratory diseases, it serves also as a Regional Respiratory Diseases Hospital.

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Capacity building: working with the community to improve the status of young people experiencing depression

Critchley, Anthony

Aim: Developing partnerships with the local community to respond to adolescent depression

Method: Establishment of a Mood Disorders Program for young people with associated professional training services

Target Groups: Young people (12-18years), education counselors, medical staff and welfare groups.

Depression frequently has its first onset in adolescence and increasingly in younger people. Young people are the fastest growing age group of sufferers with up to one in four young people experiencing an episode of major depression by the time they are 18 years old. In local and international prevalence studies, 2-7% of adolescents have been identified as being depressed, anxious or withdrawn.

In 1997 the Australian National Health & Medical Research

Council published a set of clinical practice guidelines for working with young people experiencing depression. A key strategy undertaken by the author as part of the Hunter Area Health Service was to develop collaborative partnerships with the local community to ensure that relevant professionals had access to information, training and services. The unit undertook research, education, training and clinical interventions and assisted in the development of appropriate pathways to care for young people at risk of depression &/or suicide ideation.

This paper examines the essential elements of effective collaboration with a local community and outlines the scope of interventions available to health staff within the parameters of a defined mental health problem. Links to HPH: The ability of health services to link with the community in relation to mental health prevention and intervention has been demonstrated to increase the options for young people. All services and consumers benefit from the multimodal and preventive approach to depression in young people.

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Session 1.6

EFQM in Health Promoting Hospitals

Self assessment in a county hospital

Ahlsson, Wilhelm

The county hospital in Bruck/Mur, Austria, is a pilot house for quality management in our company. Since the central

management released us to a self government in questions of quality improvement after giving accompany for a five year term we were interested in what state we were at the moment.

Therefore we initiated a self assessment according to the EFQM model in 1998. In nine major criteria there were a total of 33 questions to be answered. The resulting report was seen by a team of selected assessors. Judgement follows a strict rule where bonus points were given and as a result a list of positive and improvement potentials occurs. A catalogue of measures is a basis for coming work of our Quality Forum.

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Corporate, group and personal identity in the light of the TQM concept of the EFQM: Synergies by resonance of strategic self-modelling and forming on different system levels

Purzner, Karl

In the Psychiatric Hospital of the City of Vienna we try to facilitate development and promote health by working out on the conceptual level a general integrative meta-concept of a health promoting way of modelling and forming psychosocial entities. On the pragmatic level we try then to work with this concept in practice and education/ training. At this conference we want to present the conceptual part of our efforts. It consists of developing a meta-concept around the thesis, that the vitality of any social entity can be increased by a strategic approach towards its own development. This means, that we have to have a basis of strategic self-modelling in order to strategically form or develop any

respective social unit or entity, be it an individual, a group or the whole organisation. Strategic modelling requires focusing on risks + chances in the environment and on weaknesses and strengths of the self and the relation between the two. Our thesis is, that a successful conceptual and pragmatic integration of strategic self-modelling and -forming for individuals, groups and institutions leads to a strong resonance between health promotion effects on these different system levels and thus activates synergetic potentials. One of the meta-concepts we use is the logic of the TQM concept of the EFQM. We will try to show, how this concept can help us to unify conceptual and later on pragmatic efforts of health promotion in hospitals.

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Handbook for applying the EFQM Excellence Model in Health Promoting Hospitals

Schmidt, Werner

Alsen, Hans

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Hospital development in Europe at the outset of the 21st century is marked by the increased acceptance of Quality Management. More hospitals than ever are successfully utilising the EFQM Excellence Model. These general developments have fundamental consequences for the HPH concept. It may now be assumed that combining the HPH approach with the EFQM model will bring significant added value to Health Outcomes in hospitals. In this context the authors will report on the concept and methodological configuration of a handbook on combining the goals of HPH with the EFQM model. By structuring HPH goals and indicators according to the criteria and sub-criteria of the EFQM model, this hand-

book will be a useful instrument for quality self-assessment and the development of internal quality management in Health Promoting Hospitals.

This handbook is being created by a German working group in co-operation with the HPH Collaborating Centre of Vienna's Ludwig Boltzmann-Institute.

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Session 1.7

Patient Education and Information

Information needs of the ICU patient, a Belgian experience

Dumont, Jacques
Ros, Isabelle
Vincent, Jean-Louis

Objectives: to assess the information needs of patients admitted to the intensive care unit (ICU), and to identify possible methods to improve the information given.

Design: questionnaire.

Setting: 31 bed mixed medico-surgical ICU.

Target group: 50 ICU patients treated following elective cardiac, neuro, thoracic, or vascular surgery.

Main results: Thirty-four of 41 (83%) patients felt that it is necessary to receive information during the ICU stay, with oral communication being seen as the most valuable method of communicating, followed by a brochure. Thirty-six of 41 (88%) patients felt it would be valuable to receive information about their stay in advance.

In general, patients would have preferred to receive more information than they were given.

Conclusions: Many ICU patients would like to receive more information than they are given and would like to receive this prior to their ICU stay. Good verbal staff/ patient communication is essential and the use of a brochure may also facilitate the transfer of information. (Cl. Intensive Care 2000 11-1)

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Patient health education: the chief physician's viewpoint

Miseviciene, Irena
Milasauskiene, Zemyna

The aim of the study was to investigate the attitudes of chiefs of clinical departments towards health education for patients in Lithuanian HPH network hospitals.

Target group: 63 chiefs of 9 hospitals of Lithuanian HPH network.

Methods: survey by an anonymous questionnaire.

Results. The response rate was 67%. The majority (89,2%) of chief-physicians answered that health education of patients is provided quite well in clinical departments. Half (41,9%) of them agree that health education must be carried out by nurses and physicians together and health educators could support this work very successfully. Absence of traditions (63,3%), lack of knowledge and skills (45,8%) lack of time (45,5%) and funds (36,4%) were listed as major reasons of insufficient health education. The majority of chief physicians (79,5%) believe that health education of patients can improve the quality of care.

Conclusion: Chief physicians of clinical departments in the Lithuanian HPH network hospitals

have a positive attitude towards patients' health education and are willing to support health promotion and disease prevention programmes in their departments.

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Staff co-operation and patient information makes the difference

Nowak, Peter
Berger, Anna

The project "Quality in the hospital", initiated by the Austrian Federal Ministry for Labour, Health and Social Affairs, brings together 11 hospitals from all over Austria, who work on four major topics for quality improvement in a benchmarking, intervention and evaluation process. The overarching aim of the three year project is the improvement of patient and staff orientation, health gain and cost effectiveness.

Within the Model Project on Admission and Discharge Management, four hospitals defined in a benchmarking process common aims and objectives for quality improvement in this field. Six different evaluation instruments were developed. One of these instruments is a patient questionnaire. The results of this survey showed that patient satisfaction with the hospital stay and the subjective well-being after discharge are closely connected to the patients' perspective on staff co-operation, and to information and empowerment strategies during admission and discharge.

The participating hospitals developed measures on these issues. Among these are: -) development and implementation of guidelines for the discharge preparation; -) development of communication structures between intra- and extramural care;

Selected results and measures will be presented and discussed.

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Education, Health Economy and Quality

Bonniol, Vincent

We propose here to try to clarify the bond between these three constraints, these three resources, these three springs on which rests our medical system. Quality in health implies today: Respect of the standards and the laws (minimum), Research of common and strong objectives, evaluation of the attack of these objectives, and much more.

Health economy is the consensus object of objectives in the Western world: To reduce the explosion of health care expenditure of health, to decrease the inequalities of access to health, to improve quality of the service, and its efficiency. Health education is able to achieve its goals.

The goal of this intervention is not to say that health education is the miracle cure. It is simply a question of suggesting that its development is a necessary condition to the improvement of public health management. It appears today fundamental to post that the current constraints, which rest on the Western medical systems, are perfectly joined with the objectives and the means of health education, and of prevention in general.

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**Integrative healthcare
hospital mainstream
medicine and lifestyle
modification to improve
empowerment of patients.**

Dobos, Gustav
Deuse, Ulrich
Michalsen, Andreas

Disease is a multifactorial event. Besides genetic preconditions, lifestyle plays an important role in the development of chronic diseases. Increasingly patients are motivated to improve their health through change of unhealthy lifestyles. Simultaneously the European health care systems face scarce financial resources.

On July 1st, 1999 the Department of Internal and Integrative Medicine of Kliniken Essen Mitte, Germany, was opened. As a model institution the aim is to integrate classical German, scientifically proven Naturopathy into clinical care and university research which is closely co-operating with the different departments of the hospital. The specific lifestyle modification program was developed in co-operation with the Mind & Body Medical Institute of the Harvard Medical School. It includes relaxation techniques, training in nutrition, exercise, group support, cognitive restructuring and stress management.

Patients suffer mainly from chronic pain or from an acute exacerbation of a chronic internal disease. From the beginning of the hospitalisation, patients get acquainted with the specific lifestyle modification, in addition to the regular mainstream medical care. If necessary, patients can be integrated subsequently in a 10-week out-patient program to intensify their training. The program will be accompanied by an intensive quality control and outcome evaluation with long-term follow-ups. Preliminary results show a broad acceptance of the program and an increased empowerment of the patient in self-help strategies.

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Session 1.8 Alcohol and Tobacco Interventions for Hospital Patients

Health promoting hospitals: a project for a smoke free hospital

Arpesella, Marisa
Triarico, Antonio
Tornese, Roberta

Objectives: 1) To promote healthy life style in the hospital; 2) to obtain smoke free environments; 3) To enable staff to promote health in the hospital.

Methods: Target groups will be:

1) patients of Lombardia Region hospital; 2) the staff which consists of: physicians 18%, nurses 43%, auxiliaries 22,5%, technicians 5%, administrative 4,5%, other 7,2%; 3) the community. Actions for patients will be: a) Pointing out patient needs by an anonymous questionnaire; b) providing information about negative effects of smoke by talking with qualified staff; c) organising stop smoking seminars for those patients who wish to give up smoking. Actions for the staff will be: a) Pointing out informative and formative needs of staff by a questionnaire; b) Running a training seminar to enable a group of physicians and nurses to explain the damaging effects of smoking to patients in an appropriate way; c) Organising courses for the staff in order to stop smoking. Actions for the community will be: a) Organising annual local demonstrations on 31st of May, the world non-smoking day, according to the WHO specific theme; b) Installing new non-smoking signs in the hospital.

Conclusions: Permanent training and information for different target groups about non-smoking strategies were very important to reach the objectives previously established.

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Organisation and method of implementation of a systematic health promotion activity towards patients on tobacco and alcohol

Fugleholm, Anne Mette
Kann, Annette
Mundt, Kirsten

Aim: To describe the tool and organisation of a systematic health promotion approach towards patients who smoke daily and/ or have a consumption of alcohol that exceeds the recommendations of the National Board of Health in Denmark.

Target Group: Patients admitted to Bispebjerg Hospital, Copenhagen, Denmark as well as patients with contact to an outpatient clinic at the hospital.

Methods: A new patient record sheet was developed, containing: 1) a systematic record of daily consumption of tobacco and alcohol; 2) a systematic score of dependence of nicotine and alcohol respectively; 3) a systematic prescription of treatment for withdrawal symptoms; 4) counselling on prevention based on the patient's own considerations of change of consumption and 5) systematic information to the general practitioner on discharge.

The sheet is to be filled in for all patients who are admitted to the hospital. The implementation process throughout the hospital is described. The sheet can serve as documentation of the health promotion strategy in this area. The sheet is planned to be built into a model of continuous quality development.

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Is emergency room a potential arena for alcohol intervention?

Jensen, Tommy
Tonnesen, Hanne

Background and objectives: Alcohol abuse is associated with increased risk of major and minor trauma. Patients with minor trauma often stay less than one hour in the hospital, thus reducing the possibility of health promotion interventions.

Aim: To characterise the patients with minor trauma with regard to alcohol consumption and possibility to take part in an interview.

Target group: Trauma patients.

Methods: 592 consecutive adult patients were asked to participate in the study after registration at the emergency room, but before treatment was instituted. 395 were included after informed consent. They were interviewed about their alcohol consumption, and blood samples were drawn for analysis of the biological alcohol marker CDT.

Results: About 2/3 of the patients took their time to participate in the study prior to treatment. 56% of the men and 25% of the women consumed more alcohol than recommended by the Danish National Board of Health (3 and 2 drinks per day respectively), thus requiring counselling/intervention.

Conclusion: The emergency room seems to be a new arena for alcohol intervention among patients with minor trauma.

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A smoke free hospital by the year 2000 – the process of implementing a non-smoking policy

Kann, Anette
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Objectives: To promote health of staff, patients and visitors, ensure that no one is exposed to passive smoking, and support the credibility of the staff in their health promotion counselling on tobacco. In Denmark smoke free hospitals are not part of the legislation.

Aim: To implement a non-smoking policy by the year 2000.

Target groups: Staff, patients and visitors.

Methods: For the last 2 years an interdisciplinary committee has been leading this process. Focus of the first year was the staff. A tobacco-counselling clinic was established. 2 nurses provide counselling and are offering free nicotine products for 6 weeks.

The focus of the second year were patients and visitors. In order to ensure that health promotion counselling on tobacco could be provided by staff, an educational programme and clinical guidelines were developed. Also the tobacco-counselling clinic expanded and treats now patients and their relatives.

Other actions included: installing "no smoking-signs", developing leaflets for staff, patients and visitors, and a strategy to ensure collaboration between the hospital and the primary health care system.

Results: Initially, the policy was met with opposition, but through dialogue the opposition has reduced significantly. The changes towards a smoke free hospital both indoors and outdoors for staff and visitors were performed without notable problems at January 2000. Patients are only allowed to smoke in restricted areas in order to ensure treatment in non-smoking environments.

Conclusions: Successful policy implementation requires long processes, where staff participation and information strategies are of great importance.

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Tobacco cessation programme aimed at pregnant women

Aujoulat, Isabelle
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A Tobacco Information and Cessation Programme was launched in 1998 to help patients, their visitors, and the hospital staff to quit smoking.

The programme is a step by step one: according to the Prochaska & Di Clemente model of behavioural change, it is meant to allow smokers to strengthen their motivation before they quit smoking. Thus, smokers may attend general information sessions, then participate in group meetings (where they receive medical and nutritional advice, and learn about relaxation techniques), and eventually have individual consultations with a physician, specialised in tobaccoology.

Public health projections by the year 2025 in terms of women's morbidity and mortality due to tobacco addiction are most alarming !

Considering pregnancy as an "adequate" or "strategic" moment to offer a woman the opportunity to try and quit smoking, the general Tobacco Information and Cessation Programme of the hospital of Dreux is now being extended to pregnant women, and adjusted to their specific needs.

Further, professional networking is fostered in order to address these needs in the community as well as in the hospi-

tal, and thus to ensure a continuity in "health promoting care" and the maintenance of a non-smoking behaviour after the baby is born.

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Session 2.2 Workshop "Experiences and Trends in Combining Health Promoting Hospitals and EFQM"

Newest developments regarding the EFQM Excellence Model (1999) and their significance for Health Promoting Hospitals will be presented.

The workshop participants will have the opportunity to describe and discuss their experiences on how the HPH concept can be creatively combined with EFQM.

The participants should discuss the prospects for developing a handbook on using the EFQM model in Health Promoting Hospitals.

Session 2.3 Workshop "Health Promotion for Children and Youth"

Protecting young children from confirmed environmental tobacco smoke in hospitals

Kafritsa, Jota
Makris, Antonis
Bakoula, Chryssa

Exposure to environmental tobacco smoke (ETS) is associated with increased respiratory morbidity in children, but few studies have assessed such ex-

posure objectively by urinary cotinine measurement.

AIM: To identify the contribution of smoking patterns, socio-economic, demographic, environmental factors on the degree of passive smoking in children and evaluate the effect of confirmed passive smoking on respiratory morbidity.

Material: 2108 children attending the out patient department of our hospital aged up to 14 years.

Methods: questionnaire and measurement of cotinine to creatinine ratio in spot urine sample.

Results: 73% of children were exposed to ETS, generated by at least one smoker in the household. Urinary cotinine levels were significantly affected by the following factors: cigarettes smoked by parents, child's age, precautions taken by smokers, house surface, day of the week ($p < 0.0001$). Exposed children aged 1-5 years were 3.5 times (95% C.I.: 1.56-7.9, $p = 0.002$) more likely to have increased respiratory morbidity than non-exposed children, after adjustment for potential confounding factors.

Conclusion: ETS is an important but preventable cause of early childhood respiratory morbidity. Based on these results one of our goals remains to stop smoking at least in the hospitals where sick children run into an additional risk due to adult smoking.

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First Aid, what you can do: educational program for school teachers and pupils through the telemedicine system.

Liberopoulou, Georgia

Sismanoglion is a general hospital in Athens and since 1992 it is the „supporter hospital“ of the telemedicine network of the Greek

National Health System. The Telemedicine Unit (T.U.) of Sismanoglion is connected with twenty remote primary health care centres.

The T.U. provides the following services: a) telediagnosis b) Outpatient teleclinics (for patients with chronic diseases) c) tele-education for patients, doctors and nurses d) programs for prevention and promotion of health through the Telemedicine Network.

In this program we present distant education for teachers and pupils from 0-17 years of age at ten schools through the Telemedicine Network (Santorini, Paros, Soufli etc.) in the subjects of First Aid. For example, minor injuries, fractures choking, bleeding, electrocution etc.

The aim of the program was to reach teachers and especially pupils: 1) in order to receive a basic knowledge of First Aid. 2) to manage themselves and others in a life threatening emergency. 3) in order to be prepared for emergency situations which can greatly affect the final outcome.

All these points were covered with the collaboration of the Telemedicine Unit and the Emergency Department of Sismanoglion.

At the end of the program it seemed that all groups were interested in continuing health promotion activities in their remote communities through a Telemedicine network.

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Ya-Hoo project McCann, Geraldine

The Youth and Health Outreach Office (YA-HOO), is a local drop-in centre for teenagers aged 13-19. It is situated in

West Belfast and is run jointly by hospital Midwives and the local women's group. YA-HOO offers a comprehensive range of sexual health information, using a variety of interactive methods. The project originated due to increasing teenage pregnancy rates, which were twice the national average.

As this has been the first outreach project from the local major hospital which is now taking on a health promotion role, it was decided to evaluate this innovative approach. From Sept 98 – March 99, 100 completed questionnaires were analysed using SPSS/PC.

Preliminary findings showed 47% female and 53% male attendance. 50% of the males were aged 13-16 years whilst 80% of the females were aged 12-16 years.

Topics dealt with included: Contraception and its usage, relationships, peer pressures, menstrual cycle, STI's, HIV & AIDS, drugs, and substance abuse, mental health issues including suicide.

To conclude the clients wanted the YA-HOO to continue as they obtained much needed information in a sensitive, informal, youth/ community setting with their own peers. Midwives have discovered new approaches in meeting the needs of this group which has presented new challenges within the health promoting hospital.

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Health promotion in a third level education facility.

McCarthy, Pat

Objective: To foster a holistic approach to health through the

medium of education in a third level educational facility.

Aims: 1) To highlight health promotion through the health safety module of the college curriculum. 2) To create personal health awareness. 3) To develop supports within their social networks.

Target group: The students of Kildalton Agricultural College.

Methods: Lectures, workshops, resource systems, evaluation and feedback, staff overview of course content.

Results: On evaluation 93% of participants found the learning process positive, 62% found it helpful personally, 66% found it beneficial within their social network.

Conclusions: Following evaluation, the subject content has been broadened to include relationships and sexuality, dealing with death and abuse. A number of national youth organisations have expressed interest in the project and this is currently under discussion. Links to Health Promotion Unit: Course developed as a collaboration between a Health Promoting Hospital and the Third Level Education Facility.

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Session 2.4 **Patient Surveys**

Improving hospital quality for short-stay-patients: Development and evaluation of a survey instrument

Trojan, Alf

Objective: The number of short stay patients is continuously increasing due to earlier discharge of patients and partly due to specific new units for short stay ("minor") surgery. The goal of our study was to develop a generic instrument for these patients

and explore its usefulness in different settings.

Target Group: Organisational Development and Quality Improvement Managers in the hospital.

Methods: A pre test in a small general hospital (N=154, respond rate: 48,6%) lead to amendments of the initial survey instrument. The main study was carried out on surgical and medical wards/ units of three other hospital (N=466, respond rate: 39,9%) in order to test the optimised instrument completely.

Results: The final version of the instrument with 8 process and 2 outcome dimensions fulfils the requirements of sensitivity, reliability and validity. The way how we presented our results in the four hospitals was generally appreciated.

Conclusions: A generic instrument for the evaluation of hospital quality from the patients' perspective is feasible and useful.

Link to Health Promotion: Improving hospital quality particularly in terms of the psychosocial dimensions is a core part of health promotion. Patient surveys are a method of involvement and participation in health promoting hospitals.

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Adult in-patients and nurses: commonality and differences in perception of health promotion activity

Anita McBride

The purpose of this study was to evaluate the perceived appropriateness of health promotion interventions in the acute hospital setting.

Data is drawn from surveys of adult in-patients admitted to an

acute ward for at least 48 hours and the nurses who care for them. Following a pilot study, 225 qualified nurses and 320 patients completed confidential questionnaires in multiple-choice format with opportunities for additional comment.

From the data, there is widespread enthusiasm for health promotion in hospitals. However, there are some large differences in responses between nurses and patients in reported perceptions of what is happening in practice. Nurses' reports of asking patients about lifestyle issues, giving advice and offering leaflets were significantly higher than patients' recollections. Patients also reported that nurses tended not to give lifestyle advice even when specifically asked. Nurses make assumptions about lifestyle activities that may not be appropriate. Patients are aware of inconsistencies between hospital policies and practice, particularly in relation to healthy eating and smoking. Significantly more patients than nurses expressed a desire for smoking to be prohibited on hospital premises for both staff and for patients ($p < 0.001$).

The results should encourage and assist hospital-based health care professionals to develop their professional practice.

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Patient satisfaction survey in a health care organisation in Athens

Skalkidis, Yannis

Objective: To measure patient satisfaction with the care provided during their hospitalisation.

Target group: Surgical patients.

Methods: 102 questionnaires were distributed and completed by patients who had undergone surgery. Data collection took place in the outpatient department, during the first post-operative follow-up visit of the patient.

Results: The respondents appeared to be highly satisfied with the care they received before, during and after hospitalisation. The majority of them appeared to be satisfied with aspects of care, such as efficiency of procedures, emotional support, information provided, and overall quality of care. However, interesting quality aspects of care delivery were also identified.

Conclusion: Patient satisfaction seems to be related to expectations, age, gender and educational status. Information received, involvement in decision making, the nurse-patient relationship and the overall communication among patients and health professionals are strongly associated to patient satisfaction and to the high quality of care.

Link of topic to Health Promoting Hospitals: The level of patient satisfaction during hospitalisation may be validly used as the reference point for various quality improvement initiatives in Health Promoting Hospitals.

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Informed consent without content – results from an intervention project

Trummer, Ursula

The project „Quality in the Hospital“, initiated by the Austrian Federal Ministry of Labour, Health and Social Affairs, brings together 11 hospitals from all over Austria to work on four major topics of quality improvement in a benchmarking, intervention and evaluation process. The overarching aim of the three year project is the improvement of patient and staff orientation,

health gain and cost effectiveness. The model project „Organisation of the Operating Theatre“ (OT) is one of four model projects. The project started with the analysis of the process components of OT-Management and developed five instruments for quality measurement according to stated aims (patient questionnaire, OT-staff questionnaire, 3 instruments for time measures etc. in the OT).

Patient satisfaction was measured with a patient questionnaire covering the process from admission for the operation to the first days after the operation. Results show that successful information (communication in a partnership model) and communication (involving patients in decision making, considering individual life style concepts) have a considerable correlation to patient satisfaction. On the other hand it can be shown that communication in the process still refers to the needs of the organisation more than to the needs of the patients. Informed consent is difficult to reach when the patient does not understand the medical language or is not informed about things that he/she considers important. On the basis of the results, the participating hospitals planned and implemented several measures to improve communication. Selected results and measures will be presented and discussed.

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Session 2.5 Promoting the Health of Hospital Staff

Evaluation of the employee well-being at the Regional Hospital in Lugano, Switzerland

Biasca, Matteo
Rossi, Silvia

One of the aims of the Human Resources Department (HRD) of the hospital is the improvement of the psychophysical wellness of the employees. Hence the idea of developing a programme for the promotion of staff health and wellness. One of the objectives of the HRD was to use a questionnaire to measure:

1. the subjective perception of the employees' health status;
2. the perceived quality of life at the workplace;
3. the willingness to support a Staff Wellness Programme.

A qualitatively structured questionnaire, tested on a representative sample, was mailed to all the staff in May '98. 1,273 questionnaires were posted. Data analysis was carried out with SPSS for Windows 6.0. The statistical significance was considered $p < 0.05$.

The response rate was 60.1%. Other than the distribution in terms of sex, age, professional category, the subjective health status was rated good (49.2%), very good (11.9%). Job satisfaction was rated "average" (47.3%), good (28.4%) and excellent (7.7%).

78.9% of respondents agreed to the idea of a programme for the promotion of staff wellbeing. Fitness programme, back prevention classes, swimming are the most requested wellness activities.

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Job satisfaction among the hospital personnel of the

Hellenic Network of Health Promoting Hospitals.

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Haramis, T. R.
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The aim of the study was to assess the level and attributes of job satisfaction among the personnel of the hospitals of the H.N.H.P.P.

A random sample of 345 members of all hospitals personnel was selected, and a purpose made questionnaire was forwarded to them. The response rate was 80% (277). The job satisfaction scale consisted of the following items: 'satisfied by the hospital closed environment', 'satisfied by your relations with your superiors', 'satisfied by your relations with your colleagues', 'how interesting you find your job', 'overall satisfaction with your job'. Satisfaction score for each item ranged from 1 (not satisfied at all) to 3 (very satisfied), the score of the scale ranging from 5 to 15. The mean satisfaction score for the entire study population was 11.79 (SD:2.02, $n=266$). This figure ranged from 11.80 (SD:2.54, $n=35$) among those aged 20-29 years of age, to 12.44 (SD:1.89, $n=27$) among the 50-59-year olds. The personnel of the biggest hospital of the HNHPH scored 11.33 (SD:1.88, $n=105$), while those working at a specialised hospital had a mean satisfaction score of 12.60 (SD:2.00, $n=25$). Other attributes like working hours, time constraints, work overload, responsibilities, etc. have also been examined.

Considerably high overall satisfaction has been found among the hospital personnel. However, still, there are issues, which need to be addressed, in order to improve the job environment.

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Health promotion themed days – an approach to promoting staff health

Howard, Catherine

Aim: To demonstrate organisational commitment to promoting the health of staff as part of working towards becoming a Health Promoting Hospital/Trust.

Objective: To inform and educate NHS staff on issues relating to maintaining and promoting their own health.

Target group: 2000 Health Service staff (of all disciplines and levels) working for West Hertfordshire Community Health NHS Trust, which is a member of the International Network of Health Promoting Hospitals.

Method: Health promotion issues were identified through staff consultation. Staff are released for half or full day's experiential study. Themed days' subjects have included Menopause and Osteoporosis, Migraine and Headaches and Healthy Lifestyles.

Results: Delegate response today is canvassed contemporaneously and guidance taken on further subjects of interest. Additionally 2-3 months after the day has taken place, follow-up questionnaires are sent to delegates to determine if they have implemented any changes in their lives.

Conclusions: The themed days have been very successful, with the majority of delegates learning new facts and information. Additionally, following one of the particularly successful themed days – the follow-up questionnaires indicate that nearly all of the delegates who returned their forms have made changes to their lives. Themed days are increasingly well known within the Trust and

staff have come to seek out further days. There is a sense that the Trust is investing in staff for themselves without ulterior motive and there is a distinct appreciation of this. Link to HPH: The themed days are organised through Health at Work Group, which is one of the Trust's identified Health Promoting Hospital/ Trust projects.

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A happy heart for healthy workers

McArt, John

Objective: Providing Staff who use restaurant with a range of healthy options.

Introduction: Leading into 1996 a committee was formed comprising Catering and Dietetic Personnel to look at providing staff with a choice of healthy options. It was decided to run a staff survey. Following the survey we introduced many of the recommendations. We also designated an area of the restaurant specifically for healthy options and christened it the Happy Heart Corner. This area contained a variety of fresh fruit, natural yoghurts, low salt, pepper mill, salad bar containing a range of low fat salads, and vegetarian options. We also reduced the amount of salt and sugar in pre-cooked foods and placed the onus on customers to season to taste. We also commenced using bran and wholemeal in products such as porridge and brown bread.

Outcome: The Irish Heart Foundation who had just introduced the "Happy Heart Symbol" as a way of promoting the use of healthy products were invited to carry out an Audit and Survey Staff. This was done in 1996, and Sligo General Hospi-

tal was the first hospital in Ireland to attain the symbol and retain it again in 1998.

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"Health – working life – women's life": health promotion measures for female staff in the health care sector

Stenberg, Monica
Thagemark, Eva

"Health-Working life- Women's life" is a joint project of the Swedish National Institute of Public Health, five selected counties and a large number of workplaces in Sweden. The project is carried out over a three-year period, 1998 to 2000. The target group is women – assistant nurses and nurse's aides – employed in the municipal or county council health care sector. All in all, fourteen projects are going on in the five counties, and about 1000 women are involved. The overall aim is that these activities will, in time, contribute to greater equity in health by smoothing the way towards a positive health trend for the women who participate.

Within the framework of the overall goals and guidelines established by the National Institute of Public Health, the five counties have set up their own local projects, with the workplace as the arena for their activities. Out in the counties, the local project managers work in a process-oriented way to stimulate learning processes. It is fundamental that the target group – the women themselves – participates actively in carrying the project to fruition.

The project will be extensively evaluated in terms of its processes as well as in terms of several outcome parameters. The evaluation process started approximately six months ago and is estimated to be concluded in 2001.

Last year in Wales we briefly presented the structure and fun-

damental concepts of the project. In Athens we would like to describe the ongoing processes in the workplaces and our experiences so far. We will also present some essential and fundamental aspects of Health Promotion (as opposed to disease prevention), which need to be considered and taken into account in the development of all health promotion programs. Discussion topics are: 1) How to work with hospital staff in a top down initiated project and at different levels in the organisation including empowerment and participation as fundamental concepts? 2) Is it possible to work with empowerment as a HPH- method considering the prevailing hierarchical structures of hospitals? 3) How do we bridge the gap between theories and practical implementation?

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Session 2.6

Health Promoting Hospitals in their Communities II

Community based drug prevention initiatives

Barden, Tony

Objectives: To initiate a community based response to drug misuse.

Aims: 1) To establish community led approaches to drug prevention. 2) To foster relations with community, voluntary and statutory groups. 3) To develop drug awareness and educational programmes for trainers, youth leaders and community activists.

Target Group: Young people, parents and communities.

Method: Employment of drug project workers to develop a profile of existing resources

and services and to engage in outreach work, implementing a range of development activities with young people involved in drug misuse and petty crime.

Results: 1) Nine community based drug initiatives have been established. 2) A Regional Drug Helpline is being established. 3) Multi-disciplinary co-ordinating groups have been established in local areas.

Conclusion: This health promotion initiative has the goal to reduce the demand for drugs by involving local communities in the decision making process.

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Men's health initiative

Kelly, Mary

Men's Health Initiative is an exciting and innovative initiative. It is the first for the North Western Health Board and breaks new ground both in its development and the content.

This paper describes a community and hospital initiative on Men's Health. As part of the planning for the programme a wide consultation was carried out. Consultations were held with men's groups, men who lived and worked in the Board's area, a wide range of Professional, Service Heads and a Multi Agency Advisory Group.

Key events in Men's Health Initiative included: 1) A Men Only Day – for men to share experiences with each other. 2) To network, support and develop existing work. 3) Two Day Conference – to listen to men talk openly about their issues. 4) Current Practice – to highlight practice that is built on listening to men, respecting/ acknowledging how they handle their lives and figuring out how to design and run appropriate and effective work with men. 5) Staff

Health Awareness "Looking after me" Men's Health Awareness Program. This program was offered to approximately 1,200 men at 14 locations throughout the Board.

Evaluation of program: The Health Promoting Service is proud to be pioneering this work at this time.

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Allied health taking up the challenge in the 21st century: vocal health safety promotion

Flavell, Johanna

Voice is the primary tool of trade for a significant number of workers. Disorders of the voice can produce minor irritation, increased work-related stress, loss of employment opportunities, absenteeism and may even impact on public safety. Shrinking hospital budgets restrict access to outpatient rehabilitation services and rehabilitating damaged voices is time-consuming and expensive. It has therefore become necessary to develop a comprehensive training program in order to prevent excessive vocal strain and damage and minimise the necessity for lengthy rehabilitation consultations.

In 1999 a Voice Safety Training Program for community members and staff commenced at Noarlunga Hospital within the WHO Health Promoting Hospitals collaboration. The framework of the program is a healthy/ safe workplace and work-practises approach as well as injury prevention education for worker-groups such as teachers, telephone operators, receptionists etc and will be expanded to include workers in light industry, sales and the general community. Results to date indicate reduction in early vocal problems and improved vocal stamina. This is presented as a

model of safety promotion best practise for the 21st century as it becomes increasingly necessary to redesign allied health as well as medical services to become more pro-active in promoting health and safety in the community.

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Violence against women in the home

Smyth, Mary
Lordan-Dunphy, Maria
Clarke, Anna
Morris, Imelda

Domestic violence is a pattern of coercive control. The abuse encompasses a range of behaviours (physical, psychological, financial and sexual) employed to hurt, intimidate, coerce, isolate, control or humiliate a partner (Women's Aid, Ireland). James Connolly Memorial hospital as a health promoting hospital recognises that domestic violence is an important issue for health professionals.

The hospital has recently completed a two-year project on violence against women in the home. The project was presented at the sixth international conference in Wales when it was in the implementation phase. This presentation will outline the final outcomes of the project.

The aim of the project was to 1) identify women already victims of domestic violence who present to the A/E Dept. to enable them to deal with their own individual situations. 2) To establish a supportive environment in the A/E Dept to facilitate disclosure of domestic violence. 3) To develop a service that will provide women with appropriate support, ad-

vice and assistance to create a safe environment for themselves and their children.

This presentation will outline the findings which are in line with research findings that women will disclose domestic violence if the right opportunity is created. The findings of the detailed database which was developed to identify types of injuries, referrals to Social Work Dept. and take up of services offered.

The presentation will also highlight the organisational implications of providing a comprehensive service for women who are abused as well as the need for continuous monitoring and evaluation to ensure that the service becomes integrated into the organisational structure in the long-term.

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Can the experience of blood transfusion services be applied to site selection for outreach clinics?

Eggleton, Adrian
Grajewski, Tadeusz
Hancock, Barbara

Recent changes in the focus of healthcare away from service provision in large urban buildings to a community based service will have a profound impact in the coming decades. Health Agenda 21 calls for sustainable healthcare provision provided within the community. This is concurrent with a shift towards health promotion throughout Europe.

This presentation will draw on results of an ongoing large scale study on blood donors, and on the knowledge of staff working for the Welsh Blood Service (WBS).

The WBS has long been providing an outreach clinic service,

making donation sites accessible to the whole population of south and mid Wales. The WBS constantly strives to monitor site suitability and improve clinics wherever possible without detracting from accessibility for the 40% of blood donors attending clinics on foot, by bicycle or using public transport.

The experience of transfusion services is readily applicable to setting up outreach clinics in terms of location, suitable premises, clinic frequency, public awareness, and recruitment. Furthermore use of existing sites selected for blood donation will afford ideal, accessible accommodation for health promotion campaigns.

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Session 2.7 Training of Hospital Staff for Health Promotion and Quality Improvement

A programme to improve hospital staff's ability to respond to patients' health promotion needs

Aujoulat, Isabelle
Martin, Francois

The programme was launched in April 1997 starting with a survey aimed at finding out about the staff's knowledge, representations, abilities and wishes related to the development of patient education (PE) at hospital level. Following the survey, a multidisciplinary working group met over one year to elaborate a training curriculum that would allow the hospital staff to acquire (or improve) individual competencies in the field of PE, i.e. empathy and

communication skills, a better understanding of the factors influencing health behaviours and therapeutic compliance, methodological and didactic skills, and so on;

The training programme involves 4 different hospital teams for the first year, and is currently under way.

Concerning the evaluation, the effectiveness of the process will be measured, i.e. the ability of the training programme to meet the targeted objectives will be checked, both at hospital level (is the training programme running adequately and does it contribute to the development and visibility of PE?) and at ward level (how do the different teams implement their PE projects, and do the projects contribute to a better quality of care?).

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A first step approach – the foundation certificate in health promotion

Cobb, Jaqueline

Aims: 1) Develop, pilot & launch a health promotion course providing 'small bite' quality education and training; 2) Enhance health promoting capacity of communities.

Objectives: 1) Develop participants health promotion skills/knowledge, providing solid foundation for promoting health improvement in communities; 2) Enable participants to integrate health promotion theory into practice.

Target Group: 1) Public, Private, Voluntary sectors; 2) Community and professional groups; 3) Individuals concerned with health improvement.

Methods: 1) Review of existing provision; 2) Local health promotion awareness research; 3) National telephone survey; 4) Creation of a multi-disciplinary steering group; 5) Course structure developed, marketed and piloted; 6) National launch, October 1999

Results: 1) Pilot courses completed nationally; 2) Candidates demonstrated development and enhanced health promotion practice; 3) Course centres and tutors approved; 4) Course programme offers flexibility in design & delivery

Conclusions: In order to deliver a quality health care service, and meet the Public Health agenda, Health Promotion skills and training must form part of the core competencies of individuals involved in health improvement. The Foundation Certificate provides a practical framework to encourage further exploration of opportunities for health promotion activity. The links with the HPH concept are therefore robust.

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Implementation of a hospital-wide training system at Evagelimos Hospital

Gyftakis, Othon
Merkouris, Anastasios
Somarakis, Dimitrios

The skills, attitudes, and values of the health care workers have a fundamental impact on health care. Since 1997, Evagelimos Hospital, a hospital with tradition in nursing education, established a new hospital-wide training system to ensure that all staff possess an adequate level of skills and competencies. This change is an integral part of an overall effort and is in accordance with the main target of the Administration, to improve the

quality of provided services. It is indicative that, in 1998, although the Total Inpatient Number increased (6,11%), the Average Length of Stay showed a decrease (6,02%).

In 1997, the project began with the assessment of the education needs and a pilot implementation of two clinical courses. The results of the pilot phase established five areas of high interest: infection control, safety, clinical emergency interventions, computers and management. In 1998, 210 employees participated in 24 courses with a total of 4.771 educational hours whereas, in 1999, 340 employees participated in 33 courses with a total of 7.916 educational hours. The total cost for the first two years was 1.435.000 EU. The last phase includes the development and implementation of a reliable and valid assessment tool.

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Assessment of registered nurses' level of knowledge on quality improvement issues

Stavropoulou, Areti
Skalkidis, Yannis

Objectives: To assess nurses' level of knowledge on quality improvement issues and to address their educational needs on quality of care aspects.

Target group: Registered nurses.

Methodology: A questionnaire was distributed to 100 registered nurses who were working in a tertiary hospital in Athens. The questionnaires have been distributed personally by the researcher to the head nurse of each department, in order to be completed by their staff nurses.

Results: Although nurses appeared to be motivated for implementing quality improvement initiatives in their clinical settings, they demonstrated a lack of

systematic and continuous education on aspects related to quality of care.

Conclusion: Development of systematic educational activities on quality improvement at undergraduate and postgraduate level is essential for nurses' professional and personal development and for their active participation on quality improvement programmes in health care organisations.

Link of topic to Health Promoting Hospitals: Assessment of educational needs and adequate educational preparation of registered nurses on quality of care is essential for the successful implementation of quality improvement programmes within Health Promoting Hospitals.

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Session 2.8

Health Care Services Development Projects

The health promoting health service: taking the concept into practice

Kerr, Ann
MacHardy, Lindsay
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Within a settings-based approach to health promotion, the health service tends to be separated into two sectors: the acute and community, including primary care. Although there are many reasons for this approach, the drawbacks include potential difficulties in maintaining a consistent and coherent approach to health promotion across the health service.

This paper outlines the development and nature of an overarching framework for all health service settings which

can be used for the purposes of planning, implementing, reviewing and evaluating health promotion at both the strategic and operational level. The framework incorporates both the Ottawa Charter's recommendation to reorient health services and the principles of Health For All. It outlines specific organisational policies and goals, whatever the size of the organisation.

This paper will highlight various aspects of the Health Promoting Health Service (HPHS) project including: a) the health service as a setting for health promotion b) the HPHS concept and framework c) the need to evaluate the framework d) the process, commitment and enthusiasm for a framework for health promotion activity across health service sectors.

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The health budget of Östergötland: Purchasing health, a means towards a health orientation of health services

Kristenson, Margareta
Nyren, G.
Vang, Johannes

The Ottawa Charter called for a reorientation of health services towards a more holistic, health promoting frame of reference. In parallel, the rising need for cost containment supported the development towards an outcome orientation of health services.

In the county of Östergötland a development has been ongoing for about 8 years. The health authorities have introduced a contractual purchaser-provider model to govern objectives and financing. The negotiating process is changing 1) From budget

to contract, 2) From disease orientation to health orientation, 3) From resources to outcomes, 4) From a reductionist to a holistic approach, 4) From processes of "demand" to negotiation between equal parties.

The political mission statement is "The goal of the activities of the County Council of Östergötland is to promote the health of the inhabitants of the county", and a Health budget has been developed. This is based on data on demography, morbidity, mortality, risk factor distribution and self-reported health in the population of Östergötland. This health budget is now developing into a solid base for the purchasing process, where negotiations are shifting towards a common frame of reference. We see this health policy document as reflecting one of the most important strategies in support of the development of Health Promoting Hospitals.

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A team based approach for hospital accreditation

Taylor, Belva
Marin-Comeau, Chantal

The Canadian health care sector is an extraordinarily large and complex network of federal and provincial governments, policy and funding, regional and local authorities, community care programs and health service organisations. Changes in the organisation and delivery of health services across Canada came with an increased focus on the accountability of the sector to their funders, providers and users. With this increased focus on accountability, the Canadian Council on Health Services Accreditation (CCHSA) also began to look more closely at how the accreditation program provided and could better provide penetrating means by which organisations respond to

the accountability requirements of all of their stakeholders including the staff within the organisation.

In order to do so, the CCHSA accreditation process is based on a philosophy of continual improvement and is composed of two key activities: team self-assessment and peer review. The accreditation program comes to life though teams which are formed from the front-line staff, managers and executives within each organisation. Approximately every three years, the teams complete a comprehensive self-assessment using CCHSA's national standards. This team-based approach to accreditation includes staff at all levels and promotes the quality standards throughout the organisation. Teams within the organisation can use the standards as a blueprint or a tool to continuously assist them in achieving excellence of quality in care.

In order to fully comprehend this team based accreditation process, the proposed presentation will comment on the evolution of the CCHSA accreditation program, delve into the rationale for a team based approach to assessing quality and provide participants with the opportunity to assess current quality structures within a quality framework.

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Ethical aspects of preventive medicine

Goldstein, Henri

Preventive medicine develops into a special medical field which is adopted by the comprehensive health system – both in the primary care and in the specialist/ hospital sector. Pre-

ventive medicine, however, is not a medical speciality like cardiology or gynaecology. It is a different way of thinking and planning public health, and it should soon be regarded as a basic service of any hospital together with diagnostic procedures, treatment and nursing. The argument(s) for establishing preventive medical programs is often an economic attitude based on e.g. cost benefit analysis. I.e. society offers preventive possibilities in order to improve the general health standard of a society – or simply in order to save money. The health worker, e.g. a physician or a nurse, is educated in a different way as being the lawyer of the patient and thinking, in particular, on the possibilities for the person-in-question to remain healthy.

These contending attitudes, i.e. the utilitarian way of thinking and the more traditional role of the physician treating patients, will be discussed. It will be concluded that to a certain extent preventive medicine cannot be based on the mass-strategy (based on a utilitarian theory) alone. If success shall be obtained in preventive medicine, each single person shall be convinced that he/ she him/ herself will get a result, i.e. that he/ she will gain personally from a preventive program.

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Session 3.2 Workshop “Strategies for Implementing Non- Smoking Policies in Health Promoting Hospitals”

The policy of non-smoking hospitals in France

Le Faou, Anne- Laurence

Introduction: Health Promoting Hospitals in France follow the non-smoking regulations in French public premises (law from 10th January 1991, regulations from 1st November 1992, and June 1999 concerning tobacco in French hospitals). The board manager is responsible for enforcing the law, and the prevention committee has to implement the national regulations.

Methods: The means which are used to implement this policy are the following: various regulation signs are posted throughout the hospital, the most important being the one in the entrance of the hospital stating "This is a non-smoking hospital", health promotion posters of the national tobacco awareness campaign (National Committee on Health Education), a non-smoking day is organised for the staff, patients and visitors (generally the 31st of May). It includes an information desk in each hospital, medical conferences and an open house in the outpatient "stop smoking" unit of some hospitals, free access to a spirometer, etc.

In addition, games, contests and races are set up. A national network of non-smoking hospitals has been in existence since 1996, and hospitals are encouraged to join. Five out of seven Health Promoting Hospitals belong to this network: Robert Debré Hospital (AP-HP9, Vaugrèdes Hospital (AP-HP), Eaubonne-Montmorency Hospital, Dreux Hospital and Le Havre Hospital.

Conclusion: There is a joint effort programme to set up outpatient "stop-smoking" units at a national level. These units deal with the patients (out and inpatients), the visitors and the hospital staff. In addition, the hospital accreditation procedure in 1999 added a compulsory tobacco prevention policy to its criteria.

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Development and pre-test of the guidelines for a smoke-free policy in health care services in Flanders, Belgium (July 1999-June 2000).

Wouters, Els

Aim: Improvement of the health of staff, patients and visitors in healthcare services.

Objectives: 1) Development and implementation of a strategy for a smoke-free policy in healthcare services. 2) Evaluation of the strategy in 9 services: 2 psychiatric hospitals, 2 general hospitals, 2 homes for elderly people, 3 preventive healthcare services.

The strategy consists of six steps to develop and implement a smoke-free policy in a healthcare service. Each step is described, including concrete suggestions and didactic materials. The basis of this method is the concept of the health promoting hospitals (HPH) and strategies used in the settings of workplaces and schools. Important issues in this context are size and main activity of an organisation.

Models of good practice illustrate the strategy.

The smoke-free policy is linked to the creation of healthy health care organisations.

The evaluation is a process evaluation and consists of regular intervention and supervision with key figures of these pilot services.

Target group: health care service in Flanders. This includes curative as well as preventive health care services.

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A clinical nurse led programme for smoking cessation 'Nurses are a powerhouse for change, and are in the vanguard of government and WHO initiatives that promote healthy lifestyles in the general public

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A model of health promotion proposed by Tannahill includes overlapping spheres of activity - health protection, prevention and health education. The BHRV Trust Smoking Intervention Strategy (SIS) is an example of health protection aimed at the prevention of ill health and positive enhancement of well-being, facilitating a route for a variety of clinical staff to pursue an aspect of clinical effectiveness, improving patient care. This proactive patient oriented initiative preceded the White Paper - 'Smoking Kills'. Applying the Prochaska and DiClemente model of change as an empowering approach to health education enabling patients to take responsibility, facilitating collaboration between health professionals and patient groups, improving and promoting health, preventing - reducing risk of disease reoccurrence. Each ward has a comprehensive reference manual. Over 300 nurses have received health promotion training, regarding nicotine addiction, use of the SIS, provision of free Nicotine Replacement Therapy for inpatients, and continuity of care via discharge planning. This paper will present a patient oriented HPH programme, grounded in evidence based clinical practice, offering practical support to smokers wanting to quit smoking.

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Who doesn't smoke ... WINS ! A pilot initiative of HPH Veneto Regional Network

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Brosolo, Anna Maria

Objectives: anti-tobacco campaign in young generation.

Aims: to create a contest that excites the interest of young generations and mass-media.

Target Group: 11-16 year old students of Veneto Region.

Method: A contest was set up, called "Who doesn't smoke ... WINS!" Several actions were linked to the contest. To participate in the Contest, students have to prepare a very short advertising video (max. 30 seconds) or a drawing against Tobacco. Students can participate both individually and with their classes.

Result: Two Pilot Editions were organised: In 1998 800 students (12 %) participated; in 1999 participation went up to 1200 students (18 %). This Pilot editions were tested in the territory of only one Health Local Unit of Veneto Region (3 HPH of Veneto Region: Castelfranco Veneto; Montebelluna; Valdobbiadene). The advertising videos were broadcasted by several TV networks on the world day against tobacco in 1998 and in 1999.

Conclusion: The pilot experience was useful to study the best way to develop a regional contest.

This year we started the first edition of regional contest: 30 Health Promoting Hospitals are taking part in the initiative, and a local contests "Who doesn't smoke ... WINS!" is planned in each Local Health Unit.

At the same time regional finals are planned to take place on the world day against tobacco: each local winner will attend the finals, and a regional winner will be proclaimed.

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Session 3.3 Quality Issues

Intergrated health systems and effective management of quality

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Assimakopoulou-Ronan, Emer

The Health Care Industry deals with increasingly sophisticated consumers, employees and government agencies. With heightened awareness of quality issues, these groups seek ways to define and measure quality and to make decisions about where to obtain health care based on both evidence and perceptions of quality. The Quality Assurance (QA) function of the Integrated Health Care System identifies problems based on analysis of trends, statistics collected, critical events, reviews of responses to patient questionnaires and input from medical staff, healthcare workers and hospital committees. At the heart of each approach to quality is the underlying mission of improving the quality of patient care. The focus is to highlight key areas and roles in effective management of quality in health care, such as: QA Committee, a Hospital Manual, Policies and Procedures. There has to be a long term plan, constant measurement and review of performance against targets. It is clear that to participate effectively and significantly in quality process activities, governments and hospital administrations must be fully committed to the concept and philosophy of quality. The impact and ripple effect of a QA pilot hospital under the government umbrella will

demonstrate that it is actions rather than acronyms which are at the heart of effective management of quality in health care.

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The system of nursing quality in Kaunas Medical University Clinics.

Zagurskiene, Daiva

Aim: Qualitative, fully need-fulfilling nursing for patients.

Objectives: to achieve a high professional level of the nursing staff, positive final impact on patient health, continuous improvement of nursing quality, ensuring the maximum quality of life for patients.

Implementation: Professional quality: improvement of qualification, certification of chief nurse, instructions for the nursing and assisting staff, nursing records (nursing standards, nursing cards and additional lists of intensive care).

The improvement of the nursing quality is a continuous process.

Project executives: Chief nurses and nurses of KMUC.

Evaluation: The evaluation of professional quality: certification of chief nurses held every 5 years, direct and retrospective audit (in accordance with nursing records and standards).

The evaluation of the quality of meeting patient needs: according to the data of anonymous questionnaires, according to patient claims.

The evaluation of the quality of meeting patients needs: according to the data of anonymous questionnaires, according to patients claims.

The evaluation of management quality: according to the statements made after the examining of unit work, according to the data of anonymous questionnaires filled in by chief nurses.

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Reducing the number of clinic visits for patients re- ferred for cataract surgery

Moss, Stasia
Price, Nicholas
Ferris, John

Patients referred to ophthalmology with poor vision resulting from cataract are often elderly and have other medical problems. Traditionally they are allocated the first appointment at a consultant clinic and then return a further once or twice for biometry and a pre-operation assessment. For many patients three visits may be difficult to organise and costly.

Increasingly hospitals are organising one-stop clinics at which the diagnosis and all appropriate tests are performed at a single visit. The question arises whether such clinics, which often require patients to remain in the clinic for several hours, are appropriate for elderly cataract patients.

Patients referred with cataract to two consultants in Gloucestershire are currently allocated an appointment at a one-stop clinic. They first see the consultant who confirms the diagnosis. Those willing to proceed with surgery have the biometry measurement taken and see a nurse for counselling about surgery. Some patients may need one further visit for pre-assessment but those with no medical problems are identified as suitable for telephone pre-assessment. Patients spend between two and three hours in the clinic.

A canvas of patients, currently seen at peripheral centres, indicate that many would prefer to come once to the main hospital rather than several times to their local clinic.

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Tuberculosis in enclosed populations: analysis of the results of tuberculin testing reaction in a mental institution center with a recent case of infection

Apostolopoulou, Olympia
Kokkinis, F.
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Patentalakis, M.

Aim: The purpose of the study is to stress the importance of tuberculin reactivity as an infection control practice of the spread of tuberculosis, in a mental institution centre.

Material and methods: 263 patients (aged between 23 and 93 years old) and 39 health care workers (aged between 24 and 65 years old) of a Psychiatric Clinic in Athens with a recent case of tuberculosis, were injected intracutaneously with 0,1 ml of purified protein derivative (PPD), 5 tuberculin units (TU). The test was read 48 to 72 hours later.

Results: The mantoux test was considered as positive when the reaction size (induration) was of a diameter greater than 10 mm. 35.8% of the patients (94 of 263) and 13% of the health care workers (5 of 39) were found to have a positive test. Among them, 39.8% were male and 26% female.

Discussion: The analysis of the results of the study reminds of the value of skin testing in the diagnosis of suspected tuberculosis. It also shows that spread of the disease in enclosed populations exists and represents an issue of concern in Greece as well as in other countries, for both health care workers and patients. There is need to review and reinforce the existing guidelines for prevention of nosocomial spread of tuberculosis.

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Nosocomial (NI) infections: Registration, analysis, prevention

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Panavas, Stasys

Objective: to introduce the unified register of NI. in the hospital.

Aims: to prepare the unified register of NI and the computer program for the registration and statistical analysis of the data, to prepare and to implement the reliable NI registration quality standards.

Target group: Patients from 0 to 16 years of age who were hospitalised in 1999.

Method: Systematic statistical analysis of the NI data by Epi info computer program. 4742 patient files where analysed during 1999.

Results: The frequency of NI was 3,7%. The most common NI were viral diarrhea's – 37,8% and viral upper respiratory tract diseases – 37,2%. The diagnoses of the NI were based on microbiological or immunological certification in 44,6%. Most of the patients with NI were children of the first two years of age – 67,2%. The NI have started in the average after 7,3 days of hospitalisation and prolonged it in the average for 3,6 days. The most common causes of NI were contacts with the other patients – 20,4% and hospitalisation in Intensive Care Units – 22,6%.

Conclusions. The frequency of NI was 3,7%. The systematic method of collecting data enabled to analyse the prevalence and determinants of NI, and to control NI.

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Session 3.4 Aspects of Evaluation of HPH Programs

Generic health measurements in clinical practise

Kristenson, Margareta
Leijon, M.
Hendsen, P.

Objective: To assess the effects of introducing the generic measure SF-36 as an outcome measure in clinical practise for patients suffering from chronic obstructive pulmonary disease (COPD).

Main purpose/ target groups: 1) To measure outcome, in terms of self rated health; 2) To see if this measure has an influence on the caregiver, regarding their view on health.

Method: SF-36, which yields an eight-scale profile including physical, social and mental components, was filled in by the patients at the visit with the help of a touch screen computer. In parallel, the patients measured their peak expiratory flow (PEF). Physicians rated patient's health status in a questionnaire. Correlation analyses were used for assessing relations between different measures and focus group to assess physician's attitudes towards the concept of health and outcome measures.

Correlation between the PEF values and patients' "self rated" quality of life was poor. Also, physician's estimation of the patient's health status mainly correlated to the physical components of SF-36. The focus groups showed that the physicians' understanding about the instrument is central.

Our conclusion is that an instrument like SF-36 can provide valuable information both for the physician and for the health care system on what is the most important thing to achieve in health services (especially on a health promoting hospital).

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The HPH - An integrated HP service in a health promoting organisation: towards an economic evaluation.

Eastham, Margaret
Richardson, Denise
Cosgrove, Peter

"The search is on for measurable outcomes - tangible evidence that the vast sums of public money invested in health are actually doing good."

BHRV Trust implemented a HPH initiative, and to ensure integration of health promotion throughout the organisation an in-house, self-serve, Health Promotion Centre was established at the offices of the Directorate of Nursing and Quality providing a facility from which the Trust integrated health promotion service is managed and stakeholders can:

1) Identify needs and agree priorities for quality; 2) Manage, develop, support and supervise staff; 3) Undertake regular review, and appraisal; 4) Implement quality assurance systems and levels of scrutiny; 5) Make regular checks which ensure objectives are completed; 6) Ensure that specifications, policies and procedures are followed; 7) Identify and rectify problems; 8) Work towards more tangible outcomes.

The Manager can: prioritise and make choices; ensure best possible use of resources; be accessible, flexible and develop alternative ways of achieving the same outcomes, with minimum inputs in terms of time, staff and money, with maximum return on a fixed investment of resources in a more cost effective way. The case study presented offers recommendations for those involved

in HPH/ Health Promotion Settings to consider economic evaluation of an in-house health promotion centre for developing a 'health promoting organisation' and building an infrastructure for economic and health development.

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The evaluation of HPH by the chiefs of clinical departments of the Lithuanian HPH network

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Miseviciene, Irena

Background: The Health Promoting Hospital (HPH) focuses increasingly on changes of knowledge, attitudes and health behaviour. In this context evaluation of these indicators among hospital staff and patients can be applicable for the assessment of the HPH project.

Objective: to evaluate the attitude of chiefs of clinical departments of the Lithuanian HPH network hospitals towards the HPH project.

Methods: anonymous self-administered questionnaires were sent to chiefs of clinical departments of nine hospitals taking part in the Lithuanian HPH network. 63 chief-physicians returned the questionnaire.

Results: the analysis of the survey shows that the majority (84,1%) of heads of specialised clinics know about the HPH project and 75,9% approve the implementation of these projects in their clinics. Most (69,8 – 77,8%) heads of specialised clinics think that the quality of care and management, patients and staff satisfaction, human relations among personnel, effectiveness and efficiency of health care could be improved

by carrying out the HPH project in hospitals. A lot (85,7%) of respondents agree that patients' health education could improve the outcomes of diseases.

Conclusion: the majority of chiefs of clinical departments approve the implementation of the HPH project and realise the importance of carrying out these projects for the improvement of the quality of medical services.

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Evaluation of an Intensive Care Unit function by the patients' relatives

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Maikanti, V.
Avramopoulou, L.
Sambra, D.
Soldatou, A.
Zidianakis, V.
Karatzas, S.
Koutalida, H.
Maguina, N.

Objectives: Evaluation of the Intensive Care Unit (ICU) function of a Greek general hospital by the relatives of the patients.

Aims: Monitoring the relatives' impressions on various aspects of our everyday activity in the ICU and use of these data for the improvement of hospital care.

Methods: An anonymous questionnaire, prepared by both medical and nursing staff, was targeted towards relatives and various visitors of our patients. Questions included, among others, their opinion on duration and frequency of visiting hours, level of medical information provided by the physicians, quality of care, general appearance of their patient, effort and work of the medical and nursing staff, general appearance of the hospital. They were finally asked to submit proposals they considered useful for the department's overall function. Data included 103 filled-in questionnaires from 77 ICU patients.

Results: Sixty-eight per cent of the relatives agreed on the visiting hours' program, although first

degree relatives (17.5%) proposed a longer one. Seventy-three percent of them considered medical information as "very good" and 12.6% as "good". Work of physicians and nurses in the ICU was considered very tiring and exhausting by 81% and 82% respectively. Behaviour of the medical staff was "very good" for 76% with 72% for the nursing staff. Relatives were negatively impressed by lack of communication with their patients (34%), body oedema (28%) and skin appearance (20.5%). They were positively impressed by body care (43%) and linen cleanness (75%). Ninety-eight percent of relatives believe that ICU staff provide the best for their patient and 72% of them consider the hospital condition, in terms of building, spaces and cleanliness, as "very good".

Conclusions: Based on the anonymously filled questionnaires, the vast majority of our patients' relatives appreciate the ICU function and the quality of care provided, are well informed about the patients' condition, satisfied by the staff's behaviour and seem to understand the special features of ICU professional work.

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Assessment of a medical care flat experiment

Wetzel, Benedicte
Odier, Claude

In November 1998, a medical care flat was opened near the hospital for eight elderly people accommodated in long term medical care units.

This structure has been working in a routine way since April 1999. The presentation explains the medical, nursing and economic assessment of this struc-

ture at the end of a full working year and shows how positive the results are on every point of view.

The aim of the management is to create several little structures of the same type so as to give a better answer to expectations in terms of accommodation and nursing care for very dependent and sick people.

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Session 3.5 Chronic Disease II: Cardio-Vascular Disease

The Lugano Hospital cardiovascular risk appraisal (CRA): a health promoting experience

Conti, Marco
De Benedetti, Anna
Gola, Mauro

The inauguration of a new building of the Lugano Hospital, Switzerland, was the occasion to involve the local population in a main plaza based measurement of CRA.

Objective: to assess physiological parameters related to cardiovascular diseases such as weight, blood pressure, total and HDL cholesterol, smoking habits, physical activity.

A closed 21 questions CRA form was submitted to the local population on a one-day voluntary based participation in September 1999.

Hospital nurses measured the above physiological parameters and doctors informed the participants about their personal health status report.

228 persons enrolled: 55% female. Age: 41% between 25 and 54 years, 57% more than 55 years old.

The weight values were normal in 50%, whilst 47% were overweight. The blood pressure was normal in 55% of cases and high or very high in 45%.

Total cholesterol was normal in 47%, high in 36% and very high in 17%. HDL was low in the 53%.

Smoking habits: 56% never smoked.

Physically active: 61%.

The overall cardiovascular risk was less or average in 81%, more than average 19%. The latest group was referred to the family physicians.

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A health promotion programme may affect attitudes and modify behaviours in the elderly with cardiovascular risk factors

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Ioannidis, I.
Sourtzi, P.
Velonakis, E.
Varsamis, E.

Aim: Cardiovascular diseases are the main cause of death in the elderly and their mortality increases with age. The objective of this study was to evaluate the effectiveness of health promotion activities focusing on adoption of healthier lifestyles by elderly with cardiovascular risk factors.

Subjects-methods: a health education programme was implemented in 124 subjects, mean age 70±7 years, from two Open Care Centres for the Elderly (KAPI) in Nea Ionia, Athens. The findings before and after intervention were analysed by the Wilcoxon matched-pairs test and were compared with those of a control group (99 elderly) from two other KAPI in the same district where no intervention was implemented. All participants had at least one risk factor for cardiovascular disease, such as hypertension,

diabetes and hyperlipidaemia. The health programme included lectures with open discussion, group work with participate style, one to one counselling and written material.

Results: A statistically significant decrease of body weight, salt intake, smoking as well as an increase in the daily walking time was observed in the intervention group but not in the control group. The alcohol consumption was reduced in both groups.

Conclusion: It is concluded that a well-designed health promotion programme using existing community structures, may affect attitudes and change lifestyles in the elderly with cardiovascular risk factors.

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Cardiac rehabilitation in a general hospital

Mc Gowan, Anne

Rationale: WHO defines cardiac rehabilitation (CR) as the sum of activities required to influence favourably the underlying cause of the disease, as well as the best possible physical, mental and social conditions, so that patients may, by their own efforts preserve or resume when lost, as normal a place as possible in the community. It must be integrated with the whole treatment and the overall aim is to improve quality of life.

Objective: To develop a multidisciplinary Cardiac Rehabilitation service.

Aim: 1) To improve quality of life for cardiac patients by a combination of exercise and education. 2) To reduce anginal symptoms through improved aerobic capacity. 3) To restore self-confidence and relieve anxiety and depression.

4) To encourage early return to work, if appropriate. 5) To reduce re-admission rates.

Target group: Suitable patients with heart disease post acute Myocardial Infarction, Coronary Artery, Bypass Surgery, and Angioplasty.

Method: The programme was developed using a multidisciplinary team approach and runs over a ten week period.

Results: Follow-up of patients from the first year by questionnaires indicates a feeling of improvement in well-being. Exercises stress tests performed after the programme show improvements in exercise tolerance.

Conclusion: Cardiac Rehabilitation is an important part of the comprehensive care of cardiac patients.

Link of topic to HPH: Cardiovascular disease accounts for large numbers of hospital admissions. There is a need to improve quality of life, and to improve morbidity and mortality rates for patients with this chronic disease process.

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Depression in cardiac transplant candidates: A support approach

Politis, Antonis

The aim of this study is the evaluation and management of depressive symptoms in cardiac transplant candidates. We assessed patients with mild depressive symptoms utilising the Montgomery Asberg Depression Rating Scale, which excludes the vegetative symptoms of depression commonly occurring in the medically ill. These patients have lost their social and family role, due to the physical and emotional condition. Our target was the management of patients ability to cope with various stages of transplant procedure: the adaptation of a

new life style, their education and counselling on health issues; reinforcing them to a trusting relationship with the medical staff; dealing with their heart condition. We used an approach structured and individually focused. Further discussion includes the characteristics of this approach.

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Session 3.6 Organisational Development in Health Promoting Hospitals

The benefits of a health promotion strategy in a large acute organisation

Porter, Barbara

The aim was to use the development of a health promotion strategy to place health promotion on the business agenda within the Trust. Our trust consists of 3 major medical & nursing hospitals and one school of dentistry, we have approx. 5.5 thousand staff.

Objectives: raise awareness for the concepts & principles of health promotion (HP). With all staff, generate interest for planning HP and identifying it within major business. Senior managers were targeted to voice their opinion of their needs, which could be addressed through the strategy, Chief Executive and executive members were targeted for support and ideas. A steering group headed by the HP manager was set up to co-ordinate the initiative. The strategy has been sent out for consultation, changes were made and launched. Evaluations have been extremely positive both from the process and acceptance of the strategy. Extremely worth while, raised HP profile and has instigated business proposals and budgets.

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Health promotion and quality: Building HPH as healthy organisations to 'last': exploiting social capital in an empowering environment

Richardson, Denise

"Go to the people. Live amongst them. Start with what they have. Build with them. And when the deed is done, the mission accomplished. Of the best leadership. The people will say, "We have done it ourselves."

Health promoters are introducing concepts such as empowerment and social capital. At a micro level empowerment aims to improve individual and collective skills to regain control over living and working conditions. It also means community organisation; a constant process of enabling individuals and groups to take part in collective action, form alliances and engage in social action to bring about substantial change in response to social and political need. Social capital refers to the macro-level of the analysis of social systems and the benefits generated by collaboration between established social organisations, requiring trust and confidence. The Virtuous Circle of Social Capital can achieve and further projects of collaboration. Like monetary capital, social capital becomes a resource whereby social entrepreneurs gain maximum benefits from their investment in themselves and others; calculate risks in monetary and social costs; generate influence and "trust", and develop rela-

tionships aiming at the provision of equal benefits for all partners involved. The authors argue that successful HPH's are Investors in People and strive towards business excellence.

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Moving from pilot phase to integration of health promotion into hospital development

Lucey, Jim
Lordan-Dunphy, Maria
Clarke, Anna

James Connolly Memorial hospital (JCMH) was one of the pilot hospitals in the European Health Promoting Hospitals Pilot Project. Introducing change in any setting is slow, however since 1993 JCMH has been successful to date in developing the HPH concept in the hospital.

It has been recognised that while the pilot phase was important in raising awareness of the HPH concept there is a need to develop health promotion at a more strategic level in the organisation. This presentation will highlight the importance of introducing change in a small way initially by the means of the pilot projects but will also emphasise the need to have health promotion at the core of service development.

JCMH has recently developed a five year plan for development of health promotion in the hospital, all departments in the hospital are included in this plan to ensure that health promotion is incorporated into each department and is not seen as an 'add on' but is everybody's role.

This presentation will also highlight the main contents of the proposed development plan.

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**Session 3.7
Networking Health
Promoting Hospitals**

Networking and co-operation: Health promotion in Viennese hospitals and nursing homes

Huebel, Ursula
Herbek, Susanne

In 1999 about 300 health promoting projects were being carried out in Vienna's hospitals and nursing homes. However, a systematic analysis of the data carried out by the Ludwig Boltzmann -stitute for the Sociology of Health and Medicine showed that there was little co-operation or knowledge transfer.

The division for health planning of the municipality of Vienna therefore decided to establish an information network to promote communication, co-operation and knowledge transfer between all Viennese hospitals and nursing homes:

The first step to establish this network was to hold a conference in February 2000, that aimed at communicating the theoretical concept of health promoting hospitals as well as presenting models of good practice. Moreover existing and planned data bases were introduced to the audience.

The conference will be followed by a series of lectures in order to enable continuity and a more profound knowledge of the theoretical framework of health promoting hospitals.

A concept for the structural establishment of health promotion in Viennese hospitals and nursing homes will be elaborated. This concept will incorporate struc-

tures for co-ordination at the level of the hospitals (e.g.: health promotion representatives) as well as a co-ordination platform.

An update of the database about health promoting projects in Viennese hospitals and nursing homes will be conducted and will be made accessible by Internet.

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Developing the Lithuanian HPH network: A vision for the 21st Century.

Miseviciene, Irena

Background: Four years of experience have revealed the real possibility of realising the main principles of the Ottawa charter and the Vienna recommendations in the process of the Lithuanian HPH network development in the country. The Lithuanian network was founded in 1996. Nine hospitals have been carrying out projects in four main areas: quality of care, health promotion for patients, health promotion for staff and a safe and healthy work-site.

Following the holistic approach towards health care and implementing the models of good practice, the Lithuanian network of HPH has a vision to follow on the verge of the new millennium. It will stay an inseparable part of health care facilities and will serve for increasing efficiency of these; fostering patients to be active participants in their ongoing treatment and asking patients to strive for better outcomes; creating a healthy work-site, where the personnel is striving to create a psychologically healthy environment, where the doctors and nurses are working in close collaboration and the

administration is concerned with promoting conditions of a healthy environment; support the functioning of HPH as modern hospital, which is determined by the disseminating of new technology; offering of efficient and qualitative service and creating of a total quality management system; changing the surrounding environment and improving the community health. The goal at the HPH conference will be to present general results of the years of work behind us, and offer some recommendations for the future development of the project concerning the health of the Lithuanian citizens.

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Integration of the Health Promoting Hospital concept in developing countries, Thailand

Rungpueng, Arattha
Supormsilaphachai, Chaisiri
Promtassananon, Supha

The Nopparat Rajathanee Hospital, a 600-bed general hospital in Bangkok, has launched an accreditation program since 1993. After five years of experience with the change in the health care orientation, we considered developing a Health Promoting Hospital initiative which was in line with the Declaration on Health Promoting Hospitals in 1998. The HPH concept was planned as a three-year program to develop hospital organisational structures and reorientation of health services delivery and management.

Objectives: To demonstrate HPH concept in the Nopparat Rajathanee Hospital, Thailand.
Methods: A baseline survey, documentary analysis and focus group meeting were conducted at the beginning. A curriculum of the health promotion program was developed after pattern, and

levels of health practice behaviours were identified. The action phase consisted of health promotion activities in the hospital at both the organisational and individual levels which followed the Integrative Approach for Health Promotion and the Ottawa Charter.

Results: 1) Awareness and skills of the personnel which lead to an improvement in the delivery of health care services was improved. 2) Quality of health services, working conditions of staff, relationships with patients and relatives, and community satisfaction was improved. 3) Interdisciplinary team work was built to ensure overall better treatment of patients. 4) A network with external agencies, a collaboration in developing health promotion and health services within the community was established.

Conclusions: After two years, the conceptual framework for bringing HPH into reality was established, in the theme of the political reform processes in Thailand. The Nopparat Rajathanee Hospital can be used as a model to advocate Health Promoting Hospitals in Thailand.

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Session 3.8

Coping with Health Risks and Problems of Hospital Staff

Promoting stress management through peer facilitation in a hospital setting: a model of good practice

Mann, Sandi
McNally, Neil

As part of an on-going commitment to staff care at a Hospital Trust in the UK, a stress man-

agement programme was devised. Unlike other such programmes, this had a unique perspective in that its approach was to train Peer Facilitators (PFs) to manage the stress management process rather than bring in outside experts. The aim was to produce an accessible peer-led stress management scheme which would lead to reduced stress levels and/ or more adaptive coping mechanisms of participants and ultimately, lower levels of stress-related absenteeism and sickness. Previous sources have identified many advantages of a peer-led system over expert-led. In a pilot study to be reported in this paper, twelve volunteer PFs, mainly nurses, received six hours of training in Stress Management Facilitation by a stress management expert. Using a specially designed toolkit, the PFs were then able to each guide one peer client through a six week course in self-managed stress management. The course and toolkit focused on addressing a number of issues identified in the literature as being pertinent to the management of stress, including Type A Behaviour, Locus of Control and Coping Strategies. The pilot programme was evaluated using a simple attitude survey and results indicated that a third (36%) of participants report better management of stressful situations following the course, 43% have undertaken positive lifestyle changes and 67% felt the process had been worthwhile for them. 75% of participants felt that the pilot scheme should be fully implemented in all UK National Health Service institutions. This paper will conclude by making recommendations for a more systematic evaluation of the programme using long-term measures and control groups.

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An evaluation of the effectiveness of stress management programmes in the workplace, (1999.)

Mc-Aree-Murphy, Jacinta

Objectives: 1) to test the hypothesis that stress management programmes are of benefit for staff in a work place setting. 2) to critically evaluate the research evidence gleaned from the questionnaire and compare these outcomes with current best practice in the literature. 3) Suggest recommendations for change if warranted based on this information.

Methodology: 1) A questionnaire was designed by the researcher and distributed to the entire population who had undertaken a stress management course in James Connolly Memorial hospital and the Waterford group of hospitals by postal survey. 2) Permission was sought from the relevant authorities and course co-ordinators to undertake the survey. A comprehensive literature review was undertaken to establish the current facts from a national and an international perspective.

Conclusion: The findings in the study were conclusive. Stress factors were significantly reduced following stress intervention. In some cases there was up to a 62.5% percentage improvement. The author recognises the limitations of this small survey. The samples surveyed were self selected and as such, reflects only the views of those who perceived the need for stress intervention. managers may have a different view.

The Regional Health Promotion Dept. are interested in using this information to develop stress management programmes on a pilot basis for the Cavan/ Monaghan Hospital Group.

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Night shift and other factors influencing sleeping disturbances and fatigue in nurses

Nuebling, M.

Hofmann, F.

Stoessel, U.

Aim/ Methods: Relations between sleeping disturbances/ fatigue and socio-demographic and work related factors were assessed in a cross-sectional study including 3332 persons in the nursing professions (1%-sample of German nursing hospital staff). Two scales named "sleeping disturbances" (off duty, 4 items) and "fatigue" (on duty, 6 items) were identified applying factor and reliability analysis on a bundle of initially thirteen items.

Results: Unexpectedly the influence of night-shift work on these two indices is contradictory: While sleeping disturbances are significantly more common among night shift workers (as expected), fatigue symptoms are significantly less prevalent in this group.

Conclusion: Our results underline the importance to strictly differentiate between items concerning sleeping disturbances and items concerning symptoms of fatigue: Night work is related to more sleeping difficulties at home (off duty) but – as our data show – not to a higher prevalence of fatigue symptoms at work (on duty). Probably the development of fatigue is more related to quickly rotating shift systems (three-shift) than to the pure fact of night work.

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Health risk behaviours among the hospital personnel of the Hellenic Network of Health Promoting Hospitals.

Tountas, Yannis
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Komitopoulos, Nikolaos
Tsantzos, Dimitris
Tsarouchi, A.
Kapoyani, A.
Briassouli, A.
Houliara, Lambrini
Aga, E.

The aim of the study was to assess the health risk behaviours among the personnel of the hospitals of the H.N.H.P.P.

A random sample of 345 members of all hospital personnel was selected, and a purpose made questionnaire was forwarded to them. The response rate was 80% (277). Of all respondents, 57.5% (159) reported that they have physical exercise less often than twice per week, and 44.4% (123) reported that they are smokers. In relation to diet, 63.9% (177) reported eating vegetables less often than once per day, and similar was the frequency of eating fruits as reported by 55.7% (154) of them. Statistically significant associations were detected between physical exercise and personnel category (medical, nursing, administrative, etc.), and physical exercise and gender.

It is surprising that in Greece eating fruits and vegetables is not an everyday routine for the majority of the hospital personnel. Smoking and physical exercise behaviours also need to be improved. Results suggest that there is a need for health promotion programmes addressing the health behaviours of the hospital personnel.

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Disease prevention behaviours among the hospital personnel of the Hellenic Network of Health Promoting Hospitals.

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Koutras, T.
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The aim of the study was to assess the disease prevention behaviours among the personnel of the hospitals of the H.N.H.P.P.

A random sample of 345 members of all hospital personnel was selected, and a purpose made questionnaire was forwarded to them. The response rate was 80% (277). Among all respondents, 74.4% (207) reported that they have had their blood cholesterol level tested at least once, and 90% (242) that they have had their blood pressure measured at least once. A visit to the dentist during the previous year was reported by 61.5% (170) of them. Among the females, 63.5% (101) reported having had a smear test within the previous two years. Similarly, 54.7% (88) of women reported having undergone a breast examination by a doctor, while 39% (63) reported regular breast self-examination. Mammography was reported to have been done by 30% (48) women. They all were at the age range 30 to 59 years of age.

Results suggest that easy preventive tests are more frequently undertaken by the hospital personnel, while tests concerning early diagnosis of more serious diseases are not. There is a scope for programmes promoting the disease prevention behaviours of the hospital personnel.

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Poster Presentations

(presentations in alphabetical order)

Learning project in health promoting hospitals of the Regione Lombardia (Italy)

Arpesella, Marisa
Bonaldi, Antonio
Torreggiani, Aldo
Discalzi, Alessandro
Locati, Francesco
Bigatti, Anna

In the context of the regional Health Promoting Hospitals (HPH) Network, which was established in June 1998, the Health Department of the Regione Lombardia launched in 1999 a learning course devoted to sixty local co-ordinators of the HPH network with special regard to the methodological issues of the research projects.

Objectives: The main purposes of the course were oriented to acquire methodological tools in the project planning, to develop skills in the project management, to provide specific items for project management and to promote the attitude in co-ordinating the working teams.

Methods: The 3-day training course program schedule covered the following areas: i) question and objectives definition; ii) project management; iii) project assessment (i.e. evaluation methods, indicators, etc.). Three editions of the course with no more than twenty people for each, were organised in the setting of the Regional Institute of Continuous Education of Milan, over a three-month period.

A specific questionnaire concerning the course evaluation was collected from participants after the course.

Results: Between September and December 1999, 49 of 60 local HPH co-ordinators of the Regione Lombardia participated at the 3-day learning course. The target group was composed of doctors and nurses mostly. 9 HPH projects among those presented at the regional net-

work and concerning mainly continuity of care, were evaluated in depth, showing the weaknesses and the strengths with particular regard to the methodological issues. The results of the satisfaction survey are presented and discussed.

Conclusions: The experience suggests the feasibility of an educational perspective that includes a large number of hospitals in the Regione Lombardia; the initiative will be extended to the local project co-ordinators of the network.

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Continuous support for diabetic patients

Arpesella, Marisa
Tornese, Roberta
Triarico, Antonio

Objectives: 1) To improve the quality of life of diabetic patients by promoting an active role of patients and their relatives (according to their specific health potential); 2) To educate patients and their relatives to slow down the disease course.

Methods: Target groups will be: 1) Users of the Diabetic Unit; 2) Health workers; 3) The community, that is the diabetic relatives. Our educational program firmly places the diabetic patient at the centre of attention and it asks the involvement of different professionals: diabetes specialists, psychologists, primary care physicians, nurses, dieticians and social workers.

Measures: a) Educating the health workers by carrying out a formative course; b) Involving the primary care physicians to promote and to spread our initiative and to create a connection with territorial care; c) Pointing out diabetics health needs by individual talking and questionnaires; d) Informative action

which will be realised by audio-visual aids and booklets given to patients and their relatives since the first ambulatory visit; e) Formative action to correct patient's wrong habits, that is: consumption of alcohol and drug, smoke, bad nutrition, short physical activity.

Conclusion: An effective and right care to the diabetic has to take a global approach that first of all will be educational, then therapeutic in order to improve the quality life of the patient and to slow down disease complications.

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Life style change of patients after myocardial infarction

Bartczuk, Adela
Kulczuga, Katarzyna
Loboz-Grudzien, Krystyna

The aim of the study is to analyse the prevalence of ischaemic heart disease (IHD) risk factors that are connected with life-style of patients after myocardial infarction (MI). The purpose of the study is also the assessment of life-style change of patients after MI as the result of patients' and their families' education. The study was performed in 45 patients aged under 50 who were treated at the department of cardiology.

The study was divided into 2 phases: Phase 1: a questionnaire on life-style was distributed to the patients by a health promoter, and health education for patients and their families in form of workshops concerning: proper nutrition, smoking, alcohol abuse, reduction of stress, weight control and physical activity, was provided.

Phase 2: The assessment of the results of health promotion on life-style of patients.

Results: the most frequent IHD risk factors in patients after MI are: little physical activity

(88,9%), lipid disorders (84,4%), inappropriate nutrition (83,5%), stress (82,4%), overweight and obesity (77,8%), smoking (53,3%). In 60 % of patients the health education resulted in life-style changes: increase of physical activity (79,5%), nutrition pattern modification (75,4%), overweight reduction (60,5%), stress management (45,3%), cessation of smoking (36,8%). Education of patients and families had a significant impact on life-style change.

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Evaluation methods of the Bulgarian HPH project for hospitals and at national level

Benchev, Bencho

The evaluation methods of the HPH project in Bulgaria on hospital level have two directions:

1) for subprojects directed at patients and their relatives – evaluation of the knowledge and skills among the trainees, evaluation of the level of certain integral indices referring to the health status of the trainees – influence of the training of the health status; 2) for subprojects directed at the hospital personnel – evaluation of the work conditions in the hospital referring to concrete subprojects; evaluation of the knowledge, skills and motivation level among the medical personnel.

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Improvement of psychosocial support for elderly

patients with short time stay in the hospital

Bergmann, Brigitte

the target group are elderly patients who come to the hospital for a cataract operation. This means a three day treatment full of diagnoses, operation and final check-up. Our ophthalmology ward has 56 beds. They have to manage 18-23 registrations a day and the same number of discharges. 83,3 % of the patients are older than 65 years, 66,8% older than 75 years.

Problem: Early organisation of post-hospital help, quite a few (angry and helpless) calls from discharged patients and their relatives who registered that there was no help at home.

The aim of our project was to improve the quality of organisations for post hospital help to guarantee the patients a seamless help at home and to reduce the daily complaints, which disturbed the handling structure of nursing staff and of social service. Therefore we firstly evaluated the frequency and contents of calls, then analysed the daily structure of both teams and defined the information we needed to organise the necessary help very quickly. In discussions between both teams we discovered the best moment to get this information. Best means: as early as possible and as rich in substance as necessary.

Results: we developed an instrument to solve this problem: a special request-paper to be filled-in by the patient at a fixed time. The nursing staff agreed to get the necessary information from the patients – upon their arrival at the ward. This paper is sent to the social services on the same day, so that they can organise the post-hospital help at once and inform the patient. After three months of testing, we decided to install a periodical exchange of experience between both teams. The project improved the reciprocal under-

standing and communication between both teams.

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Planning and development of HPH and its personnel inside the project of General Direction of Lombardy Regional Health Service

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Discalzi, Alessandro
Fazzone, Umberto
Bosio, Marco
Scrabbi, Lucia

The Lombardy Health General Management, in coherence with its strategic plan, promotes educational programmes addressed to the staff of the Regional Health Service.

The training activities are carried out by the Lombardy Education Institute for the Public Administration (IREF), on behalf of a signed agreement that takes into consideration the deep managerial and institutional transformation of the Lombardy Health Service due to a recent process of arrangement.

This agreement includes the institution of a new health management school to train and update health care top managers.

The '99-2000 plan includes different priority lines: resource management; data processing; external communication; health education.

Because the HPH Lombardia network has been constituted only recently, a specific project addressed at the training of the local co-ordinators of HPH has been included in the plan and is still ongoing.

Targets are the local co-ordinators of the HPH Lombardia network belonging to public and private health care facilities.

The aim of the educational programme consists in spreading the knowledge about project methodology, and common languages for the targets, in order to promote

exchange of experience and the cohesion of the subjects inside the network. The educational methodology includes lessons, group works, simulation and role-play. The programme was attended by the majority of the Organisations involved.

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Educational programs and hospital diet for secondary prevention of coronary artery disease

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Educational programs are essential to achieve dietary compliance in patients with coronary artery disease (CAD) undergoing secondary prevention measures. The specific objectives of our intervention are: a) provision of a packet of educational programs; b) provision of diet from the general hospital catering service, c) evaluation of resulting changes in lipid profile.

Ninety in-patients with CAD will be considered for the study. All patients will be given: a) a specific hospital diet with fat intake forming 20% of the daily calorie intake; b) an educational program consisting in lessons concerning diet-CAD relationships (four hours a week); c) a specifically written book about the correction of nutritional risk factors. Lipid profile measures and the patients' appetite, satiety and general satisfaction (visual analogue scales) will be checked at admission to and discharge from the hospital.

The study population will be matched with an appropriate control group (not provided with the educational programs or the specific hospital diet). Results will be discussed.

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Evaluation and risk management: The missing link between HPH and economic reality

Bonniol, Vincent

The Health Promoting Hospitals movement is primarily known for its idealism that is suitable for WHO. That is nice, but it cannot go very far, because the HPH seems not to be attached to either the economic and technological nor the cultural constraints of the hospital world.

Today the main world tendencies are towards: 1) the reduction of the explosion of health expenditure (money), 2) quality improvement of the assumption of responsibility (contract), 3) evaluation and evidence.

However, the bond between these two worlds exists. It is centred on Risk and Health management. Tomorrow risk management by the payers, the establishments, the professionals, the patients, will be able to answer the issues created by the main world tendencies seen above, by strongly integrating there the actions of education to the health of the HPH evoked into the top. But this major need has for the moment been underestimated: the systematic evaluation of the actions and the research of the proof of their effectiveness and their efficiency.

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Healthy heart at work

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Rationale: The Cardiovascular Health Strategy (1997) has reported that cardiovascular disease is the single largest cause of death in Ireland with over two in five (43%) of all deaths in 1997 being attributed to this group of diseases. While rates are declining mortality in Ireland continues to be higher than in most European countries. Diseases of the circulatory system accounted for nearly half of all deaths (41%) in the Mid-Western Health Board region in 1997. One of the barriers to Healthy Eating described in the Nutrition Promotion Framework for Action (DoH 1991) included the limited availability of healthy foods in various outlets e.g. canteens.

Aim: This hospital will act as a model of good practice in the provision of healthy food choices to staff and visitors.

Objectives: 1) To offer hospital staff and the public a choice of healthy foods, in line with the National Healthy Eating guidelines (Framework for Action 1991). 2) To promote staff awareness of the National Healthy Eating Guidelines. 3) To achieve the Happy Heart Healthy Eating Symbol for the hospital canteen/restaurant.

Proposed Time Frame: 14 months
Participants: Catering Department, Department of Nutrition and Dietetics, Irish Heart Foundation, Health Promotion Officer, General Manager, General Service Manager.

Methodology: A dietician from the Irish Heart Foundation will carry out a detailed audit of the catering service in the Regional Hospital, Limerick.

A catering audit report will be prepared and recommendations will be made to bring the service in line with Healthy Eating Guidelines.

The recommendations will include: 1) Provision of healthy food choices on the menus. 2) The greater use of healthy ingredients. 3) Adoption of healthier cooking practices.

A monitoring visit by the dietician from the Irish Heart Foundation will be arranged to assess the implementation of the recommendations with a view to awarding the canteen the Happy Heart Healthy Eating Symbol.

Targets: The availability of healthy choices in the hospital canteen.

Evaluation Schedule: An external evaluation would be carried out within two years of receiving the certificate and it will be reviewed every two years thereafter by the Irish Heart Foundation. The Dietitians within the hospital would carry out regular evaluation. Estimated Budget: £3000 approximately. Funding Sources: Hospital budget.

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Smoking cessation in hospital staff

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A questionnaire to all hospital staff on smoking habits revealed a smoking prevalence of 33%. Among those 51% wanted help to smoking cessation from the workplace.

Aim: Monitoring smoking habits and wishes to change smoking habits and conduct smoking counselling session among hospital staff.

Target Group: Staff smokers.

Methods: Education of at least one person in each department to conduct smoking cessation groups.

All smoking staff are offered participation in smoking cessation courses, lectures on smoking cessation and/ or individual guidance.

Evaluation: Follow-up on the rate of success concerning smoking cessation courses after three and 12 months. A questionnaire will be administered every second year to all employees about smoking habits and attitudes towards smoking.

Results: 21 instructors were educated. The first course started in November 1999. So far 70 employees have enrolled. The first courses have 50% rates of cessation success, but no 3-months-evaluations as yet has been done.

Conclusion: Although a fairly big proportion of smokers expressed wishes for help from the workplace to stop smoking, only a minor part accepted the offer immediately.

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Sexual education protects health

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Objectives: The aim is to evaluate the pregnancy and effectiveness when using contraception among women who do not want a baby.

Study methods: 312 women with interrupted pregnancy were included in our study.

Results: One of the main factors, which lead to conscious maternity and paternity, is family planning. The number of children in the family is regulated by two methods: 1. Using the contraception. 2. Interrupting unwanted pregnancy.

There is a great number of interrupted pregnancies in our Republic (25581 cases in 1998). Lots of our women (75-95%)

with interrupted pregnancy knew about effective and modern methods, but hormonal tablets were used only by 3,8%, intrauterine devices by 12,9%; vaginal means (suppositories, paste, tablets and others) – 8,6%; condoms – 18,3%.

The most popular methods were coitus interrupts (25%), natural family planning methods (20,2%). The most popular and effective hormonal medicine in the world, our studies women did not use. Although 56,7% women didn't want to be pregnant, they didn't use hormonal means, because they were afraid of overweight (23,1%), cancer (14,4%), and hirsutismus (12,5%). Even 6,7% doctors didn't recommend this medicine.

Conclusions: 1. Although women didn't want a baby, effective contraception was used seldom. 2. It is necessary to explain the harm of abortion and the necessity for family planning methods using effective contraception.

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A Smoke-free hospital

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Introduction: One of the main purposes of the project "Health for Everyone" during the year 2000, is that at least 80% of Europeans should be non smokers. WHO has recently increased the campaigns against smoking, promoting multi-sectoral strategies of intervention. The second Action Plan of the WHO has prompted the need to strengthen the co-operation, concentrating the force in the fields with better results. The Cremona Health Trust, together with the Lombardy network of health promoting hospitals, has planned these two actions: 1) Non-smoking Health Services, 2) Helping to give-up.

Objectives: To create a non-smoking health service able to protect the patients and the staff within the hospital and to become an example of good behaviour for the community.

Methods: According to the recommendations of the WHO, the interventions should be as follows: 1) Patients and staff smokers should receive information about the negative effect of smoke and an organised activity should help people to give up; 2) Development of synergetic actions against smoke in the community i.e. creating alliances with other Health Authorities and with the voluntary associations operating in the community; 3) To put into effect the provisions of the law.

The final use of a specifically designed questionnaire will help us to evaluate: 1) the degree of involvement and participation; 2) the ability of creating a network in the community; 3) the level of approval; 4) the modification of habits.

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Practical tasks scheme for disadvantaged and older people

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Williams, Allan
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Target group: Many older people find it difficult to receive home maintenance and impartial home safety advice. Older people receive home safety checks combines with low cost or free repairs.

Method: Home safety checks are undertaken with low cost practical help with jobs in the home. A partnership between the National Health Service, Local Authority, a Charitable Trust, and three non-statutory agencies.

Results: 1) Quicker hospital discharge, long term reduction in hospital admissions. 2) Essential work undertaken on making homes safer for older and disabled people.

Conclusion: The scheme is unique in accepting referrals between different agencies and partnerships with local and health authority. Combines practical help with wider scheme to offer home safety checks and advice.

Link to Health Promoting Hospitals: This Health Promoting Project addresses inequalities in health, socially excluded, disadvantaged, poorer, deprived and multi-ethnic groups. The scheme links hospitals to the wider community and is one of the finalists for the NHS Equality Awards 2000.

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Staff health matters – a key to organisational success

Cobb, Jacqueline

Aims: 1. Provide a sustainable staff health promotion service. 2. Establish partnerships with outside agencies to assist the process.

Objectives: 1. Identify areas of staff health need. 2. Create opportunities for participation in health promoting activity. 3. Utilise future organisational action plan.

Target group: Birmingham Children's Hospital NHS Trust staff.

Methods: 1. Health Promotion Secondment. 2. Review existing provision. 3. General local health promotion activity. 4. Utilise Organisational research. 5. Health At Work approach.

Results: 1. Health At Work strategy launched. 2. Continuing programme established reflect-

ing current priorities in health policy. 3. Participation in Regional Health At Work Learning Forum. 4. Selected as Stress at Work case study, for future publication & dissemination.

Conclusions: Promoting the health of hospital staff can prove challenging within the current healthcare climate of increasing service expectations and workload pressures. It is of the greatest importance to consider a recognisable investment in staff health as central to organisational purpose Research, which should be undertaken and utilised appropriately if the hospital is to become a healthy organisation that is to face the challenge of promoting health within its community in the 21st century.

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The changing face of the hospital landscape

Cullen, Andrea

“The art of discovery lies not in seeking new landscapes, but in having new eyes.” (Marcel Proust)

As we enter the new millennium, the focus of hospitals is clearly changing, providing us all with an opportunity to stop and reassess the pressures facing hospitals in the future.

These great institutions are in crisis, as we move into the 21st century with ever increasing costs for new technology and newer systems of treatment. Changing urban patterns have also made the grand hospital in the centre of most large towns, an uneconomic luxury.

A new hospital landscape is emerging, one that invests resources in delivering services that provide for sustainable health gain, allowing new voices to be heard, whilst preserving the im-

plicit part of hospital culture that has evolved over many centuries; the traditions of humane care and hospitality.

This paper documents The Canberra Hospital's move towards a health promoting hospital that incorporates the concepts and principles of an ecosystem approach, enabling the hospital to best adapt to the emerging challenges and opportunities facing hospitals in the 21st Century.

A Health Promoting Hospital Ecosystem is about building capacity to drive and develop a system or environment that invests resources in health gain and improvement of health.

A finely tuned health promoting hospital ecosystem is achieved through commitment and investment in resources for health gain ~ enabling the hospital sector to develop the capacity to improve the health of the population, ensuring that these gains add quality of life whilst involving other sectors in the promotion of health.

In doing so, it gives the hospital a sense of purpose and place, where the interior of it's landscape mixes and merges to work in harmony with each other and the community of which the hospital is a part.

Such an approach uses fundamental ecological concepts to illustrate how the structure and dynamics of the hospital environment, problems and possible solutions are related in the achievement of sustainable health gain.

This sense of purpose and place needs to be continually renewed by expression in a common purpose of investment in health gain. Such a process develops a culture that is resilient and relevant to improving health and in harmony with the pressures facing the hospital system of today and the future. It's about investing in healthy people and a healthy society in which we all have a purpose and place to ensure that maximum value (in terms of population health gain) is obtained

from resources invested in the hospital system.

In our globalised community of the 21st century, a Health Promoting Hospital Ecosystem provides a purpose and place for us all, ensuring that the health, diversity and productivity of both human and natural resources is maintained for the benefit of present and future generations.

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Millenium Healthy Eating Calendar

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Fitzpatrick, Dympana
Mc Donnell, Joan
Connolly, Breege

Objective: A health promotion initiative, to promote health awareness among staff and patients and their family an friends.

Aims: 1) To improve awareness and emphasis the importance of healthy eating and good nutrition to staff and patients of two hospitals, by producing and applying colourful calendar, which would be used as a health promotion tool to reinforce on a daily basis long term healthy practices and health education. 2) To demonstrate how healthy eating can be achieved and adhered to in an appetising and simplistic way.

Method: 1) Compile low fat healthy recipes. 2) Have recipes available on menu for staff canteen and patient menus during National Healthy Eating Week 1999 (N.H.E.W.). 3) Draw up computer programme for calendar. 4) Print calendar on computer. 5) Laminate front and back copies to highlight healthy eating. 6) Bind calendar 7) Distribution of calendar to staff and patients during N.H.E.W. 1999

Note: This calendar was produced on a shoe string budget due to unavailable funding, therefore copies were limited to 300 pieces. Results: 1. Calendar was produced. 2. Interest generated was outstanding. 3. Demand vastly exceed the supply (Alternatively photocopies were produced). 4. Recipes were used (and are still being used) in staff canteens and patient menus during N.H.E.W. 1999 (People want to cook recipes they have tasted). 5. It is hoped, at a later date to have this calendar available for all staff and patients in the N.E.H.B. area, should appropriate funding through health promotion and various other sponsorships be obtained. 6. The idea of the millenium calendar appealed to many because of its purposeful and novel idea. It has raised awareness and emphasised importance of healthy eating and how it can be achieved long term with emphasis right into the year 2002.

Conclusions: 1) Excellent and useful form of health promotion reinforcing daily messages. 2) Funding should be sought to make this calendar available to the whole of the N.E.H.B. region staff and patients. 3) The calendar could be adjusted each year to provide new recipes and healthy eating/and health promotion messages.

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Missed meals in the hospital – food for thought?

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Hospital malnutrition is common and can affect clinical outcomes. Many of the problems which may contribute to continuing weight loss, such as mealtime interruptions, are solvable.

Objectives: 1) establish and quantify current problems as perceived by patients 2) quantify missed and

delayed meals and reasons why
3) obtain information on patients' wishes for food provision
4) use the results to implement change.

Methods: An interview-administered questionnaire was completed with patients and related to their experience in the previous four days. Interviews took place on a single day.

Results: One third (131) of inpatients were interviewed. 29% had experienced delayed and 43% had experienced missed meals. There was no difference between medical and surgical wards. 44% had eating problems, most of which were catered for. The majority were satisfied with temperature, presentation, quality and service of meals. Some people wanted changes in the timing (around 50%) and location (35%) of the meals.

Conclusion: The number of missed and delayed meals is of concern. More appropriate planning of investigations and timing of meals will require inter-departmental discussion. Data on preferred food choices, timing and location of meals will provide useful information for the catering department. Results will be publicised in the hospital and used to implement change.

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Back pain prevention: A wide prevention program initiated by the neuro-surgical WHO referring centre

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The neuro-surgical unit (Prof J Brotchi) in Erasmus hospital

(Free University of Brussels, member of the HPH network) has been the primary neuro-surgical referring centre of WHO for research and teaching in the World since 1998. One of the first initiatives of the centre is the campaign "A back for life".

The main objective of this wide prevention campaign is to increase public awareness (in particular young people and gymnastic teachers) for the prevention of low back pain.

Main methods: distribution of booklet to all Belgian schools, TV campaign.

The tools developed: a 4 colour booklet (350.000 exemplars), a web site, a free phone line, a TV cartoon, a TV programme, a specific outpatient unit.

A first evaluation shows impact on the hospital organisation (in-site communication, activities for staff, ...), number and details of requests, requests for out-patient advice or preventive actions for companies, profile of out-patient medical advice, consultation on the web site, ...

Link of topic to HPH: prevention, community

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IV Methylprednisolone Rapid Response Service for Multiple Sclerosis Patients.

Dunk, Jill Helen
Swales, Tim

Aims: In July 1998 the Rapid Response IV Methylprednisolone Day Case Service commenced with the aim to provide an alternative delivery of treatment for patients with Multiple Sclerosis, so that an overnight admission can be avoided. This has maintained a high standard of patient service and care.

Objectives and Targets: The Rapid Response Service has

highlighted the following benefits to patients and cost effectiveness: More flexibility and improved efficiency in patient care, readily available education, health promotion, support and counselling from a specialist nursing team. This has facilitated a strategic approach to nursing care e.g. referrals to physiotherapists, occupational therapists, and continence services. Minimal interference with family life, less physiological and social disruption for patients and their families. Reduction in overnight patient admissions, resulting in improved bed management. Reduced waiting lists for treatment.

Method: Production of a business plan after consultation with medical, nursing staff and patient groups. Taking into account factors such as increased waiting times and the need to utilise resources more efficiently.

Results: Evaluation was conducted through the use of clinical audit. Questionnaires were sent to patients to evaluate the service they received. The objectives of the audit were to identify whether or not the original objectives had been met. The results of the audit were extremely positive. As a result of this service development and the clinical audit the Nursing Times journal have agreed to publish the findings.

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The health corner shop

Eldin, Nazih
Roddy, Gerry

Every town, village or estate have a corner shop selling basic products to those who live near. This gave us the idea of creating such a concept inside the hospital and linking it to the work of Drogheda Healthy Cities.

The aims: 1) To create easy access to health literature and other

resources for those working in the hospital. 2) To create a link between the hospital and the community they serve. 3) To create an opportunity for staff, visits and patients for receiving health literature.

Methods:

Creating a health corner shop within Our Lady of Lourdes Hospital. The shop offers literature in the form of books, leaflets and posters. It also has access to the internet for any reference required. The shop also offers safety equipment like car baby seats and harnesses, fire guards and so on. A free helpline for those, in the community, who have enquiry's is also provided.

The shop is Drogheda Healthy City initiative, managed by a multi disciplinary group representing the local council, Health Board and the community. The staff are employed by the Healthy Cities initiative.

Target Groups: Visitors, patients, staff and those who live or work in Drogheda.

Link to Health Promoting Hospitals: This is a unique link between Healthy Cities initiative and the local hospital as it is based in the hospital itself.

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Waiting list strategies of the Lombardia Region for 2000

Fazzone, Umberto

In 1999, the Lombardia Region began a course for the resolution of problems of the waiting lists for the outpatient services. Their resolution implied an important reorganisation of the process.

The goal of the regional policy is to set up a process to always assure Health care and observe

the needs of the subjects of the Lombardia Region.

To simplify mainly the entry in the process, this one utilises all disposable means, from the urgency-emergency process system, at the outpatient treatment and the other means.

All public and private Health care services of the Lombardia Region must observe the waiting times agreed between the Lombardia and the Local Health Units, to advertise available means to all patients of the Lombardia Region and guaranteeing free choice of services.

The Lombardia Region has started up the following actions to improve the organising phase: 1) Health services have to do laboratory research without reservation; 2) The delivery of laboratory reports has to be done within 3 workdays; 3) The waiting lists have to be always open; 4) Set up a special access within 3 workdays for patients with pressing diseases.

We think that in 2000, the goal will be reached.

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Identifying knowledge and awareness of health promotion amongst staff within an Irish Health Promoting Hospital

Foxall, Margaret

Aims & Objectives: To ascertain the depth of knowledge of Health Promotion possessed by staff within the hospital and to identify to what extent this knowledge is being utilised for the benefit of staff, clients and community. The author intends to present the results to the employing authority with a view to obtaining future resources in order to introduce a Health Promotion Structure within the hospital.

Target Group: This consisted of Registered Nurses of all grades.

Method: A twelve item questionnaire was chosen as the data collection tool and then distributed to a total of 120 staff. Following advice from colleagues regarding the questionnaire layout and design, a pilot study was carried out in order to identify any potential problems or weaknesses and also to ascertain the length of time it took in which to complete the questionnaire.

Results: Response rate = 100% and the study indicated a good understanding of Health Promotion. A lack of awareness of what is provided within in the hospital was highlighted but it is hoped that this can be corrected in the future by active Health Promotion and further education of staff in this area. The study also showed that at least 84% of staff practised Health Promotion but felt that more education and support was needed within the hospital.

Conclusion: Overall, a good knowledge of health promotion was shown by the participants. But it was highlighted that more education in area of health promotion and a Supportive environment is needed within the hospital.

Link of Topic to Health Promotion: Results illustrate willingness amongst staff at Waterford Regional Hospital to partake in Health Promoting Hospitals.

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Hospital acquired infection control program in Kaunas Medical University Hospital Gailiene, Greta

Introduction: In Lithuanian health care institutions hospital acquired infection (HAI) registration is not carried out. However, with the passing of time it becomes clear that it is necessary to solve this problem, to evaluate it but this is

not possible without HAI control program.

Objective: Creating and introducing HAI control program in Kaunas Medical University Hospital.

Aims: 1) Increase knowledge of medical staff in field of hospital acquired infections (HAI). 2) Study of HAI prevalence and structure. 3) Adopt and implement registration and notification system of HAI in a hospital. 4) Adopt and apply the hazard analysis critical control points concept for prophylactics of HAI. 5) Increase the role of clinical microbiology laboratories activity in control of HAI. 6) Prepare and implement the policy of antibiotic use.

Implementation: Medical staff training was carried out on HAI field. After pilot study information about HAI prevalence and structure was obtained. Thereafter, a registration and notification system of HAI in a hospital was created. Hygiene and Epidemiology service (HES) perform HAI control. HES consist of 3 epidemiologist and 3 infection control nurses. This service accumulates HAI data, fulfils permanent inspection of hospital departments, prepares methodical recommendations, teaches staff on HAI questions. HES provide hospital Infection Control Committee with data about HAI, which in turn perform data analysis, provide conclusions to hospital administration. Conclusions. The first results of HAI control program in Kaunas Medical University Hospital will be available after one year.

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Hospital-territory: communication, continuous patient assistance, adequacy
Galli, L.

Ferrari, D.
Canino, R.
Bianchi, S.
Tonni, G.

Introduction: Two collaborative groups between General Practitioners and hospital doctors have been constituted in the extent of delivering continuous patient assistance and appropriate health services. The strategy of identifying efficacy and adequacy of health care as primary objectives of NHS reflect the change within the Health Plan 1998-2000. Its realisation required a new cultural approach for administrators, medical staff and citizens.

General objectives: 1) To improve the adequacy of health services with regards to clinical needs; 2) To improve the communication between patients and medical staff.

Specific objectives: 1) To improve and to standardise the communication channels between the Hospital and the Community by improving the quality of health documentation of patients, with particular attention given to the admission and discharge letter from the hospital; 2) To work out and increase the use of diagnostic and therapeutic guidelines of main diseases; 3) Guidelines and understanding between Hospital Trust and Community Health Authority for an integrated home assistance; 4) Correct drug prescription at the time of discharge from the hospital, according to the notes of the Drug Unified Committee (CUF).

Methods: The staff of the project will have to identify the clinical situations of a problematic character that are more widely exposed to an inappropriate use (commercial pressure and inadequate co-ordination between operators) or where clear differences between standard of care and clinical practice exists. Afterwards, the staff will have to produce a number of shared guidelines. With regards

to communication, the staff will have to guarantee that:

- a) all the patients admitted to the Hospital will be in possession of the relative form, filled-in in every part by the GP and Paediatrician;
- b) the forms released by the hospital (certificate of specialist services, discharge letter/surgical procedure report) must be readable, allowing the identification of the patient and of the care provided.

The management of the integrated home assistance will be realised by the elaboration and increment in the use of guidelines between the Hospital and Community Authority. The guidelines will have to foresee the modality of activation of the home assistance, in order to prevent inconvenience for patients and their relatives.

Results: The two groups, that are co-ordinated by the Health Direction of both hospitals, are constituted by a delegation of General Practitioner, by the Head of Health District, by the Head of the Department of General Services and by a delegation of hospital doctors. The two groups have had monthly committee and worked-out the following agreement: 1) Admission procedure of the patient in hospital structure: specific guidelines have been produced in order to regulate either emergency/ planned or ambulatory admission; 2) Discharge procedure of the patient from the hospital: the admittance to the integrated home assistance is regulated. The forms and the contents of the discharge letter have also been standardised (the two Districts are regulated by two different Community Health Authorities); 3) Settlement of the Radiology consent for out patients and circulation to GP of the Radioprotection Manual for patients.

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In the 21st century the hospital environment must not be "a smoking area"

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Tosco, S.
Raggi, U.

Aim: The main objective of the project is preventing hospital staff from smoking in the hospital.

1) Methods: The project is divided into 4 main sections. In the first one, a working group is created. First, the working group studies the problem using epidemiological data and searching equivalent national and regional studies and other equivalent European HPH studies. Secondly the working group analyses the local situation. The second section consists of planning a project and its objectives. In this section, it is necessary to prepare everything needed for information courses and to define what economic, logistic and human sources are necessary. In this part the real situation is described by direct observation of how many smokers there are and by giving questionnaires to all hospital staff. After that, the obtained data are analysed and the targets are defined. The fourth step includes providing training and in creating a specific area for smokers in the hospital. Subsequently, the process indicators and the results are analysed. The analysis is repeated after one, six and twelve months. The third section involves the communication of the results and eventually to modify the previous project plan in targets and instruments.

Results: the project, like a pilot study, has only been started up to the first section in S Luca Hospital of Istituto Auxologico Italiano. It has to complete the second section. The epidemiological studies have shown that the smoking problem in hospitals is common in Europe as

well as in Italy and this region (smoking staff ranging from 23,7% to 51 %). Also the unusual situation in our hospital where many staff members smoke during work time highlighted the need to outlaw this harmful behaviour.

Conclusions: We believe that our project is vital and ties in with the targets of HPH to improve the hospital environment and increase the positive initiatives of the hospital concerning the health of staff and patients. In addition, our project has already been carried out by a network of hospitals in the Lombardia region since this was recommended by the HPH principles.

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Intervention amongst staff smokers in a Danish hospital

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Background: As the first initiative after the start as a Health Promoting Hospital an investigation of the smoking habits in the staff was performed in 1999. The proportion of smokers (33%), was similar to that of the average Danish population; 51% were heavy smokers.

A large proportion (59%) wanted to stop smoking, and 81% wanted help to stop smoking. This attitude was adversely correlated to the number of smoked cigarettes per day.

The management of the hospital offered the employees help to stop smoking, as it is important for the staff to be a non-

smoking model, when you ask the patients to stop smoking.

Aim: The aim was to study the effect of the intervention in relation to smoking habits and dependency of nicotine.

Material: All employees who had followed a non-smoking course since December 1999.

Methods: Smoking cessation instructors from all departments were trained. Group training (5 x 2 hours over 6 weeks) was performed; smoking cessation was established after the second week. Nicotine substitution was instituted when necessary.

Results: The success for smoking cessation and drop out is presented in relation to job category, smoking habits and dependency of nicotine.

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The hospitals are responsible for health promotion

Härm, Tiit
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Hospitals play a central role in the health care system. Although they focus mainly on illness, curative care and rehabilitation, they are also responsible for health promotion (to use health promotion and disease prevention as integral parts of their everyday work). A health promoting hospital is the hospital of the future.

Hospitals are suited to become qualified guides in planning health promoting activities. The reasons are numerous: 1) the general public values the opinion of medical specialists (so called white coat phenomenon), 2) if a patient is in the hospital for a longer period (eg. in rehabilitation department), it gives a good possibility to educate the patient, 3) hospitalised patients are likely to take the advice of medical personnel, 4) involving professional

doctors and nurses in a health promoting team helps to convince the general public in creating a society where health is highly valued.

Tallinn Järve Hospital is the pilot institution of the Estonian National Network of HPH with the project "Tallinn Järve Hospital – a Health Promoting Hospital" (by 1999). The development of the Estonian nation-wide HPH network is now only in its initial phase, but for the near future there are concrete goals and plans: 1) developing health promoting settings in Järve Hospital (by 2000), 2) developing the HPH model for Estonia and developing a network of HPH in Estonia (by 2000), 3) membership of 15 to 16 hospitals in the all-Estonian and international network of HPH (by 2000). Developing HPH requires a wide-ranged inter-sectoral process that needs to be initiated and realised by a learning and developing team: patients, family members, doctors, nurses, caregivers, administrative staff, social workers, volunteers and others. The health promotion activities are meant to reach all groups of people who are in contact with the hospital – in short, all the members of the community. The culture of communication, the quality of work, the patient-oriented approach, modelling health behaviour in a positive direction, the environmental safety and health protection for patients and hospital staff are some of the areas where a lot remains to be done.

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Patient Internet Cafes in Health Promoting Hospitals of 6 European countries

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The idea for the "Patient Internet Cafe" developed from personal contact to a European experiment. In 9 clinics in 6 European countries Internet Cafes have been established by two European volunteers (aged 18 to 25), respectively. The main purpose of this group project is to provide (mainly elderly) patients, staff and local people with the opportunity to learn the benefits of the use of PC's, e-mails, Internet and the World Wide Web in a relaxed atmosphere of the hospital's own Internet Cafe. Interactive health education programs, provided by CD's, helped for example heart attack patients to learn strategies in terms of primary and secondary prevention. Last but not least a positive effect of an Internet Cafe is naturally a more personal contact between the hospital employees and patients, that is to say, the users of the Internet Cafe and the experience of local culture and lifestyle by an exchange of volunteers and people from the region.

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Health promotion for staff by medically controlled and guided exercising

Hof, Ewald

To keep and improve the health and fitness of our staff we initiated a training program of exercising twice weekly for at least 30 minutes. Prior to entering the program each candidate undergoes a physical examination, laboratory and cardiopulmonary exercise testing. On a six monthly basis the health

profile of each candidate will be longitudinally surveyed by repeating the initial tests. So far twenty members of staff have had their initial medical check up.

Most of the candidates are middle aged and do not exercise regularly. Based on the results of the initial examination each candidate will be advised about the optimal stress exertion to be undertaken during the twice weekly exercising session.

Starting and first follow up data will be presented and discussed. Summarising the program we intend to promote health by preventing cardiovascular and degenerative diseases of the participating members of staff. Regular exercising will increase physical and mental strength and thus help to better cope with an increase in organisational pressures at work.

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Sustainable quality of life in a HPH's rehabilitation program

Horvath, Sandor
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Object: Utility of cardiac rehabilitation has been proved successfully with attained good cardiovascular state and quality of life (QOL) for the last 16 years in Debrecen Heart Centre. The effectiveness of cardiac rehabilitation has got a new perspective for the HPH Movement. Our HPH's rehabilitation program has been examined with the reached sustainable QOL on the basis of a new sociology survey.

Method: Three groups have been compared: 53 rehabilitated coronary heart surgery patients, 306 non rehabilitated coronary heart surgery patients as control group (C1), and a healthy control group of 255 persons (C2). The method was a questionnaire titled "Can we help?" containing 80 questions adapted from the Measuring

Health Guideline. Questions were concerned with 10 cardiovascular risks and four way of life (WOL) risks.

Results: When comparing group R-C1-C2 it appears that the cardiovascular state and QOL in R is better than in C and not worse or better in C2. There are no significant differences between three groups in WOL risks. R is no more detrimental and no more favourable than C2.

Conclusions: Long term cardiac rehabilitation is effective, because R is better than C1 and not worse than C2. The goal in R is the maintenance of reached QOL and the change of unfavourable WOL patterns. The goal in C1 are the reduction both of cardiovascular and WOL risks. The goal in C2 is a preventive message resulting from the former two groups. Their state is not too far from R.

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Workplace health promotion

Howard, Anne Marie

Aim: To promote Health Promotion and wellbeing among healthcare staff, in the hospital setting.

Objective: To establish Health Promotion Initiatives which were needs assessed and asked for by the health care staff.

Target Group: 1. Men's Health Program 2. Women's Health Program 3. Lifestyle Challenge – all groups of staff 4. Catering Audit. 5. Breast feeding Room
Methods: 1. Needs assessment 2. Set up Committee/ programs 3. Evaluated at 6 months, 12 months, 2 years. 4. Re-evaluated our programs. 5. Re-run 60th Women's Health and Men's Health.

Lifestyle Challenge Outcome: 1. We have extended these initiatives to our smaller hospitals in the area. 2. We have obtained a staff counsellor. 3. An Employee assistance officer is being advertised for our hospital. 4. We are an established Health Promoting Hospital.

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Celebrate good practice

Howard, Catherine

West Herts Community Health NHS Trust hosted an event aimed at showcasing and sharing Health Promoting Trust work with Trust staff of all levels, local health authorities and primary care groups.

The organisation of the event involved the distribution of posters and flyers, informing staff of the event and encouraging staff to register for an oral or poster presentation.

The event involved 10 speakers and 22 poster presentations from a variety of disciplines including primary care, mental health and learning disabilities. There were 90 – 100 delegates in attendance. The evaluative feedback was of a positive nature, with most delegates indicating they would like it to become an annual event, viewing it as an interesting, informative, useful and good networking opportunity.

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Rehabilitation sports for outpatients after cancer disease. Pleasure and well-

ness by exercise and sport after cancer disease

Hüllemann, Brigitte

In January 1999 we started a project together with the school for adult education in Prien with the aim to help patients with cancer to become psychically active by exercising and having sports in a group.

This group meets once a week and is conducted by 2 skilled trainers; medical questions are answered by a specially educated internist. The prescription for outpatients is handed out by the physician who does the medical treatment and it is valid for 6 months.

A variety of gymnastic exercises together with music in combination with training of the coordination and skill, as well as exercises for relaxation and body perception are carried out.

The evaluation is planned by all-round enquiries and individual interviews.

Up to now, the following conclusions can be made through personal conversations and interviews with patients:

a positive zest for living, more courage to face life, optimism, increasing contacts in the relationship, increase of physical efficacy and mental fitness, increase of skill and dexterity as well as a definite soothing of physical discomforts.

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HPH St. Irmgard struggled successfully against the implementation of a permanent Open Air Festival near the hospital

Hüllemann, Klaus-D.

The local Tourism Board of the town plans to install an Open Air Festival at a distance of 500m to St. Irmgard Hospital. During

summer, music presentations are to take place four days a week, beginning with the "Beatles Revival". The mayor, other stake-holders and many youngsters of the community favour the initiative. But the festival would be a burden on our patients who suffer from cardiac and cancer disease. A motion for a referendum against the festival is brought about. Our hospital starts numerous activities inside and outside the hospital, e.g. a mass media campaign. In the end, the referendum took place and was won with 60% against the festival. Our activities in fighting the festival enhanced group forming processes inside our hospital under the shield of the Health Promoting Hospital Philosophy.

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Middlesbrough Football Club Health Promotion Irons, Linda

The aim of this project is to promote lifestyle by targeting young people and their families using Middlesbrough Football Club as a positive influence. A two-day programme is held in the purpose built classroom at the Football Club stadium. Pupils from the local Primary Schools attend, and topics such as physical activity, healthy eating and smoking are dealt with through an inter-active learning programme. An eight week follow up course is held in the schools to deal with issues raised during the two-day course at the Football Club. Another half day course is held at Middlesbrough's Football Community Centre based in a disadvantaged area, and targets other schoolchildren. This is a multi-agency project, whereby

the local Football Club works with the Dietitian from the local hospital as well as with School Nurses, Health Promotion and Leisure Services. The project means that the delivery of health messages occurs in a number of settings i.e. schools, local football stadium and in the community. The project has been well evaluated with positive feedback from pupils and teachers.

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What motivates the performance of employees at the health care institution?

Kaarna, Marina
 Thetloff, Maie
 Pölluste, Kaja

Aim: The manager of any organisation should know how to motivate people to improve their work efficiency.

Objectives: The objective of research was to evaluate the importance of different motivating factors.

Method: The study was carried out in Pärnu County Hospital in December 1998. Staff's opinion were studied by means of anonymous questionnaires. Motivating factors were given in alphabetical sequence.

Results: 416 employees or 61,8% had listed the factors in the following order of importance: 1) Good wages; 2) Good working conditions; 3) Interesting work; 4) Opportunity for advancement; 5) Appreciation of work well done.

There were differences between physicians, managerial staff and other workers.

Physicians and managerial staff felt that interesting work had priority, whereas wages held secondary importance as a motivating factor.

Conclusion: Based on findings at Pärnu Hospital it can be concluded that at present time motivating factors for workers at the health care institution are good wages and working conditions, after all.

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Staff's job satisfaction study in hospital

Kaarna, Marina
 Pölluste, Kaja
 Thetloff, Maie
 Vahula, Veiko
 Sule, Urmas

Aim: In the area of measuring medical staff's job satisfaction, there is still a great need for more information.

Objective: To examine how satisfied medical staff are with their job and what factors are associated with higher or lower levels of satisfaction.

Method: The study was carried out in Pärnu County Hospital in December 1998. Staff's job satisfaction was studied by means of an anonymous questionnaire (based on the staff's job satisfaction questionnaire of Norwegian Medical Association).

Results: The response rate was 69.4 %. (673 questionnaires were distributed). 467 respondents evaluated the job satisfaction level on the average of 3.86 ± 0.81 on 5-point scale. A positive correlation was found between job satisfaction and enough information about the conditions at the hospital and good relationship with immediate superior ($r = 0.20 \dots 0.40$, $p < 0.0001$). Negative correlation was found between job satisfaction and unpleasant nagging by superiors, lack of information, and conflicts on the job ($r = -0.20 \dots -0.36$, $p < 0.0001$). The job satisfaction model of the staff included the following groups of factors: relationships between staff and man-

agement as well as colleagues; factors related to the work and working environment, information about the activity of the hospital.

Conclusion: Enough information and good relationships with colleagues and superiors are the key factors for the improvement of job satisfaction among hospital staff.

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Assessment and prevention of accidents in children

Kabir, Sarifa

Aims: 1) reduce the number of accidents that attend the accident and emergency department; 2) improve the management of injuries in the community; 3) raise awareness on creating a safe environment.

Objectives: 1) collect and evaluate information on accidents and share information with community staff; 2) work in partnership with shared information to reduce accidents; 3) evaluate the effectiveness of accident prevention programs.

The accident and emergency department has been collecting information on accidents over the past 5 years, this has allowed a comprehensive breakdown of all accidents highlighting where there are areas for accident prevention. This information is shared with the community staff such as the school nurses and health visitors. Joint campaigns have led to a reduction in the number of accidents occurring.

The accident prevention program has allowed a building up of partnerships in the community so that accident prevention issues can be addressed in a controlled environment where information is co-ordinated from one area and is disseminated

to its partners. The accident prevention program has allowed many accidents such as ingestion of harmful products, head injuries and finger injuries to be dramatically reduced. The management of burns and scalds injuries has been well disseminated and raised an awareness on minimising injuries and reducing the risk of infection and further damage to the injured area.

Working in partnership has enabled a good working relationship which has allowed hospital staff to liaise with community staff and other agencies. Posters and leaflets have been designed in the department for raising awareness in the community and has proved to be very successful.

1999 the accident prevention program was awarded the Beacon status which has enabled the project to disseminate its example of good practice to health service staff and local authority staff.

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Loss of resources and Intensive Care Unit bed/ days due to non availability of Intermediate Care Department

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Objectives: Calculation of lost resources and wasted Intensive care Unit (ICU) bed/ days as well as estimation of the number of seriously ill patients who could have been admitted if Intermediate Care Unit (IMCU) had been available.

Aims: Determine the actual need for IMCU creation, based

on hospitalisation data of all patients admitted to the ICU in 1999. Due to current shortage of ICU beds available and financial constraints we aimed at developing a system of clinical and laboratory parameters which could safely justify patients' discharge to an IMCU.

Methods: All ICU patients admitted in 1999 were evaluated as candidates for discharge to an IMCU based on: no major variability of blood pressure or heart rate, FiO₂ required, acceptable levels of PO₂, PCO₂, pH, WBC, Ht, temperature, tracheostomy performed at least three days before discharge, no need for inotropes or antiarrhythmics drugs, normal chest x-ray, enteral nutrition and absence of active renal or hepatic failure. Based on the above data, we calculated the excess, bed/ days occupied by patients ready to be discharged, the cost of this wasted occupancy which deprived new admissions and finally, knowing the mean length of stay, the number of potentially admitted patients.

Results: During 1999, 678 bed/ days (30.95% of total bed/ days per year, given an occupancy approaching 100%) were wasted due to non available IMCU. Based on the estimated cost for IMCU stay per day, the relevant calculated cost of wasted bed/ days was approximately \$ 258.815. Based on the mean length of stay in our ICU (namely 9.9 days), the number of patients who could have been admitted, in 1999, is 68.

Conclusions: Without an IMCU, the ICU costly potential (in personnel, equipment etc.) is partly wasted for patients otherwise able to be discharged to an IMCU, limiting the admission of patients who could benefit from the ICU. This documented misuse of resources available supports the need for an IMCU, under current financial pressure and ICU bed shortage.

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Evaluation of the new sign posting system in Aretaieion Hospital

Karnaki, Danagjota

Results of a preview study investigating at Aretaieion Health Promoting Hospital indicated that signs were inadequate and incomplete. Following recommendations new signs were put up in the hospital area. The present study aimed at evaluating the new system of signs as to their visibility, functionality and adequacy. Twenty-one hospitalised patients and 212 people visiting the outpatient department completed a purpose made questionnaire, which included items measuring the degree of difficulty patients encountered in locating various departments. In addition, 10 people who were previously unaccustomed with the hospital areas were asked to walk to specific locations within the hospital. The time that each person took and the comments made were recorded.

Results showed that locating the outpatient department was considered difficult by 14,3 % both among in-patients and outpatients as opposed to 36% who had difficulty before the establishment of the new system. Sixty-nine percent of both groups did see signs and they regarded them as helpful and adequate while 30% responded they did not see any signs and found their way round the hospital through asking. Among elderly patients, 90,9% answered they did not see any signs and indicated they had to ask in order to find their way around the hospital, which was not observed among younger people.

Findings indicate that the new sign posting system is helpful to visitors and patients in comparison to the older system, but

some limitations still exist especially with regard to the ability of elderly people to find their way around the hospital building. In conclusion there is a need to include more signs indicating access to public toilets and public phones.

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Health promotion and human rights

Karski, Jerzy

The full scope of health promotion activities is entirely in accordance with international documents concerning human rights, and bio-ethics are also important for health promotion activities. These two aspects are the core issues of the presentation.

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Insulin-pump treatment as a tool to improve the quality of life and metabolic control of diabetic patients

Kautzky, Laszlo

Objectives: Durable normoglycaemia seems to be the most effective possibility in avoiding diabetic specific complications.

For achieving this target continuous subcutaneous insulin pump treatment proved to be a valuable tool in diabetes management and metabolic control decreasing blood sugar variability.

The pump supplies the patient with an hourly injection of a pre-set micro-amount of insulin for the whole day, (480 shot/day) and the patient admin-

isters some boluses before each meals.

Aim: to achieve the target level of blood sugar, lower oscillation of daily profile, lower standard deviation, better Hba1c level, to improve the quality of life using H-TRON insulin pump.

Number of patients: 6, (4 male, 2 female). Age: 47,5 (41-57years old), duration of diabetes: 19 (11-25 years), duration of treatment with pump: 36 patient months.

Method: We made a comparison between the result of the prepump period and the 6 month of pump treatment regarding: fasting, postprandial, daily profile blood sugar, standard deviation, Hb1ac, number of hypoglycaemic and hyperglycaemic episodes, adverse reactions, the quality of life evaluation using a questionnaire.

Result: fasting blood sugar was 7.7+/-2.2. versus 6,2+/- 2.1 (p 0,001) -20%, monthly av. Sugar: 9.8+/- 3.6 versus 7,4+/-2,03 p 0,001 , -25% , Hba1c 7,9% versus 7,1% -12%, daily insulin doses reduced by 31%.

Number of hypos decreased from 11,2 to 6,5 /month. There was no ketosis at all.

The quality of life significantly improved, and reached nearly normal (92%) level of score (norm.: 100%) using QOL questionnaires.

Conclusions: The pump use is safe and a good device to achieve better metabolic control, and to provide better quality of life in the management of some insulin dependent diabetic patients.

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Letterkenny General Hospital Patient Internet Cafe

Kelly, Mary

Letterkenny General Hospital is a 274 bed General Hospital which provides a wide range of acute hospital services, Geriatric Ser-

vices, General Surgical Services and Urology Services, Obstetric and Gynaecology Services, Paediatric Services (including Neo-Natal Unit Services) and Orthopaedic Services.

The Experiment in Europe was founded in 1988 as a non-profit organisation in the framework of "The Experiment in International Living" (EIL). The aims are to promote cultural learning and mutual understanding by encouraging cultural exchanges, visits and seminars.

The pilot project Patient Internet Cafe is one of the activities of the European Voluntary Service (EVS). Together with many members of the WHO network "Health Promoting Hospitals" to establish a Patient Internet Cafe within 9 hospitals in 6 internet countries. Countries participating in program are Austria, France, Germany, Italy and Poland. Letterkenny General Hospital is one of the two Irish hospitals participating in the project.

The main purpose of this group project is to provide patients, staff and local people with the opportunity to learn to appreciate the benefits of the use of PC's, E-mail, the Internet and the World Wide Web in the atmosphere of a hospital owned Internet Cafe.

The two volunteers act as proactive teachers, supervisors and organisers for the new services in the hospital.

This poster describes the development of the Patient Internet Cafe.

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The road towards a smoke free hospital – staff attitudes and behaviour

Kivlehan, Dolores

A survey was carried out over 1 week using a questionnaire. It related towards age, sex and occupational grouping within the hospital and smoking status, a list of areas within the hospital in which people may have been exposed to passive smoking was included and finally questions about the desirability of Sligo General Hospital becoming smoke free and whether smokers require support in their efforts to give up smoking.

Aim: 1) Involve consumers in decision making regarding their own health and 2) To create a healthy smoke-free environment.

There was a strong support for a smoke free hospital. 77% of smokers wanted support in giving up. A smoking cessation co-ordinator was appointed to facilitate smoking cessation sessions and set up a smoking support clinic.

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Dynamics in medical personnel knowledge about breastfeeding

Kudzyte, Jolanta

The aim of the study was to evaluate changes of the level of medical personnel knowledge concerning breastfeeding.

25 nurse working in the Clinic of Children's Diseases at Kaunas University Hospital were questioned in 1996, and 28 nurse were questioned in 1999. The subproject on breastfeeding promotion was launched because the Clinic on Children's Diseases had joined the Health Promoting Hospitals project in 1996. Lectures and seminars about the new tendencies in breastfeeding were given to the medical personnel several times per year.

In 1996, half of the nurses answered that babies must be breastfeed up to 12 months, and in 1999 even 30% of them rec-

ommended to breastfeed up to 2 years of age. In 1996, 8% of the nurses did not know anything about the benefits of breastfeeding for babies and mothers, and all the nurses knew more or less about it in 1999. The balanced ratio of proteins, carbohydrates and fats, the role of immunoglobulins and enzymes of breast milk were mentioned more often in 1999 in comparison with 1996 (72% and 89% respectively). Only better bonding and economical benefits for mothers were stressed in 1996 and more important aspects, such as family planning, lower morbidity of breast and ovarian cancer were enumerated in 1999.

In 1996, 20% of the nurses were not able to tell any rule for successful breastfeeding, and all the nurses knew more or less how to do it in 1999.

So, our data show that special lectures and seminars for nurses led to an increased knowledge about breastfeeding in 1999.

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The needs and experiences of informal carers of older people: an exploratory study

Lane, Paula
Mc Kenna, Hugh

Aims: This study explores substantive subjectively perceived health and social care needs of informal/ family carers of elderly mentally infirm and general categories of older people.

Objectives: 1) To determine the prevalence of informal carers in urban and rural home care settings within the Waterford Community Care Area. 2) To conduct a comprehensive exploration of the profile, role and needs of informal carers in order to map their experience of caring. 3) To identify perceived stressors and associated coping strategies em-

ployed by carers. 4) To explore the mediating effects of the positive aspects of care giving. 5) To establish carers' satisfaction in relation to the following indices: a) Quality of life; b) Information needs; c) Psychosocial support; d) Respite and day care; e) Transport facilities. Health promotion components: This research project is potentially a health promoting community health care initiative. It explores existing healthcare structures and support processes that contribute to outcomes in terms of carers' health and social care. The project lies broadly within the thematic programme entitled; "improving the quality of life and management of living resources" (1998-2000), for research, technology and demonstration under the European Union, 5th framework programme.

Methods: Triangulation, using both quantitative and qualitative research paradigms was chosen as the most appropriate approach to researching in this subject area. Focus groups were used to identify issues of importance in the development of questionnaire items. Survey technique was then undertaken. An in-depth interview schedule will also be used.

Results: The results of the pilot study will be presented, illustrating the nature and extent of informal care giving. Carers' needs and experiences are often complex and diverse, embracing a range of physiological, psychosocial and economic issues. Planned interventions aimed at providing carers with effective support systems emerge from a thorough exploration and understanding of the impact which care giving exerts on carers' lives. Exploring the interplay between carers' perceived stressors; expressed needs and coping mechanisms are key factors associated with maintaining and sustaining the care giving relationship. The findings portray the importance of assessing carers needs in a structured, co-ordinated way.

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Movi(e)ing to hospital – subproject “say ninety-nine ... time movies”

Lari, Cesare
Moreno, Mauro

Objective: To make the stay of patients more agreeable and less boring.

Target group: Patient groups. Four departments per show.

Methods: Fortnightly film show with evening performance. Films shown are comedies. Access to cinema is made possible by the help of voluntary assistants who take patients from and back to departments. The service is therefore dedicated to non-ambulant patients too. After the show, a questionnaire is given to participants, in order to check their acceptance. Main indicators considered are: degree of involvement and degree of satisfied participants out of the total.

Results: involvement has been close to 30% of patients participating. Some non-ambulant patients were present at all shows. No predominance in the age of participants could be observed. As far as the degree of satisfaction is concerned, no negative answers were given. Out of the 100% positive responses, 40% were highly positive (“Not to be missed”) and 60% were positive (“Interesting”).

Link of topic to HPH: To create a favourable, human and stimulating environment (The Budapest Declaration HPH).

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Nutrition in pregnancy

Lauro, Vanda

Objectives: To reduce pathological pregnancies, recently consisting of an increase in diabetes, hypertension, obesity, ageing with consequential major risks of perinatal and maternal morbidity and mortality.

Methods/ Target Groups: To propose to at-risk patients, with the help of general medical practitioners and midwives the compilation of 7-day food ingestion diaries and special Progress Notes; to encourage the utilisation of the ‘Diet Therapy in Pregnancy’ section for the evaluation of the diaries and the modification of diet with assistance of explanatory leaflets; to monitor the evolution of pregnancy until delivery with a collection of data regarding the same; to indicate proper diet during lactation.

Results: As a result of the nutritional analyses of ‘food diaries’ correlations between symptoms (obesity, diabetes, preeclampsia, intrahepatic colestasis) and alimentation were evidenced; pathologies and complications reduction and disappearance were ascertained after diet modifications (relevant data described in 1995-1999 publications).

Link to HPH: Organisation of special training courses for personnel, for dietician schools to provide basic nutritional knowledge, discussions on the concept of quantity (too much, too little nutrients ingested) and of quality – necessary, unnecessary and damaging foods for health.

Conclusions: This methodology permits the prevention and care of the above pathologies, reducing the use of some pharmaceuticals and existence of relative risks and costs.

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Secondary prevention of coronary heart disease in patients after coronary artery by-pass grafts (CABG) or coronary angioplasty (PTCA) in Central Railway Hospital Warsaw Poland

Lech, Jerzy

Patients after MI treated with thrombolytic therapy or CABG or PTCA still have the risk of reocclusion or coronary vessel and risk of next MI. The aim of secondary prevention of coronary heart disease (CHD) is to avoid new coronary events like unstable angina, MI, cardiac death. The secondary prevention consists of change in lifestyle, elimination of risk factors, prophylactic treatment and survey of close relatives of patients with early onset of CHD.

Target group: Department of Cardiology and Outpatient Cardiology Clinic of Central Railway Hospital in Warsaw Poland. About 600 patients aged 30-75 years will be enrolled after PTCA or CABG or MI within 1-2 months of these procedures.

Methods: At the enrolment all standard risk factors of CHD will be assessed, and a basic cardiological examination including ECG and TTE will also be performed.

Patients will receive information about the risk of CHD and about secondary prophylactic of CHD. They also will receive pharmaceutical treatment. Patients will be assessed in 6 months periods during consequent visits in a period of 3 years. ETT and ECG Holter assessments will be performed. Patients will fill questionnaires to evaluate their quality of life. All results of examinations will be discussed by doctors and nurses with patients to help improving their health status.

Also every six months there will be lectures for the personnel concerning secondary prevention of CHD.

Conclusion: Pharmacology treatment and management of risk factors of CHD like change of lifestyle is more beneficial for patients than the therapy alone.

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An integrated care of diabetic foot lesions

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The aims of this project were to increase rates of healing of foot ulcers and reduce the frequency of lower limb amputations in patients attending the Diabetes Unit of the Ospedali Riuniti of Bergamo. Two types of management of diabetic foot lesions were utilised: 1) the conventional treatment (CT) consisting of ambulatory and D.H. care in the Centre of the Diabetes Unit specialised for foot complications; 2) the integrated care (IC) involving both the Diabetes Unit and the Local Health Unit (ASL). The latter was applied in case of conditions potentially affecting the healing of the ulcers, i.e. the inability of the patient and his relatives to perform topic treatment. Home visiting nurses of the ASL were trained to remove necrotic tissue, excise callosities and apply topic treatment, according to the instructions of the diabetologist. This treatment was performed at the patient's house two or three times a week.

From 1.1.1999 to 31.12.1999 seventy-two diabetic patients suffering from foot ulcer were treated with either CT (n=53, age 65.3±1, 6 years) or IC (n=19, age 67.8±2.0 years). Results: the clinical outcome of the ulcers in the two groups of patients (IC versus CT) was:

healing: 52.6 versus 47.1%; improvement 15.7 vs 20.7%; no progression 15.7 versus 13.8%; worsening 15.7 versus 7.5%. In conclusion, the percentage of healing was similar in the two groups, even though IC patients had worse clinical, socio-economic and family conditions. IC permitted more frequent treatments, reduced the visits at Diabetes Unit (2.9±0.3 versus 4.4±0.4) and allowed the patients to stay at home. This kind of integrated care Diabetes Unit – Local Health Unit was confirmed to be a valid model of co-operation between Hospital and Community.

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Breastfeeding promotion project in the Kaunas Hospital of infectious diseases

Levinienė, Giedra

Aim of the project – to promote and support breastfeeding.

Objectives: 1) To create positive attitude of hospital personnel and mothers towards breastfeeding. 2) To prepare teaching materials about benefits of breast feeding and lactation management. 3) To create favourable conditions for breastfeeding in the hospital. 4) To involve professionals in promoting breastfeeding. 5) To improve knowledge of professionals and parents about breast feeding.

Target group: mothers, hospital personnel.

Methods: 1) Teaching and reorientation of the health workers (lectures and seminars, workshops). 2) Education of parents (spec. literature, individual discussions and instructions of mothers by medical personnel. 3) Implementation of UNICEF "10 steps for successful breastfeeding" in hospital. 4) Implementation of WHO/ UNICEF Interna-

tional Code of Marketing of Breast Milk Substitutes.

Evaluation of the project: 1. Prevalence and duration of breastfeeding. 2. Knowledge and attitudes of health workers and parents.

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Home Artificial Nutrition (H.A.N.) : continuous care between hospital and home-care

Limido, Eugenio

Objectives: To support the allied existent services (health services, primary care physician) in the artificial food patient care. Establishing a bridge between hospital and home-care.

Aims: Some patients need Artificial Nutrition (A.N.) for survival. Home made A.N. results in quality of life improvement and cost-saving.

Target groups: Patients in A.N. to be discharged from the hospital.

Main activities: 1) Selection of patients for home artificial nutrition (H.A.N.). 2) Therapy planning; 3) Patient-family H.A.N. training and continuous education; 4) Nutritional follow-up.

Evaluation methods: 1) Serial briefings of nutritional team; 2) Monitoring of patient-family H.A.N. training; 3) Follow-up of nutritional parameters; 4) Satisfaction degree.

Results: From January 1993 till December 1999, we had more than 300 adult patients in H.A.N. Most of them were in enteral nutrition (more safe and less expensive) and parental nutrition was restricted to about 7%. Mechanical obstruction is the only absolute contraindication to enteral feeding. In everyone the indication for H.A.N. was the impossibility to eat a natural diet by mouth. The

greater number of patients suffered from head-neck cancer, gastroenteric cancer, neurological dysphagias. The average period of H.A.N. is 300 days.

Conclusions: A hospital nutritional team can realise a H.A.N. plan which begins in the hospital and continues at home with a correct and safe therapy conduction. The first aim is the improvement in patients' quality of life.

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Prevalence of smoking among the staff of university hospital

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One of the activities of Kaunas Medical University Hospital in the international network of HPH is a project "Smoke free Hospitals". The aim of this project is to estimate the prevalence of tobacco smoke among hospital staff, develop suggestions on smoking control and share experience with other HPH.

Addiction to smoking was evaluated among all University Hospital staff. A total number of 3090 valid questionnaires were collected (56,5% of the whole sample). Standardised prevalence of smokers was 13,3% (37,6% men and 9,7% women), ex-smokers –6,0% (16,0% and 3,7%) and non-smokers –80,7% (46,4% and 86,6%). The 30-39 year old men and 18-39 year old women present the highest prevalence of smokers (48,8% and 14,9%), the lowest – the age group over 60 (28,8% and 2,6%). The highest prevalence of tobacco smoke was found among auxiliary personnel men and women (44,9% and 11,3%)

and the lowest – among doctors (36,3% and 7,6%).

The prevalence of smoking among the staff of the University Hospital is smaller than in the general population in Lithuania – 36,0%: 55,0% men and 18,0% women. The highest prevalence of smoking in the young age group of employees requires great attention. It is obvious that the rules on smoking restriction in Lithuanian hospitals are needed.

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Health promoting radio programme initiative

Mc Aree- Murphy, Jacinta

Objectives: 1) To achieve better communications with the mass public; 2) To increase the public awareness of the healthier choices available; 3) Increase the uptake of staff and the public, choosing the healthier option.

Methodology: 1) Initial contact with management of radio station, Director of Nursing management and the health promotion coordinator; 2) Agree initial time frame; 3) Co-ordinate content of programmes with Department of Health calendar and local health care needs; 4) Elicit the commitment and the co-operation of medical, nursing, allied services, voluntary and statutory agencies in the preparation and delivery of health information in a format that can be understood by the intended audience; 5) Development of a communication strategy to ensure that the objectives were met; 6) Audit and evaluation.

Results: Results of an independent in-house telephone survey by Shannon Side/ Northern sound radio station, August 1999 indicated that this initiative was very successful in improving the health and social gain of the population of Cavan/Monaghan.

Conclusion: This initiative commenced in April 1999, following

initial discussions with management. Three programmes were agreed on a pilot basis. The content of these programmes was devised from the information gleaned from the health promotion calendar (Dept of Health & Children, 1999). In my opinion, this initiative has been a qualified success, the radio station has evaluated the first six programmes and have given a commitment to continue with further programmes in 2000. A transcript of one of these broadcasts will be available to be heard at the forthcoming conference for individual appraisal.

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Children's awareness week: promoting health & safety at Cavan General Hospital

Mc Aree- Murphy, Jacinta
Mc Keon, Angela

Objectives: 1) To increase parents and children's awareness of the hazards associated with a) road safety, b) farm safety & school bags. 2) To increase parents and children knowledge about the healthier food choices which are suitable for a lunch box. 3) To increase parents and children knowledge on how to deal with a dental emergency correctly.

Methodology: 1) Initial contact with the Director of Nursing and the health promotion co-ordinator. 2) Agree time frame and get permission. 3) Elicit the commitment and the co-operation of management, medical, nursing, allied services, dept of Health Promotion (N.E.H.B), Road Safety Authority, Garda, Irish Farming Association. 4) Co-ordinate content of programmes and

liaise with the key personnel who will have direct involvement in the preparation and delivery of information. 5) Development of a communication strategy ensuring that the objectives are fulfilled. 6) Audit and re-evaluation.

Results: Awaiting written report.

Conclusion: This initiative was a qualified success. The results indicate that a significant number of parents and children benefited from this initiative. The feedback from parents indicates that this programme has the potential for further development. For instance, introduction into the classroom situation. The way in which this event was organised would need to be altered to facilitate this change. A pictorial display will be available at the conference that will augment this analysis.

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Staff health needs survey Cavan/ Monaghan Hospital Group 1998

Mc Aree- Murphy, Jacinta

Objectives: 1) To carry out a staff health needs assessment to determine the perceived health needs of the entire staff population in Cavan/ Monaghan. 2) Establish what the health of work needs of staff are. 3) Establish how this relates to current service provision. 4) Determine what resources are required to meet additional need. 5) Establish what the Hospital Group can do to improve staff health. 6) Establish how the information gained might be utilised when planning future strategies.

Methodology: A questionnaire was designed by the Health Promotion Committee (6 months).

It was distributed to the entire employee population (802) of the Cavan/ Monaghan Hospital Group.

Help was elicited from Dr. Fenton Howell, a specialist in Public Health Medicine in analysing and coding the data.

Conclusion: Response rate was 53% (n = 425). The main findings of the survey were conclusive. One of the significant findings relates to the impact of stress on the individual in the work place. The results of this survey acted as a catalyst for change. The conference on Mental Health 1999 Health Promotion Unit (NEHB) was focussed on staff mental health. An in-depth study into the perceived benefits of stress management programmes was undertaken in 1999 by the author.

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Posters for life

Meharg, Ken
Meharg, Annie

This project is named after UNICEF's booklet "Facts For Life" which we often use for source material. It involves working with health service users to produce health promotion posters in their own visual and verbal vernacular. The group is led by a health worker who ensures that the information carried by the posters is accurate. Posters are designed and screen-printed by the workshop participants in collaboration with Annie and Ken Meharg. They are field tested and revised if necessary. Finished posters are displayed around hospitals, in community centres and other public places, and in people's homes. The project is especially useful when working on small campaigns or when working with ethnic minorities in their mother tongue.

The Posters For Life project is health promotion WITH people, rather than health promotion FOR people, and it is a genuine case of participant empowerment, where the participants also feel ownership of the workshop output. This project was first developed in India in 1981 in conjunction with the British Council and has been successfully used in many countries ever since.

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Every health promoting hospital deserves a hug

Meharg, Ken
Meharg, Annie

In 1996, in association with Raymond McCartney and staff of Altnagelvin Hospital, Northern Ireland, Annie and Ken Meharg produced "A Visualisation of Change Processes in the Health Promoting Hospital". This visualisation consists of "concept-diagram-picture" paintings and slide programmes incorporating techniques from systems thinking and organisation development.

The function is to draw attention to nearby HPH information. They are also targeted at health service users and will be shown to community groups in Northern Ireland. It is targeted at people already involved in HPH. Evaluation showed that the work was too complex for audiences unfamiliar with HPH. The present project involves a simplification of the visualisation and uses paintings in order to attract attention to HPH, rather than to explain it. The value of the pictures is more intrinsic than instrumental. They are designed to stand alone, exhibited on a hospital wall as "art", and their instrumental character led to the title "Every Health Promoting Hos-

pital Deserves a HUG" (Hospital Users Group).

This project involves visiting Health Promoting Hospitals in the UK, Ireland and Europe and evaluating the simplified programme to see if it is culturally transferable. The paintings and results of the evaluation will be presented at the conference.

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Art for HPH: expanding Hippocrates

Meharg, Ken
Meharg, Annie

Expanding Hippo Crates. This project involves making art objects which can be used: 1) as a tool for group formation during the process of their construction; 2) to display in a hospital setting purely for their intrinsic value as art objects; 3) as teaching aids for health promotion; 4) as a focus for story telling in a hospital restroom setting; 5) as a backdrop with props for performance; 6) as a portable resource for health promotion outreach work.

The objects are the output of arts workshops with health service users. The basic form is of a box 110cm by 140cm with doors added so that the expanded object is 280cm wide and takes the form of a triptych with many compartments. When closed it looks like a white cupboard. Workshop participants make constituent parts from plywood. Techniques involve woodwork, drawing, painting, object making, photography, etc, and the end result is a low-relief painted sculpture. The finished object is made into a crate for transport. Hence the name - HIPPO because it is a "big animal", and CRATE because it is a container. Expanding Hippocrates. Examples of subject matter include "Waste Management", "Breastfeeding

Promotion", "Coughs, Colds and Pneumonia", and "Aids and After".

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Can HPH lead the way on play?

Meharg, Ken
Meharg, Annie

Children are good for your health... An elderly relative is sick in hospital. What would cheer him most? A visit from his favourite people – his little grandchildren. Another relative – a retired hospital consultant – says that it would be wrong to take children into a ward where people are seriously ill. The mother wonders what to do.

She decides to take the children in to see their grandfather. He is delighted – and so are the other elderly people on the ward.

Do hospitals have a policy positively welcoming children as visitors? Could hospitals make it easier for patients, staff and parents by providing play facilities for visiting children? Would this help children to feel that hospital was not a scary place of strictness, sickness and death, but a child-friendly place of welcome, healing and good quality of life?

Could hospitals give a lead to the community at large by valuing children more (as visitors, patients and children of staff), and recognise the importance of good play provision for children's social, mental and physical health? Would this be the Health Promoting Hospital as a visionary concept for community development?

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Improving the cardiac catheterisation process

Meidani, Maria
Rapp, Anthoni

Problem: Serious delays in the Catheterisation Laboratory (C.L.) procedure start time, results in postponing or re-scheduling procedures.

Key measurements of improvement: 1) Eliminating late start times, rescheduling of patients and admission delays. 2) Improvement in patient and staff satisfaction. 3) Increased productivity in the C.L. procedures.

Process of gathering information:

Admission data and C.L. schedule is collected from our HIS using tools of quality (Pareto Charts, Flow Charts, Fishbone Diagrams etc.).

Analysis and interpretation: The study of the above formats presented that the problem was the late starting of the catheterisation process.

Strategy of change: The key players were personnel from Administration, Nursing and Doctors at the supervisory level.

The strategy was: a) The high volume – low risk procedure – was scheduled at the beginning of the day. b) The preparation of patients takes place in a separate room, with all the necessary facilities, instead of the usual ward.

Critical pathways were written and implemented for the 3 top procedures (catheterisations, fast – track PTCA/ STENT, normal PTCA/ STENT).

Effects of change: 1) 17% increase in total procedures in the first 6 months. 2) Earlier beginning (1-1.30 hour) of the CL procedure. 3) Revenue and lower cost per case. 4) Eliminating the rescheduling. 5) Recapturing 800 nursing beds days per year.

Next step: 1) The use of quality tools in our issues in order to have a better approach. 2) The implementation of Care Plans/ Critical Pathways for the cardiological and cardio-surgical procedures.

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Psycho-mental and emotional factors in working life as a subject in the occupational physician practice in hospitals

Michaelis, Martina
Siegel, Wolfgang
Hofmann, Friedrich

The consideration of psycho-mental and social stress load of employees does not belong to the traditional working fields of occupational physicians. Medical diagnostic and check up is still regarded as the primary area of responsibility. This fact might be seen as a lack with respect to the increasing importance of work-related psycho-mental stress load on the one hand and the actual requirements for a high quality in occupational medicine on the other hand. The goal of a study in 64 occupational physicians in hospitals was to find out, how occupational physicians estimate their own competency for dealing with psycho-mental problems of their clients, whether employees trust them and which attitudes can be found towards the importance of work-related psycho-mental strain. The self-estimation of personal competency was – in contradiction to the results of former studies focussing on employees' views – surprisingly positive. A significant influence is the amount of work within the health care sector compared to others. This might be interpreted as a selection effect and leads to the need for larger studies. Agreement could be found concerning the lack of chances for qualification on this sector. Thus, further education and training for the professional work with psycho-mental problems at the workplace has to be extended.

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Experience of disease: psychosomatic approach and quality of assistance

Minervino, A.
Bianchi, S.
De Luca, P.
Tonni, G.

Introduction: The quality of health assistance and specifically of that delivered within hospitals are subdue to a complex of elements. The emotional, affective and existential connotations that form the experience of illness are usually disregarded so that the needs expressed by the patients remained unsolved. This produces a reduced quality of health services delivered, a decreased satisfaction of the patient, an increase in health care costs and dissatisfaction with the medical profession.

Objectives: 1) To study the impact that admission to hospital creates on the experience of the disease in the patients, its relatives and health staff, to develop the therapeutic attitudes of people and to ameliorate the communicative ability between patients and medical staff. 2) To promote between operators of different hospital units the knowledge and understanding of various psychological discomforts that are linked to somatic illness. 3) To enhance the ability of operators in suggesting autonomous solutions to the emotional discomfort that is linked to somatic illness. 4) To ameliorate the experience of admission to hospital for patients by increasing the co-operation between hospital units and the Psychiatric division.

Methods: 1) Meetings between Psychiatric Service, public hospital and administration; 2) identification of medical operators to be involved; 3) training-information groups; 4) formulation of protocols for the necessary surveys and its translation into a demand; 5)

identification of a series of delivery services.

Timing: Starting phase: one month; phase of elaboration of deeds: two months; phase of identification and constitution of working groups: five months; phase of audit of the methodology: four months;

Results: a) Directory: number of medical staff of the hospital to be involved and number of operators involved (divisional working groups); b) number of general practitioner to be involved/ involved; c) number of cases encountered/ number of persons admitted to hospital; d) number of answers given by the divisional group/ number of cases encountered; e) number of answers given by the divisional group after counselling with the Psychiatric Unit/ number of cases encountered; f) number of answers given directly to the patient from the Psychiatric Unit/ number of cases encountered.

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Clinical perceptions of health promotion

Misselke, Louise

Introduction: This study explores the understanding of specialists or consultants doctors, who work in hospitals in the UK about the concept of health promotion. The context for the study is the WHO Health Promoting Hospital/ Trust programme. The aim of this study is to explore how these highly skilled, powerful, competent and credible professionals view health promotion. In order, to facilitate greater understanding which may enable joint working towards health improvement and the Health Promoting Hospital/ Trust programme.

Methods: The study used qualitative methodology in the form of a semi structured interview guide to gather data from hospital consultants working in two acute hospitals in the south east of England.

Results: The findings show that these consultants view health promotion to be about advice giving. Interestingly, advice giving was not only from a medical perspective. They clearly had an understanding of the wider influences upon health and overall their understanding of health promotion is described as closely related to 'medical social' approach. The other salient factor which was found to influence their practice in relation to health promotion was the conflict that they felt between curative and preventative aspects of their practice. This was influenced by relationships with others and lack of resources.

Conclusion: The analysis illustrated the way that this group of professionals are enthusiastic about health promotion which they see as very much part of their role. The role of the Health Promoting Hospital/ Trust programme is to find means to enable these powerful professionals to assist in the Health Promoting Hospital progress. It is clear that the consultants see health promotion as an area where all can work together for health improvement.

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Building better health – promoting health in a health care setting

Misselke, Louise

Introduction: Health promotion training can assist organisations in their progress towards becoming a Health Promoting Hospital. An approach devel-

oped in Hertfordshire (UK) has used training to enable staff from all areas in health care settings to consider the areas of work where health promotion interventions could and do take place.

Aim: The training programme provides staff working in health care settings with an understanding of the concepts and realities of the Health Promoting Hospital programme and how health promotion can be integrated in to all areas of practice and work of a hospital.

Process: The training provides practical tools to promote health to patients, exploration of the health of staff and tools to enable staff to consider wider health issues in their local community. The training provides an introduction of the Health Promoting Hospital programme and process and how this can be practically applied together with some monitoring and evaluation skills. The training seeks to gain commitment from attendees to carry on or develop a piece of health promotion back in their workplace, which contributes to the overall development of the Health Promoting Hospital programme.

Conclusion: The training package has been used extensively in Hertfordshire and in the UK and is currently available for the international network (more information available at above address).

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The functional upgrade and the quality improvement of health services at Evangelismos Hospital

Mitsis, Fotis

Evangelismos Hospital is one of the biggest Hospital units in Greece with a total capacity of 1066 beds and 2,800 personnel. One of the main targets of the Administration has been functional upgrading of the hospital

and quality improvement of health services.

The improvement of health services and the relevant functionality of the hospital is obvious from the statistical presentation of the effort, which was carried out throughout the years 1996-1998. The report concerns the activities and the efficiency of the Hospital's clinical departments during the above period.

More specifically: 1) The total inpatient number was increased up to 9,77% (3,340 more patients). 2) The total number of occupied bed days was decreased to 3,3% (10,690 lesser occupied bed days). 3) The average length of stay was decreased to 12% (1,13 lesser days). 4) The total number of patients visiting the outpatient clinics was raised up to 7,22% (8,370 more patients). 5) The total number of patients visiting the Accident and Emergency Department was raised up to 8,27 % (9,720 more patients). 6) The total number of surgical operations was increased up to 11,54% (834 more surgical operations).

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Mapping out health promotion activities at Danish hospitals

Moeller, Lillian
Tonnesen, Hanni
Frolundi, Lars

Background: Mapping out ongoing health promotion activities at Danish hospitals has been selected by the members of the Danish HPH Network as a task of high priority. Consequently in January/ February 2000 the network in collaboration with the Clinical Unit of Preventive Medicine and Health Promotion carried out a survey on this issue.

Objectives and aims: To obtain an overview of health promotion activities at Danish hospi-

tals and to establish a database on this information, aiming at creating a tool for mutual inspiration and exchange of experiences. The mapping intends to give an impression of the activities on general preventive care, as well as on specific topics. Furthermore, to get information on how health promotion activities are organised and financed at the hospitals.

Target group: Hospital management and medical departments at Danish hospitals.

Method: A questionnaire was handed out to the hospital management, and to the individual clinical department at the hospital. The questionnaire consisted of three parts. One part covering financing, organising and staff related activities. The second part covering five general aspects: Tobacco, alcohol, nutrition, exercise, and psycho-social aspects. The third part covering 15 specific topics such as: Asthma, cancer-relapse, diabetes, geriatrics, cardiac rehabilitation, operation, osteoporosis, suicide, and an open questionnaire covering other initiatives. **Results:** Preliminary results and conclusions will be included in the presentation.

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A patient focused service: an optimum service for cataract patients

Moss, Stasia
Eggleton, Adrian
Price, Nicholas
McNaught, Karen
Butler, Andrew

Cataract surgery is one of the most commonly performed, highly effective operations. Increasingly the surgery is carried out under a local anaesthetic in a day case unit. New techniques have resulted in reduced

trauma to the operated eye and the operation taking a shorter time.

The ever increasing elderly populations, with their desire to maintain independence, is resulting in continuously increasing demand. Apparent poor performance of hospitals in relation to their waiting times both for first appointments and for surgery can often be accounted for by long waiting times for cataract services. Units have developed different innovative approaches for dealing with these ongoing pressures.

An analysis of the respondents to a national survey with a response rate of 48% has shown that there is considerable variation in the organisation of cataract services. Seventy percent of units ask patients for an operating session to arrive simultaneously. The majority of operations are performed under a local anaesthetic block. There are differences in the time patients remain in hospital following surgery, but 68% are discharged within the hour, with 8% remaining for over 3 hours. Changes in working practice should be based on sound evidence and increased output has to be compatible with safe practice and the comfort of patients.

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Facilitating change: Involving hospital staff and local community in the decision making process

Moss, Stasia
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The Action on Cataracts Programme in Gloucestershire has enabled a full appraisal of all aspects of the service. This has coincided with the merger of ophthalmology services, previ-

ously provided by two independent hospital trusts, into a single service with all surgery moving onto one site.

An observation study of all aspects of the patient's pathway from diagnosis to discharge following surgery, revealed that the service at the two centres had, over the years, evolved very differently. Therefore, it required rationalisation and standardisation. This would involve an agreement to change practice by all levels of staff.

A number of working groups involving a total of 80 people were asked to examine the patient's experience of cataract services. As a result of recommendations from the working groups, audits of the service have been carried out. Furthermore, pilots of new clinic formats and alterations to the day of surgery have been initiated. All consultant ophthalmologists are currently drawing up a single set of protocols for the delivery of cataract services in the county. The results from this programme indicate that the approach taken, of involving all stakeholders in working groups, does enhance both staff motivation and the degree of consensus.

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A rural solution to a rural problem

Murray, Donal
Walsh, Rosemary

Objective: Reduction of call-to-needle time in the administration of thrombolysis.

Target Group: Hospital catchment population.

A Mobile Coronary Care Unit (MCCU) was introduced in Sligo General Hospital in 1992. Initially, a medical registrar and

CCU staff nurse drove a fully equipped MCU car to the patient location (Phase 1).

Subsequently, on a pilot basis the doctor, nurse and equipment were transported by taxi to the patient.(phase 2). Since 1995, the MCCU service has been provided routinely by Sligo General Hospital (Phase 3).

During each phase the proportion of patients, with acute myocardial infarction (AMI) was as follows:

Phase 1:16 of 35 (46%), Phase 2:7of 19 (36%), Phase 3: 53 of 154 (34%). The incidence of unstable angina (UA) 25%, 32% and 26% during each of the three phases. Five patients had successful out of hospital (OOH) defibrillation and 56 of the 76 AMI patients had OOH thrombolysis. The MCCU reduced the median "Call to needle " time by 64 minutes in Phase 1 and 102 minutes in Phase 2, compared to the conventional service.

Conclusion. In an Irish setting, a MCCU service provided rapid, safe and effective care, including thrombolysis and defibrillation for patients with suspected MI.

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Prevention of diabetic foot

Naskauskiene, Gintare

Aims: Prevention of diabetic foot ulcers amputations in persons with diabetes.

Target group: 1) Identify the characteristics of high risk patients. 2) Identify the primary and contributing risk factors of ulcer and amputations. 3) Outline preventive actions which can delay or eliminate these complications of diabetes. 4) Define a plan for involving patients in their own preventive foot care regimens.

Methods: 1) A seminar for health care. The goal of this seminar is to provide a specific alert regarding risk elements that precede foot ulcers and

specific actions that can be taken to prevent the development of the actual foot ulcer. 2) Global literature reviews of important issues in foot care.

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The evaluation of effects of hepatitis B prevention among high risk Staff at Children's Memorial Health Institute in the Years 1988-1999

Nowak-Parzygnat, Bogumila

In 1988 there were still a high number of people infected with Hepatitis B among the hospital staff.

Aims: 1) Prevention of Hepatitis B among the hospital staff; 2) Evaluation of the effectiveness of vaccination "Enqartx B" among high risk group.

Methods: 1) vaccination "Enqertx B"; 2) regular training meetings concerning the basic hygienic rules at the place of work; 3) distribution of education films for medical workers; 4) disposable equipment was introduced were it was possible; 5) multiple-use equipment was routinely sterilised; 6) biological and chemical sterilisation control was supplied.

In December 1988 vaccination was started amongst staff of the out patient department ("Engerix B", 20ug/ 1ml 3 times, 0.1.6. months). Re-vaccination took place in the years 1988-1999. Total numbers of staff: 1833. Number of vaccinated 1455 (74%). Vaccination is still continuing.

Results: Data illustrate the incidence of HBV infection among hospital staff.

Conclusions: Having analysed the instances of occupational diseases (Hepatitis B) in the hospital, there seem to be several possibilities of preventing the disease and its after-effects. The most important are the following: 1) establishing

procedures of medical conduct and following them, 2) providing broad education among staff, 3) maintaining very hygienic conditions in all hospital rooms/ cleaning procedures, 4) selections of disinfectants, 5) continuation of vaccination against the disease among the staff.

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Improving the quality of ambulance services: A practical approach Papadopoulos, Anthony

Over the years, it has been widely recognised that the quality of healthcare is dependent not only on the physicians who ultimately provide the service, but on every department or individual, within the organisation, whose activities contribute in any way.

Ambulance or Emergency Medical Services, owned and run by the healthcare providers, play a significant role in this respect. Quite frequently, Emergency Medical Technicians (paramedics) are the first healthcare professionals to contact the patient and their attitude and professionalism gives an indication of the quality of services to follow. More importantly, however, their training and efficiency can make the difference between life and death.

It is, therefore, very important that Ambulance Services have rigid systems, to assist their personnel in working under pressure and in coping with every-day emergencies, especially in view of the fact that 60% of all things that go wrong in healthcare are due to process failures. The Athens Medical Group of Hospitals has risen to challenge and has proceeded with the registration of its Ambulance Services to ISO 9002.

This poster provides an account of the difficulties encountered during the development and implementation of the Ambulance Services' quality management systems, as well as the many benefits derived during the application thereof. The lessons learnt should provide valuable input to other healthcare organisations, wishing to register their Ambulance Services to the ISO 9000 series standards.

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Hospital accreditation versus ISO certification: pros and cons

Papadopoulos, Anthony

In the United States, approximately 35% of the hospitals are accredited by the Joint Commission on the Accreditation of Healthcare Organisations (JCAHO). Over the years, however, there has been increasing dissatisfaction with JCAHO accreditation, as expressed by clinical and administrative hospital staff. This is attributable to the excessive survey preparation costs and exorbitant demands placed on employees, during survey preparation periods, without a corresponding reduction of clinical errors. In fact, several hospitals have recently dropped JCAHO accreditation in favour of ISO 9000 registration.

This presentation compares JCAHO and other similar accreditation schemes with ISO 9000 management systems, and delineates their advantages and disadvantages, as well as their applicability to Greek hospitals, both private and public, taking account of the infrastructure and organisational shortcomings,

inherent in the country's healthcare sector.

It is hoped that this poster will assist clinical and administrative hospital staff, at all management levels, in selecting the appropriate quality management system scheme, with a view to building quality into their processes and to reducing clinical clerical errors, for the benefit of patients, their relatives and insurers, who ultimately bear the cost of poor quality.

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A line to help

Parkes, Caroline

To facilitate staff to deal with difficulties in their lives. These may include work related, social, financial or physical difficulties.

Aim: To minimise the effect of adverse difficulties for staff through the provision of a confidential and advice telephone helpline.

Method: A dedicated telephone helpline is available for staff to use. This is facilitated by O.H.N. counsellors and supervised by a Clinical Psychologist.

Link to HPH: Minimising psychological health problems in the workplace.

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Health of personnel

Paskauskiene, Ramune

Aims: Evaluation of risk groups for ischaemic heart disease (IHD) among personnel of Kaunas 3rd clinical hospital.

Methods: 1) Standard questionnaire, including evaluation of IHD risk factors (arterial hypertension, smoking obesity, diminished physical activity), 2) Veloergometry-performed and evaluate using standard methods, 3) Quantity of cholesterol in blood plasma.

Scope: hospital personnel from different departments, including night shifts.

Results: 60 doctors were included in our study (72% women, 28% men). 30% of them were from surgical departments.

Evaluation results showed that 20% of doctors had diminished tolerance for physical workload, more than half had various degrees of obesity, 12% had arterial hypertension and/or arrhythmias in a form of ventricular premature beats. 3% of doctors demonstrated coronary insufficiency during veloergometry. Hypercholesterolemia was demonstrated in 12% of cases. Study is still under implementation, so there is a possibility of slight correction of final results.

Conclusions: Preliminary results revealed doctors, who have IHD risk factors. Dominating risk factors are hypodynamic physical activity and smoking. Risk factors have their greater expression among older doctors and workers from night shifts.

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“Who doesn’t smoke ... wins!” Contest

Pavarin, Maria Chiara

Azienda ULSS 18 Rovigo, Veneto region, Italy, takes part in the “Smoke free Hospital and Social and Health Services” project, proposed by HPH Veneto Network. This project includes objectives and

actions towards patients, staff and the community.

We’ll describe “Who doesn’t smoke ... WINS” Contest, the latest sub-project for the community that took place in the school year 1999-2000.

The Contest’s objective is involving the target group (11-14 years old students) in a smoking prevention school programme, including educational and recreational aspects. We make use of trained teachers. After having received information about a smoke free life, students are involved in the contest by producing a little video-audio advertising spot or picture against tobacco. A final musical meeting to give a prize to the best products will be organised in a local theatre. Later, all the local winners will come together in a regional “super meeting”. We will report the number of project participants (teachers and students, city and regional authorities), and their opinion about enjoying the contest and efficacy in smoking prevention at school.

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HACCP system : an instrument to improve hospital care (Hazard Analysis Critical Control Point)

Pierdomenico, Sandro

Objectives: Building a tool that provides a structured approach to control identified hazards in the manufacturing of foods.

Aims: Total food safety and prevention of clinical and sub-clinical risks for health.

Target groups: Patients and workers of an integrated “Three hospitals” service structure with 1600 beds.

Methods: Adoptions of a working manual with standardised

report criteria; monitoring of critical control points (CCP) and control points (CP) by scheduled testing; continuous review to confirm that system is working effectively.

Results: 1) Daily monitoring of all steps in manufacturing of foods; 2) Application of corrective action when a step is moving out of control; 3) Educational training of HACCP staff and alimentary workers; 4) Project of optimising: a) nutritional and diet care of patients b) degree of satisfactory index.

Conclusions: The HACCP programme in a hospital service structure could provide, in a long term application, a modern way to prevent chemical, physical and microbiological risks in a global environmental policy to preserve human health.

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Promoting the health of families with a disabled child – what can hospitals do?

Thetloff, Maie
Pölluste, Kaja
Kaarna, Marina
Talvik, Tiina

The objective of the study was to explain how the parents of chronically ill and disabled children can manage their everyday life.

The aim of this investigation was to increase the role of the hospital in health promotion for families with a disabled child.

The target group of the study were 150 parents who stayed at the Children’s Hospital of the University of Tartu with their child from September to November 1997.

Method: Consecutive survey using an anonymous questionnaire.

Results: The response rate was 74%. 57% of the respondents did not know the cause of the illness.

Once the diagnosis of child's illness became known the most significant support to the respondent was given by the spouse (51%), and 17% asserted that it had brought the wife and husband closer together. For 20% of respondents the child's illness had caused problems with other family members, in some cases it was a cause for divorce. The most vulnerable group were respondents in the age group of 35-44. In comparison to the other age groups, they were more depressed by the child's illness. The child's illness had made them nervous (54%, $p < 0.05$) and affected relationship with other children (33%, $p < 0.05$).

Conclusion: During the stay at the hospital, the staff should keep the parents more informed about the child's illness and offer professional help to cope with everyday life as well.

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Patient satisfaction study – the first step towards health promotion in the hospital

Pölluste, Kaja
Kaarna, Marina
Thetloff, Maie

The study was carried out in the two biggest Estonian children's hospitals in Tartu and in Tallinn in 1996-1998. The objectives of the study were to measure patient satisfaction (PS) level and to provide feedback to the staff for improving PS. The aim of this study is to promote patients' health through higher satisfaction with the treatment and care. The target groups of the investigation were parents who were staying in the hospital together with the child.

Method: The principle of the selection of subjects was the consecutive questioning of all parents during study period. The questionnaire was anonymous and followed the patient's flow through the hospital from admission to discharge.

Results: The average response rate was 53.1% (850 questionnaires were distributed). Higher level of satisfaction in both hospitals was related to the positive attitude from the staff's side, security by the admission and sufficient information regarding child's health and illness.

Conclusion: The study proved that staff's attitude towards the patients can be changed by training of the staff.

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A "health mediator" nurse

Polomeni, Pierre
Dezeure, Liliane

Our hospital and the associated hospital-city network are implementing a nurse position, in charge of developing the links between hospitalisation and home, for an improved collaboration between professionals, for patient education and prevention.

The mediator nurse is available for the professionals via a single telephone number (mobile phone). She helps the professionals to better co-ordinate the patients' medical management and works upstream and downstream hospitalisation to favour education, access to information and overall health consideration. Each hospital department appoints a reference auxiliary nurse for the population and the professionals from the city.

A common charter and healthcare references have been developed; the nurse and other

professionals (city and hospital) participate in actions of information within the cities of the area, in particular on the subjects of alcohol, AIDS and precariousness.

An evaluation is planned in a year's time: number and type of calls, patient situation, best quality and process of care, less cost in hospitalisation, number of health education sessions.

Accordingly, the hospital, a member of the HPH French Network, can develop a common city-hospital culture and tools for improving healthcare and health promotion, first in some pathologies and soon for diabetes and cancer.

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The multidisciplinary approach

Power, Joan

In 1966 the Waterford Psychiatric service identified a need for Training Programmes in Stress Management to be provided for Health Workers. A course for nursing staff was designed and is delivered. As a result of this initiative a Multidisciplinary Approach to training in this area has steadily developed. Participants intake was confined to nurses from the four nursing disciplines. Evaluation of this approach provided management with insight as to the limitations of this model in the provision of a learning curve. Since 1966 intake has been broadened to include staff from both voluntary and statutory services i.e. Rape Crisis Centre, Ambulance Services, Nursing Staff, Guards, Centre for Demand Reduction, Suicide Resource Centre. Including in this intake are front-line workers, middle management and management.

Mission Statement: "To foster Holistic Health through the medi-

um of continuing Adult and Community Education”.

Objectives: 1) To develop a Multidisciplinary Approach to the pooling, exchange and delivering of knowledge. 2) From this base the growth of a Holistic social model. 3) The provision of an interdisciplinary network for the future development of health promotions, education and training.

Methods: Lecture format, workshops, peer education, practical presentations field project, assignment 3,000 words, continuous assessment.

Target group: Service Providers

Results: Certification by both S.E.H.B. and W.I.T.. The development of teaching/ facilitation skills, The fostering autonomy and empowerment of trainers, progression to diploma states in the academic year 2000/ 2001. Peer education and community Involvement.

Conclusion: This programme is designed from a holistic perspective in order to meet the individual needs of the person – both tutor and student. In view of the authors, the boundaries of this course are limitless as the topics that can be used are interchangeable in order to meet existing needs. This is a Health Promotion Project.

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The determination of the prevalence of methicillin resistant staphylococcus aureus (MRSA) in surgical and intensive care units.

Radziunaite, Laimute
Cesnauskas, Gintaras

Widespread and uncontrollable use of antibiotics induces the development of resistant microbes. Therefore an additional risk for the development of hospital infections for the patients occurs.

Our aim was the determination of the prevalence of MRSA in surgical and IC units in the period of 4 years. The evaluation of the frequency of the antibiotic therapy prescribed according to the microbiological studies.

Methods: 1) The Evaluation of the results of the microbiological studies; 2) the processing of the retrospective results in more than 100 medical documents using special programs on PC. 100 Patients in surgical and ICU departments were examined. For 47% of them antibiotics were used. Only in 11% of cases the antibacterial therapy was prescribed according to the sensitivity to the antibiotics; 3) the amount of MRSA increases (1996: 6,5%; 1997: 10,8%; 1999: 9,6% of cases).

Conclusions: 1) the amount of hospital infections increases due to the widespread and uncontrollable use of the antibiotics; 2) the results of continuous observation, close co-operation between the microbiologists and other clinical doctors will enable to use antibacterial drugs more rationally and well-timed.

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A guideline for prevention in the operating rooms of the region of Lombardy (Italy)

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Carreri, Vittorio

The Region of Lombardy has 183 public and private hospitals, employing more than 100,000 people. Health and safety for operators and patients of the surgical rooms are a primary concern, because they are exposed to several risk factors that can potentially interact among them. Moreover the surgical rooms, in many cases, are located in old buildings, posing a

serious obstacle to the application of preventive actions.

In the framework of a global plan for health and safety in the hospitals (“Risk Prevention in the Health Care Units”), launched at regional level, the General Directorate of Health of the Lombardy Region elaborated guidelines for the prevention in the operating rooms.

The guideline deals with the following main issues: 1) technical characteristics of the heating, ventilation and air conditioning system (HVAC), including the maintenance programme; 2) technical characteristics of the other technological appliances, including the maintenance programme; 3) environmental and biological monitoring programmes of biological, chemical and physical agents; 4) procedures that have to be applied in the operating suite (access of the personnel; sterilisation, disinfection and cleaning; waste management); 5) information and training of the personnel;

Now the hospitals will have to implement intervention plans, based on the regional guideline, and the results will be audited.

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P.R.C. - surgical pre-hospitalisation unit

Salzano, Domenico

Aim: Organising an alternative model to the traditional hospitalisation system which aims at the clinical, medico-legal and administrative management of the stage preceding the elective surgical operation.

Target group: Patients from the different surgical specialities scheduled for operations.

Objectives: 1) reduction/ cancellation of pre-operative hospitalisation time; 2) execution of all pre-surgical tests in half a day; 3) full awareness of the procedure

and of the pre-surgical stress in "homogeneous" patients; 4) execution of all operations within the scheduled terms; 5) management of 30% of the total surgical activity; 6) improvement of the quality standards of health organisation.

Main activities: 1) selection of patients and pathologies; 2) definition of specific protocols regarding pre-surgical tests and guidelines; 3) organisation of the surgical spaces; 4) optimisation of resources.

Evaluation methods: periodic team meetings, results evaluation according to process and success indicators, grading and resource saving.

Results: PRC (the surgical pre-hospitalisation unit) handled in 1998 and in 1999 respectively 984 and 1782 patients, achieving all the expected quality standards and satisfaction objectives.

Surgical specialities, pathologies and the classification of incoming patients passed from class ASA1 to class ASA3, (American Society of anaesthesiologists) have been upgraded. Conclusions: The definition of a precise clinical-scientific procedure has simplified the management of the pre-surgical stage, reduced hospitalisation time and improved the quality of health organisation.

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Experiences with the introduction of an internal quality-management-system for certification according to ISO 9001

Sand, Peter
Seiche, Michael
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More and more hospitals are certified according to DIN ISO 9001. After years of discussion

whether ISO-norms also can be applied to the health service more and more people come to the conclusion that many principles of quality management can give a helpful structure also for the organisation of a hospital – especially since patient orientation and documentation is of great importance as a good advertising point in times of an increasing competition.

The Klinikum Neustadt combines since 1995 several different clinics with a clinic of orthopaedic rehabilitation. In September 1999 the Klinikum has been certified according to ISO 9001 – among other things as the first clinic of orthopaedic rehabilitation in Northern Germany. The experiences with the introduction of a structured internal Quality-Management-System for certification and the effects will be presented and a positive stock is taken. Striving for a certification can be seen as a model for other Health Promoting Hospitals, which are used to translate philosophies with a high orientation to the target group into action.

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Prevention of occupational injuries in an Italian health agency

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Purpose: the purpose of this study was to evaluate the impact of preventive programs on the incidence of occupational injuries in the Health Agency (ASL) of Lodi in Lombardia Region.

Target group: employees of the ASL in Lodi Province: 18 departments with about 2,700

workers.

Method: starting from 1996, the ASL strengthened prevention of occupational injuries through specific training courses and the improvement of equipment and procedures in different areas (biological and chemical risk, heavy loads, car accidents, etc.). All 2,655 ASL employees (December 1998) were followed throughout 1999 and compared to all 2,634 ASL employees (December 1997) who were followed throughout 1998. Data on all occupational injuries, working days lost and days of disability were collected from the ASL archives and analysed to generate crude incidence estimates and relative risk.

Results: The cumulative incidence of injury was 5.3% in 1998 and 4.1% in 1999 (RR=1.29%; 95% CI: 1.00 – 1.65; p=0.49). The incidence rate of injuries was 3.0 per 100,000 person-hours of work in 1998 and 2.3 per 100,000 person-hours in 1999 (RR=1.3; 95% CI: 1.24 – 1.36; p<0.01).

Conclusions: specific preventive programs implemented in the ASL of Lodi have reduced the incidence of occupational injuries by 25%. Further evaluations and continued monitoring will assess the determinants and stability of this reduction.

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Hospital-Cooperation: Medical help for people in Eritrea.

Schönle, Christoph

30 years of war in Eritrea resulted in a devastation of the landscape and mutilation of the people. Disabled veterans are treated or well-kept in specific rehabilitation centres. Unfortunately a lot more of disabilities emerge as indirect

results of the war. For example, for more than 30 years no comprehensive poliomyelitis vaccination could be carried out. Many children and adults are hurt and crippled by land mines even today. None of these patients gets compensation and most of them are dependent on the help of their relatives. Furthermore medical resources are limited. One surgeon has to care for 60 to 80.000 people, depending on the area.

Most patients, including those who had an operation, are not properly rehabilitated. The lack of rehabilitation for patients with spastics, poliomyelitis, paralysis protrusions, infections, accident or land mine mutilations leads to the loss of their walking ability. But in Africa, a disability often ends in a "cripple existence".

Surgeons, plastic surgeons and rehabilitation specialists of three organisations (Eritrea-Hilfskreis, Interplast, Hammer Forum) and the Klinik Lindenplatz worked in two hospitals in Eritrea together with the Eritrean doctors for two to four weeks. Complicated operations were done (amputations, operative treatment of contractures, burning wounds and fractures) and the rehabilitation included the treatment with splints or prostheses. Some cases will be represented where operative treatment is followed by proper rehabilitation to improve the outcome for the patient.

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Documentation of HPH projects – a valuable resource or a time consuming headache!

Smyth, Mary

Documentation of HPH Projects is an important tool for communication of the HPH process. Documentation is important for a number of rea-

sons: 1) To record the progress of the project; 2) To communicate progress to management and the project team; 3) It contributes to the process of accountability; 4) It provides relevant information on outcome evaluation to assist further planning.

The philosophy of the HPH advocates 1) Co-operation and exchange of experiences and programmes among the participating hospitals; 2) Increase communication between hospitals; 3) Development of documented and evaluated examples of good practice that will serve as an example of good practice for other institutions

This poster presentation will 1) Highlight the importance of proper documentation of HPH projects; 2) Give guidelines on steps to take to ensure projects in a manner that allows for replication by other institutions i.e. clearly understood. 3) Provide examples of completed documented projects undertaken in James Connolly Memorial hospital.

The effectiveness and benefits of documentation will also be highlighted.

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Smile: Initiatives for professional and human training of nurses

Sommese, Carmen
Teruzzi, Stefano

Our project aims to guarantee the reciprocal approach between nurse and patient, not only in a professional, technical and welfare way, but also in a deep human sense, to assure the patient a psychological satisfaction and that they profit specifically from the joviality.

We have already organised stages about the formation of the nursing personnel.

Target: sixty nurses. Teachers: two psychiatrists, one psychologist and three theatrical actors.

Methods: three groups lead by two teachers. Everyone learns techniques of: a) relaxing; b) confidence; c) knowledge; d) creativity. Every nurse has been very satisfied to be involved in this project.

We have planned also a verification of the psychological satisfaction of the patient through specific interviews and compilation of a questionnaire: our first conclusion is that patients are very satisfied with the quality improvement of medical/ nursing services.

Someone has also said: "I feel home!". We learned that human affectionate care is a natural anaesthetic that eliminates the distances between patient and hospital, because smile deals with a central function of emotional intelligence. In this way, our nurses develop their therapeutic and professional capacity and they grow also in a human way together with their patients.

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Co-ordination at the hospital

Auguste-Viktoria

Szepanski, Angela
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Objectives: Co-ordination and care of employees according to the guidelines of WHO; expansion of the project with a Call-Centre.

Aim: Motivated, content and healthy staff members.

Target group: Assistants of the head doctors and medical typists.

Methods: Regular meetings, personal care. Crisis management. Sporting exercises controlled by a physio-therapist. Questioning of

employees. Problem-oriented meetings with staff. Conversations with the staff members about ergonomics, psychological states, physical condition etc.

Results: Reduction of the loss of working hours, higher professional engagement. More satisfaction.

Conclusion: After 5 years of experience with this concept, it has turned out to be extremely successful. Other hospitals have already stated an interest in this project and have invited us to give presentations on this topic. Link of topic to HPH: Health care for staff members.

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Nursing quality in the Hospital of Infectious Diseases

Tamkuniene, Erika

Aims: to create a system of nursing quality and make it work, to guarantee professional and skilled nursing.

Objectives: 1) to create a standard system of nursing, 2) to set up evaluation and control system of nursing, 3) to find out needs of nursing studies, 4) to organise qualification courses in nursing, 5) to make an evaluation of needs and analysing methods for nursing patients: a) to create a target co-ordinating group, b) to evaluate the patients, c) to test the evaluation of needs, using a special questionnaire, d) to give a questionnaire to the patients to describe problems of nursing, e) to evaluate the quality of nursing by comparing it with nursing standards.

Results and conclusions: Data of 304 questionnaires were analysed. 163 women and 139 men were questioned and the results showed that some questions should be added to the questionnaire to correspond

better to the evaluation of needs. The results were evaluated positively, though some drawbacks are evident.

In the nearest future: 1) Nursing standards should be formed, they should be discussed and explained to the nursing workers, 2) to create an informative questionnaire, 3) to question the patients constantly.

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Predicting GP's attitudes towards teleconsultation

Teles Araujo, Madalena

Predicting attitudes towards telematic technologies is crucial, at the beginning of the implementation phase of this systems, due to the critical role of human factors in its acceptance and continuous utilisation. The technologies, namely the teleconsultation, are of utmost importance for HPH in their communities, as they imply co-operation between health care delivery organisation and have a recognised positive impact on accessibility and quality of care, with cost-effectiveness.

The main objective of this study was to assess and understand GP's attitudes and intentions of the use of a teleconsultation system implemented between the Neurology Outpatient Clinic of the Hospital de Santa Maria, in Lisbon, and the Health Care Centres of the Health Unit.

The final aim is the development of communication strategies to bridge the gap between desired and predicted behaviour. Methods: Application of a predictive model "Theory of Reasoned Action", operationalised with the application of a questionnaire to a sample of 53 GPs, developed from the results of a content analysis of 10 interviews. The answers were sub-

mitted to factor and multiple linear regression analysis.

Results: 44 GPs (83%) stated that they will probably use the system, 5 (9,4%) were neutral and 4 (7,6%) probably will not use it. The attitude was determined by only one factor "Accessibility and Quality" ($b = 0,486$; $p = 0,007$) from the 5 factors obtained. The intention of use is explained by this attitudinal factor ($b = 0,469$; $p = 0,004$) with no significant influence from the subjective norm.

Conclusions and Recommendations: The GPs global intention of use is very positive. Communication strategies envisaging dissemination and generalised utilisation should focus on accessibility and quality of care aspects, namely concerning the promotion of integration of levels of care easy access of the GP and patient to the hospital specialist, more problems solved at primary care, better communication, continuity of care, continuous education and improved performance and reputation.

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Extra costs of alcohol abusers undergoing surgery

Toennesen, Hanna

Background and Objectives: Recent studies provide evidence for a three times increased postoperative morbidity after surgery in alcohol abusers. The economic and personal consequences are tremendous.

Aim: Estimation of direct costs of alcohol abusers in surgery.

Target group: Hospital management and medical departments at Danish hospitals.

Method: 1) Estimation was based upon the number of alcohol patients undergoing operation, the number of surgical procedures,

and the hospital stay and outpatients follow-up. 2) Estimation was based upon the number of alcohol abusers, their outcome after surgery, and diagnosis related groups.

Results: 1) The extra costs are estimated to 37\$ per capita in Denmark (1996 values). 2) The surgical costs are about 25% increased in alcohol abusers.

Conclusion: The economic consequences of increased postoperative complications should be included in cost estimation studies of alcohol abuse.

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Prevention of risks arising from a psycho-socially altered interaction in the work environment

Torri, Paola

The term "Mobbing" has been coined by the Swedish psychologist Heinz Leymann at the beginning of the nineties to define a particular phenomenon taking place in the working environment. It consists of a form of wilful psychological violence on a designed "victim" who is subject to continuous attacks that in time lead the subject to a condition of extreme uneasiness and, in some cases, to the downfall of his/her psycho-physical equilibrium.

The poster will describe a health promoting proposal addressing the personnel of a health care organisation of Veneto Region (North of Italy). Modalities and priorities of the intervention are identified after previous epidemiological survey on the prevalence of the phenomenon in the framework of a multi-centre national study.

Overall Objective: Prevention of risks arising from an altered psycho-social interaction in the working environment.

Specific Objectives: 1) Judgement of the work development; 2) Removal of problems arising from the working environment and the organisation; 3) Provide help and support to persons who are in a difficult situation.

Situation before the project: Health surveillance brought about various signals of emotional and psycho-somatic troubles.

Situation at the end of the project: Knowledge of prevalence of the phenomenon on our reality and on national level. Initial evaluation and tackling of the problems. Qualitative and Quantitative Indicators: % of replies to the questionnaire on the stress arising from work (process indicator); Data on the Prevalence of the Phenomenon on our organisation and comparison with other Italian services.

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An evaluation of Sperrin Lakeland's emergency response to the Omagh bomb

Travers, Joe

Aim: Evaluate the Emergency response by Sperrin Lakeland's Acute Hospitals to the Omagh Bomb. Objectives: Identify weaknesses & determine good practices. Target Group: Acute Hospitals. Methods: Review of reports from supporting Hospitals, internal audits, 32 semi-structured Group interviews, 134 structured individual questionnaires. Results: Briefly summarised within 4 distinct stages. Preparation Stage: Hospitals should have an emergency response plan/ action cards. Emergency planning committee should include representatives from other agencies, e.g. Proto-

col for assessment and treatment of Casualties. Simulated emergency response exercises on a yearly basis. Urgency and Crisis Stage: Systems to contact clinical staff for emergency duty. An overall co-ordinating team. Utilise the Army fully (helicopter transport etc). Protocol for interactions between Hospitals. Deal with personnel identification and credential issues. Junior Doctors require support/ training regarding Emergency responses. Back-up Mortuary facilities. Monitor patient identification details. Record admissions and transfers. Consolidation Stage: Establish a central information desk. Protocol for dealing with the Media. Back-up communication systems. Back-up staffing following immediate emergency. Manage VIP visits. Aftermath Stage: Establish counselling services, Occupational Health Service. Multi-disciplinary projects to promote health across boundaries. Link to HPH: If Acute Hospitals adopt these measures of good practice then they will be more effective in responding to major emergencies, disasters which have a detrimental impact on the health and well-being of patients/ staff and communities.

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Evaluation of lower genital tract findings. Health promoting programs for Sismanoglion female staff

Tsakanika, Konstantina

The aim of this study was to indicate the importance of Pap-test and the bacteriological diagnosis of lower tract infections that occurred in our hospital female staff in prevention of neoplasms and Sexually Transmitted Diseases (STDs). During a five year period (94-99) a total number of 1861 women, aged 15-70 years, were admitted to cytology Department

for Pap-test. Most of them (63%) were asymptomatic. Smears for Pap-test were obtained through the Ayer wooden patten, while the endocervical ones was taken by cytobrush. Direct microscopic examination and cultures to appropriate media were performed in only 240 cervical/vaginal specimens. Pap-test detected that 47% of women had the evidence of cervical infection due to *Candida*, *Trichomonas* and *Gardnerella vaginalis*. *Chlamydia trachomatis* and human papillomavirus were detected in 18% and 3,5% respectively by cytomorphological criteria. Neoplasm was suspected in 12 smears. Pathogens were revealed in 58% of the samples by culture methods. *Gardnerella vaginalis*/anaerobes (36%), *Ureaplasma urealyticum* (29%), *Candida* spp. (22%) and *Mycoplasma hominis* (10%) were the most isolated micro-organisms. We conclude that 1) many micro-organisms are responsible for vaginal/cervical infections 2) *Chlamydia trachomatis* cause asymptomatic disease and 3) Cytology plus microbiology procedures are necessary for the accurate diagnosis and the therapy of the lower genital tract infections in prevention of STDs and neoplasms.

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The European Early Promotion Project (EEPP)

Tsiantis, John
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The aim of the presentation is to describe a new service developed to promote parent-infant interaction and prevent psychosocial problems in children and their families. The service has been instituted in

five European countries and is been evaluated systematically. The PHCPs screen for risk factors associated with child mental health problems. For those parents identified as in need, an attempt is made by the PHCPs to engage them immediately in weekly home-based sessions in which they use a counselling intervention (previously validated for child mental health work) in an effort to prevent difficulties arising in the child. The evaluation, using multiple measures, is designed to follow families until the children are 2 years old. Comparison is with families in matched areas receiving the same contact with PHCPs who have not had the EEPP training.

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Faster tracks to thrombolysis: implementation of a triage for rapid care in an acute general hospital

Walsh, Rosemary

The American Heart Association and the Department of Health recommend that thrombolysis be administered to patients within 30 minutes of arrival at the hospital.

Objective: To reduce door-to-needle time for the administration of thrombolysis.

Target group: All patients presenting to the hospital with primary symptom of chest pain.

Aim of 'triage for rapid care': 1) Patients presenting with primary symptoms of chest; 2) pain rapidly triaged by Accident & Emergency department staff. 3) Patients identified definite acute Myocardial Infarction "fastracked" by Medical and Coronary Care Unit staff to thrombolysis. 4) All other patients to be assessed within 15

minutes by medical staff transferred to appropriate bed promptly.

Method of evaluation: Retrospective collection of data from patient charts of patients who were 'fastracked' and/ or received thrombolysis.

Conclusion: A systematic approach and co-operation between interdepartmental staff can ensure that hospitals can achieve a reduction in the door-to-needle time in the administration of thrombolysis.

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