



# 9<sup>TH</sup> INTERNATIONAL CONFERENCE ON HEALTH PROMOTING HOSPITALS

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*“Health Promoting Hospitals in a National Health Policy Perspective – Evidence in Health Promotion”*

## Book of Abstracts



Health  
Promoting  
Hospitals



World Health  
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 MINISTRY OF HEALTH

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Ludwig Boltzmann-Institute  
for the Sociology of  
Health and Medicine

# Table of Content

<b>PRE-CONFERENCE WORKSHOP, WEDNESDAY, MAY 16.....</b>	<b>7</b>
PRE-CONFERENCE WORKSHOP .....	7
<b>ORAL PRESENTATIONS, THURSDAY, MAY 17 .....</b>	<b>8</b>
PLENARY 1 - HEALTH PROBLEMS IN EUROPE .....	8
Challenges to health in Europe: the role of health promoting hospitals .....	8
PLENARY 2 - EVIDENCE BASED HEALTH PROMOTION.....	8
Why evidence based health promotion programmes in hospitals? .....	8
Evidence based health promotion - how to be defined? What kind of evidence? Methodology? .....	9
Risk prediction models as examples of applied evidence based programmes in hospitals .....	9
PLENARY 3 - NATIONAL HEALTH POLICIES .....	10
The development of national health policies - How does it influence the national network of Health Promoting Hospitals. Experiences from Sweden. ....	10
The development of the Greek national health policy. How does it influence the Greek Network of Health promoting Hospitals?.....	10
The new health policy development in Lithuania - a basis for the HPH project implementation .....	11
PARALLEL SESSIONS 1: EVIDENCE BASED HEALTH PROMOTION IN PRACTICE .....	11
<i>Session A: Cardiac rehabilitation and risk factors</i> .....	11
Regional variations in cardiac rehabilitation - can this be accepted? .....	11
The 1st outpatient heart club started in Germany 1968 - in the year 2000 .....	12
Patients with myocardial infarction are above a three-fold risk of developing post-traumatic stress disorder compared with healthy controls .....	12
The life after a myocardial infarction.....	12
Patient and relative education for hypertension project in outpatient clinic .....	13
Self reported health related quality of life among patients with familial hypercholesterolaemia. ....	13
<i>Session B: Diabetes</i> .....	14
Early correct classification in the diabetes syndrome - better long terms results .....	14
Can education during pregnancy improve the perinatal outcome in diabetic pregnancies?.....	14
Diabetic school .....	15
Type II Diabetes, obesity and weight reduction.....	15
Teaching pakistani immigrants with type 2 diabetes - a cultural adapted education programme .....	16
A randomized study comparing the impact of a new guidance on knowledge and self-care of the diabetic foot... ..	16
<i>Session C: Asthma/Chronic Obstructive Lung Disease</i> .....	17
Breath your life - HPH Project for COPD patients - Preliminary results on hospital re-admissions. ....	17
How can need for acute hospitalisation be reduced and deterioration in quality of life be halted in patients with severe COPD? .....	17
Physicians attitude to routine measurement of patients self rated HRQOL .....	18
Respiratory nurses - member of the team .....	18
<i>Session D: Psychiatry</i> .....	19
The Copenhagen model of early preventive intervention towards high - risk families .....	19
An initiative to address the issue of suicide and para suicide for staff .....	19
Implementation of health promotion aspects of the Austrian " Law of Health and Illness Care".....	20
<i>Session E: Evidence based health promotion methods</i> .....	20
Developing personal skills to improve control over one's health determinants .....	20
Measuring health promotion processes with data from patient questionnaires? Results from a quality project ...	20
Establishment of a national database for smoking cessation programmes in Denmark. ....	21
Health Promotion by hospital physicans in South Africa .....	21

A constructive perspective on role model theory in health promotion .....	22
The health promoting health service Framework - Developing an evidence base for settings based health .....	22
Cementing the evidence base - Building effective academic partnerships for health .....	22
<i>Session F: Life style related risk factors in surgery</i> .....	23
How to apply HPH-Principles in gastrointestinal surgery? .....	23
Alcohol abuse and postoperative mortality .....	23
Preoperative smoking intervention .....	24
<b>ORAL PRESENTATIONS, FRIDAY MAY 18</b> .....	<b>24</b>
<b>PLENARY 4 - SOCIAL INEQUALITY</b> .....	<b>24</b>
Social inequalities in health - implications for health promoting hospitals .....	24
<b>PARALLEL SESSIONS 2: MODELS OF GOOD PRACTICE AND THEIR IMPLEMENTATION</b> .....	<b>25</b>
<i>Session G: Smoke free hospitals</i> .....	25
A total tobacco policy .....	25
Smoke free hospital - definition and a strategy for implementation .....	25
Non-smoking hospitals .....	26
How do smoking habits influence smoking-related knowledge, attitude and counselling among hospital staff? ...	26
A collaborative smoking cessation project.....	27
Improving smoking cessation for hospital staff.....	27
<i>Session H: Health education programmes - patients, staff, citizens</i> .....	27
Enhancing life-long learning for health - the South Tyneside Health Promoting Trust Community Learning Centre	27
Health class .....	28
"Taking Control" - a course for individuals who have received a new diagnosis of multiple sclerosis .....	28
Is it possible to teach people with chronic diseases how to handle their physical illness/disability, and that they thereby will experience enhanced self-management and increased quality of life? .....	29
One step further .....	29
A snapshot of workplace health.....	30
Empowering laboratory staff with the clerical skills to implement quality initiatives for accreditation to ISO Standards. ....	30
Diet and health training courses for hospital workers/staff .....	31
<i>Session I: Hospital staff and stress</i> .....	32
Stress among hospital staff - some theoretical considerations .....	32
A collaborative project: Hospital personnel overcome stress.....	32
Risk profile of employees in a hospital setting the Lugano (CH) experience .....	33
An intervention project to prevent stress among nurses with shift work .....	33
Psychological distress in the staff of oncohaematological wards .....	34
<i>Session J: Health Promoting Hospitals in their communities</i> .....	34
The hospital's place in a health improvement policy: Values and commitments .....	34
Healthy Kainuu - The Role of Kainuu Central Hospital in coordinating as a regional health promoting program	35
Health Promoting Hospitals: Wave of the future in communities "Ripple Effect" .....	35
Volunteers Networking Group, Mullingar with emphasis on the project Senior Help Line Mullingar .....	36
<i>Session K: Creating Healthy Hospital Organizations</i> .....	36
Health macrodynamics of a hospital trust.....	36
The process of implementing health promotion at Grenaa Centralsygehus - Denmark .....	37
How to integrate health promotion in the medical work .....	37
A regional co-ordinators prospective 1999-2002. ....	37
If it is evident, why doesn't it happen? Unconscious reasons for resistance against the implementation of HP in hospitals. ....	38
<b>WORKSHOPS</b> .....	<b>38</b>
Workshop - Empowerment of Patients .....	38
Workshop - The EFQM-model applied to HPH .....	39
<i>Plenary 5 - Change of clinical practice</i> .....	39
How to change clinical practice - the role of evidence in implementation .....	39
How to change clinical practice - The role of the Danish National HPH Network .....	40
How to change clinical practice - The role of the Irish National HPH Network .....	40
How to change clinical practice - The role of the Regional Veneto HPH Network .....	40

<b>POSTER PRESENTATIONS, THURSDAY, MAY 17 .....</b>	<b>41</b>
<i>Cardiac rehabilitation .....</i>	<i>41</i>
Continuing care: Chronic cardiac failure treatment .....	41
Telematic cardiological outpatients department .....	42
The role of health promotion in cardiac rehabilitation, problems and successes .....	42
The Support Network for heart patients .....	42
Disease management programme in hypertensive patients in Konstantopouleion General Hospital "AGIA OLGA" .....	43
Hospital-based changes in home alimentary behaviour of patients with coronary artery disease (CAD) .....	43
Modern lifestyle has massive implications for heart disease.....	44
Double life style change - Cardiovascular HPH programmes for the elderly .....	44
ELVIS; a treatment chain for myocardial infarction patients .....	45
<i>Diabetes .....</i>	<i>45</i>
A nutritional education program in type 2 diabetics subjects operated of coronary by-pass .....	45
Education for diabetic patients type 2 obese: not using a "prescribed diet" but educational material .....	46
An educational and self-management Campus for children with diabetes: clinical and cognitive aspects .....	46
Valuation of satisfaction with health .....	47
Disease management of diabetes: feasibility phase and results of the first Italian experience .....	48
<i>Asthma/Chronic Obstructive Lung Disease .....</i>	<i>48</i>
Chronic Obstructive Lung Disease (COLD). A project with the aim of rehabilitation of patients suffering from COLD by means of structured patientprograms. ....	48
Breath your life: HPH project for COPD patients. Compliance to LTOT at home .....	49
Smoking cessation in patients with chronic obstructive pulmonary disease.....	49
<i>Psychiatry .....</i>	<i>50</i>
Patients movement; a great force in mental Health promotion.....	50
Training the patients with Alzheimer disease (AD) and their relatives .....	50
Patient's on antidepressants quality of life assessment project .....	51
Development of a self care project in the diagnostic and therapeutic psychiatric service (SPDC) of Major Hospital of Crema city .....	51
Promoting sensible drinking over the christmas period. ....	52
<i>Evidence based health promotion methods .....</i>	<i>52</i>
Improving health outcomes through performance management for patients with fractured neck or femur .....	52
Development of a method for continuous monitoring of dyslipidemia.....	53
Patient satisfaction with health care services in kaunas red cross hospital .....	53
Psycho-social aspects of health reform in Russia .....	54
Systems for identifying preventable adverse events in hospitals .....	54
A strategic approach to health promotion in a health board area .....	55
Proof place in the health promotion and education development .....	55
Patient's satisfaction - an indicator of the quality of care .....	55
Health promotion activities in Danish hospitals .....	56
The role and initiatives of the national institute of neurology in developing intra/extranet systems to support continuing care .....	56
Lithaunian HPH Network: Physical environment and patient's satisfaction .....	57
Assessment of nursing quality at KMUC from the point of view of patients, nurses and doctors. ....	58
Evaluation and health promotion in hospital .....	58
<i>Health promotion and surgery.....</i>	<i>59</i>
Postoperative pulmonary complications in chronic alcoholics with myocardial ischemia .....	59
Agreement of citizen to treatment in day surgery: a conscious choice .....	59
Decreased success rate and prolonged time to onset of axillary brachial plexus block in chronic alcoholics .....	60
Patient's School .....	60
Fatigue and physical function following orthotopic liver transplantation. ....	61
<i>Health promotion for hospital patients .....</i>	<i>61</i>
Relationship between perceived balance confidence and risk factors for falls .....	61
Comprehensive rehabilitation of cancer patients .....	62
Can regular training improve risk factors for falls and disability in elderly women with increased risk of falling .....	62
Falls Prevention .....	62
<i>Health promotion for women and children .....</i>	<i>63</i>

The promotion of breastfeeding - Best practice .....	63
Reflexology and relaxation therapy in a Maternity Hospital. ....	64
The Children's Ark .....	65
Organisation of a paediatric pain service .....	65
Realization programmes health promotion on the Children's Memorial Institute in period september - december 2000 .....	65
Don't eat for two .....	66
Post menopausal women health promotion program .....	67
Risk of preterm labour and it's evaluation .....	67
Children born in the public hospital Day .....	67
Yoga for pregnancy .....	68
<i>Health Promoting Hospitals</i> .....	68
The Environmental Cell in the Khyber Teaching Hospital: HPH's in the North West Frontier Province, Pakistan. ....	68
Health Promotion Activities in a large teaching hospital in Dublin, Ireland.....	69
A Health Promoting Hospital in Thailand .....	69
<i>National and Regional HPH Networks</i> .....	70
The Danish Network of Health Promoting Hospitals .....	70
The Austrian Network of Health Promoting Hospitals .....	70
State of the International WHO Health Promoting Hospitals (HPH) Network 2001 .....	71
The Regional Network of Health Promoting Hospitals Berlin-Brandenburg .....	71
Swiss Network of Health Promoting Hospitals - A WHO Network .....	72
The Emilia Romagna regional HPH Network .....	73
The Swedish Network for Health Promoting Hospitals .....	73
The increasing relevance of health promotion in hospitals .....	74
<b>POSTER PRESENTATIONS, FRIDAY MAY 18 .....</b>	<b>74</b>
<i>Smoke free hospitals.....</i>	<i>74</i>
Swimming with sharks: the challenges of developing "health promoting" health policies .....	74
How to find a smoking cessation programme for staff .....	75
Health Promotion Counselling of hospital patients on tobacco and alcohol by nurses .....	75
The European network smoke free hospital .....	76
Multidisciplinary approach to smoking cessation can achieve real change. ....	76
Evaluation of a smoking cessation program offered to all patients admitted to a department of internal medicine. ....	77
Smokers suffer ischaemic stroke nine years earlier .....	77
The no-smoking regulations in French public premises date from 1991 .....	78
<i>Health education programmes.....</i>	<i>78</i>
Engaging communities in health activities .....	78
Innovation, principles & practice: An education programme for Health Promoting Hospitals .....	79
Nurses' role in patients health education .....	79
Can education in nutrition improve the ability of hospital staffs to estimate the risk for malnutrition and at the same time increase awareness regarding the malnourished patient? .....	80
An evaluation of staff health promoting activities within St. Vincents University Hospital .....	80
Safety Team Communication .....	81
Learning project in health promoting hospital for the local project co-ordinators of the Regione Lombardia Network .....	81
Ulysses Program .....	81
Health promoting in a rehabilitative medicine ward.....	82
<i>Health promotion for hospital staff .....</i>	<i>82</i>
Cervical screening for staff .....	82
Implementation of ergonomic prevention among nursing staff .....	83
Sharpak Attack .....	83
Role of research preventive in early detect the mammary cancer by women staff on the Children's Memorial Health Institute .....	84
The risk management system in Cremona health care units .....	84
Increasing your personal effectiveness .....	85
Quality of life among the personnel of the hellenic network of health promoting agencies.....	85
Nurses – personal resources .....	86

<i>Health promoting hospitals in their communities</i> .....	86
A reference related to "Asklepiia" of the ancient Greece .....	86
The regional project to prevent women's substance abuse (NEPAA) .....	87
Risk factors, influencing physician's health .....	87
Quality assurance programme in hospital in Indian scenario .....	87
Combining WHO's Health Promoting Hospital and primary health care (PHC initiatives: promoting 'Health for All' (HFA) the rural poor in an area of Pakistan .....	88
Continuing care treatment. ....	88
Maytime festival healthy choices float .....	89
The portal of the health system of Milan .....	89
Women@the Centre of their communities: a new approach to creating HPH's .....	90
Addressing social inequalities in health - Linking HPH's to Communities through the Primary Care Setting. ...	91
Promoting healthy eating .....	91
Drugs, Alcohol & Children - A community resource for a local picture .....	92
Structured project for feminine cancers screening for disadvantaged women in Charleroi, Heinaut (French Part of Belgium) .....	92
H.A.N. ....	93
Cervical Cancer Register Prerequisite Elements : Lessons Learnt in Charleroi (Southern Belgium).....	93
<i>Creating Healthy Hospitals Organizations</i> .....	94
Health education for hospital patients: strengthening the public health function of nurses through their role in health promotion .....	94
European Foundation for Quality Management and Health Governance .....	94
Lombardian projects .....	94
Take a dash of ideology, mix with "healthy public policy" and a sprinkling of South Tyneside vision: Developing Health Promotion Hospitals for the 21st Century .....	95
Planning a supply of health: a method for the change .....	95
<i>Health Promotion and multiethnicity</i> .....	96
The multicultural hospital.....	96
The choices of today for the hospital of tomorrow: Cultural mediation to inform, involve, and plan health services able to integrate ethnic minorities and positively emphasize differences .....	97
Multiethnic in hospitals in the Lombardia Region .....	97
Intercultural Welcome Project .....	98
<i>Prevention of infections</i> .....	98
Hand washing - promoting health in a hospital ward .....	98
Hepatitis B immunisation programme – National Maternity Hospital/ .....	99
Hospital acquired infection in Kaunas university of medicine hospital .....	99
Infection control systems - a new culture of a health promoting hospital .....	100
Persistent Vegetative State (PVS) .....	100
<i>Other subjects</i> .....	100
"Videre" project .....	100
Welcome project .....	101
Implementation of adverse incident reporting - a procedure for logging. ....	102
Diagnostic therapeutic pathways (dtp): providing an integration between hospitals and territorial health care ...	102
Health Promotion in Thalassaemia Major to prevent osteoporosis.....	103
How to handle the problem of latex allergy in hospital.....	103
<b>INDEX OF PRESENTING AUTHORS</b> .....	<b>104</b>

## Pre-conference Workshop

Authors: **Richardson, Denise; Arkadopoulos, Nick; Purzner, Karl**

### Workshop Aims

"The WHO Health Promoting Hospital (HPH) project combines a vision, a concept and a set of strategies for hospital development. Initiated in 1988, is based on the targets of the Ottawa Charter for Health Promotion, the Ljubljana Charter for Health Care Reforms and the specific recommendations stated in the Vienna Recommendations on HPH's. The aims of the WHO project are to: facilitate and encourage exchange of experience and programmes between participating hospitals; develop documented and evaluated examples of good practice for the use of other institutions, and identify areas of common interest in which to develop programmes and evaluation procedures. In 1995 national/regional networks of HPH started to develop and at present there are 480 projects registered in the database in 235 hospitals in 29 networks in 22 countries.

### Workshop Specific Objectives

The aim of HPH's is to broaden the focus of hospital management and structures so as to include prevention and health promotion in addition to curative care. Health promotion programmes should be complementary to traditional programmes and meet the same standards a curative care: they must be directed towards relevant health problems and must be based on evidence; they have to be evaluated and research and teaching in the area of health promotion must be given priority. There are still many questions that need to be addressed by policy makers, professionals, public and private sectors and society. "While our work in this area must be consistent with the values of health for all, our recommendations should be based on evidence rather than ideology". The workshop will focus on the conference questions:

The Development of New National Health Policies: How do they influence the activity of HPH's?

Evidence-Based Health Promotion Programmes: what does evidence mean in health promotion? - How can HPH's contribute to the development and implementation of evidence-based health promotion programmes in clinical practice?

Social Inequalities in Health: What are the implications for HPH's? - How can HPH's contribute to reducing social inequality in health?

### Workshop Facilitators

**Nick Arkadopoulos, MD, PhD, 2nd Department of Surgery, University of Athens School of Medicine, Coordinator of Aretaieion HPH Project, Aretaieion University Hospital, 76 Vas. Sofias Ave, Athens,**

**GR-11528, GREECE, Tel: +30-1-728 259, Fax: +30-1-728 6128, e-mail narkado@otenet.gr,**

**Denise Richardson MA BSc(Hons), Senior Lecturer/Consultant to HP/HD Projects, Department of Health Studies, Faculty of Health, University of Central Lancashire, PRESTON, PR1 2HE, ENGLAND, Tele: 00 44 1772 893406/3402, Fax: 00 44 1772 894966, e-mail: drichardson1@uclan.ac.uk, e-mail: susiemutt@aol.com**

**Karl Purzner, Organization Development - Knowledge Management, Socialpsychiatric Centre, Baumgartner Höhe –Otto Wagner Hospital, A-1145 Wien, BAUGMARTNER HÖHE 1, Tele: 0043 1 91060/20012/20018, Fax: 0043 1 91060/49801, e-mail: karl.purzner@pkb.magwien.gv.at**

### Contact address:

**Richardson, Denise  
Department of Health Studies  
Faculty of Health  
University of Central Lancashire  
PR1 2HE, Preston,  
UNITED KINGDOM**

## Oral Presentations

### Plenary 1

## Health problems in Europe

### Challenges to health in Europe: the role of health promoting hospitals

Author(s): **McKee, Martin**

Hospitals must respond to the constantly changing environment in which they exist if they are not to become irrelevant. This environment has many elements: it is shaped by political developments, financial constraints, popular expectations and, of most relevance in this conference, patterns of health.

This paper will explore how those responsible for hospitals can ensure that they are meeting the present day health needs of their populations, and how they might anticipate future needs. I will emphasise the need to include those who are often least visible, whether on account of their health condition or their lack of a voice that is easily heard, whether this is due to social status, ethnicity, or disability. I will argue that prediction is an inexact science, although with caution we may be able to say more than we think. Some changes are easily predictable, such as ageing populations, although the consequences may not be what we think. Others are much less easily predictable, in particular the (re-)emergence of infectious disease.

The hospital has a major role to play in responding to these changing needs. As diseases come and go (with cardiovascular disease falling in many countries but lung cancer among women rising, to take but two examples) they must change the mix of specialist services that they provide. Hospitals will have to develop new ways of working. An elderly population will have more complex, multi-system disease, requiring organised multi-professional teams. For other patients, multi-professional teams can also play a part, responding to the increasing opportunities to intervene clinically. Thus, it will be reasonable for a woman with a breast lump to have a mammography, biopsy and definitive diagnosis in one day.

Assessment of population needs will identify those who are presently poorly served by hospitals, stimulating policies to enhance access. This might involve wheelchair friendly design, improved sign-posting and inductive loops for the partially sighted and hearing impaired, and the use of other languages and culturally sensitive facilities for those from

other parts of the world. It should take account of the particular needs of children and adolescents in hospital, as well as the elderly, who may be lonely and confused.

If health professionals are to respond effectively to health needs then they will also have to take an increasingly holistic perspective, embracing prevention as well as cure. At an individual level there is good evidence for the effectiveness of many brief interventions by physicians and others, in areas such as smoking cessation. At the hospital level policies such as the UNICEF/WHO baby Friendly hospital initiative send a strong message.

In many parts of Europe hospitals will face an enormous challenge from an increase in nosocomial infection, which will increasingly be resistant to antibiotics. This too will require new ways of working, illustrated by the enormous financial and organisational consequences as hospitals in the UK turn to disposable instruments for many procedures in response to BSE.

One response to nosocomial infection will be to change how hospitals are designed, by designing out, as far as possible, the risk of cross-infection. This may be as simple as increasing hand washing facilities. But infections are not the only dangers that patients face in hospitals. Again, much can be done through design, such as reducing this risk of falls by attention to floor surfaces and lighting.

Finally, a health promoting hospital should not focus exclusively on its patients. It has also a responsibility for the health of its staff, a responsibility that is too often overlooked.

Contact address:

McKee, Martin

European Centre on Health of Societies in Transition

London School of Hygiene and Tropical Medicine

Keppel Street

WC1E 7HT, London,

UNITED KINGDOM

### Plenary 2

## Evidence based health promotion

### Why evidence based health promotion programmes in hospitals?

Author(s): **Soerensen, Thorkild I.A.**

Like any treatment, health promotion programmes must be evidence-based to the extent possible. I assume that evidence-based treatments ideally are treatments of which multiple clinical trials, eventually summarized in meta-analysis and assessed in systematic reviews, have demonstrated a net beneficial effect for the patients to whom it is to be prescribed. For a variety of reasons, health promotion

programmes usually cannot achieve the same level of hard evidence, wherefore an overall judgement of the evidence as available or possibly obtainable - with a view to the theoretical ideal evidence - is requested. In the general societal arena for health promotion, the hospitals are particularly suitable settings. If the hospitals as institutions are not actively supporting the health promoting policies and plans of the remainder of the society, then it of course raises confusion and doubt in the minds of the people about the trustworthiness and justification of the health promoting activities in general. Moreover, the hospitals, due to their structure, function and logistics, may be better than other setting for contributing to improvement of the evidence for health promotion. Having recently experienced the seriousness of the possibly preventable diseases, the patients and their relatives may have a reinforced motivation and dedication to adopt health promoting activities, and, moreover, the professional competence in health and disease matters are available. It is therefore critical that the hospitals commit themselves to involvement in both implementation and research in health promotion.

Contact address:

Soerensen, Thorkild I.A.  
Institute of Preventive Medicine  
Copenhagen Hospital Corporation  
Øster Farimagsgade 3-5  
1399, Copenhagen,  
DENMARK  
tias@ipm.hosp.dk

## Evidence based health promotion - how to be defined? What kind of evidence? Methodology?

Author(s): **Hawe, Penny**

Many recent discussions about evidence-based practice in health promotion echo the field of evidence-based health care, in that the issue mostly addressed is control of bias in study design and the confidence with which conclusions about causality can be drawn. Hence the value (or otherwise) of randomised controlled trials has commanded most attention. Unfortunately, these debates have propelled some false logic. Also, they have distracted attention from some more complex matters, in particular the extent to which the context within which a program is placed interacts with the program to potentially enhance or dilute its effect.

This session argues that evidence-building in health promotion needs to pay stronger attention to the systematic measurement of a range of interplaying factors that result in "the effective intervention". This includes aspects of the organizational context and the capacity-building activities

by workers within the program. Closer attention to these issues will help us gain a more comprehensive appreciation of how and why an intervention "works" (the complexity of causality) and help us to build an evidence hierarchy in health promotion, which better captures the realities of practice. A project currently underway to expand the evidence hierarchy in health promotion is described.

Contact address:

Hawe, Penny  
University of Calgary, Faculty of Medicine  
Dept. Of Community Health Sciences  
3330 Hospital Drive NW  
T2N 4N1, Calgary, Alberta,  
CANADA

## Risk prediction models as examples of applied evidence based programmes in hospitals

Author(s): **Chatellier, Gilles**

Drug errors, hospital-acquired pressure injuries, and patient falls are examples of hospitals frequent adverse events. With the increasing concern in quality, many hospitals have developed programs with the initial aim to describe and monitor such events. But monitoring is not enough: it is also necessary to develop efficient strategies of prevention. Modern hospitals contain a lot of computerized systems: pharmacy information management systems, laboratory management software, applications for tracking patient location through admission and discharge, intranet facilities... Since the need for quality improvement is now perceived as important by both hospital managers and clinicians, and computerized tools available it is possible to implement prediction tools that can be useful in reducing risks but also in improving hospital management.

In fact, prediction tools, computerized or not, are available for many years. However, before accepting them, it is necessary to identify those who are really able to have a clinical impact. The evidence based medicine paradigm can also be applied for the critical assessment of decision support system. Using this paradigm, some decision support system in cardiovascular medicine, infectious diseases or emergency medicine can now be considered as effective. These examples will be used to demonstrate the potential advantages of using them in the hospital but also the difficulties encountered in implementing this kind of tools.

Contact address:

Chatellier, Gilles  
Hospital Georges Pompidou  
20, Rue Leblanc  
75015, Paris, FRANCE  
chatellier@hegp.bhdc.jussieu.fr

## Plenary 3

## National Health Policies

### The development of national health policies – How does it influence the national network of Health Promoting Hospitals. Experiences from Sweden.

Author(s): **Kristenson, Margareta**

The Swedish network of Health Promoting Hospitals was founded in 1996, based on the Ottawa charter and the Budapest declaration. As in these documents, and in the International Network of Health Promoting Hospitals, we have focused on health gain for patients, for staff and for the society served. We have particularly focused on organisational development, and on the reorientation of health care systems towards health outcomes. For this reason one of our main sub-networks works with health gain measurements in clinical routine settings.

The Swedish National Committee for Public Health is a parliamentary group that recently presented its proposals for new "Targets for Health for Sweden". These targets are, in an international perspective, unique in the way that they are all focused on determinants for health. The main targets are social capital, life circumstances at childhood, healthy working life, physical environment and lifestyle, and good infrastructures for health. One of these infrastructures, is "A more health-oriented health service". Hereby, health promotion and disease prevention should be seen as main issues for the health services as a whole. One indicator for a positive process is the number of hospitals participating in the Swedish Network of the WHO-project Health Promoting Hospitals.

The Swedish network of Health Promoting Hospitals has developed as a bottom-up movement, consisting of hospitals eager to join in the work towards health-oriented institutions. The network is continuing to grow and comprises 17 hospitals, including 3 out of the 5 University Hospitals. We believe that our work has inspired the proposed national health policy and Target 15 on Health Orientation of Health Services. We are sure that a national health policy with this explicit target will help hospitals and health services continue their development towards truly health promoting hospitals.

Contact address:

**Kristenson, Margareta**  
Linköping Centre for Public Health Sciences  
58185, Linköping,  
SWEDEN  
+46/13/22.50.95,

### The development of the greek national health policy. How does it influence the Greek Network of Health Promoting Hospitals?

Author(s): **Tountas, Yannis**

During the past year the Greek Ministry of Health and Welfare planned the reform of the National Health System. Many of the 200 reform measures will have an influence on the Greek Network of Health Promoting Hospitals. Regarding hospitals suggested changes propose that these will have to a large extent administrative autonomy, which will allow hospitals to function more efficiently. Priorities set regarding the functioning of hospitals include improvement of quality of services offered especially for the accommodation of patients a development that will strengthen health promotion in hospitals.

Furthermore the creation of a National Institute of Health which will include a center for health promotion, the development of National Health Targets, and the setting of health promotion as a top priority in the policies of the Ministry of Health and Welfare will help to develop further the Greek Network of Health promoting Hospitals.

Contact address:

**Tountas, Yannis**  
Medical School  
Athens University  
Alexandroupoleos 25  
115 27, Athens,  
GREECE

### The new health policy development in Lithuania – a basis for the HPH project implementation

Author(s): **Miseviciene, Irena; Pundzius, Juozas**

In the last decade Lithuania has experienced great political, economical and social changes. After having announced the independence the country has inherited the old centralized health care system with its primary drawbacks: first the health care system was too medicalized, second, it was hospital based and finally physician centered.

Due to the longstanding collaboration with WHO and the knowledge which has accumulated due to the participation in several community oriented projects and programmes (KRIS, CINDI), Kaunas Medical Academy (now University of Medicine) as WHO collaborating center drafted the New Concept of Health. This new Health Policy document was based on

the concept and principles of the WHO document "Health for All" Furthermore, the new document was accepted by Parliament in 1991.

This Health Policy document at first stated, that the understanding of the health system should be broader than health care, i.e. health system most broadly consists of three spheres - health promotion, health protection and health care. That the main strategies for the new health policy implementation should be based on: a clear political commitment for health; equity in health issues ; community participation in decision making and in the process of the health promotion and disease prevention strategy implementation: health care reforms (orientation to the primary health care sector); intersectorial collaboration.

The execution of the new Health Policy in Lithuania encouraged the initiation of such WHO coordinated projects as Healthy Cities, Healthy Schools, Health Promoting Kindergartens in Lithuania.

The implementation of integrated prevention concept of noncommunicable diseases through CINDI programme (started in 1982 ) became more efficient because of three main factors : positive political decisions were made, more active participation of mass media and community involvement was achieved and the collaboration with other sectors began. The above mentioned factors were helpful to further the initiation of yet another WHO project- Health Promoting Hospitals (HPH).

The Lithuanian HPH network was created in 1996. The main idea to join this project was to involve the hospitals as partners into the process of the health promotion strategy implementation in the hospital as setting from one side, and as a worksite from other site, i.e. when the good health of the personnel, healthy environment and better health of patients is one of the main aims of the modern hospital seeking for the best quality of health care. The creation of the HPH network gives an opportunity to disseminate the ideas of health promotion at different places of the country- urban and rural as well. The member -hospitals of HPH network are becoming as focal points of new Health Policy implementation at regional level.

In conclusion it could be said, that the development of the new Health Policy is twofold: on one hand ,it encourages, prepares the ground , and supports the new initiatives; on the other hand, HPH network activities and achievements demonstrate that HPH project is one of the tools of the new Health Policy implementation at the regional and a national level in Lithuania.

*Contact address:*

Miseviciene, Irena  
Kaunas University of Medicine  
Eiveniu 4  
3007, Kaunas,  
LITHUANIA  
+370-7-796498,  
irenmisev@kmu.lt

## Parallel Sessions 1

### Evidence based health promotion in practice

*Session A:*

#### Cardiac rehabilitation and risk factors

#### Regional variations in cardiac rehabilitation – can this be accepted?

*Author(s): Zwisler, Ann Dorthe Olsen; Videbaek, Joergen; Sigurd, B.; Iversen, L.*

The European societies of cardiology has for years agreed, that cardiac rehabilitation should be offered as an integral part of the cardio-logical management after MI, and a number of national and international clinical guidelines on cardiac rehabilitation has been published.

The purpose of this study is to investigate, to what extend the national guidelines on Cardiac Rehabilitation is followed at Danish hospitals using two separate mailed questionnaires addressing all senior consultants at departments receiving MI patients (N=hospitals=67).

86% of the hospitals are offering one ore more elements of cardiac rehabilitation, but only 31% are having a full programme. There are large regional variations in the programmes offered. Based upon register-data from 1999 it is found that at least 6463 patients with a first time MI (62%) did not have the opportunity to parti-cipate in a full cardiac rehabilitation program-me, smoking cessation being the cardiac rehabilitation element least offered. Very few staff members in charge of the cardiac rehabilitation are educated for the task.

With in a smaller country there is large variation in cardiac rehabilitation offers, and way to many patients are not getting the proper treatment following a first time MI.

*Contact address:*

Zwisler, Ann Dorthe Olsen  
Bispebjerg Hospital  
Department of Cardiology  
Bispebjerg Bakke 23  
2400, Copenhagen NV,  
DENMARK  
ado@dadlnet.dk

## The 1st outpatient heart club started in Germany 1968 - in the year 2000

Author(s): **Huellemann, Klaus D.**

Since 1968 we have been responsible for a sports club called Ludens Club a.v. Heidelberg. The members are former patients that have suffered from heart attacks.

We did several different research investigations, e.g. ergometer, stress tests, ecg and blood pressure telemetry, blood sample analysis, psychological investigations. Data have been recorded in different stress situations, e.g. therapeutic physical activity training in the sports halls, on the sports ground or while swimming, psychic tension, watching television, talking with the doctors (interview), sauna - The psychological concept of Primary Motor Proclivity (PMP) was developed in order to account the various effects hereditary factors and early childhood experience on achievements in sport have on us. Our results show that the intensity of physical activity can be tailored to the physical and psychological ability of the individual patient.

During the following years of our first heart club the number of new clubs was steadily growing, nowadays more than 5.300 clubs in Germany are active. These clubs are organized in the different geographical areas of our country. Doctors and physiotherapists are trained to guide these clubs.

Contact address:

Huellemann, Klaus D.  
Med. Klinik St. Irmingard  
Osternacher Strasse 103  
D - 83209, Prien/Cheimsee,  
GERMANY  
08051/607-775,  
Prof\_Hue\_Klinik\_St\_Irmingard@t-online.de

### Patients with myocardial infarction are above a three-fold risk of developing post-traumatic stress disorder compared with healthy controls

Author(s): **Pedersen, Susanne Schmidt; Soersen, Vibeke Reiche; Larsen, Mogens Lytken**

The objectives were to look at the prevalence of post-traumatic stress disorder (PTSD) in patients with myocardial infarction compared with controls, and to identify predictors of PTSD.

Evidence shows that psychosocial factors impact on the prognosis of cardiac patients independent of disease severity. However, few studies have looked at whether cardiac patients are at risk of developing PTSD, predictors of the disorder,

and implications for morbidity and mortality. A questionnaire was administered to 112 consecutive patients with a first myocardial infarction 4-6 weeks post-infarction and to 115 healthy controls drawn from a random sample in the general population. Clinical variables were sampled from the patients' medical records. Twenty-nine (26%) patients qualified for a diagnosis of PTSD compared with 10 (9%) controls. Patients were above a three-fold risk of developing PTSD compared with controls (OR: 3.67; 95% CI: 1.60-8.58). Gender, depression, and neuroticism were predictors of PTSD controlling for age, anxiety, and extroversion.

Previous studies have found a relationship between PTSD and an increased risk of cardiovascular diseases. Since cardiac patients are at risk of developing PTSD, they may be at increased risk of recurrent events. Although longitudinal studies are needed to investigate the long-term consequences of PTSD in cardiac patients, the disorder should not be overlooked due to its potential role in reinfarctions and mortality.

Contact address:

Pedersen, Susanne Schmidt  
Institute for Psychology  
Aarhus University  
Asylvej 4  
8240, Risskov,  
DENMARK  
89 42 49 01,  
susanped@psy.au.dk

### The life after a myocardial infarction.

Author(s): **Larsen, Birthe**

To help heart patients and their families to manage and cope with a life with chronic diseases and if possible to reduce the risk of illness and early death.

Object:

To improve quality of life for cardiac patients by offering a combination of exercise and education.

Target group:

Suitable patients with heart disease post acute myocardial infarction, bypass surgery and their families.

Method:

The program is a combination of a weekly hour of exercise, a monthly hour of education from a nurse and a monthly hour with dietary instruction. The patients were allowed to stay in the groups for as long as they wished to.

Conclusion:

The patients find it useful to hear other patients telling their stories.

Regular exercise has enabled the patients to do things with less fear.

Some get a better social life.

The age of the patient was between 48-84 years. Most of them were between 60-70 years.

*Contact address:*

*Larsen, Birthe*

*Grenaa Centralsygehus*

*Sygehusvej 6*

*8500, Grenaa,*

*DENMARK*

## Patient and relative education for hypertension project in outpatient clinic

*Author(s): Piccoli, Alfonso; Calebich, Silvia; Platto, L; Cordoni, A.*

### Aims:

The goal of health promoting hospital is to improve the quality of health care, the living and working conditions for and satisfaction of staff, patients and relatives. Hypertension is an important public health challenge in the world because of its high prevalence and the concomitant increase in the risk of cardiovascular and renal disease. In this view we designed a study to determine and to improve knowledge of hypertensive patients and relatives.

### Methods:

In the first step of this project (3 years duration), we invited 75 patients and relatives to participate to an educational program on hypertension. We used special questionnaires for hypertensive patients before and after traditional teaching session (concerning definition, etiology, prevalence, complications and pharmacological and nonpharmacological treatment).

### Results:

63 patients (mean age 36 males, 27 females) of the 75 invited attended the educational programme (participation rate: 78% and in particular: 76% in hypertensive patients and 65% in relatives). The age in patients groups span from 28 to 72 (mean 53.8), relatives group: from 31 to 69 (mean 56). Satisfaction grade: 88% of subjects. After educational intervention patients and relatives understanding of the disease significantly increased from 51.6% to 85% of right answer ( $p < 0.01$ ).

### Conclusions:

This planned educational programme for hypertensive patients and relatives shows a satisfactory adherence of

patients and relatives, moreover was successful in significantly improving knowledge about hypertension. The data obtained suggest that lack of knowledge is the major reason of poor treatment compliance of hypertensive patients in most cases. In the follow-up (1 year) we determine possible decrease of blood pressure and reduction of medication needs in some patient.

*Contact address:*

*Piccoli, Alfonso*

*San Rocco Hospital*

*Via Dei Sabbioni*

*25050, Ome - Brescia,*

*ITALY*

*00390306852395,*

*piccal@lebero.it*

## Self reported health related quality of life among patients with familial hypercholesterolaemia.

*Author(s): Winther, Eva; Lytken-Larsen, Mogens*

DNA technology has made it possible to identify mutations of the LDL-receptor gene in patient with Familial Hypercholesterolaemia (FH) before clinical manifestation of heart disease. We wanted to investigate, whether early diagnoses had any impact on self-reported Health Related Quality of Life (HRQL) in these patients compared to existing data from the Danish background population.

166 FH-patients (67 male/99 women) all diagnosed at the lipid clinic at Aarhus Amtssygehus participated in the study. Mailed questionnaires were used to assess background data, existence of heart disease and HRQL by means of Short-Form Health Survey (SF-36).

28% reported signs of heart disease and 78% estimated their serum cholesterol to be at a desirable level or a little above.

There were significant differences for all eight scales between patients with and without heart disease, indicating the burden of disease. Except for the Mental Health scale patients without heart disease had scale means equal to or higher than the Danish background population.

### Conclusion:

FH-patients without heart disease had better HRQL scores than patients with manifest heart disease, but except for one scale their Quality of Life scores were equal to or higher than what was observed in the normal population.

*Contact address:*

*Winther, Eva*

*Aarhus Amtssygehus, Aarhus University Hospital*

Department of Medicine A  
Skelagervej 305  
8200, Aarhus N,  
DENMARK  
evawinther@maill.stofanet.dk

National Korányi Institute  
Pihenő út 1  
1529, Budapest,  
HUNGARY  
+361/2744-115,  
fishwash@matavnet.hu

## Session B

### Diabetes

#### Early correct classification in the diabetes syndrome - better long terms results

Author(s): **Halmos, Tamás; László, Kautzky**

Diabetes mellitus is a heterogenous disorder. Early correct diagnosis means early adequate therapy. Misdiagnosing results in inadequate initiating treatment, which may cause either unnecessary inconvenience for the patient or induce early late chronic complications.

We selected 50 patients with uncertain typology. At diagnosis in all of them oral antidiabetic drugs were initiated. Methods, used to obtain more precise diagnosis were as follows: family history, how the diagnosis was set up, typical symptoms present or absent, fasting and postprandial blood sugar values, Haemoglobin A1C, endogenous fasting and postprandial insulin level, and autoimmune markers.

The main problem was to differentiate among type-1 and type-2 diabetics. In spite of having typical diabetic signs, we found 4 classical type-1 patients, who were treated from 3 to 12 months with oral drugs. 14 patients were reclassified into the "slowly progressing type-1" (LADA) subform. They were treated with oral antidiabetics from 3 to 48 months. 2 patients became diabetic during pregnancy, but because early insulin need they also were classified as type-1 patients. Two patients belong to the "maturity onset type diabetes in the young" (MODY), 14 patients were classified as early onset type-2 patients, and in 10 patients classification remained uncertain. In obscure cases insulin treatment is a must, for apart from inconvenience, insulin is harmless. Not giving insulin in type-1 patients is a mistake, for complications may start earlier and in a more severe form. In problematic cases general practitioners should turn to diabetes-specialized centers.

In summary, even using all clinical, biochemical and immunological parameters, in part of our diabetics exact diagnosis may be uncertain for a long period. Responsibility of the first diagnosis and treatment is significant.

Contact address:  
Halmos, Tamás

#### Can education during pregnancy improve the perinatal outcome in diabetic pregnancies?

Author(s): **Todorova, Katja; Mazneikova, Valentina; Doganov, Nikolaj**

The aim of the study was to define the role of education for the complex treatment plan of diabetes during pregnancy and to estimate the impact of education for the reduction of the incidence of maternal and neonatal complications.

##### Study design:

A retrospective study of 56 pregnant women with diabetes was carried out. They were hospitalized in the High-risk pregnancy department from January 1999 till January 2000. All pregnant women were admitted to the hospital in each trimester of pregnancy for control of carbohydrate metabolism and follow-up of pregnancy. All pregnant women were treated by intensified Insulin regime-type basal-prandial. The diet was according to the needs during pregnancy. 30 pregnant women-group 1, were educated according to the specificity of diabetes during pregnancy. The education was repeated every time the patient was admitted to the hospital.

The aim of education was to reach and maintain good metabolic control ( $HbA1c < 7.5\%$ ) during the course of pregnancy. The values of  $HbA1c$  before education - in group 1 and after final education - in group 2-not educated, were determined. The incidence of some maternal and perinatal complications - the progress of diabetic nonproliferative retinopathy into proliferative retinopathy, the development of preeclampsia as a causative factor for delivery before 37 g.w., the development of RDS and perinatal deaths were evaluated.

##### Results:

There was a significant difference in the mean values of glycosylated Hb. In the group of educated women a good metabolic control was achieved -  $HbA1c=7.5\%$ . In the noneducated group the metabolic control was poor -  $HbA1c=8.4\%$ , irrespective of the insulin and diet treatment. 21 of the babies born to educated mothers had normal birthweight between 3000 and 4000 grams. 4 of the newborn had birthweight under 3000 gr and 5 over 4000 gr. The lowest birthweight in group 1 was 2250 gr. and 1450 gr. in group 2, respectively. In the group of educated women there was no progress of

nonproliferative retinopathy into proliferative type. There was such a progression in 3 women from the noneducated group. There were 11 cases of preeclampsia in both groups. In the group of educated women the preeclampsia was mild, compared to the noneducated group where the form was severe. All women with severe form of preeclampsia (n=11) delivered before 37 g.w. There were no perinatal deaths in the educated group, compared to 3 deaths in the other group. 2 babies died antenatally and one - after an operative correction for severe congenital heart defect. There were 6 cases of RDS from the educated group compared to 9 from group 2.

### Conclusions

The education is a key factor in the complex plan of treatment of pregnant women with diabetes. It creates a positive motivation for the achievement and maintenance of good metabolic control during pregnancy.

The incidence of maternal and neonatal complications is higher in the group of noneducated women.

The education significantly reduces the incidence of maternal and neonatal complications, thus improving the perinatal outcome.

#### Contact address:

*Todorova, Katja*

*Specialized Hospital for active treatment in Obst./Gyn.  
2, Zdrave Str.*

*, Sofia,*

*BULGARIA*

*003592517271,*

*mazneikova@hotmail.com*

## Diabetic school

*Author(s): Hamann, Lis*

To bring the knowledge and practical competence of diabetic patients up to date.

### Objectives:

To improve the quality of life for diabetic patients by promoting a more active and responsible role for patients and their relatives. Also to educate patients and their relatives how to slow down the course of the disease.

### Target group:

All diabetic patients but mainly type patients with type 2 diabetes.

### Method:

Groups of patients divided by their specific type of diabetes. Instruction is given to the particularly type of diabetes in question. 6-10 patients were invited to group instruction for a 7 hours program. The instruction is mainly presenting theory.

### Conclusion:

51 patients were referred to the diabetic school. 48 patients participated. 45 patients were type 2 diabetic patients or non insulin dependent diabetes and 3 patients were insulin dependent, mostly women in the age 50 - 60 years.

Furthermore 20 relatives, new staff from the medical patient out care department and nurse students participated. There were consistent instruction for 9 groups. The evaluation shows that the patients are satisfied or very satisfied with the diabetic school and that being together with other people of the same standing is profitable.

#### Contact address:

*Hamann, Lis*

*Grenaa Centralssygehus*

*Sygehusvej 6*

*8500, Grenaa,*

*DENMARK*

## Type II Diabetes, obesity and weight reduction

*Author(s): Moyna, Deidre; Moyna, Deidre*

### Introduction:

The major objectives in Diabetes care of patient knowledge, motivation, and good self care prompted the development of an integrated programme of health education through group sessions using a structured health promotion framework to improve quality of care.

### Aims:

Identify the target population i.e. Type II Diabetics with obesity.

Promote the concept of healthy eating and set individual weight reduction targets.

Provide information specific to their needs.

Set individual goals.

Improve patient knowledge on diabetes, healthy eating and good glycaemic control.

Assist in achieving a state of health and well-being.

### Objectives:

At the end of the programme the patient should have attained a knowledgeable understanding of their illness. Achieved their target weight. Established a healthy eating practice. Illustrate an improvement in glycaemic control, weight, cholesterol and HbA1c.

### Methods:

- The programme to be held over a six-week period comprising of six one-hour sessions.

- The dietitian, diabetes nurse specialist, chiropodist and

physiotherapist each providing education on diabetes diet and exercise.

- Programme outcomes to be determined by qualitative and quantitative methods of evaluation.

#### Schedule:

- Six months to develop programme.
- Six weeks to provide programme.
- Immediate assessment to determine outcomes.
- Six month assessment to assess long-term outcomes.

#### Contact address:

Moyna, Deidre  
Monaghan General Hospital  
Monaghan,  
IRELAND  
047 72486,  
monlib@eircom.net

## Teaching pakistani immigrants with type 2 diabetes - a cultural adapted education programme

Author(s): **Roejen, Dorrit; Vibe-Petersen, Jette; Hussain, M.**

Due to a persistent problem of significantly worse glycaemic control in ethnic groups compared to the Danish population an educational initiative was carried out:

- 1) to assess the effect of a culturally adapted educational programme addressed to Pakistani immigrants with type 2 diabetes and
- 2) to inform the Pakistani population in our area that they have a special health problem. Materials and Methods: Media were taken in use: local ethnic newspapers, radio and TV. Four information meetings were performed. Sexes separated, the patients participated in groups of 4-8 members, 2 hours weekly for 5-6 weeks.

During these sessions a culturally adapted educational concept was evolved:

- 1) a teaching guide for educators,
- 2) a leaflet for the patient and the Pakistani family and
- 3) visuals assisting the learning.

#### Results:

Contrary to former drop-outs the attendance was now 90%. Along with the group sessions the mean HbA1c was reduced significantly. At retest six to twelve months later the metabolic control of the women was sustained whereas the men had a control as bad as at start.

#### Conclusion:

This culturally adapted educational program is feasible, but maintenance of knowledge is essential for keeping good gly-

caemic control. The programme is now implemented in daily practice, and the educational concept is available in English on the Internet ([www.ImmigrantsWithDiabetes.com](http://www.ImmigrantsWithDiabetes.com)). Educators can download the teaching visuals in a PowerPoint format and translate or adapt any text as necessary to fit the local needs for teaching.

#### Contact address:

Roejen, Dorrit  
Bispebjerg Hospital  
Out Patients Clinic IC  
Bispebjerg Bakke 23  
DK - 2400, Copenhagen NV,  
DENMARK  
+45 3531 3365,  
dr02@bbh.hosp.dk

## A randomized study comparing the impact of a new guidance on knowledge and self-care of the diabetic foot

Author(s): **Vibe-Petersen, Jette; Frederiksen, Anne; Lohmann, Michael; Clausen, G**

#### Aim:

The primary objective of the study is to show that a new guidance with photos and 5 reminder letters with educational content will lead to improved self-care after 12 month.

#### Materials and Methods:

All new type 2 out-patients were asked to participate and randomized to group A: former instruction and information leaflet (relatively short with hand drawings) or group B: new guidance and instruction (slightly more extensive incl. 24 photos) followed by 5 reminder letters. All patients answered a questionnaire about self-care (7 questions) and knowledge (11 questions) at start and at 12 months.

#### Results:

A hundred patients were randomized. The number of correct answers about self-care at start (mean  $\pm$  SD) was for group A/B:  $2.1 \pm 1.4$  /  $2.2 \pm 1.2$  (ns) and at 12 months for group A/B:  $3.8 \pm 1.4$  /  $4.5 \pm 1.2$  ( $p=0.03$ ). In both groups the patients were asked if they knew the recommendations, in case they gave a "wrong". All patients in group B knew the correct self-care.

#### Conclusion:

The new guidance improved significantly the patients's self-care. If they had not changed behavior, they knew how to act. As education of the patient is the keystone in the prevention of diabetic foot ulcers, it's important to test the effectiveness of the guidance used. This concept has shown to be effective.

*Contact address:*

Vibe-Petersen, Jette  
 Bispebjerg Hospital  
 Clinic of Int. Medicine I  
 Bispebjerg Bakke 23  
 DK - 2400, Copenhagen NV,  
 DENMARK  
 +45 3531 3556,  
 jette.vibe@dadlnet.dk

**Session C****Asthma/Chronic Obstructive Lung Disease****Breath your life - HPH Project for COPD patients - Preliminary results on hospital re-admissions.**

*Author(s):* **Aiolfi, Stefano; Patruno, Vincenzo; Beghi, Gianfranco; Luigia, Maghini**

Chronic obstructive pulmonary disease (COPD) usually begins in the fifth decade of life. Cigarette smoking is the major risk factor. Due to the slowly, progressive and irreversible airflow limitation, patients (pts) undergo a global impairment with recurrent hospitalizations and increasing caregivers' dependence. Because hospital stay and readmissions are major consumers of resources, and recidivism is usual in these pts, there is much interest in reducing them.

**Objective:**

To analyse the frequency of hospital re-admissions in the 2 yrs after discharge.

**Demographics:**

402 COPD pts were admitted to our Pulmonary Rehab Unit from March '97-Dec '98. M/F ratio was 1,8:1, mean age was 69. The disease was mild in 51, moderate in 204 and severe in 147 pts (ERS classification). All patients referred a history of multiple hospital admissions during the 2 years prior our recruitment. In our Unit, each pt received a personal tailored rehab program consisting in smoking cessation sessions (if smoker), drug therapy optimization, long-term oxygen prescription (if needed), exercise and physical reconditioning program, and surveillance of emerging sleep, nutrition, and travel problems.

**Results:**

During the reported period the frequency of hospital readmission was frankly lesser than the one we collected from pts histories at the first admission: 15.3% vs. 28.7% ( $p < 0.001$ )

**Conclusion:**

Our multidisciplinary specialized team, offering a personalized care, providing pts and their proxies of good self-healthcare skills to adopt at home, and performing a well designed ambulatory follow up monitoring (every 2, 4, 6 months from hospital discharge, according to the severity of the illness) strongly improved the number of hospital readmissions of COPD pts.

*Contact address:*

Aiolfi, Stefano  
 A. O. Ospedale Maggiore di crema  
 Pulmonary Rehabilitation Unit  
 Via Monte Grappa, 1  
 26027, Rivolta d'Adda,  
 ITALY  
 0039-363-378266,  
 stefaiolfi@libero.it

**How can need for acute hospitalisation be reduced and deterioration in quality of life be halted in patients with severe COPD?**

*Author(s):* **Vinter, Karna; Rasmussen, Finn V**

Can need for acute hospitalisation be reduced and deterioration in quality of life be halted in patients with severe COPD by individual education, outpatient supervision and home care given by a specialized respiratory nurse?

**Material and Methods:**

From one ward in the dept. of respiratory medicine we included 63 consecutive patients with mean FEV<sub>1</sub> 35% predicted, age 56-83 years, 38 females, all with acute exacerbation of COPD, in a 12 month interventional trial. Education about COPD, its treatment and coping strategies were given by KV to patients and their closest relative at inclusion during acute exacerbation and followed up at home at 2 weeks, 3 and 12 months after discharge. Patients could reach KV by phone for consultation or supplementary home visit on most working days during the the whole study period.

**Results:**

44 patients completed the 12 month period. 11 had died and 8 had left the study at their own will. Number of days in hospital for all 44 patients was reduced with 240 days (26%) compared with data for the same patients during the preceding 12 months. Self reported health status, quality of life, was measured by SF 36 at inclusion, after 2 weeks, 3 and 12 months. All patients scored significantly lower than a representative age matched population sample. The score was lowest at inclusion, improved considerably after 2 weeks and

remained stable, although subnormal, during the following 12 months.

We conclude that these findings support the hypothesis that individualized nurse-given education and supervision can reduce the need for costly acute hospital admissions, can halt the deterioration of quality of life and is a cost-effective intervention in severe COPD patients.

*Contact address:*

Vinter, Karna  
Hilleroed Sygehus  
Medical Department B 0633  
Lungemedicinsk afdeling  
3400, Hilleroed,  
DENMARK  
+45 48293927,  
kavi@fa.dk

## Physicians attitude to routine measurement of patients self rated HRQOL

*Author(s): Leijon, Matti; Kristenson, Magareta; Bendtsen, Preben*

### Objective:

To assess the effects, on physicians attitudes of introducing a generic quality of life instrument into clinical practice.

### Method:

The study group was physicians working at the Department of Pulmonary Medicine and Patient suffering from chronic obstructive lung disease (COPD). The generic instrument SF-36, which is a measure of health related quality of life (HRQOL) was introduced as a part of ordinary clinical practice. Patients answered the SF-36 questionnaire with the help of a touch screen computer, measures of peak expiratory flow (PEF) were taken and the physicians rated their view on patients 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 were performed before and after the introduction.

Correlations between the PEF values and measures of patient's reports were low. Likewise. Physician's estimation of the patient's health status showed low correlations to patients reports and highest in the physical components of SF 36. The focus groups showed that instruments like SF-36, especially used in support of modern computer technology was seen as a helpful tool in clinical practice, but the physicians understanding about the instrument is central.

### In conclusion:

The use of generic measures of HRQOL, such as the SF-36,

in routine work, was feasible and perceived as helpful for clinical decision making, especially on a health promoting hospital.

*Contact address:*

Leijon, Matti  
Centre for public Health Sciences  
Landstinget i Östergötland  
58185, Linköping,  
SWEDEN  
+4613225095,  
matti.leijon@lio.se

## Respiratory nurses - member of the team

*Author(s): Hellquist, Birthe*

Modern treatments of COPD have resulted in a large proportion of chronically ill respiratory patients live longer and face a variety of problems related to disability and the resultant handicap. The responses to this patient group with varying needs arising from their chronic illness and disability is complicated by the fact that their breathlessness has been considered to be everyone's (and nobody's) responsibility, the health care provider has not been enough aware of the need for a coordinated, well educated team approach in order to respond effectively to the great need for quality care for patients with this challenging chronic disease.

The lessons learned from the management of asthma is that a structured approach to therapy with regular monitoring and follow up is needed as outlined in recently published international guidelines. A variety of pulmonary rehabilitation programmes have been established in different settings in order to help patients to cope optimally with their chronic disease.

These strategies increase the need for more frequent consultations in both the primary and the secondary health care system and a multi disciplinary approach. Well-trained nurses in a proper position may be a part of the solution to meet these needs in a cost-effective manner. It therefore seems appropriate to expand the role for the nurse as well as for other members of the health care team in order to improve the quality of care for patients with COPD.

*Contact address:*

Hellquist, Birthe  
Aarhus University Hospital  
Noerrebrogade 44  
8000, Aarhus C,  
DENMARK  
+45 89492110,  
akh.grpols.bhe@aaa.dk

## Session D Psychiatry

### The Copenhagen model of early preventive intervention towards high - risk families

Author(s): **Lier, Lene**

Mentally ill mothers and their babies are at risk of pre- and perinatal complications, relapse of mother's mental illness, problems in the infant's stimulus regulation and mother-child relationship disturbances.

However, even mothers who usually are reluctant to accept help are motivated to receive psychotherapeutic and medical help when offered in pregnancy and early motherhood.

The principles for preventive intervention are early case finding and assessment of parental abilities and infant's vulnerability in order to establish early therapeutic support. This requires a confident alliance between the mother and few professionals, and a working model concerning transdisciplinary collaboration. In order to meet these demands the infant psychiatric-, the obstetric- and the psychiatric departments in Copenhagen collaborate to offer extended preamp postnatal care to mothers with mental problems and their infants.

Our results have underlined the importance of early preventive intervention. Pre- and perinatal complications have been reduced, and mothers in need of psychiatric treatment most often accept it. As for the infant psychiatric intervention it has been possible to obtain therapeutic contact with heavily strained mothers and their infants and to diagnose and treat early mother-child relationship disturbances. Serious developmental disturbances in the infants have been prevented through early therapeutic and pedagogical measures towards mother and child.

Contact address:

*Lier, Lene*

*Bispebjerg Hospital*

*Child and Adolescent Psychiatric Department*

*Bispebjerg Bakke 23*

*2400, Copenhagen NV,*

*DENMARK*

### An initiative to address the issue of suicide and para suicide for staff

Author(s): **Yore, Therese; Morgan, Karen; Lordan-Dunphy, Maria**

The National Task Force on suicide published a report in Ireland in 1998. It made a number of recommendations with regard to dealing with suicide across many sectors. It highlighted the need for training for healthcare staff to increase knowledge about suicide risk, manage personal reactions to suicide and develop awareness of the bereavement aspects of suicide. The Psychiatric team in this hospital completed a study of parasuicides presenting to the A&E department in 1999. There was a total of 369 parasuicides during the year. The majority being male and in the age group 20-24 years.

With the increasing incidence of suicide and parasuicide to the hospital A&E department, it was identified that there was a need to focus on developing staff skills in the area both at a personal and professional level. Dealing with these issues are very difficult for staff particularly in view of the many other stressful situations that A&E staff encounter on a regular basis.

This presentation will demonstrate how the hospital developed a project in the area using a multidisciplinary team. The project was developed through links with the Suicide Resource Officer in the local health board. This project is currently in the implementation stage and is due for completion in November 2001. Evaluation methods include the use of informal staff interviews, staff survey using questionnaires and developing audit tools to measure long-term effectiveness of interventions.

The presentation will outline the results of staff survey highlighting the areas where support was needed. It will also highlight some of the difficulties encountered whilst trying to deal with such an emotive issue.

The development of an appropriate training model will also be discussed. It is hoped that this training model will be transferred to other Irish hospitals when evaluation is complete. As well as improving staff skills in the area it is also planned to improve service delivery in this area.

Contact address:

*Yore, Therese*

*James Conolly Memorial Hospital*

*Blanchardstown*

*I - 15, Dublin,*

*IRELAND*

*00 353 8203563,*

*mariald@iol.ie*

## Implementation of health promotion aspects of the Austrian "Law of Health and Illness Care"

Author(s): **Bachmann, Reinhard**

In the year of 1997 was in Austria new law-"the Law of Health and Illness Care"-enacted. This shows that the new law implies the aspect of health promotion.

In the following presentation should the implementation of this aspect in Vienna generally and especially in the hospital "Sozialmedizinisches Zentrum Baumgartner Höhe / Psychiatric Center" be described.

Contact address:

Bachmann, Reinhard  
Sozialmedizinisches Zentrum Baumgartner Höhe  
Baumgartner Höhe 1  
1145, Vienna,  
AUSTRIA  
+43191060/11409,  
Reinhard.Bachmann@ows.magwien.gv.at

Session E

## Evidence based health promotion methods

### Developing personal skills to improve control over one's health determinants

Author(s): **Aujoulat, Isabelle; Deccache, Alain**

The Ottawa Charter defines health promotion as the process of enabling people to increase control over the determinants of health, and thereby to improve, their health. Five strategies were defined to achieve this goal, one of them being to develop personal skills through health education activities.

The concept of health promotion is also often subsumed as a combination of health education activities and health policy measures.

The presentation will provide for a synthesis of the main publications dedicated to the evaluation of health promotion activities, in an attempt to find operational criteria and indicators to measure if and how health promotion is successful in increasing people's control over the determinants of their health.

More specifically, the questions raised are : What personal skills are to be developed through health education activities in order to allow people to improve control over the determinants of their health ? How can these skills be developed and articulated to other priorities in curative settings ?

The author will then describe two projects out of her four-year-experience (1996-2000) as the co-ordinator of a health promotion unit at hospital to suggest how to improve the way to define and evaluate health promotion interventions at hospital, in order to have them capacity-building, at individual and collective level.

Contact address:

Aujoulat, Isabelle  
Université Catholique de Louvain  
Health Education Unit RESO - Ecole de santé publique  
Avenue Mounier 50  
B - 1200, Bruxelles,  
BELGIUM  
00.32.2.764.50.74,  
isabelle.aujoulat@reso.ucl.ac.be

### Measuring health promotion processes with data from patient questionnaires? Results from a quality project

Author(s): **Trummer, Ursula; Berger, Anna; Nowak, Peter**

The project "Quality in 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 for quality improvement in a benchmarking, intervention and evaluation process. Starting point is a setting approach according to the Ottawa Charter and the concept of Health Promoting Hospitals. Overarching aim of the three year project is the improvement of patient- and staff orientation, health gain and cost effectiveness.

Results of two model projects are presented: Model Project on Admission and Discharge Management and model project "Organisation of the Operation Room". In both model projects, patient orientation was analysed with questionnaires (developed in close co-operation with experts from the participating hospitals) with a focus on patient satisfaction.

Patient satisfaction was measured with patient questionnaires that follow the process from a patient's perspective. 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 and subjective wellbeing. Patient satisfaction with the hospital

stay and the subjective well being after discharge also is closely connected to the patients perspective on staff co-operation and to information and empowerment strategies during admission and discharge. 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.

The paper aims to discuss selected results from the patient surveys in regard to their relevance for the measurement of health promoting processes in hospitals.

*Contact address:*

Trummer, Ursula

Ludwig Boltzmann-Institute for Sociology of Health and Medicine

Universitaetsstrasse 7/2

1010, Vienna,

AUSTRIA

+43-1-4277-48290,

uschi.trummer@univie.ac.at

## Establishment of a national database for smoking cessation programmes in Denmark.

*Author(s): Fugleholm, Anne Mette; Evald, T.; Hiladakis, H; Juhl, HH*

The aim of the project is to help the providers of smoking cessation programmes in Denmark to collect data systematically and consistently in order to evaluate effectiveness and cost-effectiveness of different programmes on a local as well as a national scale.

### Target group:

Smoking cessation units offering standardised smoking cessation programmes with follow-up after 6 and 12 months are invited to participate. Hospital based units and units located outside hospitals are included. Participants in the smoking cessation programmes are patients as well as smokers without disease.

### Methods and implications:

Registration forms for baseline data, for follow-up data as well as for characterisation of the intervention given, have been developed. Smoking cessation programmes involving both individual and group counselling can be included in the database. The registration forms are scanned and registered in the central database. Every half-year the participating units receive a report on their own key data and key data for the national database. The report can serve as documentation of the local activities to financial supporters, as well as a benchmarking tool, comparing the unit's results from a given smoking cessation intervention with results from similar intervention nationwide.

The database can serve as documentation of the health promotion activities within the field of smoking cessation and can be used to estimate the cost-benefit of such initiatives on a national scale. The database is planned build into a national clinical database for continuous quality development of different smoking cessation programmes. Advantages and implications of a nationwide registration in this field are discussed.

*Contact address:*

Fugleholm, Anne Mette

Bispebjerg Hospital

Clinical Unit for Prevention and Health Promotion

Bispebjerg Bakke 23

2400, Copenhagen NV,

DENMARK

45 35316317,

amf01@bbh.hosp.dk

## Health Promotion by hospital physicians in South Africa

*Author(s): Peltzer, Karl*

This study was conducted among 100 randomly selected hospital physicians (72 male and 28 female) in the Northern Province of South Africa to determine their knowledge and attitudes regarding the promotion of healthy lifestyles. A validated interview-administered questionnaire was used for the participants.

Results indicated that most of the physicians (74%) had adequate knowledge, while only about half had reasonably positive attitudes. There were no differences regarding age and ethnic background. There was a general pessimism about compliance of patients to lifestyle advice. The relatively acceptable knowledge by the physicians was not translated into positive attitudes towards promotion of healthy lifestyle.

*Contact address:*

Peltzer, Karl

University of the North

Health Behaviour Research Unit

P/Bag X1106

0727, Sovenga,

SOUTH AFRICA

0027-15-2960937,

peltzerk@mweb.co.za

## A constructive perspective on role model theory in health promotion

Author(s): **Dahlager, Lisa**

The health staff's lifestyle is claimed to be an important instrument in changing the patients' lifestyles. It's argued that in order to send a clear signal to the patient and to maintain credibility there must be consistency between the staff's recommendations and their own personal lifestyle at the workplace.

Based on qualitative interviews I have found that this belief is not always recognized among the health staff. In contrast they claim that being not only a professional but also a private person at work is a crucial resource in order to be sensible to the patient, the patients' life situation and needs and to gain their trustworthiness.

We can recognize two different strategies at play here: to send clear signals and to connect wisely to the individual patient. I will argue that these contradictory strategies may not only undermine a successful health promoting practice. Furthermore recent studies indicate the value of working through people desires, aspirations, interests and beliefs in governing their health. This is not only a matter concerning the governing of the patients' health conduct but also that of the staff. The prevailing role model theory may prove problematic in securing the engagement of the health staff who is a most important resource in obtaining a successful health promoting practice at hospitals.

Contact address:

Dahlager, Lisa  
University of Copenhagen  
Institute of Public Health  
Blegdamsvej 3, building 42  
DK - 2200, Copenhagen N,  
DENMARK  
35 32 76 29,  
l.dahlager@puphealth.ku.dk

## The health promoting health service Framework - Developing an evidence base for settings based health

Author(s): **Kerr, Ann; Whitelaw, Sandy**

Settings based health promotion (schools, hospitals, workplaces etc) has become a prominent feature of efforts to promote health that recognise the significance of context. A review of the literature in this area indicates that many are:

- Translate discrete projects into wider 'settings' achievements

- Sustain settings activity over a significant period of time

The Health Promoting Health Service Framework, a project being developed by the Health Education Board for Scotland provides an opportunity to study the implementation of a settings approach to health promotion in a range of health service settings. The impact evaluation will look at the implementation and impact of the approach in 8 -10 sites across Scotland, from a ward, to an acute hospital, from a community pharmacy to a small rural hospital. Key themes that will be addressed are:

- Individual learning and development
- Organisational learning and development
- Impact on health behaviour

The presentation will discuss the literature, outline the development of the project and discuss the evaluation methodology.

Contact address:

Kerr, Ann  
Health Education Board for Scotland  
Woodburn House, Canaan Lane  
EH10 4SG, Edinburgh,  
SCOTLAND  
0131 536 5501,  
ann.kerr@hebs.scot.nhs.uk

## Cementing the evidence base - Building effective academic partnerships for health

Author(s): **Sengupta, Soumen; Southern, Gill; Paton, Kevin**

In order to ensure & demonstrate that their activities are founded on a robust evidence-base, members of the International Network of Health Promoting Hospitals are required to co-operate with an independent institution.

As an integral element of its "health promoting" evolution, South Tyneside Health Care NHS Trust has initiated a long-term relationship with the University of Sunderland. Each organisation has recognised that they have access to expertise, creativity & resources which, with greater communication & co-operation, could effectively generate tangible & mutual benefits.

To this end, the two organisations have taken the novel step of formalising their Health Promoting Trust relationship by jointly preparing & ratifying a Memorandum of Agreement between them. The primary purpose of this innovative document is provide a sustainable inter-organisational framework within which all joint activities can be effectively planned, undertaken, evaluated & disseminated in accordance with the

principles of corporate governance & the ethos of the International Network.

This presentation will outline the key areas that the Memorandum covers; the envisaged opportunities & challenges that its implementation presents; & the relevance & value of building such formal high-level academic relationships to support evidence-based practice within health promoting organisations.

*Contact address:*

*Sengupta, Soumen*  
*South Tyneside Health Care NHS Trust*  
*Health Promotion Centre*  
*Hospital Drive*  
*NE31 2TH, Hebburn, Tyne & Wear,*  
*UNITED KINGDOM*  
*0191 451 6616,*  
*soumen.sengupta@healthpromotion.demon.co.uk*

## Session F

### Life style related risk factors in surgery

#### How to apply HPH-principles in gastrointestinal surgery?

*Author(s): Karjalainen, Kerkko*

Our hospital is a public sector hospital responsible for gastrointestinal surgery for quarter of a million people. We have started the process of applying the HPH-principles in our hospital, including the gastrosurgical unit.

The aim of this presentation is to describe the difficulties and successes of this process.

Surgeons should accept the following general principle: the objective of gastrosurgical services is to give a maximal contribution to the health of the population with the available resources, by using gastroenterological knowledge and methods. Traditional surgical functions are developed according to the principles of evidence-based medicine, combined with an economic analysis.

Traditionally, average surgeons have shown little interest in prevention. During treatment periods in a hospital, patients are exceptionally receptive to health counselling concerning alcohol, diet and tobacco problems. Surgeons have a special influence on patients and we should not miss this cost-effective opportunity to contribute to health gain.

Cooperation with primary care in prevention, cancer screening and endoscopic services has a long tradition in our area and it has produced good results.

Education in health economics and quantitative knowledge of the relative importance of the different gi-diseases and their treatment options on the health of the population will improve our results.

*Contact address:*

*Karjalainen, Kerkko*  
*Central Hospital of Central Finland*  
*Keskussairaalantie 12*  
*40620, Jyväskylä,*  
*FINLAND*  
*+35814692929,*  
*kerkko.karjalainen@ksshp.fi*

### Alcohol abuse and postoperative mortality

*Author(s): Neuenschwander, Anders U.; Holst, Jesper; Tønnesen, Hanne*

#### Background:

Alcohol patients drinking at least five drinks per day have increased postoperative morbidity after several kinds of surgery.

#### Aim:

We have evaluated the mortality after major surgery.

#### Methods:

122 consecutive patients undergoing curative surgery for pulmonary cancer were included in a retrospective design.

#### Results:

Alcohol patients had significant increased postoperative mortality compared to other patients, 23.1% versus 2.5% ( $p=0.03$ ).

#### Conclusion:

Alcohol patients have about 10 times higher mortality after curative surgery for cancer.

*Contact address:*

*Neuenschwander, Anders U.*  
*Bispebjerg Hospital*  
*c/o Cedervangen 37*  
*3450, Allerød,*  
*DENMARK*  
*aun@kfumscout.dk*

## Preoperative smoking intervention

Author(s): **Moeller, Ann; Villebro, Nete**

### Background:

Smokers have an increased risk of postoperative complications, such as pulmonary, cardio-vascular and wound related complications. The preoperative period may be a well chosen time to apply smoking cessation interventions.

### Goal of study:

The goal of this study was to investigate patient motivation and compliance to a smoking intervention program.

### Methods:

One hundred and twenty patients were randomized to either smoking intervention or standard care 8 weeks before surgery. The smoking intervention offered the patients the choice either smoking cessation or a minimum 50 % smoking reduction. All patients had an introductory meeting with a project nurse. The smoking intervention group was offered additional meetings with smoking cessation counseling, as well as individualized nicotine replacement therapy. Compliance was biochemically validated by carbon monoxide in expiratory air and saliva cotinine. Patients were followed up 4 weeks after surgery.

### Results:

All patients were followed up. In the intervention group 38 (66%) patients stopped, 14 (24%) reduced at least 50%, and 6 (10%) patients continued smoking. In the control group 4 (7%) patient stopped smoking, 10 (19%) reduced at least 50%, and 46 (74%) continued smoking ( $p < 0,0001$ ).

### Conclusion:

The intervention program proved to be very effective. The preoperative period seems to be a well chosen time to implement a smoking cessation program.

#### Contact address:

Moeller, Ann  
Bispebjerg Hospital  
Bispebjerg Bakke 23  
2400, Copenhagen NV,  
DENMARK  
35313958,  
docamm@yahoo.com

# Friday, May 18

## Oral Presentations

### Plenary 4

## Social inequality

### Social inequalities in health - implications for health promoting hospitals

Author(s): **Diderichsen, Finn**

Recent developments in national health policies, like the one observed in Sweden, have set up targets in terms of determinants of health rather than health outcomes. Determinants are prioritized based on their relative importance for the occurrence, distribution and consequences of ill health and but independently of what sector is responsible for intervention against them.

Growing scientific understanding of the mechanisms generating social inequalities in health have provided a clearer picture of the potential role of the health care sector including health promoting hospitals. Their interface with susceptible groups in the population creates a possibilities to intervene on the adverse effects across socioeconomic groups of differential exposure and differential susceptibility to health determinants and the long term follow up of patients including rehabilitation plays a crucial role for the effects on disease burden of differential consequences of illness. Even when the determinants are related to other sectors such working life or social and physical environment health care contribute through its potential role on patients susceptibility.

#### Contact address:

Diderichsen, Finn  
Dept. of Public Health Sciences  
Karolinska Institutet  
17176, Stockholm,  
SWEDEN  
finn.diderichsen@phs.ki.se

*Parallel Sessions 2***Models of good practice and their implementation***Session G***Smoke free hospitals****A total tobacco policy***Author(s): Morris, Denise*

Smoking remains the greatest preventable cause of disease and early death in England, and one of the greatest causes of the health divide between rich and poor. A third of children in the UK live with one adult smoker, but among low income families the figure is 57%.

A recent review by the US Surgeon General suggested that a successful smoking strategy should promote quitting, (not cutting down), for adults and young people, reduce exposure to environmental tobacco smoke, and create a social environment that is supportive of non smoking/smoking cessation activities.

Following two years of consultation and planning, Preston Acute NHS Trust implemented a total ban on tobacco use within its two hospitals. The needs of the patients, staff and the organisation as a whole were paramount throughout the project.

The provision of free Nicotine Replacement therapy (NRT) for staff (for a limited period), NRT on prescription for inpatients (where appropriate), and the introduction of a concierge at the main hospital entrance are all developments arising from participant discussions. Nearly one year on from the date of implementation (01.04.00) evaluation of the project has indicated some significant success.

This presentation will examine all the relevant issues throughout the process, the transition from 'smoke for all' to 'tobacco free'!!

*Contact address:**Morris, Denise**Royal Preston Hospital**Preston Acute Hospitals NHS Trust**Sharoe Green Lane, Fulwood**PR2 4HT, Preston,**UNITED KINGDOM**+44 1772 710726, - Denise.Morris@patr.nhs.uk***Smoke free hospital - definition and a strategy for implementation***Author(s): Bendix, Ane Friis***Name of authors:**

Ane Friis Bendix, MD and 39 health care professionals representing 25 Danish HPH hospitals.

**Background:**

Many hospitals are in the process of creating a smokeless/smoke free environment where smoking is not allowed for staff and/or patients and relatives. But when is a hospital to be called smoke free? What strategy may be used for implementation and how can one assure that the effort is effective?

The aim of this work was to create a simple model for definition and a useful strategy for implementation of a smoke free hospital.

**Design:**

A group of health care professionals from 25 hospitals in the Danish HPH network have together developed a model including a well-defined stepwise progress towards a total smoke free hospital for staff, patients and relatives.

The model includes four steps and an 'on-our-way'-step. The basic criteria for a hospital to be smoke free is that the staff do not smoke while on work.

The group also developed a strategy for implementation of smoke free hospital. The strategy describes three important phases that are advised to go through to secure a successful implementation: Decision phase, planning phase and implementation phase

**Conclusion:**

This work is an excellent example of a network corporation between several HPH hospitals. It shows that it is possible in collaboration to create materials to be used in hospitals of different sizes and with different organizations. Time will show the usefulness of the staff.

*Contact address:**Bendix, Ane Friis**Bispebjerg Hospital**Unit for Preventive Medicine and Health Promotion**Bispebjerg Bakke 23**2400, Copenhagen**DENMARK**35 31 63 17,**afb01@bbh.hosp.dk*

## Non-smoking hospitals

Author(s): **Mäkinen, Päivi**

The non-smoking hospital project was put into practice in the Central Finland Health Care District in the year 1998-1999. The purpose was to involve all the hospitals of the district in the non-smoking project, and a smoking policy was formulated as a supportive measure. The management group of the health care district set up a work group to handle the realization and the supervision of the program.

The main goal of this program is to declare all the hospitals in the health care district smoke-free by the year 2005. The following aims are included in the program. The duty of the personell is to find out the smoking habits of all patients and to support them in giving up the smoking habit. Initially, smoking rooms in the hospitals are limited to only those patients who cannot refrain from smoking while in the hospital. The aim is, however, to close the smoking rooms. Selling tobacco products in the cafeteria was discontinued in the Central Hospital and in the Kinkomaa Hospital by the end of 1999, as projected. The superiors must discuss the issue of smoking with personell before they are elected for office. The personell and the students are encouraged to stop smoking or at least to refrain from smoking while at work. The occupational health service provides inexpensive nicotine replacement therapy and other kinds of support for those wishing to give up smoking. In the hospital area, smoking is arranged so that it does not disturb the customers, patients, visitors or personell. Therefore, smoking shelters have been built outside the hospitals.

The hospitals of the health care district have established a network of persons who take care of non-smokers. The network consists of 23 nurses or employees from different departments who work as experts in questions of smoking and giving up smoking. Their task is to encourage the patients and the personell. Everyone is supposed to make a material file that is also available for other network members to use in their non-smoking counselling. The group meets as needed, at least a few times a year.

Contact address:

**Mäkinen, Päivi**

Central Hospital of Central Finland

Keskuairaalantie 19

40620, Jyväskylä,

FINLAND

+358 14 692 719,

paivi.makinen@kshp.fi

## How do smoking habits influence smoking-related knowledge, attitude and counselling among hospital staff?

Author(s): **Willaing, Ingrid**

### Introduction:

Smoking-related knowledge, attitudes and health behaviour of hospital staff is expected to have substantial impact on the attitudes and smoking habits of the patients.

### Objectives:

To analyse associations between individual smoking habits and

- 1) knowledge of the health consequences of smoking
- 2) attitude toward preventive practices related to life style
- 3) smoking related counselling practices and
- 4) attitude toward smoking policies in the hospital.

### Material and Methods:

A cross sectional study was conducted at a smaller Danish hospital (Frederikssund Hospital). 445 of 487 employees (91%) from all professional groups returned a questionnaire. Data was analysed by means of descriptive and multivariate statistics.

### Results:

Smokers systematically underestimate the health consequences of smoking and passive smoking. Ex- and never-smokers possess more active attitudes toward counselling on changing life style and more restrictive attitudes toward smoking policies. Ex- and never-smokers significantly more often than smokers counsel patients on smoking-related issues. A considerable part of the staff lack self-efficacy related to smoking cessation counselling.

### Conclusion:

The results indicate that smoking as well as never-smoking among hospital staff is a barrier for qualified participation in preventive services related to smoking. Professional smoking cessation advice available to the staff and improvement of qualifications of the staff are important possibilities of reducing this barrier.

Contact address:

**Willaing, Ingrid**

Copenhagen County Hospital, Glostrup

Centre for Preventive Medicine

Nordre Ringvej 57

2600, Glostrup,

DENMARK

43233283,

inwi@glostruphosp.kbhamt.dk

## A collaborative smoking cessation project

Author(s): **Bowman, Anne; Lynch, Kerry**

The smoking cessation project involved the employment of the smoking cessation team from both primary and secondary care setting. The project involves collaboration between Northumberland Health Authority and Northumbria Healthcare NHS and four Primary Care Groups.

The remit was to establish a patient smoking cessation programme throughout Northumberland. This involved creating links between the smoking cessation intermediate advisors in the hospital and the community. Previous practice involved patients smoking habits being assessed on admission with no further medical or nursing interventions documented.

The majority of specialties are involved, a nursing protocol has been developed.

Patients who smoked cigarettes are identified; their motivation to quit is assessed and documented. Motivated patients are then identified to their primary care team after discharge from hospital and are given a smoking cessation information pack.

The infrastructure provides the prompts and reminders to encourage staff to identify and assess smoking patients. The information pack, the smoking cessation infrastructure and the quit rate from brief advice have all been audited and have demonstrated the success of this project.

Contact address:

*Bowman, Anne*

*Ashington Hospital*

*Ashington*

*NE63 0SA, Northumberland,*

*UNITED KINGDOM*

*01670 562160,*

*kerry.lynch@northumberland-haz.org.uk*

## Improving smoking cessation for hospital staff

Author(s): **Dobos, Gustav; Michalsen, Andreas; Deuse, Ullrich; Richarz, B.**

Mortality and morbidity due to smoking is still one of the major global health care problems. Despite the increasing propagation of smoking cessation strategies smoking in hospital staff is common and contributing to a negative role model. With this background we initiated a smoking cessation action plan for our hospital staff by means of a controlled non-randomised study which compared 2 different approaches

for smoking cessation. Out of 345 members of the hospital staff 296 revealed their smoking status in an initial screening. 140 (47,3%) persons were current smokers and 156 (52,7%) non-smokers. Of the 140 current smokers 117 subjects were motivated to smoking cessation and with informed consent included in the intervention study. Subjects in group 1 (n=65) received a conventional smoking cessation program with individual counselling, written material to reinforce information and individual nicotine replacement therapy with transdermal patches, chewing gum and nasal spray. Patients in group 2 (n=52) participated additionally in a 8-week Mindfulness Based Stress Reduction training (MBSR), according to the Massachusetts Stress Reduction Clinic. Abstinence rates were 53,6 % in group 1 and 75,5% in group 2 (MBSR) after 6 weeks and 33,9% vs. 46,9% after 12 weeks. A further 51,6% (group1) and 42,8% (group 2) could reduce their cigarette consume. Only 14,5% vs. 10,2 % of the hospital staff smoked the same amount cigarettes after 12 weeks.

Overall the program was well accepted and safe. Our data show that smoking cessation in the hospital can be effectively supported by suitable techniques and further increased by a structured stress reduction training.

Contact address:

*Dobos, Gustav*

*Kliniken Essen-Mitte*

*Am Deimelsberg 34A*

*45276, Essen,*

*GERMANY*

*++49.201-8054005,*

*gustav.dobos@uni-essen.de*

## Session H

### Health education programmes - patients, staff, citizens

### Enhancing life-long learning for health – the South Tyneside Health Promoting Trust Community Learning Centre

Author(s): **Dickson, Viv; Sengupta, Soumen**

It is widely acknowledged that all communities can benefit from widening access to both evidence-based health information and broader educational opportunities; and that facilitating either of these can have positive public health effects. As a member of the WHO's International Network of Health Promoting Hospitals, South Tyneside Health Care NHS Trust has established an community learning centre within its main

hospital premises. This innovative Centre has been developed in partnership with South Tyneside College with the assistance of the European Social Fund. Aimed at providing a readily accessible computer facility that promotes and supports life-long learning amongst those who live and work within South Tyneside, its key objectives are to provide:

1. Learner support for both "drop-in"; activities and more structured learning programmes.
2. Public access to reliable sources of health education and information.

The paper will briefly detail how both of these distinct objectives are intended to be achieved, and then attempt to stimulate a wider discussion regarding:

1. The appropriateness of hospitals seeking to address broader public health issues that are not directly related to health care provision.
2. The consequences of widening access to health information for patients and the implications for health professionals.

*Contact address:*

*Dickson, Viv*  
*South Tyneside Health Care NHS Trust*  
*Harton Lane*  
*NE34 0PL, South Shields,*  
*UNITED KINGDOM*  
*0191 202 2160,*  
*viv.dickson@eem.sthct.northy.nhs.uk*

## Health class

*Author(s): Jensen, Egon*

Instruction about health promotion in a school class for children approximately 14 years of age. The instruction focuses on different bodily functions and reasons for lifestyle diseases of these organsystems.

Health class is a pilot project between a local school and the hospital. There are 8 health lessons planned for a 7th. grade class. The hospital provides their professional health staff as teachers, and the school is responsible for the educational content.

Every 2-hour lesson contains a presentation of a specific organ system with a connection to issues of lifestyles that affect the specific organ system in a positive or negative direction. With every presentation of an organ system there is a practical exercise.

The starting point of each lesson is biological, but also with a focus on the consequence of their own behaviour.

Health class in elementary school is a visionary project, where the skills of health care professionals come to use in a health promoting fashion outside the hospital setting.

### Conclusion:

The students evaluated the project after a six month period. The conclusion was, that it is important to have a coordinating figure throughout the classes. The lessons with health care teachers from outside the school have some effect. One of the classes made, after the project ended, rules for not smoking among the students in the class.

*Contact address:*

*Jensen, Egon*  
*Grenaa Centralsygehus*  
*Sygehusvej 6*  
*8500, Grenaa,*  
*DENMARK*

## "Taking Control" - a course for individuals who have received a new diagnosis of multiple sclerosis

*Author(s): Dunk, Jill Helen; Burgess, Megan; Brechin, Melissa; Embray, Nikki*

'Taking Control' is a course that has been designed for individuals who have received a new diagnosis of Multiple Sclerosis. It has been written by a group of MS specialist nurses in the North- West of England that recognised a structured programme was required. A literature search was performed prior to writing the programme. It became evident that the pack should be flexible, comprehensive and evidence based.

The course provides a structured education and health promotion programme. There are four core modules in the course and two optional ones. It is up to the facilitator to determine which combination of modules will meet the individual needs of a particular group.

The modules include the following topics:

1. MS: An overview
2. Symptom management in MS
3. Disease modifying Therapies in MS.
4. Taking Control (self help).
5. Complementary Therapies
6. Bladder, Bowel and Sexual Dysfunction.

The courses will be a flexible resource for individuals with MS. The patient evaluation questionnaires PRE and POST course will examine illness related anxiety and an increase in knowledge and understanding of MS. It is hoped the patient questionnaires will demonstrate a decrease in illness related

anxiety and an increase knowledge of MS.

*Contact address:*

*Dunk, Jill Helen*

*Royal Preston Acute Hospital NHS Trust*

*Sharoe Green Lane, Fulwood*

*GB - PR2 9HT, Preston, Lancashire,*

*UNITED KINGDOM*

*01772 710076,*

*dunkers@callnetuk.com*

## **Is it possible to teach people with chronic diseases how to handle their physical illness/disability, and that they thereby will experience enhanced self-management and increased quality of life?**

*Author(s): Billinger Lundberg, Birgitta*

Will this also gain an overgrown public health service regarding its use of resources?

Yes, this is possible, as demonstrated in a randomized trial from Stanford University, California, USA. The trial was based on a community-based patient self-management education course. Three principal assumptions underlie this course:

1. Patients with different chronic diseases have similar self-management problems and disease-related tasks.
2. Patients can learn to take responsibility for the day-to-day management of their disease(s).
3. Confident, knowledgeable patients practicing self-management will experience improved health status and will utilize fewer health care resources.

The program is developed at the Division of Family and Community Medicine in the Department of Medicine at Stanford University. The course spanning over 6 weeks with 2,5 hours a week was carried out in group settings, and participants were people with different chronic diseases and their family members. The report concluded that this program was feasible and beneficial beyond usual care in terms of improved health behaviors and health status. It also resulted in fewer hospitalizations and days of hospitalization. This unique result which proves that it is possible to measure health gain, both by experience, self-management and costs, is a victory for the secondary prevention work, and the work to achieve empowerment for people with chronic diseases and their family members.

At Østfold County Hospital, we have introduced this program in our county. We train leaders and continue the study from USA on self-reported health from the course participants. We

hope to demonstrate the same good results here in Norway.

The education is based on a cognitive approach, a theory which focuses on human understanding, thoughts and memory. We aim at enhancing the individual self-efficacy, this could be described as to what extent the individual believes he or she could reach a goal.

The education process of the program is interactive, as the participants own thoughts and experiences form the basis of the group process. The two leaders, one or both of whom have a chronic health condition themselves, act more as facilitators and role models than as lecturers. The methods of the program are for instance action plans, goal setting, problem solving, redefinition, repetition, helping others – in other words - learning strategies to become a better self-manager.

*Contact address:*

*Billinger Lundberg, Birgitta*

*Østfold County Hospital*

*Project Patient Education and Information*

*PO 1016*

*N -1603, Frederikstad,*

*NORWAY*

*+4769393019,*

*bir-lund@frisurf.no*

## **One step further**

*Author(s): Boegelund, Susanne*

The Life Style Center is an offer to adult persons with cardiac diseases, chronic obstructive lung disease, diabetes, osteoporosis, heavily overweighted persons and parents to overweight children. The patients are referred to the Life Style Center by a general practitioner.

The purpose of the stay is that the patients achieve major competence through reflection on practice and knowledge of the facts between life style and health and are getting better to take care of and cope with their own health. To benefit from the stay, the patients must have both physical and psychological energy to participate active in theoretical as well as practical instructions. Communication and the motivated dialog are both important tools in mediation.

The courses are rehabilitation courses duration of 4, 4 and 1 days and nights with 3 months interval. The instruction is group education and adjusted to the target group. The subjects are wellbeing, nutrition, exercise and health/illness. Important ingredients in the course is being together and experiencing humor and dialogue. It is learning by trying to do it".

The day is occupied with activities the patients have to be prepared to transform knowledge into practical instructions. The patient's motivation and own effort is decisive for the benefit of the courses. Relatives are requested to participate so they are able to support each other in the changes, they will carry out at home.

The staff as a team consists of a dietician, a physiotherapist, a secretary, a nurse and a doctor.

The evaluation takes place in cooperation with the National Institute of Public Health. It is a comprehensive evaluation design in the form and process and result evaluation.

*Contact address:*

Boegelund, Susanne  
Braedstrup Sygehus  
Livsstilscentret  
Sygehusvej  
8740, Braedstrup,  
DENMARK  
79 59 11 24, Liv@bs.vejleamt.dk

## A snapshot of workplace health

*Author(s): Cobb, Jaqueline Susan*

**Aims:**

1. Raise awareness of current workplace health issues.
2. Engage local practitioners in exploring common approaches to tackling workplace health across a number of health promoting settings.

**Objectives:**

1. Facilitate a series of workshops, bringing together practitioners from hospitals, health authorities, schools and prisons.
2. Discuss three key areas of Health at Work, Occupational Health and Staff Support.
3. Provide a forum through which to share good practice
4. Offer networking opportunities across the settings, encouraging establishment of support mechanisms for practitioners in the fields of workplace health.
5. Produce and disseminate a findings report and inform local practitioners.

**Results:**

1. Regional settings workshops held
2. Evaluation of events proved positive
3. Networking established and local support mechanisms strengthened.

**Conclusions:**

The existence of a number of factors would appear to contribute towards effective workplace health programmes across

the settings explored. Health Promoting Hospitals with its firm emphasis on staff health has much to offer in developing models of positive employment practice.

**Recommendations include:**

1. Identify future opportunities for shared learning through regional/local events, placements/secondments across sectors
2. Wider involvement with multi sector network e.g. HPH
3. Consider impact on staff health of future policy development/implementation
4. Celebrate good practice
5. Acknowledge staff's contribution to effective service delivery

*Contact address:*

Cobb, Jaqueline Susan  
Birmingham Children's Hospital NHS Trust  
Personnel Department  
Ladywood House, Whittall Street  
GB - B4 6NL, Birmingham,  
UNITED KINGDOM  
+44/1213338350,  
jackie.cobb@bhamchildrens.wmids.nhs.uk

## Empowering laboratory staff with the clerical skills to implement quality initiatives for accreditation to ISO Standards.

*Author(s): Breen, Ann*

Implementation of an initiative to provide Laboratory Accreditation to ISO Standards.

**Rationale:**

Currently our laboratory is aiming for Accreditation to ISO Standards. One of the major requirements for the task is clerical expertise.

**Aim:**

Clearly there would be enormous benefits to the individual in terms of boosting self-esteem and gaining satisfaction in being able to do their own clerical tasks speedily and efficiently. My overall aim was to encourage all members of staff irrespective of age and skills background to participate.

**Method:**

I approached our Accreditation Co-ordinator with a proposal to set up in house training in ECDL skills (European Computer Drivers Licence) with Examination in each module. I asked that as many staff as wished to participate would be facilitated over a range of different course times to suit work schedules.

**Results:**

The response was overwhelming as over 90% of laboratory staff, in all 70 members are partaking in training. They range in age from early 20's to 60 years of age and with computer skills ranging from none to moderate.

Currently the initiative has expanded to include other areas of the Hospital.

**Evaluation:**

It was definitely a worthwhile task.

The laboratory has gained enormously.

The convenience to staff and management of on site training was much appreciated.

Other innovative tasks have evolved e.g. setting up a database for Myeloma (Cancer) patients.

**Conclusion:**

The buzz and sharing of information while training is in progress has helped to unite people and give them a common bond.

It has aided creation of a Healthy working environment and is a useful pilot initiative for other Healthcare Institutions to emulate.

It has created unity not only among Lab staff in the hospital but also among other areas who have joined our initiative in gaining the skills together.

In a large Healthcare Institution this fostering of interdependent working relations helps to prevent segregation and isolation of individual groups. It ultimately leads to unity of purpose and vision and will lead not only to better working environments but better care for the users of our services in the long run when we all unite in a common bond of purpose and friendship.

*Contact address:*

*Breen, Ann*

*Mid-Western Regional Hospital*

*Dooradoyle, Limerick*

*061, Limerick,*

*IRELAND*

*bboyce@mwhb.ie*

**Diet and health training courses for hospital workers/staff**

*Author(s): Lauro, Vanda; Simonetta, Bianchi*

**Subject:**

The widening of staff knowledge on nutrition (Doctors, obstetrics, nurses) in order to improve personal health and consequently the ability to inform patients

Method: 4 courses organised at the hospital (eight hours each) in order to:

- analyse main nutrients;
- elaborate the concepts of quantity (too much, not enough...), foods which are essential unnecessary, harmful to health, through group work;
- plan special diets for pregnant women, patients suffering from hypertension, gastric complaints.

**Participants were given:**

- two questionnaires (at beginning/end) to evaluate increase in knowledge;
- a questionnaire, one year after the course had finished on nutritional changes introduced and variations in the state of health.

**Results:**

76 health workers took part in the course. An increase in awareness and knowledge was documented. The questionnaires highlighted the following, on the state of health and diet changes (35 forms were given in):

- of the 95 complaints reported at the beginning of the course (headaches, weight gain, gastric complaints and intestinal bloating) 49 were reduced, 22 had disappeared, 21 unchanged and only 3 had deteriorated,
- the greatest increase was in fibre intake, followed by vegetable proteins and starches with a decrease in other nutrients, above all animal fats and simple sugars.

*Contact address:*

*Lauro, Vanda*

*"Oglio Po" Hospital*

*V. Staffolo 51*

*26040, Casalmaggiore,*

*ITALY*

## Session I

**Hospital staff and stress****Stress among hospital staff - some theoretical considerations***Author(s): Söderfeldt, Marie*

Work in hospitals is an instance of human service work. Such work implies specific kinds of stressors due to the nature of the work, primarily with emotionally taxing situations. The objective here is to present the theory of human service organizations and to analyze its consequences for models of work conditions. According to Yeheskel Hasenfeld (1983), human service organizations are defined as "...that set of organizations whose principal function is to protect, maintain, or enhance the personal well-being of individuals by defining, shaping, or altering their personal attributes..." (p.1). This characterization applies to many organizations, such as schools, prisons, social service agencies, but of course also to hospitals. The essential characteristic is that the work itself consists of a relation to another human being, thus rendering a moral content in the work. Traditional models of work, like the demand-control model, have to be adjusted in order to capture the specificity of human services. Demands in human services consist not only of quantitative work load, but also, and perhaps primarily, of emotional demands due to the nature of the work. Concerning control in human service work, one important aspect is outcome control, i.e. the extent to which a human service worker can see results of his/her own work. Further, "burnout" is, at least in the traditional view, regarded to be a specific adverse outcome of human service work. In the presentation, different interpretations of demand and control will be discussed in relation to "burnout".

Hasenfeld, Y. (1983). Human Service Organizations. Englewood Cliffs: Prentice Hall.

Contact address:

Söderfeldt, Marie

National Institute of Occupational Health

DENMARK

**A collaborative project: Hospital personnel overcome stress***Author(s): Undritz, Nils***Introduction:**

The Swiss Network actively pursues the philosophy that the initial targeted public of the hospital, the Health Promoting Hospital, should be co-workers and employees. Only when you yourself are convinced by the statement, "I heal myself in order to better heal others" can you effectively convince others, that is, patients, relatives and the general population, about health promotion.

That is the reason that we sought a collaborative program where the focus was on employees, and this is clearly and unanimously the case with stress. With this joint project, we strove to enhance the engagement of members in the Network and to arrive at meaningful results by working together. Indeed, many heads are better than one.

**Procedure:**

We came to the conclusion that we didn't want to find out about the stress factors that were present in the various participating organizations in the usual way, that is, by using a standard questionnaire, but rather, we strove to get a deeper sense of the situation by forming so-called Focus Groups. In this case, Focus Groups were defined as interdisciplinary groups from the various professions, e.g., doctors, management, nursing, all the employees who dealt with patients, even including the reception personnel. Representatives from all of these professions were to collaborate, and there was to be a total of 8-12 people, not more, in each group. The sessions were to last between 1.5 - 2 hours. A moderator was appointed with a background function of ensuring that the discussion flowed, and made sure no one dominated the conversation or rambled on.

The work was conducted by the two University Psychiatric Clinics that are active in our network. They have very specialized experience in Focus Groups. It is most pleasing to us that psychiatry can contribute something in this area to the acute hospital environment. After the Focus Groups met, there were about two per participating hospital - then psychology students, who had already participated in the Focus Groups as meeting secretaries, made a written evaluation using a tape recorder. This report was then sent to a common site, specifically to the Psychiatry Clinic in Geneva. This clinic carries out a total, overall evaluation, which was then returned to the task force.

The task force then decided how the stress program should be set up, and how those stress factors that we were able to define and categorize within the Focus Groups should be considered. We sought to accomplish this in collaboration with experts.

**Conclusion:**

Worldwide, there are already thousands of studies available, usually based on questionnaires, dealing with possible stress factors within the hospital organization. But there are very few intervention programs that have been evaluated. The evaluation will play a critical role in our intervention program. We are pleased to have the support of the Swiss Foundation for Health Promotion, which will provide us with a professional evaluation.

At the Congress, we will present the results from the Focus Groups as well as the initial possibilities that are available for an intervention program.

*Contact address:*

*Undritz, Nils*

*Health Promoting Hospitals of Switzerland*

*Weidweg 14*

*CH-5034, Suhr,*

*SWITZERLAND*

*++41 (0)62 836 20 35,*

*office@undritz.ch*

## **Risk profile of employees in a hospital setting the Lugano (ch) experience**

*Author(s): Conti, Marco; Bernasconi, Enos; Barazzoni, Fabrizio; Poloni, Christina*

The Wellness program for employees of the Lugano Regional Hospital started in March 2000 with the assessment of 945 eligible employees. Aim of the project is the evaluation of the risk profile of the employees and to develop a set of health related services targeted on real needs. The evaluation was made using a structured questionnaire (HRA) developed with the Stanford University plus biometrics measurements.

Participation rate was 72,5% The weight of the risk factors that contribute to preventable deaths in the group is: smoking 32%, lack of exercise 27%, high total cholesterol 13%, low HDL cholesterol 10%, high blood pressure 6%, alcohol intake and lack of mammograms 4%.

The preventable deaths by disease category is heart attack and stroke for the 70%, lung cancer and pulmonary disease for 15%, other cancer for 7%, accidents and cirrhosis of the liver for the 4%. Next June the participants will be tested to control if the intervention had any effect.

*Contact address:*

*Conti, Marco*

*Lugano Regional Hospital*

*Via priata Maraini 35*

*6900, Lugano,  
SWITZERLAND  
0041 91 8056280,  
maconti@timet.ch*

## **An intervention project to prevent stress among nurses with shift work**

*Author(s): Bøggild, Henrik; Jeppesen, Hans Jeppe*

Shift work can induce stress and raise the risk of heart disease. It is unavoidable in hospitals, but shift scheduling influence the well-being of the shift workers.

The NARFE-II project intended to change work schedules according to ergonomic principles. Possibilities for change were examined at six hospital wards using a participatory intervention model, PARIM, to guide the process. Working groups arranged for discussion and developed principles for scheduling. Introduction of the principles was agreed upon at ward meetings, and four of the six wards used one or more of the following principles: Maximum 3-4 consecutive night shifts with an extra day off after the last shift, a reduction from three shift types (day, evening and night) to two (day-evening or day-night), higher degree of regularity and predictability while retaining some flexibility, and minimizing weekend work.

All six wards and four outpatient clinics participated in evaluating the controlled intervention. Questionnaires and blood samples measuring markers of heart disease and chronic stress were collected before and 6-8 months after implementation of the principles.

Especially having only two shift types and higher degree of regularity and predictability were rated as positive.

Markers for heart disease and stress changed 8-15% towards more favourable levels in the intervention group.

Introduction of ergonomic principles in shift scheduling is feasible and can lead to reduced risk factors for heart disease.

*Contact address:*

*Bøggild, Henrik*

*Aalborg Regional Hospital*

*Department of Occupational Medicine*

*Hobrovej, po. box 365*

*9200, Aalborg,*

*DENMARK*

## Psychological distress in the staff of onco-haematological wards

Author(s): **Resegotti, Luigi; Bajardi, Sante; Zaina, Piero**

Psychologic distress of the staff is a major problem in onco-haematological wards, where young people suffering from blood malignancies, especially acute leukemia, are treated, as hospital staff, especially nurses, become deeply involved and the death of a well known, beloved mate of the same age is felt as a personal loss that eventually results in depression.

Two strategies for facing this problem were compared at the Haematological department of the S.Giovanni Regional Hospital of Torino (Italy) in which some 50 new cases of acute leukemia and 100 of lymphomas are treated every year, namely the psychological support to doctors and nurses and the promotion of task forces including staff and patients, in which everybody considered himself as partner in a difficult fight in which some losses are unavoidable, but that eventually results in the great success of overcoming a life threatening disease.

The second approach proved much more effective reducing the percent of requests of transfer to other wards from 30% to 10% per year and almost abolishing the absences from work due to overstress. The staff became more self confident and optimistic and ready to provide stronger support to next patients.

Contact address:

**Resegotti, Luigi**

*Molinette Reg.I Hospital of Torino, Cipes Piemonte*

*Department of Haematology*

*Largo Cibrario 10*

*I - 10144, Torino,*

*ITALY*

*+39 011 4310766,*

*cipea@arpnet.it*

Session J

## Health Promoting Hospitals in their communities

### The hospital's place in a health improvement policy: Values and commitments

Author(s): **Rubertini, Curcio; Iemmi, Marina; Sircana, Luca**

A new Health Promotion Policy at National and Regional level in Italy look to the hospital as a "Health Oriented organization".

Traditionally, in Italy the hospitals was playing a role as the health services' providers, but today the challenge concern the our contribution in term of "health provision".

Emilia-Romagna is a traditionally civic-minded region, as shown by R.Putnam in his essay "Making Democracy Work" and by "The Economist" over the years. It's distinguished by a strong sense of responsibility marked by community activities in local planning.

The case of the Reggio-Emilia's hospital concern a community-oriented process, finalized to improve the coherence between the professional and managerial practice in the hospital and the values expressed by the community, who is responsible on the financing and monitoring the hospital's results.

A "Charter of Values and Commitments", which represent an explicit engagement for our hospital, was made by the comparison and the exchange between our professionals and the most important actors from the social environment.

The active involvement of a large number of people and organizations, the reinforcement of existing alliances and the creation of new ones are necessary for the Health Promotion Policy to be put into action and to succeed.

Contact address:

**Rubertini, Curcio**

*Santa Maria Nuova Hospital*

*15, via Sani*

*42100, Emilia,*

*ITALY*

*0039.0522.296843,*

*curcio.barbara@asmn.re.it*

## Healthy Kainuu - The Role of Kainuu Central Hospital in coordinating as a regional health promoting program

Author(s): **Reinikka, Matti; Karpakka, Jarmo**

The province of Kainuu consists of ten municipalities with an total area of 224.500 square kilometers (two or third of the area of Belgium). The population is 90.000, therefore the density of population is only 3,8 per square kilometer. The city of Kajaani has a population over 36,500. The other municipalities are considerably smaller. The Central Hospital of Kainuu provides the secondary health care in the province.

Healthy Kainuu-project was launched in 1996 as a provincial health promotion project and is based on the national health promotion programme entitled "Health for All in 2000". The second phase of the program was launched in 2000.

The first phase included:

- Limits are for love (preventing the use of drug and alcohol among children and adolescents)
- Healthy Nutrition - (Middle aged men, especially targeted at hunters)
- Health enhancing physical activity (promotion of daily physical activities especially among middle-aged population)

The second phase will include:

The continuation of the projects from the first phase  
Creation of municipal health strategies for local decision making  
Dental health (a study to optimize resources in dental care with emphasis on preventive work)

Provincial cooperation has been seen beneficial because a single municipality is too small to act on its own. Synergistic benefits are gained by combining the resources and through coordination of the Kainuu Central Hospital.

The different medical specialities and the authority of the central hospital are also at the programs disposal. Using the experience of the central hospital in health promotion, the program is based on analyzed information and evidence based actions are implemented. New networks between primary and social care professionals and third sector non-profit organizations are formed constantly.

Contact address:

Reinikka, Matti  
The Central Hospital of Kainuu  
Sotkamontie 13  
87140, Kajaani,  
FINLAND  
358-8-6156005,  
matti.reinikka@kass.fi

## Health Promoting Hospitals: Wave of the future in communities „Ripple Effect“

Author(s): **Mavor, Ted**

Hospitals can't change their past, but they can change their future. Entering this new century hospitals will experience many changes: social, environment and economic. These get the attention of the hospital's CEO, Board and community members.

To meet some of these changes and challenges, hospitals must chart new directions. Waves of the Future will not be a simple sequence of steps. It will offer hospitals and their communities opportunities to work, create, lead and participate together - to promote well-being and a healthy community. However, many "shoals" are in the way - the appeal of new information, competing lobbying groups, "shiny new things" - which enchant and excite, drawing leaders away from those things that are more mundane and basic, like health promotion.

The challenge requires getting people to pause long enough to observe the way waves behave. This requires a view beyond the walls and scope of the hospital - the whole person, the whole community.

The health promotion wave at Grand River Hospital, Kitchener, Canada - a case study - will highlight the incubation of partnerships and initiatives with a positive ripple effect:

- benefits of a culture that believes in health promotion
- helping the hospital connect to the community
- helping the hospital act as a good corporate citizen
- how it aligns with stated hospital values and behaviours
- using community competitive spirit
- realization we are not progressive - in fact going backwards
- taking incremental winnable steps

This has been an opportunity to become partners in health with the community.

Contact address:

Mavor, Ted  
Grand River Hospital  
PO Box 9056  
N2G 1G3, Kitchener, Ontario,  
CANADA  
519-749-4255,  
ted\_mavor@grhosp.on.ca

## Volunteers Networking Group, Mullingar with emphasis on the project Senior Help Line Mullingar

Author(s): **Congan, Finola; Feeney, Margaret**

This project was established during IYOP (International Year of Older Persons) Committee in 1999. The Mullingar & District IYOP comprises of representatives from local voluntary and statutory services with a focus on elderly persons. Projects were developed to address the social personal needs of persons vulnerable to loneliness and isolation. The setting for the development came through a partnership approach with St. Mary's Hospital, Mullingar MHA and the MHAI regional Office.

The Senior Help Line initiative was identified by the group as a meaningful project for IYOP and as a sustainable service into the millennium. The aim of the service run voluntarily by elderly persons for elderly persons is to provide a low call 1850 444 440 for callers who may be worried, feel lonely or be concerned. The Mullingar Centre was developed with support from Summerhill Active Retirement Group who are the National co-ordinators of the service with the Office for Health Gain.

A 12 week training programme was completed by the thirty volunteers to enhance their communication skills and knowledge levels. The service went on line on the 20th November and is based at the Day Centre, St. Mary's Hospital. Volunteers manage the service each Monday and Tuesday from 7.00pm-10.00pm as part of the National network. On-going training and support is in place for the Volunteers.

Contact address:

Congan, Finola

St. Mary's Hospital

Mullingar

, Co. Westmeath,

IRELAND

finola.colgan@mhb.ie

Session K

## Creating Healthy Hospital Organizations

### Health macrodynamics of a hospital trust

Author(s): **Sironi, Patrizia**

#### Background:

Since 1995 the Azienda Ospedaliera in Cremona, in North Italy, has been developing a business organization process which leads to a re-identification and re-organization of the hospital structures inside the territorial one, in accomplishing national law of the early 1990s.

#### Objectives:

To change and to rationalize the business organisation, increasing autonomous and responsible management; to develop work trends to objective achievement to elaborate new strategy for promoting health.

#### Methods:

To find out managerial strategy shared by the production lines human resources; to build up negotiations concerning business objectives in each Operating Unit; training and support for health personnel.

#### Results:

To define a new strategic plan; to increase quality standards inside the budget negotiation; to constitute n. 6 Promoting Health Projects, provided with a devoted staff; to identify a network of stakeholders for specific subjects as Humanization and Welcome.

#### Conclusions:

The current health dynamics of the hospital world have been changing rapidly, showing many more business characteristics; such a complex process, directed to a health culture, is increasingly being approved and accepted by the health personnel.

Contact address:

Sironi, Patrizia

Azienda Istituti Ospedalieri di Cremona

Largo Priori 1

26100, Cremona,

ITALY

+390372405406,

psiconeuro.aioc@rccr.cremona.it

## The process of implementing health promotion at Grenaa Centralsygehus - Denmark

Author(s): **Meillier, Lucette**

Since 1997 Grenaa Centralsygehus have organized health promotion activities to patients, spouses, local community citizens and the staff. There are 429 employed at the hospital, and it serves a population of 60.000 at Djursland. The process of building a structure for defining, implementing and evaluating health promotion activities was evaluated after four years of intervention by qualitative interviews among 21 involved leaders, project managers and staff at the hospital.

### The results show that:

- it is possible to implement and institutionalize health promotion at a small local hospital for a limited amount of annual costs
- health can be made a criteria to how the organization views itself
- director support is very important
- a steering committee and goals has to be formed soon after initialization
- it is easier to introduce activities to patients than to staff
- ownership is crucial to implementation and institutionalization

Lessons to be learned from success and failures in organization, patient activities, staff activities and local community activities will be presented at the conference.

### Contact address:

Meillier, Lucette  
Aarhus County  
Dep. of Health Promotion, Development and Research  
Oluf Palmes Alle 17  
DK - 8270, Højbjerg,  
DENMARK  
+45 89 44 62 49,  
LUM@ag.aaa.dk

## How to integrate health promotion in the medical work

Author(s): **Fredslund, Hanne**

In this abstract I will focus on some of the fundamental conditions in the hospital organization that must be taken into consideration when introducing health promoting activities for hospital patients or hospital staff. Based on an empirical case from Bispebjerg Hospital where I focus on the doctor's participation in a specific health promoting activity, and inspired by Henry Mintzberg's theory about the professional

bureaucracy, I identify three crucial organizational conditions that must be addressed when integrating health promotion at the hospital:

- 1) The professional has considerable autonomy in his work (which makes it difficult for the hospital board to formulate a strategy such as increasing health promotion activities).
- 2) The professional tends to be more loyal to his profession than to the hospital organization.
- 3) The professional bureaucracy has a problem of innovation where new problems are often solved by old solutions.

I identify two possible strategies for increasing health promoting activities in the medical work: 1) A long term strategy: introducing not only more health promotion in the medical school but even more important, introducing new ways of learning. 2) A short term strategy: using bottom-up processes and focusing on projects that do not challenge the existing values in the medical profession.

### Contact address:

Fredslund, Hanne  
National Institute of Occupational Health Denmark  
Lersø Park Allé 105  
DK - 2100, Copenhagen,  
DENMARK  
+45 39165201,  
hfr@ami.dk

## A regional co-ordinators prospective 1999-2002

Author(s): **Brickley, Kate**

### Aim:

Promoting the Health Promoting Hospital concept in the Midland Health Board - A regional co-ordinators prospective 1999-2002.

### Method:

The HPH concept has rapidly grown in Ireland since 1993.

The Midland Health Board has placed high priority to the development of the concept in the board by appointing a Regional Health Promoting Hospitals co-ordinator. This appointment the first of its kind in Ireland is an innovative approach to the development of HPH.

The initiative demonstrates the commitment of the Midland Health Board to placing health promotion in hospitals high on the agenda. The project is in the second year of a three-year pilot phase.

A number of key elements have been identified for success such as:

- The importance of developing partnerships,
- Good communication.
- Regional / Hospital commitment
- A Training programme in place

#### Conclusions:

There have been a number of achievements to date:

- The development of a Framework Document for HPH which will also be used as a tool to evaluate the project in 2002
- Membership of seven different hospitals within the Board
- Twenty-four projects identified and planned which are linked to regional initiatives.
- Training needs identified.

This presentation will demonstrate the process of planning, implementation and evaluation of a three - year pilot project and also outline the difficulties encountered in the eighteen months of the process.

*Contact address:*

*Brickley, Kate*

*Midland Health Board*

*Tullamore General Hospital, Arden Road*

*Co. Offaly*

*IRELAND*

### **If it is evident, why doesn't it happen? Unconscious reasons for resistance against the implementation of HP in hospitals.**

*Author(s): Purzner, Karl*

The beginning of the new millennium invites questions concerning the possible future of Health Promoting Hospitals (HPH). In the Preconference Workshop for HPH Newcomers at the 8th Int. Conf. on HPH in Athens many of the questions, that need to be answered by scientists, policy makers, professionals, the public and private sectors and society as a whole, came up.

One of these questions is a very intriguing one: what are the inner contradictions of HP as a "product", what is - so to say - the "inner dialectic" of HP? A small, transdisciplinary and transcultural group of conference participants at the 8th Conference of HPH Hospitals in Athens engaged themselves in a spontaneous "postconference workshop" on this issue.

Some of the most interesting results of our discussions will be presented.

*Contact address:*

*Purzner, Karl*

*Social Medicine Center Baumgarten Höhe  
Baumgartner Höhe 1  
1145, Vienna,  
AUSTRIA  
+43 1 91060 / 49801,  
karl.purzner@ows.magwien.gv.at*

## **Workshops**

### **Workshop - Empowerment of Patients**

*Author(s): Pelikan, Jürgen M.; Trummer, Ursula*

Empowerment for health has become an important issue for Health Promotion (Ottawa Charta, Vienna Recommendations, HP-Glossary). In the context of Health Promotion "empowerment is a process through which people gain greater control over decisions and actions affecting their health" and aims at „the mobilization of resources [...] by providing access to information on health, by facilitating skills development, and supporting access to the political processes which shape public policies affecting health". (HP-Glossary 1998)

In the setting of hospitals empowerment for patients meets specific challenges (Vienna Recommendations 1997). In the phase of inpatient care professionals in the hospital can basically try to work on two named objectives:

- provide access to information on health and
- facilitate skills development

Using international research results and project experiences, the workshop aims to discuss the following questions:

- how can professionals empower their patients –techniques of empowerment?
- what skills do professionals need to empower their patients?
- what are the necessary preconditions on structural and organisational level if hospitals want to empower their patients?

*Contact address:*

*Pelikan, Jürgen M.*

*Ludwig Boltzmann Institute for the Sociology of Medicine & Health  
Universitätsstrasse 7/2*

*1010, Vienna,*

*AUSTRIA*

*0043-1 4277 48290,*

*uschi.trummer@univie.ac.at*

## Workshop - The EFQM-model applied to HPH

Author(s): **Schmidt, Werner; Brandt, Elimar; Nowak, Peter; Waldenberger, Ferdinand**

After discussing basic concepts of the EFQM-model and the opportunities to apply it into the context of HPH in the last two conferences, this 3rd workshop will focus on the questions of measuring „comprehensive health outcomes“.

One of the general topics of the 9th. International Conference on HPH sets on the agenda is evidence for health promotion. In the same way EFQM stresses the importance to define specific outcome indicator in the context of quality management.

The workshop will discuss the questions of defining indicators for health (or illness) and the problems of measuring them in the context of hospitals from different perspectives.

Workshop participants will have the opportunity to describe and discuss their experiences on measuring health outcomes in their hospital.

### Inputs:

P. Nowak (AUT): Introduction of chair

J. Moeller (GER - Member of the Executive Committee of EFQM): On indicators in hospitals - an EFQM-perspective

F. Waldenberger (AUT): Medical outcomes in heart surgery - as an example of defining indicators and measuring health in a medical context

E. Brandt, W. Schmidt (GER): Developing a handbook on using the EFQM model in HPH - experiences on systematically introducing health outcomes in measuring quality and the evidence of health promotion.

### Contact address:

Schmidt, Werner

Immanuel Krankenhaus GMBH - Reumaklinik

Königstrasse 63

14109, Berlin Wannsee,

GERMANY

030/80 50 5-2 88,

## Plenary 5

## Change of clinical practice

### Plenary 5

## Change of clinical practice

### How to change clinical practice - the role of evidence in implementation

Author(s): **Rentzhog, Leif**

Decisions by politicians and experts about changes in clinical practice often have limited effects. Evidence based medicine has shown that in order to bring about changes, problems have to be broken down into simple questions - who is the patient, which methods to change health can be used, how can outcome be measured etc.

All these distinct and practical questions give rise to the need of good evidence. National organisations have an important role to play in finding these evidences. However it is important that these evidences answer questions asked by the local health professionals and the patients and reach back to this basic level if practice shall change. Audits and feedback, academic detailing, finding local opinion leaders are some methods found to be of most value to bring back central information to the clinical level.

To change practice it will be more and more important to involve the patient. Also politicians and policymakers have to be involved to ensure that the goals that are being set up agree with evidence based possible improvements.

Some implementation strategies applied by SBU in Sweden will be discussed at this presentation.

### Contact address:

Rentzhog, Leif

SBU

Box 5650

11486, Stockholm,

SWEDEN

+46 60 181439,

leif.rentzhog@lvn.se

## How to change clinical practice – The role of the Danish National HPH Network

Author(s): **Moeller, Lillian**

One of the main goals of the Danish Network of Health Promoting Hospitals is to strengthen the implementation of prevention and health promotion activities in clinical practice. The objectives are to establish a platform for exchange of experiences and methods among the member hospitals.

The organisation and working methods of the Network are based on the following principles:

- focus is mainly on secondary and tertiary prevention
- evidence based programmes are used
- selection of focus areas is based on the identification of significant health problems
- work is carried out locally by interdisciplinary task forces established across several hospitals
- clinical as well as administrative health care professionals are actively involved
- the task forces develop and describe strategies, clinical guidelines and methods relevant for implementation in clinical practice
- Output from the task forces are published as network publications, and are presented and discussed with member hospitals and co-operation partners at regional implementation seminars
- exchange of experience is also provided for an open annual conference and at local seminars and meetings.

The presentation will provide concrete examples and will discuss barriers and advantages in relation to the strategy that has been adopted.

Contact address:

**Moeller, Lillian**  
Secretariat Danish National Network of Health Promoting Hospitals  
Bispebjerg Hospital  
Bispebjerg bakke 23  
2400, Copenhagen NV,  
DENMARK  
+45 35316317,  
LM04@bbh.hosp.dk

## How to change clinical practice - The role of the Irish National HPH Network

Author(s): **O'Riordan, Ann**

The stated mission of the Irish National HPH Network is to support hospitals in the attainment of health gain for all.

This means supporting and facilitating a fundamental change in attitude within the hospital setting that can result in the broadening of clinical services and emphasis being placed on health gain/health improvement /health enhancement service outcome.

A Health Promoting Hospitals (HPH) Network should be what its name implies a mechanism that seeks to forge and support contacts, links and collaboration on a variety of levels, the purpose being to encourage organisation change that reflects a gain perspective.

Two of the strategies (Baby Friendly Hospital Initiative and Smoke Free Hospital Initiative) undertaken by the Irish HPH Network to achieve these objectives will be examined and outcomes to date discussed in this presentation. Furthermore, a number of other supportive strategies established by the Irish National HPH Network will be presented for critical appraisal and discussion.

Contact address:

**O'Riordan, Ann**  
Irish National Health Promoting Hospitals (HPH) Network  
James Conolly Memorial Hospital, Blanchardstown  
15, Dublin  
IRELAND

## How to change clinical practice - the role of the Regional Veneto HPH Network

Author(s): **Tasso, Simone**

Clinical practice is “the practice of / for the treatment of patients” and Health Promotion is “the process of enabling people to increase control over, and to improve, their health”. So the matter of fact is the following question : what a regional HPH network can do for enabling people to increase control over , and to improve their health during the treatment of patients?

It is necessary to act on the determinants of treatment. These determinants can be synthetize schematically in this way:

### 1) Actors:

Who can subdivide in professionals (doctors, nurses and others) who provide the treatment and in patients who receive the treatment. Professionals should work trying of enabling patients to increase control over , and to improve their health. To work on this aim, HPH network could act on 3 level of professionals: their knowledge (to know), their capability (to do) , their behaviour (to be). It can be useful to organize special training on right skills that a professional should have towards patients and special sessions can be useful in HPH Conferences. For instance in 4th HPH

Thursday May 17

## Poster Presentations

## Cardiac rehabilitation

## Abstract 1

**Continuing care: Chronic cardiac failure treatment**Author(s): **Ricci, S.; Cadioli, T.; Pietrantonio, A.M.; Mazzi, G.**

The paper deals with the project: "Continuing Care of Chronic Cardiac Failure Treatment".

The aim is to improve the effectiveness of treatment for discharged patients with chronic cardiac failure through homogeneous patterns of therapy and providing patients and their families with adequate information about self help care in managing the disease and for the prevention of relapses.

**Methodology**

A work group composed of hospital cardiologists, family physicians, nutritionists, nurses and physiotherapy specialists elaborated a procedure that permits the patient discharged to have treatment in the day hospital or in the family physician surgery facilities characterized by shared knowledge and decision making concerning the patients' treatment.

The group likewise elaborated a procedure of information and education for patients and their families with the aim of enhancing their competence in managing care treatment and in teaching measures for preventing relapses.

**Conclusions:**

The procedure was introduced and started in march 2000 involving 14 patients, and resulted in the following benefits:

- 1) Patients and their families increased their knowledge and compliance in carrying out therapy and in using dietetic measures to prevent relapses.
- 2) Treatment in Day Hospital, in surgery facilities managed by family doctors or at home, resulted in shorter stays in Carpi Hospital.
- 3) Because of shared knowledge and treatment guide-lines of the work group, the patients had enhanced effectiveness in Hospital, surgery and home care.

Contact address:

Ricci, S., Carpi Hospital  
Via S. Giacomo 2,  
41012 Carpi, ITALY  
+39 059 659402,

Italian Conference there was a whole session entitled "communication" that was created to present positive experiences of communication towards patients. In the same Conference another session (entitled "interculture") was dedicated a particular type of communication : the one towards the foreign patients. Patients : they have a role of co-producers in the process of their own treatment. Most part of treatments are effective only with the collaboration of patients. HPH network has to promote the empowerment of patients: it can be useful patient education and counselling, patient self help groups, patients' right.

**2) Factors:**

They are the situational infrastructures and resources that influence the treatment. A HPH network has to work on them too. It means: a) to choose the most appropriate technology (technology assessment can support this choices); b) to work (inside hospitals) on the process and in particular on organization (quality management can support this work); c) to work for the re-orientation, trying to form a health promoting setting that support hospitals in their choices.

Contact address:

Tasso, Simone

Hospital of Castelfranco Veneto

Via Ospedale

31033, Castelfranco Veneto,

ITALY

*Abstract 2***Telematic cardiological outpatients department***Author(s): Ceratti, Francesco; Milanese, Anna; Pampari, Carlo*

In order to reduce hospital stay of patients in Cardiological Department, to allow appropriate admittance of heart patients to the emergency units, to improve the relationship between hospital specialists and General Practitioners (G.P.), and to improve patient's life quality, the Luigi Sacco Hospital in Milan planned a trial on "Telematic cardiological outpatients department", a new model of management for cardiological outpatients.

The trial consists in transtelephonic ECG transmission from the patient's home, or from medical practice of G.P. to Cardiological Emergency Unit in hospital for teleconsulting.

The patients involved in this trial have to be in the following conditions: discharged from the Cardiological Department with diagnosis of major arhythmias, recent IMA (rivascularized or not) or waiting for revascularization, recent pacemaker implantation. Patients involved must be followed up by G.P. taking part in the trial.

The trial started on september 2000 and has a lenght of one year. Appropriate education has been given either to the G.P. and to the inter-nal specialists. At the end of trial's period the results will be evaluated in order to validate clinical, technical and economical aspects of the trial. Technical support is provided by Agilent Technologies Italia.

*Contact address:*

*Ceratti, Francesco*  
*Luigi Sacco Hospital*  
*Via G. B. Grassi 74*  
*20157, Milan, ITALY*  
*0039 02/3904.2834,*  
*f.ceratti@spedalesacco.lom.it*

*Abstract 3***The role of health promotion in cardiac rehabilitation, problems and successes***Author(s): Zielinska-Meus, Anna; Oleszczyk, Krystian*

The aim of this study is present the role of health promotion in cardiac rehabilitation for patients and staff of hospital based on experiences of Uppersilesian Rehabilitation Center "Repty"; in Tarnowskie Góry. "Repty" are specialistic rehabilitation hospital with cardiac, neurological, orthopaedic departments.

The Center is the member of National and European Health Promoting Network. There are about 2500 patients treated yearly in those wards. The following subprojects are running: "School of Health", "Music Academy of Health", "You are not alone" - psychological, spirit and social support and other programs.

The topics are managed by doctors and nurses, psychologist, dentist, priest. The assessment of this projects are done by patients in the program of continuos quality improvement (CQI) after treatment.

**Results:**

1. Rehabilitation is the best period for health promotion because of length and specific of treatment.
2. The level of patients satisfaction in our Center is high: doctor and nurses receive high notes not only because of their professionalism and care but also of their activity in health promoting programs.

*Contact address:*

*Zielinska-Meus, Anna*  
*Upper Silesian Rehabilitations Center "Repty"*  
*Ul. Sniadeckiego*  
*42-604, Tarnowskie Gory,*  
*POLAND*  
*++48322854123,*  
*zienna@poczta.onet.pl*

*Abstract 4***The Support Network for heart patients***Author(s): Mäkinen, Päivi*

The Central Finland Health Care District has developed, together with the public health centers of the area, a support network for heart patients. It has been functioning for almost ten years. In each public health center, there is a support person who is a nurse, a public health nurse or a physical therapist by education. This support person is especially familiar with the nursing and counselling of heart patients. Today there are 48 support persons who participate in the network in addition to their regular jobs.

Real action began in 1993 with the Central Hospital of Central Finland and the Heart Association of Central Finland. They first determined which group of heart patients would benefit the most of this program and came up with the patients who had had a heart operation. They collected information on heart diseases, rehabilitation and counselling. A systematic educational program was then organized for the support persons, who have been educated two times a year. Educational subjects have included coronary disease and its risk factors, cardiac infarct, heart operations and psychologi-

cal and social rehabilitation of heart patients. Visits to two hospitals that perform heart operations, the University Hospital of Kuopio and the private hospital Cordia, have been arranged.

Information on taking care of heart patients, medical research, and educational opportunities is passed on to the support persons via a newsletter ("heart post") a few times per year. The network maintains a list of all support persons that includes their contact information. In the Central Hospital, the patients who are waiting for a heart operation are given the information on their own support person and are encouraged to contact that person. The patients can contact the support person by phone or by visiting their office, and home visits can also be arranged.

The support network has established itself as a functioning form of cooperation between primary health care and specialized health care. Today the work of the support persons encompasses cardiac infarct patients in addition to heart operation patients. We are also planning to give the tasks of counselling and follow-up of certain kinds of heart failure patients to the support persons.

*Contact address:*

*Mäkinen, Paivi*  
Central Hospital of Central Finland  
Keskuairaalantie 19  
40620, Jyväskylä,  
FINLAND

#### *Abstract 5*

### **Disease management programme in hypertensive patients in Konstantopouleion General Hospital „AGIA OLGA“**

*Author(s): Tountas, Yannis; Varsamis, E.*

#### **Introduction:**

A three-stage health disease management programme for Hypertensive patients was designed in the pathological and cardiological clinic of AGIA OLGA member of the Hellenic Health Promoting Hospital Network. The on-going programme aims at promoting the health status of patients through health education activities and telephone counseling in addition to traditional medical treatment followed in the hospital.

#### **Methods:**

160 patients were randomly assigned to a test and control group in order to evaluate the effect of the programme. All patients completed a purpose made questionnaire, which examined baseline characteristics and measured blood

pressure, weight and height, eating habits and physical activity, smoking, alcohol consumption and the use of health services. Patients also answered a quality of life questionnaire (WHOQOL). Statistical comparison of test and control groups did not detect any significant differences. Test group patients attended smoking and dietetic counseling sessions, group work and one to one counseling. Doctors were given mobile phones on which they could be reached by patients on a 24hour base for any medical advice.

#### **Results:**

Test group patients attend and show a high satisfied with the programme activities. During the third phase of the programme an evaluation will be conducted in order to assess the effectiveness of the programme compared to the therapeutic methods traditionally followed in the hospital regarding hypertension.

*Contact address:*

*Tountas, Yannis*  
Institute of Social and Preventive Medicine  
Alexandroupoleos 25  
115 27, Athens,  
GREECE  
ispm@compulink.gr

#### *Abstract 6*

### **Hospital-based changes in home alimentary behaviour of patients with coronary artery disease (CAD)**

*Author(s): Boni, Stefano; Aquilani, Roberto; Verdirosi, Sandro*

Achieving a change of the patients' alimentary behaviour is a major challenge for secondary prevention of coronary artery disease (CAD). Our hypothesis is that a hospital program consisting of an antiatherogenic diet and of an intensive education course might educate patients with CAD to change their alimentary habits and to self manage the correction of their nutritional risk factors at home.

In this paper we discuss the results of our program for the first 20 patients undergoing: a) antiatherogenic diet; b) an intensive education course ; c) at discharge, the provision of the same in-hospital hypolipidic treatment; d) follow-up of their alimentary habits (VAS) and serum lipid at 1-3-6 months (by visit or by mail/fax/phone).

Results show, six months after discharge, a significant increase in the patients' HDL cholesterol levels (+ 24%,  $p < 0.003$ ), decrease of LDL cholesterol (-8%), LDL/HDL ratio (-28%,  $p < 0.007$ ), triglycerides (-2.9%) and body weight (-5.2%,  $p < 0.001$ ). No particular discomfort for dieting was reported.

Our program shows us that, after 6 months, patients can maintain or even improve the results of nutritional risk factors correction achieved during their hospital staying. A hospital-based territorial policy aimed at preventing patients' risk factors for CAD is therefore possible with low costs.

Contact address:

Boni, Stefano  
Fondazione Salvatore Maugeri  
Via per Montescano 31  
27040, Montescano,  
ITALY  
0039038561386,  
sboni@fsm.it

### Abstract 7

## Modern lifestyle has massive implications for heart disease.

Author(s): **Breen, Ann**

### Aim:

Preventative lifestyle modifications are the obvious means of altering the long-term problems associated with CVD and its inherent side effects..

Homocysteine is a marker of Cardiovascular Disease and is modifiable with diet and exercise and provides a real key to the feature control of heart disease in the population.

Homocysteine is an Amino acid, which can be found in high concentration in some people's blood and is an important compound in causing injury to blood vessel walls in addition to causing an increased risk of blood clots and an important cause of heart disease and stroke.

### Rationale:

Heart Disease and Stroke account for 41% of all deaths in Ireland.

CVD has massive implications for the use of Hospital resources and strain on GP services.

### Method:

Homocysteine and vitamin B12 and Folate estimations were carried out on over 100 volunteers from amongst the laboratory staff. The participants were questioned regarding diet and exercise with particular emphasis on intake of fruit, vegetables and meat.

### Results:

Results were significant and percentages show much need for improvement among my work colleagues.

There was great interest in the study and much advice was sought on lifestyle modification.

It created and awareness of Homocystine and its very important implication in Heart disease. Cholesterol has a well-known connection with heart disease but not many of my colleagues knew of Homocystine and its role.

### Conclusion:

The results obtained from my Cohort indicate that even among a group of well-educated, medically oriented people there is plenty of room for vast improvement in lifestyle. The complexity of reaching the general population with to regard to Lifestyle modification leaves no room for complacency. Workplace initiatives like the Homocysteine study provide a great forum for getting quality health care issues into an open arena.

Contact address:

Breen, Ann  
Mid-Western Regional Hospital  
Dooradoyle, Limerick  
061, Limerick,  
IRELAND

### Abstract 8

## Double life style change - Cardiovascular HPH programmes for the elderly

Author(s): **Horvath, Sandor; Kemeny, Csilla**

### Objects:

The Heart Surgery Hospital in Debrecen, Hungary has been a member of HPH European and National Network since 7 years. The ratio of elderly in our patient clients round is growing dynamically. The cardiovascular sick state and the attaining of old age causes for patients double life style changing;

1. A new HPH programme of way of life have to reduce the cardiovascular risks;
2. A second new HPH programme to promote the design of elderly identity.

### Design and methods:

1. Cardiovascular HPH programme for the elderly: Heart capacity parameters joint to characteristics of life years; Training exercise; Management of civil association for the health promotion.
2. Professional promotion for old age; health promotion with a health education book and a video move; this programme can give an accuracy, that the life style change advice come from elderly physicians.

Patient group: year 60-X, I. male II. female 1.patients with heart disease 2. patients without heart disease, but with cardiovascular risks A. rehabilitated and managed group B. non rehabilitated group. Cross analysis: I1A, I2A, II1A, II1B, I2A, I2B, II2A, II2B.

**Results:**

The male patients with and without heart disease should draw into the rehabilitation and life style management programme, and their QoL parameters (heart capacity, watt, BMI, etc.) become better :average by 20% - , than the female patients in the same health state. 2. In the HPH programme for elderly identity the participation of males and the adaptation willingness of males are more accented than in the female patients groups.

**Conclusions:**

The gender differences of over 60 years are powerful in the double life style change HPH programmes. The message of cardiovascular HPH programmes for elderly is; a greater attention is paid at female bio-psycho- social burdens, problems and life circumstances in connection of ageing.

*Contact address:*

*Horvath, Sandor*  
*Medical School of Debrecen Heart Surgery Hospital*  
*Moricz Zsigmond krt. 22*  
*4004, Debrecen,*  
*HUNGARY*  
*36 52 413 369,*  
*cskemeny@jaguar.dote.hu*

*Abstract 9***ELVIS; a treatment chain for myocardial infarction patients**

*Author(s): Mäkinen, Päivi*

In 1995, the Finnish Heart Association started a project to deal with the primary care of acute myocardial infarction patients. In Central Finland, we had already paid attention to the long time lag before treatment, and therefore, we decided to take part in this national project. The project in Central Finland was called ELVIS (from the Finnish words for resuscitation "lag" myocardial infarction).

A 1994 study conducted by the Central Hospital had shown the time lag before medical care to be 195 minutes in the Central Hospital (a 55 minute lag due to transport and a 40-50-minute lag in the hospital) and 150 minutes in a public health centre. A follow-up study showed that the lag became considerably smaller if thrombolytic therapy could be started in the initial location where the patient came for help.

The aim of the ELVIS project was to reduce the treatment lag of myocardial infarction patients in Central Finland, to reduce the risk of sudden death, to improve prognosis, to limit the extent of the myocardial infarction, and to minimize complications. The project attempted to influence the entire

treatment chain (the patient; the emergency centre ; the ambulance ; the public health centre ; the central hospital) so that it would be as effective as possible.

In Central Finland, the availability of thrombolysis therapy has improved; it is now being used in 25 out of the 30 regional health centers. In 1998, seven municipalities had a treatment ambulance that could give thrombolysis therapy. The study conducted by the Central Finland Health Care District observed that the time lag before the treatment (thrombolysis therapy) had decreased from 195 minutes to 140 minutes. A lot of emphasis has been put on patient counselling, as shown for example by the primary information courses for heart patients and their family members.

*Contact address:*

*Mäkinen, Päivi*  
*Central Hospital of Central Finland*  
*Keskuairaalantie 19*  
*40620, Jyväskylä,*  
*FINLAND*  
*+358 14 692 719,*  
*paivi.makinen@ksshp.fi*

**Diabetes***Abstract 10***A nutritional education program in type 2 diabetics subjects operated of coronary by-pass**

*Author(s): Ceratti, Francesco; Comi, Dario; Morandi, Aldo*

Patients with coronary heart disease have also diabetes more commonly than other people. This because diabetics are more prone to develop coronary heart disease.

The aim of the project was to develop a program of nutritional education for diabetic patients operated of coronary by-pass.

**The project consists of:**

- Dietary histories before surgery using an atlas with photographs of most common foods
- Assessment of coronary risk factors: hyperlipidaemia, arterial hypertension, smoking habits, obesity, physical exercise, alcohol intake, stress
- Composition of a weekly personalised diet
- Assessment of nutritional status using simple parameters (weight, high, B.M.I., waist/hip ratio)

- Measurement of blood pressure
- Glucose, total cholesterol, HDL cholesterol and triglycerides levels were determined
- Follow up every 6 months to control: the compliance using 4 days recall (day of the week-end); valuation of alcohol and tobacco intakes; assessment of nutritional status and lipid abnormalities.

Our project was performed in 58 subjects: 29 with type 2 diabetes mellitus and sure CHD operated of coronary by-pass and 29 subjects no diabetics similar age, sex and cardiovascular damage as control.

In conclusion 10 year later weight and total plasma cholesterol were not increased, while HDL-cholesterol has statistically increased.

*Contact address:*

*Ceratti, Francesco*

*Luigi Sacco Hospital*

*Via G.B. Grassi 74*

*20157, Milan,*

*ITALY*

*0039 02/3904.2834,*

*f.ceratti@ospedalesacco.lom.it*

#### *Abstract 11*

### **Education for diabetic patients type 2 obese: not using a "prescribed diet" but educational material**

*Author(s): Rizzo, Leila; Salucci, Michela; Chiara, Cornella; O., Zani*

One of main problems in the treatment of on obese diabetic patient is an unwillingness to comply with the nutritional therapy, this result in practical difficulties in managing the every day rigid, calorie controlled diet and at the same time a lack of motivation. A suitable diet has always been the most important part of treatment for a diabetic patient, therefore it has become, necessary to think of a new approach to develop a more successful nutritional therapy.

Numerous studies have demonstrated the efficiency of educational approach used with patients who are chronically ill. With this approach the dietician must abandon, the old method of prescribing a diet and use a new methodology, according to more modern criteria of clinical pedagogy. The important phases of this approach are: 1) knowledge 2) motivation 3) anamnesis alimentary 4) information and training 5) formulation of a verbal contract 6) at the beginning supervise and continue every so often afterwards 7) the giving of a "alimentary diary" For all these stages appropriate methodology has been used. To help the patient to learn "Educational leaflets" have been written. The function of these

leaflets is to support, inform and educate the diabetic patients gradually. There are 21 leaflets divide in to didactic units. The written text has been kept to a minimum to give more space for illustrations that reinforce the verbal message. These leaflets can be used separately and are very useful when the dietician has to speak individually to patients.

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*Contact address:*

*Rizzo, Leila*

*Spedali Civili*

*Piazzale Spedali Civili., 1*

*25100, Brescia,*

*ITALY*

*030/3995927,*

*relpub@spedalicivili.brescia.it*

#### *Abstract 12*

### **An educational and self-management Campus for children with diabetes: clinical and cognitive aspects**

*Author(s): Chiari, Giovanni; Vanelle, Maurizio; Simonelli, Fabrizio; Gruppi, L.*

The Campus for diabetic children and teenagers represents a valid opportunity for improving autonomy and control of their own state of health. In particular, it represents an extraordinary concentration of logistic, health, didactic and recreational elements which allow for a motivating and instructive opportunity, capable of developing and fixing behaviors of self-healthcare in the recipients.

For more than 10 years the Regional Service of Pediatric Diabetology Parma, with the collaboration of the Department of Pediatrics at the Hospital S. Anna of Castelnovo ne' Monti (RE) and with the organizational support of the AGD Parma, have been holding the summer campus in the Apennine Mountains.

#### **Objective:**

To provide children with health knowledge regarding diabetes; to stimulate self-healthcare; to facilitate suitable behavior; and to normalize living with the illness.

#### **Target population:**

Children and teenagers aged 8 - 17

**Activity:**

The campus consists of groups of children, accommodated in hotels for periods of 3/7 days, in close contact with a multi-professional group composed of a physician specialized in Diabetology and Pediatrics, a Nutritionist, professional nurses, teachers and animators. During their stay a program consisting of education, animation and healthcare is developed.

**Indicators:**

- of enjoyment (through end of campus questionnaire)
- of learning (improved techniques of execution, theoretical preparation)

**Results:**

What are the expectations of the young people joining the Campus? Do they see it as a vacation or almost as a continuation of hospitalization? To evaluate these aspects we investigated not only the practical and theoretical knowledge but also the emotional experience of 53 diabetic children (31 males and 22 females aged 8.1 15.7; duration of diabetes from 2 months to 10 years; HbA1c 6.5 12.6%). It was possible to observe an improvement in the injection technique, an increase in the number of correct answers to a questionnaire, given out at the beginning and at the end of the stay, regarding various aspects of diabetes. Furthermore, at the end of the campus, the children were asked to hand in a drawing describing their experience. From these drawings it was noted that 78% of them had seen the campus as an enjoyable experience. 11% Accentuated the medical context and the remaining 11% indicated the educational side. Those who felt the overall experience was an educational one were older children ( $p < 0.05$ ).

**General Conclusions:**

Over the years the campus has proved to be an invaluable experience for the progressive autonomy of children and adolescents with diabetes. The study we carried out confirms the effectiveness of the campus as an educational instrument, particularly for children of 12 years and over, the age group that showed the best results.

*Contact address:*

Chiari, Giovanni  
University of Parma  
Dept. Of Pediatrics  
Viale A. Gramsci  
43100, Parma,  
ITALY  
39 0521991319,  
gchiari@unipr.it

**Abstract 13****Valuation of satisfaction with health**

*Author(s): Valentini, Umberto; Cimino, Antonio; Girelli, Angela; Rocca, Lilliana*

The aim of this study that was conducted within the context of the Disease Management trials that have been in progress since 1997, was to evaluate the quality of life and satisfaction with health care received among a population of diabetic patients. Disease Management (DM) is a disease integrated approach, which aims at improving clinical results and the quality of service to the patient, in order to rationalise costs. Azienda Spedali Civili (Sanitary Management, Operating Unit for the Treatment of Diabetes), ASL (Local Health authority) which includes about 300,000 consumers (about 9,000 diabetics) and 15 General Practitioners (GP) and the Association of Diabetic patients were involved. As a measure of satisfaction with health care we used the Patient Rating Visits Questionnaire and of the quality of life the WED (Well-Being Enquiry for Diabetics) questionnaire. 60% of the 533 patients who participated in the study stated that they cannot always followed the prescribed therapy, nearly 80% stated that they "always" or "often" undergo the prescribed laboratory tests, examinations and controls.

The main reasons for lack of compliance are "forgetting" and "incompatibility" with life and work habits. Insofar as satisfaction with health care received at the specialized facility, 33% judged it good, while approximately 5% considered it insufficient or poor. Patients treated with insulin or combined therapies expressed negative opinions in significantly higher percentages ( $p < 0.05$ , Fisher's two-tailed test) with respect to the patients treated with diet alone. As to treatments, the patients treated with diet and oral hypoglycaemic agents expressed a better evaluation of their quality of life (74.6% 18.8 and 75.4% 15.6) than the patients receiving insulin (66.1% 16.7;  $p < 0.001$  vs. both) or combined treatment (64.2% 17.7,  $p < 0.002$  and  $p < 0.001$ , respectively). In particular, the dimensions of greater suffering or unease refer to the "social impact" scale; on the symptom scale there were significant differences between the patients treated with diet and those receiving insulin (17.4% 10.4 vs. 13.8% 5.3,  $p < 0.01$ ); on the psychological distress scale between patients under combined treatment and those receiving only oral hypoglycemics (15.2% 5.2 vs. 17.9% 5.3,  $p < 0.001$ ). As to the relationship between HbA1c and quality of life, patients with HbA1c  $< 7.8\%$  had a significantly higher score (75.6% 17.3) than those with HbA1c  $> 7.9\%$  (66.4% 14.2) ( $p < 0.01$ ). The results we obtained confirmed that diabetic disease can indeed impact quality of life in relation to both clinical severity and management methods. This type of information concerning the perceived quality and the impact of disease management on quality of life is an indispensable component in developing/planning improvements and verifying the results within the Disease Management program as applied to diabetes.

Contact address:

Valentini, Umberto

Spedali Civili

Hospital Organization

Piazzale Spedali Civili, 1

25100, Brescia,

ITALY

030/3995927,

relpub@spedalicivili.brescia.it

#### Abstract 14

### Disease management of diabetes: feasibility phase and results of the first Italian experience

Author(s): **Valentini, Umberto; Cimino, Antonio; Girelli, Angela; Rocca, Liliana**

Aim of this study was to evaluate the feasibility of a Disease Management program for the diabetes-related environment. Disease Management (DM) is a disease integrated approach, which aims at improving clinical results and the quality of service to the patient, in order to rationalise costs. DM program is developed in various distinct stages: establishment of a project group, data collection and evaluation, priority of intervention and selection, development and implementation of co-ordinated interventions, results measurement and implementation of any possible new measure by means of an uninterrupted quality cycle. Azienda Spedali Civili (Sanitary Management, Operating Unit for the Treatment of Diabetes), ASL (Local Health authority) which includes about 300,000 consumers (about 9,000 diabetics) and 15 General Practitioners (GP) and the Association of Diabetic patients were involved.

The study included 2,754 diabetics admitted to the Specialist's Centre at least once in 1996, and 686 patients, treated by the 15 GPs. Intervention sectors: Patients: satisfaction with medical care, compliance with treatment, life quality; Clinical categories: medical care modes/quality, compliance with diagnostic/ therapeutic protocols, and clinical effectiveness; Economic categories: paid cost for research groups, clinical examinations and check-ups, drugs, hospitalisation and dialysis.

The analysis of a questionnaire compiled by 533 patients did reveal the main reasons for dissatisfaction with medical care and the characteristics of patients with a lower life quality (insulin or combined therapy, complications, insufficient/poor metabolic control). GPs treat 686 diabetics; 131 (19%) patients are treated in co-operation with the Specialist's Centre. 98 patients with some clinical features (younger than 65 and/or poor metabolic control) were detected, who should

have been care of by the Specialist's Centre 3.6 HbA1c (mean 7.6%) determination/patient/year were made (0.3 for GP's patients) and the 94% of our patients made an ophthalmological examination; population stratification according to age groups points out that elderly patients have higher HbA1c values; we identified 307 (11%) younger patients (<60 year-old), with a poor metabolic control. Average annual cost per patient amounted to 3,707,000 Italian lire, while global cost amounted to 10,211,102,000 Italian lire. Disease Management turned out to be a valid tool to improve diabetics' treatment.

This study allowed us to measure performance quality (patient's life quality and compliance with treatment, clinical effectiveness, cost), identify related problems and define possible improving measures by means of available resources optimisation.

Contact address:

Valentini, Umberto

Spedali Civili

Hospital Organization

Piazzale Spedali Civili, 1

25100, Brescia,

ITALY

030/3995927,

relpub@spedalicivili.brescia.it

## Asthma/Chronic Obstructive Lung Disease

#### Abstract 15

### Chronic Obstructive Lung Disease (COLD). A project with the aim of rehabilitation of patients suffering from COLD by means of structured patient programs.

Author(s): **Jensen, Lilian**

Patients hospitalized with COLD totally make between 11-13 % of hospitalized patients at the hospital of Aabenraa. We want to optimize nursing and treatment to this category of patients by increased focus on prevention.

The aim of the project is to improve the patient's quality of life followed by a reduction of acute hospitalizations. Hypothetically the ability of the patients to be responsible for own health will improve through homogeneous and structured programs.

The program is organized on a multidisciplinary ground,

i.e., teamwork between nurse, physiotherapist and dietetic professional in co-operation with doctors and social worker. The "3 person team" is employed for a project period of 3 years. After discharge co-operation with professionals out of hospital will be arranged. The patients will receive information, education about the disease, prevention and treatment. Promotion of health, prevention and rehabilitation will be incorporated as part of treatment and nursing.

During the project period the multidisciplinary team will be educated to take care of extraordinary challenges with the aim of high quality workmanship. The parameters of evaluation will be performed in the light of quality of life and number of rehospitalizations.

The project is supervised by a steering committee.  
Project period: March 1st 2001 - February 29th 2004.  
Steering Committee:  
Jensen, Lilian; Lyndrup Gitte, Lund; Hanne Bloch, Bente Kirkegaard, Poul Ipsen, Lone Eberhard, Marianne.

Contact address:  
Jensen, Lilian  
Aabenraa Sygehus  
Egelund 10  
6200, Aabenraa,  
DENMARK  
+45 74 62 04 73,  
lilian\_jensen@aes.sja.dk

#### Abstract 16

### Breath your life: HPH project for COPD patients. Compliance to LTOT at home

Author(s): **Aiolfi, Stefano; Beghi, G.; Maghini, L.; Patruno, V.**

#### Preliminary results.

Long term oxygen therapy (LTOT) is the treatment of choice of chronic hypoxaemia (arterial PO<sub>2</sub> <55 mmHg) secondary to COPD. It improves survival and QoL in these patients. Giving its high costs, its prescription must be periodically reevaluated to verify patient's compliance. In Italy O<sub>2</sub> is supplied free of charge by Public Health System.

#### Methods:

From April '97 to December '99, 68 pts (46 M, 22 F, mean age 71) met the ERS criteria of LTOT prescription: 59 received liquid O<sub>2</sub>, and 9 O<sub>2</sub> by concentrator, preferably through nasal prongs. They were prescribed on hospital stay basis: each patient was trained by a skilled nurse, on how to use O<sub>2</sub> equipments, their hygiene, cleansing, and frequency of renewal. These items were also discussed during inpatients educational sessions, and during the pre-discharge interview

with the patient and his/her proxies. Ambulatory controls and blood gas analysis were scheduled every 3 months. At each follow up visit, pts were asked to report on the flow of O<sub>2</sub> they were using, the hours per day of LTOT, if someone was still smoking at home, and if they were doing physical activities in O<sub>2</sub>. Every visit ended with a reinforcement on educational items.

#### Results:

During the observational period, 9 pts had died (6 from liquid O<sub>2</sub> group and 3 from O<sub>2</sub>-concentrator group). Of the remaining 44 (74.57%) declared a daily O<sub>2</sub> use for more than 85% of expected total time; 12 (20.33%) a daily use between 55% and 85%, while 3 pts (5.1%) a daily use lesser than 55%. In the same period 50 pts underwent 2 hospital readmission (HRA) per year, 10 pts 3 HRA and 8 pts 4 or more HRA.

Thank to our educational efforts we could elicit a strong compliance to the prescribed therapy. We could also verify patients satisfaction of the home care O<sub>2</sub> service. A closer relationship with the O<sub>2</sub> supplying companies would probably contribute to further improvements.

We hope that the ongoing cost/benefit analysis will show positive trends in reduction in hospitalization rate and total costs.

Other authors: U. Zorza, T. Stella, F. Gipponi, R. Sfogliarini.

Contact address:  
Aiolfi, Stefano  
A. O. Ospedale Maggiore di Crema  
Pulmonary Rehabilitation Unit  
Via Monte Grappa 1  
26027, Rivolta d'Adda,  
ITALY

#### Abstract 17

### Smoking cessation in patients with chronic obstructive pulmonary disease

Author(s): **Brink-Kjaer, Tove; Strandgaard, Elin Bové; Ibsen, Hans; Jørgensen, T.**

#### Introduktion:

Tobacco smoking is the main cause of chronic obstructive pulmonary disease (COPD) and smoking cessation is the most effective treatment.

#### Aim:

- To estimate whether extensive professional assistance in smoking cessation leads to fewer readmissions to hospital, fewer pulmonary problems and improved quality of life.

- To estimate the costs and relate it to the benefits.

#### Methods:

At Glostrup University Hospital all hospitalized patients with COPD are allocated to two units. One ward works as an intervention unit while the other is a control unit. In both units all patients who smoke are advised to quit smoking. The patients at the intervention unit are additionally offered participation in a smoking cessation course in a hospital framework.

#### Preliminary results:

After one year (January 2001) 145 smoking patients with COPD were included in the project (smoking prevalence 51%). Among these 85 patients were hospitalized at the intervention unit and nearly a 1/3 (25 patients) have enrolled into smoking cessation courses. Of the enrolled patients 85% did not smoke after 3 months. 12-months-evaluation has yet to be done.

#### Conclusion:

The smoking prevalence among the patients was lower than expected and a minor part of the patients chose to participate in the courses. The rate of cessation, however, is exceptionally high.

#### Contact address:

Brink-Kjaer, Tove  
Glostrup County Hospital  
Centre of Preventive Medicine  
Nordre Ringvej  
2600, Glostrup,  
DENMARK  
(0045) 43 23 39 77,  
tobk@glostruphosp.kbhamt.dk

## Psychiatry

#### Abstract 18

### Patients movement; a great force in mental Health promotion

Author(s): **Survillaite, Danguole**

Psychosocial rehabilitation has deep roots in Lithuania. For example, family care of psychiatric patients began to develop as far back as in the middle of 19th century. The most rapid changes in our society come to political business fields, although in social and health care come more slowly with great difficulties. There are about 156000 people with psychiatric experience in Lithuania, it makes 4,2% of inhabitants of Lithuania. There are rather great number of psychiatric beds

in hospitals, but a very little places of partial hospitalization and rehabilitation centres here. There are only a few NGO's, which take care off occupation and psychosocial rehabilitation of psychiatric patients. Club 13&Co was the first organization in Lithuania of such kind. The club was founded on March 1993 at male ward No13 of Republican Vilnius Psychiatric Hospital. Since then the patients' movement began its activity in psychiatry in Lithuania.

Club 13&Co is an independent, public non-governmental organization, which unites persons with psychiatric experience as well as their family members, professionals of mental hospitals and supporters of this organization.

The organization pursues the following goals:

Health and psychosocial rehabilitation of the club members with mental problems; leisure time organizing for mental users; development of artistic inclinations of mental users; protection of members social, everyday and other rights; informing the society with problems of the psychiatric patients; international cooperation.

During the 8 years of Club's activity the club members were participated at different conferences, organized many exhibitions of patients' pictures as well in Lithuania and abroad. Club 13&Co publish its quarterly newsletter Club's 13&Co news since 1998.

The problems of psychosocial rehabilitation, outpatients creativity as well are presented in this newsletter. In 1999 Club had published the collection of outpatients' poems Wind-mills.

Now Club began to accomplish the new program, which would help to improve the quality of lives mentally ill, protect the rights of them and enable to participate our hospital in Health Promoting Hospitals movement.

#### Contact address:

Survillaite, Danguole  
Republican Vilnius Psychiatric Hospital  
Parko 15  
2041, Vilnius,  
LITHUANIA  
+370 2 67 15 03,  
danga.su@centras.lt

#### Abstract 19

### Training the patients with Alzheimer disease (AD) and their relatives

Author(s): **Deksnyte, Ausra**

Beginning of program: 2000.02.01.

Purpose :

- to improve the quality of life to the patients with AD
- to decrease the probability of relapse of symptomatic mental disorders
- to acquaint the relatives of the patient with the main principles of care and with appearing psychological problems.

#### Goals:

- to investigate the patient, to estimate his cognitive functions
- to estimate the ability of the patient to adapt in everyday life and society and to increase the self-dependence
- to inform the relatives about course and ways out of AD and the social support from the state.

#### Methods:

- The team works in the department.
- Discussions about the treatment of patients and care plan with relatives of the patient.
- Registration the patients who leaves department.
- Investigating the cognitive functions of patients who are taking Aricept.
- Giving the consultations for the problems, with appearing at home.

#### Results.

- Two times increased the quantity of primary patients.
- The improved social adaptation and activity of the patients.
- The care of the patients became easier.
- Average duration of hospitalization decreased from 35,4 to 30,5 days and two times decreased the quantity of rehospitalization in comparison with the same 1999.

#### Contact address:

Deksnyte, Ausra  
Republican Vilnius Psychiatric Hospital  
Parko 15, 2041 Vilnius,  
LITHUANIA  
+370 2 67 15 03,  
vpklinika@post.omnitel.net

#### Abstract 20

### Patient's on antidepressants quality of life assessment project

Author(s): **Paulaskiene, Zivile; Kulak, Aleksandras; Burba, Benjaminas**

Depression is a highly prevalent disorder in general population. It is recurrent illness and needs long-term treatment and prophylaxis with antidepressants. Like all psychotropic medication antidepressants display side-effects unpleasant to a patient. There is growing recognition that treatments may differ in their effects on non-disease aspects of the patient's functioning (e.g., work, social functioning and adjustment,

satisfaction). Non-physiological aspects of disease are called "quality of life". Therapeutic aim is not only reduction of psychopathological symptoms but improvement of patient quality of life too, however there is no health-related quality of life research focused on patient's subjective experience in Lithuania.

Aim of this project is to assess subjective quality of life of patients on antidepressants treatment and prophylaxis in Kaunas Medical University Hospital Psychiatric department outpatient clinic.

#### Methods:

- 1) to assess patient's quality of life using the Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q) developed by Endicott and colleagues 1993, it is a self-administered, 93-item questionnaire grouped to the 8 summary scales: Physical Health, Subjective Feelings, Leisure, Social Relationship, Work, Household Duties, School/Course Work and General Activities;
- 2) to check efficacy of treatment using Hamilton Rating Scale for Depression and Beck Depression inventory.

This project arose from the need for data necessary for the further HPH projects in Psychiatry.

#### Contact address:

Paulaskiene, Zivile  
Kaunas Medical University Psychiatry Department  
KMUK Psichiatrijos Klinika  
Eiveniu 2, 3007 Kaunas,  
LITHUANIA  
+3707732217,  
mariusp@takas.lt

#### Abstract 21

### Development of a self care project in the diagnostic and therapeutic psychiatric service (SPDC) of Major Hospital of Crema city

Author(s): **Rusmini, Silvia**

Our project was born from this idea: the health operator has to become an instrument in patient's hands. The patient is the true skilled in his illness and with the health operator can learn how to remain self-caring.

#### Objectives:

When a patient comes to SPDC the health operators start a work with him and his relatives in order to transform them in self-care agents.

#### Methods:

- Standardization of storical working model

-Development of the philosophy and some items from the “integrated psicoeducational intervantion” by Ian Falloon

#### Guidelines:

Admission to SPDC

#### The Psychiatrist talks separatly with the patient and his relatives about:

- early crisis indicators
- stress personal factors
- mental disease's informations
- pharmacological therapeutics and adverses effects
- good and bad feelings linked to the disease and family members behaviour

#### The hospital attendants talk with relatives about:

- ill member's problems concerning personal care, social and working functions (written schedule)
- explain how time and space are atructured in the department
- talk with and observe the patient
- start with the patients a coping and modelling programme.

#### Leaving SPDC

#### The psychiatrist talks with patient and relatives together about:

- strategies for maintining the gained improvement
- ability comunications
- patients and relatives actions in crisis
- give the patient a pocket Vademecum with his own early crisis signs and the steps to ask help
- give the patient one more schedule for managing: sleep disorders, eating disorders, delusionals and hallucinations, suicidal risk anger

#### The Hospital attendant

- Check with patient and relatives the behavioural improvement and help them to focus an home project.

Results will be checked by standardized interviewes to operators, patients, family members at defined times

#### Bibliography:

Integrated psicoeducational intervantion” by Ian Falloon  
1997 Ed Erickson

Abstracts of Cochrane Reviews: Self-management education and regular practitioner review for adults asthma Family intervention for schizophrenia Patient held clinical information for those with psychotic illnesses

#### Contact address:

Rusmini, Silvia  
Hospital de Crema  
Via Maccale  
26013, Crema, ITALY  
0373280572,  
urp@hcrema.lombardia.it

#### Abstract 22

### Promoting sensible drinking over the christmas period.

Author(s): **Mc Dermotte, Christina; Sullivan, Clodagh O**

A staff awareness initiative in a mental health care setting. This poster presentation details an awareness raising campaign on alcohol run in a mental health care setting. The campaign was run prior to the Christmas period when there is generally an increase in alcohol consumption.

#### The objectives of the campaign included to:

- increase awareness on sensible drinking habits
  - raise awareness on the alcohol services provided for staff in the area
  - raise awareness on alcohol related problems.
- The results were very positive.

The campaign consisted of two phases which will be outlined in the poster and an evaluation of both will be presented. Results demon-strated increased awareness among the target group on all aspects of alcohol consumption.

#### Contact address:

Mc Dermotte, Christina  
St. Vincents Hospital  
Fairview  
3, Dublin,  
IRELAND  
00 353 1 8370801,  
christinamcdermott@svhf.ie

## Evidence based health promotion methods

#### Abstract 23

### Improving health outcomes through performance management for patients with fractured neck or femur

Author(s): **Tann, Maureen**

As part of South Tyneside Health Care Trust's Health Promoting Trust activities, a sub-project focusing on the care and health outcomes of patients sustaining a fractured neck of femur has been initiated. It aims to identify a model of systematic and continuous review and improvement that can be adapted for other conditions, while promoting cultural change within the organisation (specifically in terms of con-

dition and patient pathway focused care).

The scope of the project allows the examination of the links between governance and performance management; and the benefits of systematically using information relating to performance to improve care.

This paper will provide further detail of this innovative sub-project, setting out the expected benefits of adopting this approach to improving health outcomes for patients.

Findings from and preliminary changes initiated following the conclusion of the first stage of this two-stage project will also be outlined and discussed. It is already evident however that this project is providing an innovative and stimulating motivator for quality improvement; and that the lessons learnt will not only be relevance to other care groups and conditions, but will also be of value to other members of the International Network of Health Promoting Hospitals.

*Contact address:*

*Tann, Maureen*

*South Tyneside Health Care NHS Trust*

*Hartonn Lane*

*NE34 0PL, South Shields,*

*UNITED KINGDOM*

*maureen.tann@eem.sthct.northy.nhs.uk*

#### *Abstract 24*

### **Development of a method for continuous monitoring of dyslipidemia**

*Author(s): Kanstrup, Helle; Lassen, Jens Flensted; Heickendorff, Lene; Larsen, Mogens Lytken*

#### **Objectives:**

To develop a method for continuous monitoring of routine practice of screening and treatment of dyslipidemia, and to present the present status of cholesterol screening and monitoring in a large well-defined geographic area.

#### **Design:**

Population based register survey, using the electronic laboratory information system (LIS) as primary data source. Adults living in three municipalities, comprising 248,475 inhabitants older than 16 years, were included if they had a lipid measurement registered in LIS during the five years period (1/8 1995 - 31/7 2000). The efficiency of the method to identify subjects monitored for dyslipidemia, was cross-validated with data from the Danish National Health Service, on prescriptions for lipid-lowering medications.

#### **Results:**

An increasing number of subjects was screened every year,

and during the period of five years approximately 25 % of the total population older than 16 years were screened for dyslipidemia (61,102). The proportion of measurements prescribed from general practice increased from 62.2 % to 66.8 %. The fraction of laboratory request forms including LDL-cholesterol increased from 39.8 % to 58.5 %.

#### **Conclusions:**

The method identified subjects monitored for dyslipidemia, and provided important information on routine practice for screening and monitoring of dyslipidemia. The method is useful for quality assurance and for health care planning.

*Contact address:*

*Kanstrup, Helle*

*Aarhus Amtssygehus*

*Department of Medicine and Cardiology*

*Tage Hansens Gade 2*

*8000, Aarhus, DENMARK*

*helle.kanstrup@aas.auh.dk*

#### *Abstract 25*

### **Patient satisfaction with health care services in Kaunas Red Cross Hospital**

*Author(s): Sileikiene, Lolita; Paukstys, Juozas Skirmantas*

The aim of this survey was to investigate patient satisfaction with the quality of health care services in Kaunas Red Cross Hospital.

#### **Methods.**

The survey was conducted in the department of internal diseases (n = 47) and the department of traumatology (n = 42) at Kaunas Red Cross Hospital. According to a standard questionnaire the patients were asked to evaluate the quality of health services: everyday health care services provided by physicians and nurses, availability of information about diseases, treatment, diagnostic procedures, diets.

#### **Results.**

69.3 % of the participants in the survey expressed full satisfaction with the quality of health care services at the hospital; while 6 % of the patients were not satisfied with it. The analysis of the answers of the unsatisfied patients indicated that 18 % of them had complaints about their diet, 9 % of the patients pointed out insufficient attention of the physicians towards explaining them treatment and consequences of their diseases. There were no complaints about the work of the nurses at these departments.

#### **Conclusions.**

In order to improve patient satisfaction with the quality of

hospital health care services, health care professionals should pay more attention to providing information about diseases, their outcomes and diets to their patients.

Contact address:

Sileikiene, Lolita  
Kaunas Rd Cross Hospital  
Laisves av. 17  
3000, Kaunas, LITHUANIA  
+370 7 422785,  
skirpauks@takas.lt

#### Abstract 26

### Psycho-social aspects of health reform in Russia

Author(s): **Osipov, Sergey; Goluhov, George; Kasparova, Valentina**

Social and economic changes in Russia essentially vary the profile of health care system. Both the structure of service and professionals' psychology change. Therefore, it was extremely important to specify professionals' attitude towards the problems of health care, its non-effective reforming, to paid treatment and lawful guarantee of commercialism in medicine. 140 Moscow hospital managers, 39 heads of clinical departments and 17 residents were interviewed. The experts' evaluation of the survey showed that the development of a nongovernmental sector in healthcare system doesn't have a strict legislative basis and doesn't correspond to the increasing demands required by paid medicine.

At the same time, many positive moments of commercialism, which promote strengthening of material and technical conditions of medical institutions, were highlighted. Only 8,6% of clinical managers are ready to pass over to a commercial type of activity.

Also 330 patients of the 31st Moscow City Hospital were questioned as for their attitude to paid medical services. 35% of the patients marked different positive aspects of implementation of paid services and 60% answered in the negative.

The results of this study will be considered while working out the recommendations to the expected Healthcare Law of the Russian

Contact address:

Osipov, Sergey  
Foundation XXI Century Hospital  
Lobachevsky str., 42  
117415, Moscow, RUSSIA  
(095)9350155,  
21centuryhosp@imail.ru

#### Abstract 27

### Systems for identifying preventable adverse events in hospitals

Author(s): **Bevilacqua, Luciana; Caltagirone, Pietro; Minella, Claudio; Natangelo, R.**

In our 1300 beds metropolitan tertiary hospital, during 1999, we studied many methods for identifying risk of adverse events (AE) in our medical services.

1) Since May 1999 all housestaff physicians were requested to report the adverse events in an injury form (passive surveillance through incident voluntary reporting). Eleven groups of adverse events were identified. Reporting rate varied according to time and unit. During 16 months 3211 AE were reported on 2588 patients admitted (with length of stay more than a day). During the period of larger physician reporting (first eight months) AE were identified on 6.8% of the patients (1.4 events per patient), prevailing among the surgical cases.

2) Afterwards, data of concurrent physician reporting on injury forms were compared with a retrospective record review using a screening mechanism followed by structured independent physician review of the record. On a random sample of 3,4% of the records: 11,7 % of patients showed an AE, (1,1 adverse event/patient). There was a 11,5% overlap in the adverse events detected by each method when used concurrently.

3) Considering these doubtful results, we are considering the prevention of AE through many proactive, risk-reduction approaches: administrative and claims data analysis, complaints, legal liability, equipment failures, cardiopulmonary arrest and resuscitations in the medical wards, delivery and operative registers.

Contact address:

Bevilacqua, Luciana  
A. O. Ospedale Niguarda Ca'Granda  
Pza Ospedale Maggiore 3  
20162, Milan,  
ITALY  
0039 2 64442319,  
qualita@ospedale-niguarda.it

## Abstract 28

**A strategic approach to health promotion in a health board area**

Author(s): **Kerr, Ann; Fyfe, Pauline; Smith, Pamela**

Using the Health Promoting Health Service Framework a co-ordinating partnership was set up between the Health Board, the Health Promotion department and the 3 Trusts providing services in the area. Of a number of hospitals and units expressing active interest several were selected to test out the methods.

A steering group reflecting all the interested parties was set up and has continued to report to Senior Management. The work is included in the areas Health Improvement Plan and reported in the Director of Public Health's annual report.

Health promotion staff worked with staff on site to develop local action plans and work taken forward included:

Redevelopment of a health centre foyer  
Staff health, in particular smoking cessation  
Nutrition of older people

The poster presentation will outline the processes and methods use and give a summary of achievements and outcomes to date.

Contact address:

Kerr, Ann  
Health Education Board for Scotland  
Woodburn House, Canaan Lane  
EH10 4SG, Edinburgh, SCOTLAND  
+44 131 536 5501,  
ann.kerr@hebs.scot.nhs.uk

## Abstract 29

**Proof place in the health promotion and education development**

Author(s): **Bonniol, Vincent**

The health promotion in hospitals, or even in education and training institutions, entertains several waitings, several hopes which share a common problem: the inequality between human beings in front of health and diseases. This inequality is very well distributed. Obviously between North and South (of the planet), obviously between different countries of a same continent, it still exists between regions or population zones of a same country, and it often remains revolting between population groups of a same agglomeration. The human rights declaration is so closed, and so far.

Waitings on health are strong and increasing:

1. making the inequalities moving back in front of health and diseases,
2. better use of the resources to get more effective medical systems,
3. decreasing the increase in health expenditure by actuating because "preventing is better than curing",
4. giving more autonomy for everybody.

But information is not prevention, financings still await evidences and evidences await health professionals seek them with experimental methods.

Our presentation will put in perspective this context and will more particularly present the required evidence levels in health in publications analysed by three big national organisations, which guide our decision makers in France, Canada and USA

Contact address:

Bonniol, Vincent  
Aix-Marseille 1 University  
Hôtel Dieu, 1, av de Verun  
F - 13410, Lambesc,  
FRANCE  
33 442 57 17 07,  
vincent@karatel.fr

## Abstract 30

**Patient's satisfaction - an indicator of the quality of care**

Author(s): **Miseviciene, Irena; Pundzius, Juozas; Milasauskiene, Zemyna**

Today there is an increasing interest in patient's satisfaction, which is considered to be a valid indicator of the quality of care.

The aim of the study was to evaluate the patient's satisfaction about doctors and nurses communication with them and the performance of their duties.

**Material and methods.**

The study was carried out in nine Lithuanian HPH network hospitals. 1271 patients (aged between 24 and 72 years) took part in the study. The response rate was 98 %. Patient satisfaction was evaluated by a uniform anonymous questionnaire. The patients were asked to rate the doctors' and nurses' behavior from 1 (very bad or never) to 6 (excellent or always) on the following: the payment of the prompt attention when an urgent help was needed; the explanation process of the causes and outcomes of their diseases; the overall evaluation of their duties performance.

**Results.**

Half of the patients responded, that if they receive an urgent help immediately (12,%) or very quickly (35,4%) when it was needed. Most of them were satisfied with nurses' and doctors' communication with them. 56,4% of patients agreed that doctors were always explaining the causes of the diseases, however 37,6% of patients said that the nurses did the explanation. According to the opinion of the patients more surgeons (7,9%), than internists (4,3%) never talked with patients about their disease ( $p < 0,05$ ). The majority of the patients were satisfied with the overall performance of the doctors and nurses, but more patients (64,9%) evaluated doctors' activities as excellent or perfect in comparison to the nurses' activities (57,2%). Females, as well as more educated and younger patients were more critical in the overall evaluation of the behavior of health personnel with them.

**Conclusion.**

Patients' satisfaction is correlated with their sex, age and education. The evaluation of patients' satisfaction by an anonymous standardized questionnaire is a very simple and valid method to evaluate and to compare the quality of care in one hospital as well as in several hospitals.

*Contact address:*

Miseviciene, Irena  
Kaunas University of Medicine  
Eivenui str. 4  
LT - 3007, Kaunas,  
LITHUANIA  
+370 7 796498,  
profmed@kmu.lt

*Abstract 31***Health promotion activities in Danish hospitals**

*Author(s): Toennesen, Hanne; Træden, Ulla I.; Olsen-Zwisler, Ann-Dorthe; Møller, Lillian*

**Background:**

The Danish HPH Network selected a registration and description of ongoing health promotion activities at HP Hospitals as a task of high priority. Clinical Unit of Health Promotion performed a national survey in 2000 in cooperation with the Danish HPH Network, The Danish Ministry of Health and the Associations of County Councils.

**Aim:**

- Registration and description of health promoting activities in clinical departments
- Identification of health promoting policies of the hospital management

**Methods:**

Structured questionnaires were sent to all clinical departments and managements of the 77 hospitals in Denmark.

The questionnaires covered

- General health promotion activities
- Specific rehabilitation programs
- Policies and objectives of health promotion

**Results:**

The response rate was 80%. From all over the country about 600 departments reported over 1.000 activities, nearly 500 general activities and 600 specific activities. 80% of all hospitals had an official health promotion policy.

**Conclusion:**

A high health promotion activity is taken place in Danish Hospital at the beginning of the millennium.

*Contact address:*

Toennesen, Hanne  
Bispebjerg Hospital  
Clinical Unit of Preventive Medicine and Health Promotion  
Bispebjerg Bakke 23  
2400, Copenhagen, DENMARK  
35 31 63 17,  
ut03@bbh.hosp.dk

*Abstract 32***The role and initiatives of the national institute of neurology in developing intra/extranet systems to support continuing care**

*Author(s): Arosio, Franco; Filippini, Graziella; Sicurello, Francesco*

The National Institute of Neurology "C. Besta" of Milan offers several diagnostic, care and rehabilitation services provided by its various Departments (Neurology, Neurosurgery, Neuropsychiatry, etc.), Diagnostic Divisions (Radiology, Labs, Neuropathophysiology, etc.) and special outpatient clinics and Neurological Reference Centres (Alzheimer's and Parkinson's diseases, epilepsy, myopathologies, muscular dystrophy, neuro-oncology, headache, dystonia, disease, prion-induced diseases, Creutzfeldt Jacob disease, multiple sclerosis, etc.).

The Institute's Hospital Information System has been divided into sub-systems (Administrative, Diagnostic, Clinical, Research) and has been computerized by a networking architecture designed by its Informatics Service. (The information acquired by various procedures are memorized in the databases of the Information System).

A project on the intra/extranet integrated system has been co-funded by the Health Authority of the Region of Lom-

bardy. Its aim is to collect different information coming from the various subsystems and to realize specific clinical data bases and/or neurological diseases registers (Alzheimer, brain cancer, epilepsy, multiple sclerosis, etc.).

In order to provide services for continuing care and information to patients, General Practitioners and doctors located in other Hospitals, the Institute is introducing an electronic smart card containing individual patient data and authorizing access to hospital services in accordance with the provisions of the laws governing personal privacy.

Given the particular nature of the Neurological Institute (patient care and bio-medical research), the chosen smart cards are of the hybrid (microprocessor/optical) type: the microprocessor-based part will contain the data that can be exchanged with the other structures of the Health Services; the optical part will also be able to contain images and signals relating to particular neurological pathologies (e.g., Alzheimer's and Parkinson's diseases, multiple sclerosis, epilepsy, etc.).

Another objective for providing support to the health community is to develop a hospital web site in order to facilitate the consultation of health services.

Moreover, the web site will permit accessing to clinical information about neurological diseases, stored in databases and databanks of the Institute (neurological disease protocols, guidelines, etc.). This web service, even linked to medical portals, will also permit us to ask and give specialized teleconsulting and telediagnosis in the neurological field and, in particular, to realize a neuroradiological support to different hospitals and neurosurgery departments, located at the national and international level. This neuroradiological teleconsulting will also be realized in a hospital's metropolitan network, connecting some Institutes and neurological/neurosurgical Departments in Milan.

(\*) Istituto Nazionale Neurologico "Carlo Besta" of Milan

*Contact address:*

*Arosio, Franco*

*Istituto Nazionale Neurologico "Carlo Besta"*

*ITALY*

### *Abstract 33*

## **Lithuanian HPH Network: Physical environment and patient's satisfaction**

*Author(s): Milasauskiene, Zemyna; Miseviciene, Irena; Sakalauskas, Raimundas*

The aim of this study was to analyse patients' satisfaction with physical environment in hospital.

### **Material and methods.**

The study was carried out in nine Lithuanian HPH network hospitals. 1271 patients (aged between 24 and 72 years) took part in the study. The response rate was 98 %. Patient satisfaction was evaluated by a uniform anonymous questionnaire. The patients were asked to rate the sanitary in the ward, quality of hospital food, the completeness of introductory information about patient's rights and responsibilities in the hospital by the scores from 1 (very bad) to 6 (excellent). Patient's satisfaction was calculated from their answers according to the special index.

### **Results.**

The index of patient satisfaction with the sanitary in the ward was 0.72 scores. There were less persons among the young (42.2%) patients and those (45.5%) with high education who indicated that the hygiene in the ward was very good or excellent compared to the elderly (52.7%) patients and those (58.2%) with low education,  $p < 0.05$ . It is noteworthy, that the index of patient satisfaction with the hospital food quality was only 0.62 scores. The young (11.2%) patients and those (12.0%) with high education pointed out that the quality of food was bad or even very bad. Most of the patients (more than 80%) were informed about their rights and responsibilities, but there was statistically significant negative correlation with age and education.

### **Conclusion.**

The study showed that patient satisfaction with the physical environment of the hospitals is associated with patients' age and education. Young and more educated patients are more critical in the process of hospital's physical environment evaluation.

*Contact address:*

*Milasauskiene, Zemyna*

*Kaunas University of Medicine*

*Eiveniu Str. 4*

*LT - 3007, Kaunas,*

*LITHUANIA*

*+370 7 796498,*

*profmed@kmu.lt*

**Abstract 34****Assessment of nursing quality at KMUC from the point of view of patients, nurses and doctors.***Author(s): Zagurskiene, Daiva; Kalibatas, Vytenis*

To improve the quality of the services provided, a project on the system of the nursing quality was prepared in November 1998.

To assess the course of the project and the current nursing quality at KMUC, a survey, in the form of a questionnaire, was carried out among the Clinic's patients, nurses and doctors.

**Aim:**

To evaluate the attitude of patients and medical staff to the nursing quality at KMUC clinics of the therapeutic profile.

**Methods and contingent:**

- In September, 2000, KMUC patients, doctors and nurses from Pulmonology and Immunology, Rheumatology, Endocrinology, Gastroenterology, Nephrology, Neurology, Cardiology I and II departments were questioned. Questionnaires were given out and collected by nurses of respective departments.
- Distribution of questionnaires: (patients - 390, doctors - 70, nurses - 105).
- Response rate: (patients - responded 97.7 per cent; doctors - responded 91.4 per cent; nurses - responded 99.0 per cent).

Newly prepared questionnaires for patients, doctors and nurses were used for the survey. Questionnaires included 19-20 questions subdivided into the following groups:

1. General data about the respondent.
2. Professional quality of health care services provided by nursing specialists:
  - assessment of the qualification of nurses;
  - ethics of nurses;
  - team work with doctors.

**Results:**

1. Majority of the respondents of the above survey gave good (51percent) or excellent (35,6 percent) evaluation to the qualification of nurses and nursing quality within the dep.
2. Male doctors gave the work of nurses more positive evaluation than their female counterparts. Respectively, 45.5 per cent of men and 28.8 per cent of women gave excellent evaluation, and 45.5 per cent of men and 50.0 per cent of women - good evaluation.
3. Nurses with university degrees gave their work higher evaluations than college graduates (excellent and good, on the whole): respectively 71.5 and 22.3 per cent,  $p < 0.05$ .
4. Patients with university degrees would welcome more

information and contact with nurses than patients with high school, secondary or primary education.

**Conclusion:**

The results of the survey demonstrated that the respondents gave positive evaluation to the nursing quality.

*Contact address:*

*Zagurskiene, Daiva*  
*Kaunas Medical University Clinics*  
*Eineniu 2*  
*3007, Kaunas,*  
*LITHUANIA*  
*370-7-798585,*  
*slaugtar@kmu.lt*

**Abstract 35****Evaluation and health promotion in hospital***Author(s): Bonniol, Vincent*

Evaluation is a fundamental problem for the promotion of health.

In France, and surely in others Europeans countries, the evaluation methods are rudimentary. The methods are not national, but evaluation practices in health and education are generally too little and too badly developed. Under explicit pretext of difficulties and for less explicit causes of ignorance of the tools, the evaluation of the health promotion and education, intra or extra hospital, stagnates.

This stagnation doesn't embarrass pharmaceutical firms. The promotion of health could go against them. The budgets of health include the curative and the preventive, but the arbitrations are made starting from rules that the actors of the health promotion refuse implicitly: the systematic evaluation of the results and their comparison with others solutions.

We wish in our talk to develop this topic then in the second time we will propose in parallel the methods and the tools to be systematised. We wish to show that they are not much more difficult to control, that the difficulty rest on different points of method and that, ultimately, a rigorous evaluation is much more productive.

*Contact address:*

*Bonniol, Vincent*  
*Aix-Marseille 1 University*  
*Aix-Marseille 1 University*  
*Hôtel Dieu, 1, av de Verun*  
*F - 13410, Lambesc, FRANCE*  
*33 442 57 17 07,*  
*vincent@karatel.fr*

## Health promotion and surgery

### Abstract 36

### Postoperative pulmonary complications in chronic alcoholics with myocardial ischemia

Author(s): **Eggers, Verena; Spies, Claudia**

Department of Anesthesiology and Intensive Care, University Hospital Charité, Campus Mitte, Humboldt-University, Schumannstr. 20/21, 10117 Berlin, Germany.

#### Introduction:

Chronic alcoholics have a higher risk for developing postoperative complications (1). The reason might be a higher rate of cardiac and pulmonary complications (1). The aim of this investigation was to evaluate postoperative pulmonary complications in chronic alcoholics with and without postoperative myocardial ischemia (POMI).

#### Methods:

After ethical committee approval and written informed consent, 40 chronic alcoholics - diagnosed by the criteria of the Diagnostic and Statistical Manual of Mental Disorders-IV and a daily ethanol consumption > 60g/d - were included in this study. Ischemia was defined according to internationally accepted criteria (2). The monitoring was performed by Holter electrocardiography. Infections were diagnosed according to the criteria of the "Centers for Disease Control" (3), for pneumonia a radiomorphological correlate was mandatory (4). Statistic: Wald type Statistic, C2 test, Mann Whitney U-Test.

#### Results:

20 patients showed postoperative myocardial ischemia, 10 within the first 24 hours, the other 10 up to day 7 after surgery, 20 patients did not show POMI. Demographic dates and the APACHE II-Score on admission to the ICU did not significantly differ between groups.  
With POMI/Without POMI p,  
n=20/n=20  
Dyspnea(n= /0/ 0,004 \*  
Oxygenationindex (mmHg)= 193 (55-520)/ 380 (188-512)/0,030 \*  
Infections (n)= 17/9/0,090  
Postoperative hospital stay (d)= 30 (12-108)/14 (9-23/0,001 \*  
Frequency (n), Median (range), \* p<0,05. POMI = postoperative myocardial ischemia

#### Conclusion:

Postoperative hospital stay was prolonged in chronic alcoholic patients with POMI. This was due to a significant increased rate of pulmonary complications. Interventional programs should focus on better evaluation of chronic alcoholics, extended EKG monitoring and arterial blood gas anal-

yses to avoid or treat these complications early.

#### References:

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#### Contact address:

**Eggers, Verena**  
Humboldt University, University Hospital Charité  
Department of Anesthesiology and Intensive Care  
Schumannstrasse 20/21  
10117, Berlin,  
GERMANY  
+493028022096,  
verena.eggers@charite.de

### Abstract 37

### Agreement of citizen to treatment in day surgery: a conscious choice

Author(s): **Miselli, Maurizio; Capalbo, Maria; Salsi, Mario**

Our project was born from a search about alternative health care to the ordinary admission to the hospital similar or superior in effectiveness to the traditional ones, hoped for The Regional and National Health Plan. This last one pursues adaptability, timeliness, correspondence to the interventions and expectation of citizens. It also identifies special programmes for starting the Day Surgery able to make psychologically easier the ways of acceptance for patients and their families and reducing the downtime for surgical operations.

#### Objectives:

Before hospitalization: Supporting a more conscious choice among patients on methodology for doing the intervention in Day Surgery (empowerment for health);  
In the meantime: guaranting to patients the acquirement of more awareness  
After: increasing the patient's self managing when his healthy conditions has been reached (enable)

#### Methodology:

Particular attention has given to information regarding patient's healthy conditions, after his own hospitalization, useful to maintain the recovery of healthy conditions after his intervention.

#### Actions: identification of:

- Scheme containing information useful for patients before and after their hospitalization to use for every interventions

in day surgery;

- Instrument and criteria for transmitting;
- Measure of informative implements, the condition of product and the number of no proper re-entries in Hospital

#### Forseeable out-comes:

- Bettering the citizen's autonomy in choices regarding his own health condition
- Increasing awareness and skill in maintaining the patient's health condition

#### Contact address:

Miselli, Maurizio  
Montecchio Hospital  
Montecchio - Reggio Emilia  
ITALY  
+39 0522 617118,

#### Abstract 38

### Decreased success rate and prolonged time to onset of axillary brachial plexus block in chronic alcoholics

Author(s): **Neumann, Tim; Joswib, Stefanie; Spies, Claudia; Kox, W.J.**

The success rate and the time to onset of local anesthetics (LA) may vary due to central, spinal and peripheral mechanisms (e.g. hydrogen and/or electrolyte imbalances), which may be affected in patients with chronic alcoholism.

The aim was to investigate, whether success rate and the time to onset (injection-ready to surgery) of axillary brachial plexus block (ABPB) was different in chronic alcohol misusers compared to non-alcoholics.

#### Methods:

After approval from the local ethics committee and written informed consent, 35 male chronic alcoholics and 21 male non-alcoholics requiring upper limb surgery were included. The patients were assigned in two groups according to the Diagnostic and Statistical Manual IV criteria for alcohol abuse or dependence and an alcohol consumption > 60 g/d. ABPB was performed according to standard procedures with Prilocaine.

#### Statistics:

Chi-square-test, Mann-Whitney-U Test.

#### Results:

The patient groups did not differ between basic characteristics and the rate of emergency procedures except alcohol related history.

Alcoholics/Non-alcoholics/p =

ABPD success rate (%) 56%/90%/<0.001

Time to onset (min) 26 (12-40)/18 (8-26)/0.001

Potassium mmol/l 3.7 (2.9-4.3)/3.9 (3.3-4.3)/0.003

pH 7.38 (7.29-7.44) 7.40 (7.35-7.45)/ 0.013

Frequencies (%), median (range).

#### Conclusions:

The lower success rate and the prolonged time to onset of ABPB in chronic alcohol misusers might be associated with metabolic changes.

#### Contact address:

Neumann, Tim  
Humboldt University, University Hospital Charité  
Department of Anesthesiology and Intensive Care  
Schumannstrasse 20/21  
10117, Berlin,  
GERMANY  
+49-30-2802-5065,  
tim.neumann@charite.de

#### Abstract 39

### Patient's School

Author(s): **Auersperg, Vinzenz; Muellner, Andrea; Boehler, Nikolaus**

During a discussion about better management of patients before their hospitalisation particularly our nurses proposed the possibility of a "patient's school". In such a prestationary forum all perioperative investigations could be shown to the patients, the consent-form could be signed and precautions such as the predonations of autologous blood could be demonstrated. The idea of an information meeting as a first step seemed to be feasible, so we carried out on May 4th, 1999 the first "patient's information afternoon". Those patients were invited with their relatives, who were scheduled the following months for an endoprosthesis operation. Since that time we repeated this meeting every three months.

A "patient's information afternoon" contains lectures of doctors, nurses and physiotherapists to the following topics: The course of the hospitalisation, risks and treatment, life expectancy and controls of endoprostheses, postoperative rehabilitation, anaesthesia procedures and blood management. After the lectures there is possibility for discussion in the plenum and personally with all speakers for more confidential conversations.

About half of all invited patients followed so far the invitation and came usually with one or two relatives. An evaluation form was collected from approximately 75% of the patients.

The evaluation brought an outstanding positive reaction for this meeting, and we could improve the events by realizing some of the transferred suggestions.

We found large agreement with patients and colleagues, even if all expectations can not be fulfilled completely. Anyhow the "patient's information afternoon" is well established that now further projects were started up like documentation movies about standard operations shown in the television net of the hospital.

*Contact address:*

*Auersperg, Vinzenz*

*Orthopaedic department of the general hospital*

*Krankenhausstrasse 9*

*A - 4020, Linz, AUSTRIA*

*+43 (732) 7806-747302,*

*vinzenz.auersperg@akh.linz.at*

#### *Abstract 40*

### **Fatigue and physical function following orthotopic liver transplantation.**

*Author(s): Aadahl, Mette*

#### **Introduction:**

Over the last two decades orthotopic liver transplantation has become a therapeutic option for end-stage liver disease. Post-operative assessment of health-related quality of life (HQOL) may be a useful instrument in planning rehabilitation programmes aimed at preventing poor HQOL following OLT.

#### **Aim:**

To describe the self-rated health of Danish OLT patients, to compare their self-rated health against the general population, and to investigate associations between sex, age, diagnosis, time after OLT, and postoperative physical function and fatigue, respectively.

#### **Material and methods:**

All surviving adult OLT recipients, who were transplanted in Copenhagen, Denmark, 1990-1998 (N=154), were contacted by mail and asked to complete a self-administered questionnaire. The questionnaire contained the Short Form 36, the Multidimensional Fatigue Inventory, and the Hospital Anxiety and Depression Scale.

#### **Results:**

The response rate was 84.4% (N=130). The self-rated health of OLT patients was somewhat poorer, but close to that of the general population. The differences were more pronounced in physical than in mental health areas. Diagnosis, work status and survival time after OLT had significant effects on postop-

erative physical function and fatigue.

#### **Conclusion:**

This study suggests that OLT patients may benefit from a physical rehabilitation programme aimed at preventing physical impairment following OLT.

*Contact address:*

*Aadahl, Mette*

*Rigshospitalet*

*Blegdamsvej 9*

*2100, Copenhagen,*

*DENMARK*

*35 45 51 08,*

*maadahl@rh.dk*

## **Health promotion for hospital patients**

#### *Abstract 41*

### **Relationship between perceived balance confidence and risk factors for falls**

*Author(s): Beyer, Nina*

Fear of falling may be present in up to 50% of 70+ year old elderly, and leads to activity restriction more often in fallers than in non-fallers. The purpose of this study was to investigate the relationship between perceived balance confidence and risk factors for falls, i.e. balance performance, walking speed and knee extension strength in a group of recent fallers.

#### **Method:**

Ninetyfour home-dwelling women (70-90 years), who were able to transport themselves, were recruited via the emergency room after a fall accident. Balance confidence (ABC-score), number of falls experienced during the previous year and need of walking aid were assessed through interview. In a subgroup of 70 subjects balance performance (Berg Balance score, BBS), normal/maximal walking speed (NWS/MWS) and knee extension strength (KE) were measured.

#### **Results and conclusion:**

Average age was 78 years. Balance confidence was 11% lower in subjects who had experienced more than 1 fall ( $p < 0.05$ ), 15% lower in subjects who used walking aid ( $p < 0.001$ ). There was a moderate relationship between ABC score and BBS ( $r_s = 0.53$ ,  $p < 0.0001$ ), NWS ( $r_s = 0.65$ ,  $p < 0.0001$ ), MWS ( $r_s = 0.63$ ,  $p < 0.0001$ ), and a weak relationship between ABC and KE ( $r_s = 0.42$ ,  $p < 0.001$ ). These data suggest that there is a relationship between perceived balance confidence and other risk factors for falls in a group of elderly who are mobile.

Contact address:

Beyer, Nina  
Bispebjerg Hospital  
Sports Medicine Research Unit  
Bispebjerg Bakke 23  
2400, Copenhagen NV,  
DENMARK  
+45 35 31 27 33,  
Nina.Beyer@bbh.hosp.dk

#### Abstract 42

### Comprehensive rehabilitation of cancer patients

Author(s): **Huellemann, Brigitte; Huellemann, Klaus-D**

The project started in 1991 in St. Irmingaard's Hospital in Prien, concerning the early integration of cancer patients into society (working place, family etc.)

The main goals are reducing disease, improving quality of life and even health in assisting the patient to cope with the physical and psychological burden of his illness.

#### Methods:

The main topics are: information, social support, skills, adequate coping, psychotherapy.  
Basics: Creating friendly and comfortable environment, stable structures, competent information, social support, skills.  
Intervention programme outline: Weekly information groups, coping, self examination (e.g. breast), graded physical exercise, relaxation techniques, video-clips, on request personal counselling (psycho therapy), personal consultation (prosthesis, bathing, clothes make-up), social counselling (e.g. lymphatic oedems), rehabilitation sport for outdoor patients.

#### Evaluation:

TQM, external institute BfA

#### Results:

The results demonstrated an empowerment in patient-satisfaction, a greater degree of patient's independence in running one's own life, an increase in self report, for staff members an increased job satisfaction.  
We also can determine three different groups concerning therapeutic support (group 1 needing basic treatment, 2 More and ongoing social support 3 specialized psychotherapy).

Conclusions: Our clinical experience supports, that the same dilemma experienced in a social context is less stressful, that mutual support alters the context of concern and that it is an intrinsically universal need to belong to others, to do things with others especially if one is severely ill.

Contact address:

Huellemann, Brigitte  
Med. Klinik St. Irmingard  
Osternacher Strasse 103  
D - 83209, Prien/Chiemsee, GERMANY  
08051/607-775,  
Prof\_Hue\_Klinik\_St\_Irmingard@t-online.de

#### Abstract 43

### Can regular training improve risk factors for falls and disability in elderly women with increased risk of falling

Author(s): **Beyer, Nina; Kjaer, Michael**

#### Introduction:

Falls in elderly may lead to disability, and therefore the purpose of this study was to investigate if regular training could improve risk factors for falls and disability in elderly women with increased risk of falling.

#### Methods:

63 home-dwelling women were included via the emergency room after a fall accident. Baseline assessments comprised normal and maximal walking speed (NWS, MWS), isokinetic knee extension/flexion strength (KE/KF) and balance (Berg Balance Scale (BBS)). The subjects were randomised into a control-group (CG) and a training-group (TG, training 2x1h/w for 6 months). Data of those who completed the intervention period were compared at 6 months.

#### Results and conclusion:

The subjects were  $78 \pm 0.9$  yr./ $78 \pm 0.8$  yr. old (mean  $\pm$  SE, (CG, n=28)/(TG, n=24)), and 80% of the women suffered from chronic diseases. While no changes were found in CG after 6 months all measured parameters had improved significantly in TG: NWS (11%), MWS (14%), KE (21%), KF (42%) and BBS (7%). Furthermore, the rate of force development in KE and KF had increased, which theoretically could be of importance in falls prevention. These data suggest that regular training can reduce risk factors for falls and disability in women with increased risk of falling. Finally, existing follow-up data indicate that training induced improvements can be maintained 6 months after completion of the intervention.

Contact address:

Beyer, Nina  
Bispebjerg Hospital  
Sports Medicine Research Unit  
Bispebjerg Bakke 23  
2400, Copenhagen NV, DENMARK  
+45 35 31 27 33,  
Nina.Beyer@bbh.hosp.dk

## Abstract 44

**Falls Prevention**

Author(s): **Christodoulou, Kostakis; Waterman, Caroline**

**Background:**

In England and Wales over 1500 people aged 65 years and over die each year because of a fall in the home. A multi-agency steering group has been formed to work on ten falls intervention programmes.

**Aims:**

Programmes for vulnerable people aim to:

1. Reduce the risks of falls and injuries requiring hospital admission.
2. Promote life enhancement skills.
3. Promote independent living in the community.

**Falls Prevention Programmes:**

## 1. Theatre Production

"We All Fall Down", is a funny and touching play by playwright, Michele Celeste. It tours day centres and audiences are offered free home safety checks.

## 2. Pharmacy Health Promotion Campaign

Two of the England's top comedians, Maureen Lipman and Sir Norman Wisdom led a Pharmacy Health Promotion campaign over four weeks.

## 3. Four Community and Hospital based physical activity programmes

A ten-week physical activity class led by physiotherapists and developed using evidence based practice aims to improve balance and strength in older fallers.

## 4. Two Foot Health projects

Providing regular footcare and issuing appropriate footwear aims to reduce this common risk factor for falls in older people.

## 5. Enfield Handyperson and Haringey Practical Tasks Scheme

Two projects focus on accident prevention through safety checks and repairs in the home.

*Contact address:*

Christodoulou, Kostakis  
Enfield and Haringey Health Authority  
Holbrook House  
Cockfosters Road, Barnet, Hertfordshire  
EN4 ODR, London,  
UNITED KINGDOM  
020 8272 5700,  
kostakis.christodoulou@enhar-ha.thames.nhs.uk

**Health promotion for women and children**

## Abstract 45

**The promotion of breastfeeding - Best practice**

Author(s): **Thomas, Sheryl Grace**

Breastfeeding offers the healthiest start to a baby's life. It is well documented that good health in the early years of a child's life is a major factor for good health in later life. Yet, the UK has one of the lowest breastfeeding rates in Europe, and Wales is near the bottom of the league with a few as 48 percent of mothers initiating breastfeeding.

There are many complex reasons for this poor rate, but health care practices which interfere with breastfeeding have been identified as the major factor contributing to its erosion. In order to promote the health of future generations via the benefits of breastfeeding, Llandough Maternity Unit adopted the Baby Friendly Hospital Initiative (BFHI), which is an evidence based global campaign by the World Health Organization (WHO) and the United Nations Children's Trust (UNICEF). This was achieved by adopting the "Ten Steps to Successful Breastfeeding" which focus on the successful education and support of pregnant and breastfeeding mothers.

We are the first district general hospital in Wales to gain the prestigious Baby Friendly Hospital Award. Staff are trained to promote and support breastfeeding mothers and this has made a difference. Increasing numbers of women are choosing to breastfeed (currently 60% in the unit, already up from 49% in 1995), since all receive quality care and accurate information which allows them to make a fully informed decision about feeding their baby.

*Contact address:*

Thomas, Sheryl Grace  
Llandough Hospital Maternity Unit  
Penlan Road, Llandough, Penarth  
CF64 2XX, Cardiff, Wales,  
UNITED KINGDOM  
+44 (0)29 20 716093,

## Abstract 46

**Reflexology and relaxation therapy in a Maternity Hospital**Author(s): **Cull, Gertie**

Reflexology and relaxation therapy is a recognized and valuable therapeutic option in many health care settings. (Benson 1988)

In 1995 it was recognized that certain categories of women attending the National Maternity Hospital would benefit from these therapies. Many members of the Nursing and Midwifery staff were qualified as Therapists and were interested in being involved in providing a reflexology service.

A room with a relaxing environment was provided, within the Hospital and Therapists were selected by the Director of Midwifery. A team of six midwife reflexologists are involved in providing the service.

**Selection of Clients/Patients:**

Patients/Clients are referred by Consultants, Ward Managers and Community Midwives. Women whose medical treatment has not been effective are referred for treatment. Patients' suffering from conditions such as: endometriosis, hyperemesis, hypertension, depression and stress related problems. Initially the course consists of eight treatments. A health profile (Duke) is completed before and after the course of treatment. A personal evaluation is also completed at the end of the course. Feedback from patients/clients has been extremely positive and demands for these therapies within the hospital are increasing.

*Contact address:*

Cull, Gertie  
National Maternity Hospital  
Holles Street  
2, Dublin, IRELAND  
tutors@nmh.ie

## Abstract 47

**The Children's Ark**Author(s): **Cunneen, Helen; Carroll, Liam****Vision:**

To change the curative institutional environment.

**Rationale:**

The physical environment has an impact on the child's hospi-

tal experience and recovery. Hospitals play a significant role in the provision of service to staff and patients alike. Authors have quantified the benefits of appropriate and aesthetic environments and incorporating Health Promotion on the healing process. Traditionally this evidence has been slow to permeate the planning process.

**Strategy:**

To enhance the physical environment in a child friendly and health promoting way.

**Aims and Objectives:**

The Mid-Western Regional Hospital commissioned a new paediatric wing in 1996. Funding for the initial plan indicated a functional and generic approach to the brief but voluntary intervention from a number of key staff from various backgrounds sought to customise the building in a more child friendly and health promoting way.

**Outcome:**

An enhanced aesthetically pleasing child friendly and health promoting environment to support the child patient and his family during the inpatient phase of hospital treatment.

**Methodology:**

Funding for the project had to be raised voluntarily. The project fostered a significant learning experience for all involved, including architects, health board management. Commissioning team and clinical staffs

Examples of the changes included:

- Child friendly design features and play areas throughout the unit.
- Purpose designed outdoor play area.

**Results:**

This experience will have a significant impact on future works commissioned in the public health sector, in terms of:

- Expanding the boundaries of imagination in providing hospital facilities for children
  - Encouraging the possibility of experimentation in facility design.
  - Supporting a family centered approach to providing in hospital care for children
  - Expansion of the scheme to other areas of the hospital e.g. theatre. - Thus:
- "Reinforcing the positive experience".

*Contact address:*

Cunneen, Helen  
Med-Western Regional Hospital  
Dooradoyle Limerick  
061, Limerick, IRELAND  
482468,  
hcunneen@mwhb.ie

## Abstract 48

**Organisation of a paediatric pain service**Author(s): **Messeri, Andrea**

Pain is one of the most common problems experienced by patients of all ages. Pain in children is now recognised as a significant debilitating symptom that affects quality of life. Although advances in pain management have been made, there is still a need for improvement. Lack of knowledge on state of the art pharmacological and non-pharmacological practices as well as common myths and misconceptions surrounding opioid use are the most common barriers to effective pain management. Pain is a significant acute and chronic symptom during or after treatment and is often undertreated. Although the majority of children and adolescents who have pain requiring medical attention can be treated by the paediatrician or family practitioner, the growing complexity and sophistication of medical and surgical practice, especially in tertiary care centers, has resulted in increasing numbers of children who have acute and chronic pain problems.

We present our experience with a multidisciplinary pain service organised at Meyers childrens hospital. The major goals of the service are: a) to provide consultative services; b) to provide direct patient care when appropriate; c) to educate health professionals and d) to increase our understanding of the experience, assessment, and management of pain. We describe the composition and the activity of the service and the characteristics of treatment, and we specifically examine the personnel time requirements. We hope that this information will aid physicians and other health care professionals in planning services for the treatment of children and adolescents with pain.

Contact address:

Messeri, Andrea

Meyer Children's Hospital

Via Luca Giordano 13

50139, Florence, ITALY

++39 055 5662400,

a.messeri@ao-meyer.toscana.it

## Abstract 49

**Realization programmes health promotion on the Children's Memorial Institute in period september - december 2000**Author(s): **Rózyckla, Bogumika; Piegdon, Grazyna; Nowak-Parzygnat, Bogumila**

Goal: Elaborate new forms of collaboration on line health insurance establishment

Protection health for good health in new system a national health insurance.

Introduce to Polish Government, Ministry of Health reform a National Health Insurance since 1st January 1999 who was depended to call seventeen Regionals Cash Ills, created real chance to be ac-tivities for health/collaboration on share with institution to financial programmes of sanitaes.

In our region on National Health Insurance was created - Mazowiecka Regional ash Ills/ MRCI/. Inside this part was called Department of Health Promotion which since part on year 2000 made knows, advertised to competition for share service sanitaes in range preventives programmes salu-brious.

The Children's Memorial Health Institute since established 1992 belongs to:

- Member of The European WHO Network of Health Promoting Hospitals
- The Polish Network Health Promoting Hospitals.

Institute have obligatory programme at health promotion but new Department of Health Promotion on MRCI created for hospital news possibility to financial project. After competition and published negotiations results institute had a chance bring in the next pro-programmes at health promotion.

1. Early detect specific difficulty perceptive faculty from childrens in age primary school. First programme was realized on period: September-December 2000. Programme entering fourteen primary schools community Loców/parish. On schools carred over and reasons difficulty perceptive faculty by childrens. The next carred over neuropsychological investigations childrens who was typed.

Teachers. Investigationed 37 children, elaborated for everyone rehabilitations, pedagogicals indications, which discussed on teachers. Information about programme was located on poster who was presentative in The National Conference "Help child and Him family".

Evaluation:

Meeting with teachers and investigations childrens in age primary school detection huge scale prob-lem: about 30 % school-boys, school-girls have difficulty with learning and specific troubles in scope perceptive faculty.

2. Programme preventive of diabetes type 1 on period: september - december 2000.

Goal: Education essentials in childhood diabetes and juvenile diabetes

Programme was entering 974 children.

Applications following methods activity:

- lectures

- workshops educationals
- individual instructions
- educationals materials

#### Evaluation:

Programme was depended to controls of knowledges patients to next visit in the Polyclinic depart-ment of diabetes ChMHI. All educationals methods was wrote in the case record with attentions about results in diabetes knowledge.

3. Programme preventive the mammary cancer by women staff in the children's memorial institute on period: september-december 2000.

Goal: detects women with huge risk to be ill on the mammary cancer.

Programme was entering 395 women in age 21-60 years old. Applications following methods activity:

A/ individual instruction – with:

- instruction women role self-control in investigation breasts on early detect the mammary cancer
- give reasons to done a self-investigation breasts
- calculation individual chance to be ill on the mammary cancer
- self-control the axillary lymph nodes

B/ workshops

C/ lectures

#### Evaluation:

In target group detected a woman with huge risk to be ill on the mammary cancer /29/. Huge risk to be a sick was calculated by Polish Foundation European School of Oncology. Women who had a huge risk was remained to specialistic diagnosis/ultrasonography/. Breasts/ and Department of Polyclinic Staff was taken this woman to actives counselling group.

All programmes was financials by mazowiecka regional cash ills in 30 %.

#### Contact address:

Rózyckla, Bogumika

The Children's Memorial Health Institute

Aleja Dzieci Polskich 20, street

04-736, Warsaw,

POLAND

+48 22 815 31 54,

bogda@czd.waw.pl

#### Abstract 50

### Don't eat for two

Author(s): **Nedergaard, Anne-Louise**

Diet guidance and instruction for overweight pregnant women with a Body Mass Index above 28 before pregnancy.

#### Objective:

The purpose is to inspire overweight pregnant women to get healthy diet- and exercise habits and to keep these after birth. The primary object is a weight increase of maximum 8 kilogram during pregnancy based on guidance from the so-called Northern nutrient recommendations (NNA).

Secondary object is a weight reduction after the birth.

#### Method:

The overweight pregnant woman is offered individual dietary guidance by a clinical dietician from the hospital.

Dietary treatment is a balance between the dietary principle, the individuals stipulated objective and the pregnant woman's resources and life quality.

The individual guidance is expected to last on average 3 hours.

Further more the project offers group instruction about exercise and diet.

#### Conclusion:

Change of lifestyle among overweight pregnant women by offering individual dietary guidance and instruction is from a health professional viewpoint a relevant health promotion project.

On the average the age was 26 ½ years. The majority of the participants had had multiple pregnancies and births and they all had a BMI above 28 before pregnancy.

Weight increase during the pregnancy ranged between 1-22 kilogram. On average this is 8 kilogram per person. Several participants had at the beginning of the pregnancy lost weight.

#### Contact address:

Nedergaard, Anne-Louise

Grenaa Centralsygehus

Sygehusvej 6

8500, Grenaa,

DENMARK

## Abstract 51

**Post menopausal women health promotion program**

Author(s): **Omodei, Umberto; Avisani, Rosaria; Sarica, Annamaria; Rizzo, Leila**

Actually in Italy ten millions of women are in post-menopausal state. OMS prediction estimates that in the next thirty years in the world the women in menopause will be the unbelievable number of a billion and two hundred millions. Hormonal deficiencies in the female organism during menopause can determine a series of short and long term effect. In some cases disorders can be modest and easily tolerable, in others they are difficult to tolerate and impede every day activities.

**Aim and objectives:**

- Improve health and well-being of middle age women and in their following years, prevent or delay serious medical illness through education
- Enhance scientific knowledge through chemical research
- Provide educational for women, the community and health care providers

**Main activities**

- Weekly education classes on one month rotation, by a multi-disciplinary team, including gynecologist, mid wife educator, psychologist, nutritionist
- Education on menopause and hormonal deficiency, HRT risks and benefits, biophysical screening, nutrition and physical exercise program
- Evaluation methods and results

Disease Management - Self-aid group - Satisfaction and efficiency questionnaires

**Contact address:**

Omodei, Umberto  
Spedali Civili  
Obstetric - Neonatology and Gynecology Department  
Piazzale Spedali Civili, 1  
25100, Brescia, ITALY  
030/3995954,  
relpub@spedalicivili.brescia.it

## Abstract 52

**Risk of preterm labour and it's evaluation**

Author(s): **Anuilené, Rosita**

**Objective:**

Objective of the study is to investigate and evaluate the influence of medical, biological, psychosocial factors of pregnant women's life on preterm birth and to work out the methods

of preterm birth prognosis for antenatal service institutions-women's consultation centres.

**Material and Methods:**

This is a case control study, a comparative study of women with preterm and a term labour.

**Conclusion:**

1. The strongest influence on preterm labour was exerted by the following risk factors:

- Unfavourable history (former preterm births, Cesarean sections; small birth weight babies; infertility, >2 induced abortions, >2 spontaneous abortions).
- Characteristics of the course of the present pregnancy: vaginal infection in the first and second halves of pregnancy, small (0-5 kg) weight gain during pregnancy.
- Woman's illness: kidney and urinary tract diseases, essential hypertension, anomalies of the sex organs and myomas of the uterus.

Age of woman (>17 and <30 years)

2. Predisposition to stress and psychoemotional shock during 22-28 week of pregnancy had influence on preterm labour.

3. Psychosocial factors: primary or lower education of gravida, unstable family situation (unmarried, divorced, widows, living with the man unregistered, constant feeling of fear during pregnancy had influence on preterm labour).

4. Shift work, work under intensive noise up to 12h/a day, standing work up to 10-12 h/a day and too great physical activity had influence on preterm labour.

5. It is very important that due attention be paid to these risk factors from the very beginning of antenatal care at Women's Consultation Centers.

**Contact address:**

Anuilené, Rosita  
Kaunas University Hospital  
Eiveniu 2  
LT - 3007, Kaunas,  
LITHUANIA  
3707-331498,  
rositaan@hotmail.com

## Abstract 53

**Children born in the public hospital Day**

Author(s): **Pecorelli, Sergio; Avisani, Rosaria; Ugolini, Alda**

**Introduction:**

Since three years the Obstetrics-Neonatology and Gynecology Department of the public hospital "Spedali Civili" of Brescia organizes the "children" born in the public hospital Day".

The birth places in the district are two; a first level one (Gardone V/T) and a third level one (Brescia). Altogether about 4500 babies were born out of the total of more than 11392 in Brescia and Province, representing about 40%.

Aim of the day for children born in the public hospital is to:

Underline how birth is a natural event during the life of a woman and couple

Underline the awareness that citizens need consider the hospital, not only as a place of illness and suffering, but also as an organization taking care of personal need, of territorial requirements and in the sharing of social and personal health projects

Thank the families of Brescia for the trust shown in the more important moment of their individual and family life

#### Purposes:

Open the door to the operating areas of the birth department

Let children and parents realise in a playful way the importance of being surrounded by a friendly and pleasant atmosphere at the moment of birth

Communicate the year work programs and projects of the Department and test the satisfaction of citizens

Highlight the hospital's commitment as "Health promoter", in all phases of a person's life

Evaluation methods and results: educational and playful

Educational: visit to the areas dedicated to births, distribution of a "Birth Diploma", presentation and explanation of videos related to pregnancy and birth, and the distribution of snacks focused on children's eating diets.

Playful with "Fun areas", make-up, games, fairy tales, music and puppets.

Contact address:

Pecorelli, Sergio

Spedali Civili

Obstetric - Neonatology and Gynecology Department

Piazzale Spedali Civili, 1

25100, Brescia,

ITALY

030/3995954,

relpub@spedalicivili.brescia.it

#### Abstract 54

### Yoga for pregnancy

Author(s): **Flaherty, Carmel**

#### Objectives:

To promote yoga as a holistic form of therapy in pregnancy  
Promote benefits of yoga - physically, mentally and emotionally.

Prepare women for the labour and delivery experience through yoga approach.

#### Methods:

Provide one hourly classes four times per week.

Content to include various breathing techniques, postures followed by deep relaxation and visualisation.

Yoga classes evaluated through a qualitative and quantitative questionnaire.

#### Results:

Overall satisfaction rates very high.

Many women found it helped during labour and delivery e.g. reduced the need for pain relief and gave more stamina and energy for the birth.

Gave a more focused and internal connection between mother and baby.

Helped with postnatal blues.

#### Conclusions:

Classes now on-going one year with very positive results.

Yoga gives women another tool to enhance this huge life experience of childbirth.

Commitment to continue and expand the classes as the need arises.

Contact address:

Flaherty, Carmel

National Maternity Hospital

Holles Street

1 - 15, Dublin,

IRELAND

01-6766623,

cflaherty@nmh.ie

## Health Promoting Hospitals

#### Abstract 55

### The Environmental Cell in the Khyber Teaching Hospital: HPH's in the North West Frontier Province, Pakistan.

Author(s): **Zaman, Mukhtiar; Richardson, Denise; Zahir Shah,**

Early 2000 a new concept (HPH's) was introduced to key stakeholders at the Khyber Teaching Hospital 1. Unique in North West Frontier Province (and Pakistan), supported by the Environmental Planning Agency, the hospital management recognised the need for a strategy 2 to steer the emerging shift in conceptualisation of the hospitals role towards public health and health promotion 3, 4. New awareness of

the potential of HPH's, embracing this broader population-health-environment 5 approach has provided additional support for the Environmental Cell' in responding to specific health needs. Our purpose in this workshop is to:

1. Account briefly for the development of the 'Environmental Cell';
  2. Outline the strategy for the implementation of the WHO HPH's approach and development of a healthy hospital organization;
  3. Demonstrate by example evidence based health promotion programmes: to tackle specific health needs of the population:
    - Vaccination of vulnerable staff for the prevention of communicable diseases (Hepatitis B & TB);
    - Reducing risks from environmental pollution and hazards;
    - Providing public information using the 'Guide Mans'.
- The challenge before us now is how we can tap into the social and intellectual capital inherent in partners belonging to the HPH's network which have benefited both rich and poor countries 6, 7, 8

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#### Contact address:

Zaman, Mukhtiar  
Khybur Teaching Hospital  
North West Frontier  
, Peshawar,  
PAKISTAN  
00 92 91 217817,  
mza1@psh.paknet.com.pk

#### Abstract 56

### Health Promotion Activities in a large teaching hospital in Dublin, Ireland

Author(s): **Comerford, Denise; Clarke, Dr Anna**

St. Vincent's University Hospital (SVUH) is a large teaching hospital for doctors, nurses and allied professionals in south county Dublin, Ireland. It has had a Department of Preventive Medicine since 1970's with a strong affiliation to the Cardiac Department of the hospital. SVUH has been a full member of the National Health Promoting Hospitals (HPH) Network since the National Network was launched in 1997.

This Poster Presentation will display an overview of the Health Promoting Activities, which are currently being undertaken in the hospital.

The display includes:

- Health Promotion for Staff
- Poster Board Displays
- Information Stands
- Healthwise Newsletter
- Stop Smoking Services
- Cardiac Rehabilitation
- Health Promoting Seminars for 2nd level school students
- Official HPH Projects

#### Contact address:

Comerford, Denise  
St. Vincents University Hospital  
Education & Research Centre  
Elm Park  
i - 4, Dublin,  
IRELAND  
003531 2838123,

#### Abstract 57

### A Health Promoting Hospital in Thailand

Author(s): **Promptussananon, Supa**

The purpose of this study was to reorient Nopparat Rajathane Hospital as a Health Promoting Hospital in Thailand.

#### Objectives included:

- 1) to identify the real need and it's determinants on health promotion
- 2) to improve the health promotion behaviors and health promotion services
- 3) to coordinate the efforts of the hospital staff in order to provide high quality health promotion services.

The study approach utilized the 8 steps of the model of emancipatory action research for organizational change as a research design for action and development process and components of the integrative approach for the HPH model. It was carried out for two years.

To define the HPH program was done by breaking it down into eight main activities:

- 1) situation analysis
- 2) developed shared vision
- 3) improve leadership skill for team building
- 4) spread shared vision to all hospital staff
- 5) intervention of HPH program
- 6) get feed back on draft policy
- 7) monitor the whole process, and
- 8) program summary.

The research participants included in this study were hospital 1,365 of hospital staff. Results indicated that hospital staff improved their health status which indicated by the physical fitness test, psychological and stress test, annual health check up report and the hospital organization was more healthy organization.

*Contact address:*

Promtussaananon, Supa  
Nopparat Rajathanee Hospital  
109 Raamintra rd. Kannayaw  
10230, Bangkok,  
THAILAND  
66 2 9178915,  
supaprom@yahoo.com

## National and Regional HPH Networks

*Abstract 58*

### The Danish Network of Health Promoting Hospitals

*Author(s): Moeller, Lillian; Lindgren, Lise*

The Danish Network of Health Promoting Hospitals was formally founded 22 March 1999. Since then membership has continued to grow and today counts 43 individual hospitals (out of app. 70 Danish hospitals.).

The daily management and co-ordination of the Network take place at the Secretariat at Bispebjerg Hospital, Copenhagen. A full-time network co-ordinator and a full-time secretary form the Secretariat.

A forum of 2 representatives from each of the 43 member hospitals constitutes the Council. This forum meets once a year to conduct formal business and to determine future focus areas.

For each focus area, an interdisciplinary task force with a formally appointed task force co-ordinator is established across the member hospitals. The work of the task force is based on a set of terms of reference endorsed by the Council.

The concrete output of a task force would usually be models, methods, guidelines and/or recommendations for the implementation of a specific health promoting programme.

Each year two new focus areas are selected. Common network activities have been initiated in five different focus areas.

- 1) Smoke-free hospitals
- 2) Mapping out health promoting activities at Danish hospitals
- 3) Cardiac rehabilitation
- 4) Nutrition
- 5) COLD, Chronic Obstructive Lung Disorder

Conferences, seminars and meetings on specific health promoting subjects are arranged regularly.

A newsletter is published twice a year and a website: [www.forebyggendesygehuse.dk](http://www.forebyggendesygehuse.dk) has been established.

*Contact address:*

Moeller, Lillian  
Secretariat, Danish National Network of Health Promoting Hospitals  
Bispebjerg Hospital  
Bispebjerg Bakke 23  
2400, Copenhagen NV,  
DENMARK  
+45 35316317  
LM04@bbh.hosp.dk

*Abstract 59*

### The Austrian Network of Health Promoting Hospitals

*Author(s): Dietscher, Christina; Nowak, Peter*

The Austrian Network of Health Promoting Hospitals was established in 1996 with the aim of supporting as many hospitals as possible in the re-orientation towards a Health Promoting Hospital.

**The main strategies of the network are:**

- 1) Agenda-setting, promotion of interest and motivation for Health Promoting Hospitals:

- annual network conference and conference publication
  - network newsletter twice annually
  - regularly updated network web-site ([www.univie.ac.at/oengk](http://www.univie.ac.at/oengk))
  - internet network project database
  - publications, presentations
- 2) Promotion of the institutionalisation of Health Promoting Hospitals in Austria:
- Procedure for attaining the status as partner hospital of the Austrian Network of Health Promoting Hospitals
  - Project Counselling workshop as a strategy of quality assurance and –development
  - twice-annually network business-meetings with relevant partners from hospitals and health policy
- 3)Thematic initiatives to promote specific health promotion topics:
- at present: joint project of 3 partner hospitals: "co-production by empowerment: improving clinical outcome of surgical patients"

The poster will provide an overview about the current state of development of the different network strategies, and about the partner hospitals of the Austrian Network.

*Contact address:*

*Dietscher, Christina*

*Ludwig Boltzmann-Institute for the Sociology of Health & Medicine*

*Universitätsstraße 7/2*

*1010, Vienna,*

*AUSTRIA*

*+43/174277-48290,*

*oenet.soc-gruwi@univie.ac.at*

#### *Abstract 60*

### **State of the International WHO Health Promoting Hospitals (HPH) Network 2001**

*Author(s): Gröne, Oliver*

The aim of the WHO HPH project is to incorporate the concepts, values and standards of health promotion into the organizational structure and culture of the hospital. Today, the International HPH Network comprises 23 member states, 29 national and regional networks, 1 thematic network on Health Promoting Psychiatric Hospitals, and more than 500 member hospitals. Member hospitals run projects in the following areas: to promote the health of staff and patients, to improve the health promotion potential of the hospital organization and to provide health promotion services for the community they serve. All projects are registered in the WHO HPH database. The focus of the most frequent projects can be summarized as following:

Patient-oriented (314 projects overall): patient satisfaction

(127 projects); psychosocial aspects (84); nutrition (75); diabetes (62); tobacco (59);

Staff-oriented (270): staff satisfaction (106); interprofessional communication (79); working environment (74); psychosocial stress (65); other (60);

Organization-oriented (174): quality management (94); culture change (66); hospital as a workplace (51); building a learning organization (51); hospital hygiene organization (36);

Community-oriented (172): health information (59); communication hospital-community (57); nutrition (43); tobacco (42); other (37);

The International Network of HPH is coordinated by the WHO European Office for Integrated Health Care Services in Barcelona (<http://www.es.euro.who.int>).

*Contact address:*

*Gröne, Oliver*

*WHO European Office for Integrated Health Care Services*

*Marc Aureli 22-36*

*08006, Barcelona,*

*SPAIN*

*+34 93 241 8271,*

*ogr@es.euro.who.int*

#### *Abstract 61*

### **The Regional Network of Health Promoting Hospitals Berlin-Brandenburg**

*Author(s): Schmidt, Werner*

The Regional Network of Health Promoting Hospitals Berlin-Brandenburg realized 1998-2001 an intermediate-term joint project of connecting the HPH-concept with the model for quality management EFQM.

The Poster give informations on the planning,realization and evaluation-and demonstrate this HPH-Project " Handbook on Quality Management and Health Promotion in Hospital".

*Contact address:*

*Schmidt, Werner*

*Company/Institution*

*Immanuel Krankenhaus GMBH - Reumaklinik*

*Königstrasse 63*

*14109, City*

*Berlin Wannsee,*

*GERMANY*

## Abstract 62

## Swiss Network of Health Promoting Hospitals - A WHO Network

Author(s): **Undriz, Nils**

Status as of April 2001

### What's it all about?

The health-promoting hospital seeks to enhance its standard cure-oriented medical activities with a policy that is oriented more towards "health enhancement." This presupposes concrete actions in the areas of:

Patients (e.g., participation in the healing process)

Staff members (e.g., healthy working conditions)

Hospital organization (e.g., integration of health-promoting policies)

### Who is the Program Sponsor?

In 1992, The World Health Organization (WHO) created the idea of Health Promoting Hospitals (HPH) on the basis of the "Budapest Declaration." Today, some 20 regional and national networks involving more than 400 hospitals, all of which have accepted the WHO goals, have associated themselves with this movement.

### To whom is this Program Directed?

The program is directed to all hospital categories, i.e., such as acute medicine, psychiatry, rehabilitation or gerontology, and also includes both public and private institutions. It is also directed to hospital associations and health networks as well as to interested institutions, individual people and students.

### Swiss Sponsorship

On October 1, 1999, some 11 hospitals in Switzerland established the sponsoring association, "The Swiss Network of Health-Promoting Hospitals - A WHO Network." Since then, additional hospitals and hospital associations have joined. A four-person Steering Committee is responsible for the Association's strategy, a six-person Selection Committee evaluates the propositions for the awarding of certificates and requests for financial support by the Foundation.

### What does the Network Offer?

The network organizes the exchange of experiences, offers conferences and seminars and seeks promoting materials. It grants a certificate to hospitals and hospital associations which fulfill the criteria for health-promoting hospitals. It carries out a project together with several membership hospitals, e.g., such as, "Hospital Personnel Overcome Stress." With the Swiss Foundation for Health Promotion, there is an agreement for encouraging health-promoting activities. The Network receives support from the Federal Health Department and from the Medical Directors Conference (Sanitätsdirektorenkonferenz, SDK). On September 30, 1999, the SDK made a recommendation to all cantonal medical directors to support health promotion in the hospital description.

### How does the Hospital become Health-promoting?

In order to be allowed to display the health-promoting certificate, a member must:

- Accept the idea of health promotion in the hospital description and present an implementation program
- Carry out and encourage health-promoting activities and projects

- Utilize the recommendations from the Federal Health Department for a smokeless hospital environment

### Pre-requisites for Joining

Hospitals, institutional homes and hospital associations which would like to join the WHO network of health-promoting hospitals should:

1. Endorse the basic principles and strategies of the Budapest Charter and the Viennese recommendations of the WHO;
2. Become a member of the Sponsoring Association of the Swiss network;
3. Adhere to the rules and recommendations that are prepared by the Swiss Network, the World Health Organization and the institutions that the WHO authorizes. Hospitals, institutional homes and associations that belong to the Swiss Network automatically become a member of the International Network of the WHO.

Interested institutions and parties should support the goals of the network.

### Membership Categories and Membership Affiliations Include:

#### Ordinary members

- Single membership (hospital, institutional home)

One-time admission fee CHF 850.-

Annual subscription dues CHF 850.-

WHO contribution per year: US\$ 100.-

- Collective membership (Hospital association)

One-time admission fee CHF 1000.-

Annual subscription dues: CHF 1,700.-

WHO Contribution: US \$ 100.-

#### Partnership

- Institution

Annual subscription dues: CHF 350.-

- Single individual

Annual subscription dues: CHF 100.-

- Students

Annual subscription dues: CHF 75.-

Recommended Homepages: [www.univie.ac.at/hph/](http://www.univie.ac.at/hph/)  
<http://es.euro.who.int>

### Contact address:

Undriz, Nils

Swiss Network of Health-Promoting Hospitals

Weidweg 14

5034, Suhr,

SWITZERLAND

41-(0)062 836 20 35,

office@undritz.ch

## Abstract 63

**The Emilia Romagna regional HPH Network**Author(s): **Simonelli, Fabrizio**

The HPH Emilia Romagna Regional Network was constituted in April, 1999 and it is co-ordinated by the LHU of Reggio Emilia. Nowadays, 18 Local Health Unit take part to the regional network including 65 hospital frameworks.

**The aims of the Emilia Romagna regional network are:**

- realization of a sensible transformation of the hospital frameworks as settings able to promote health of patients, their families, health workers and community;
- contributing to implement the health regional policies;
- development of initiatives and links with the national and international HPH network.

**At the present time the main outcomes are the follows:**

- all LHU take part to the HPH project;
- a Co-ordinating Centre of the regional network has been created ("S. Anna" Hospital) (\*);
- six interLHU-working groups have been constituted;
- an operating system of Co-ordinators and Assistants of the HPH project is working every month ;
- a useful collaboration with the Health Council Office of the region has been set-up;
- co-ordinating action development at national level.

The HPH project finds correspondence in the programmatic lines of the National and Regional Health Plan  
In particular, the Regional Health Government has set-up the institution of the Health Plans and takes part to the 'Region for Health' Project.

(\*) Co-ordinating Centre:

'S. Anna' Hospital – via Roma, 2 – 42035 Castelnovo ne' Monti (RE) – Italy

Tel.: +39 522 617174 - Fax: +39 522 617118

E-mail: [simonellif@ausl.re.it](mailto:simonellif@ausl.re.it)

*Contact address:*

*Simonelli, Fabrizio*

*S. Anna' Hospital*

*via Roma, 2*

*42035, Castelnovo ne' Monti (RE),*

*ITALY*

*+39 522 617118,*

*[simonellif@ausl.re.it](mailto:simonellif@ausl.re.it)*

## Abstract 64

**The Swedish Network for Health Promoting Hospitals**Author(s): **Kristenson, Margareta**

A Health Promoting Hospital is defined as a hospital with health-oriented management and concern for health-development of its patients and its personnel as well as for the health development of the public in its catchment area.

The University Hospital of Linköping was one of twenty hospitals that in 1993 constituted the WHO network of Health Promoting Hospitals (HPH). The Swedish network was established 1996, and is co-ordinated from Linköping Center for Public Health Sciences.

For a membership, the hospital management must sign the same general contract as for the international network. In addition the Swedish Network has specific demands; the perspective of HPH as outcome oriented institutions is stressed. By this is meant that management is governed not only by evidence-based medicine but also by outcome-based management, using outcome measurements resulting from routine outcome studies in the hospital/clinic.

The professionals should judge the outcome including measurements of patients own self-rated health. Each member hospitals are supposed to carry out and report on at least three studies, called Sub-projects. The Sub-project has to relate to each of following main topics:

- Health gain for patients
- Health gain for personnel
- Health gain for society

In February 2001, the network had 17 members and further 10 or so hospitals have declared their interest and are in the process of making a final decision. The members represent small and large hospitals

The network is steered by a committee where every hospital has one vote. The annual plan of work is determined by the committee, which is assisted in its daily work by a secretariat located at the Centre of Public Health Science, Linköping University. The secretariat guides and supports the process leaders. It also facilitates the exchange of experiences among the network members, with the aim of building up a store of documented and evaluated practical examples of health-oriented management, both at the level of hospital organisation and administration and at the level of patient care and community support.

*Contact address:*

*Kristenson, Margareta*

*Linköping Centre for Public Health Sciences*

*581 85, Linköping,*

*SWEDEN*

*+46/13/22.50.95,*

## Abstract 65

**The increasing relevance of health promotion in hospitals**

Author(s): **Härm, Tiit; Mäeltsemees, Helle**

The Estonian Network of HPH was established in January 2000 and presently includes ten hospitals. The total number of subprojects which are carried out in 10 hospitals is 27.

At the present stage of development we are working on the following issues:

1. Establishment of a professional network among hospitals devoted to constant health promotion activities both within the hospital and in the local community
2. Implementation of evidence based health promotion programs in clinical practice with an objective to: increase patient participation in managing their disease, decrease CVD, improve quality of life
3. Integration of the patients rights approach into HPH: information available for patients and population on the Tartu University Clinics' Homepage: ([www.kliinikum.ee/patsiendiinfo](http://www.kliinikum.ee/patsiendiinfo)), guidelines
4. Health promotion at working places: risk analysis, hospital food and hygiene, fitness training, non-smoking hospitals, communication skills
5. The role of nurses in health promotion: they are the key persons in health promotion due to their direct contact with patients, families and population
6. "Arts in the Service of Health" program: arts as a major aspect of today's hospitals strategies to humanise the health care environment
7. Hospitals will become local health care centres creating a common platform for cooperation with General Practice, Community Pharmacy and Nursing;
8. The cooperation in the HPH network on both national and international levels (cooperation with the Lithuanian Network of HPH).

Contact address:

**Härm, Tiit**

Estonian Centre for Health Education and Promotion

Rüütli 24

10130, Tallinn,

ESTONIA

+372 6 279 281,

[tiit.harm@mail.ee](mailto:tiit.harm@mail.ee)

# Friday, May 18

## Poster Presentations

### Smoke free hospitals

## Abstract 66

**Swimming with sharks: the challenges of developing "health promoting" health policies**

Author(s): **Quinn, Jacqueline; Sengupta, Soumen**

As a member of the International Network of Health Promoting Hospitals, South Tyneside Health Care NHS Trust is committed to developing & supporting innovative sub-projects that adhere to & promote its "health promoting" ethos & quality standards. One of these first sub-projects aims to establish an equitable & effective Trust-wide system to address smoking in South Tyneside.

A key part of this work has involved reviewing and revising the organisation's existing smoking policy, with a view to subsequently introducing an on-going audit to monitor effectiveness. Having taken into consideration national guidance, the evolving evidence-base (including local research and recommendations presented at the 7th International Conference on Health Promoting Hospitals) and local circumstances, the multi-disciplinary steering group responsible for this sub-project has prepared a novel, holistic tobacco control policy which has been positively received by the Trust management.

The purpose of this presentation is to explore the policy development process, particularly the challenges of building necessary support for "radical" ideas while navigating an often controversial and contentious area; and then to briefly discuss how best to implement effectively, monitor meaningfully and demonstrate improvements.

Contact address:

**Quinn, Jacqueline**

Siuth Tyneside Health Care NHS Trust

Health Promotion Centre

Hospital Drive

NE31 2TH, Hebburn, Tyne & Wear,

UNITED KINGDOM

0191 451 6616,

[JcqlnQuinn@aol.com](mailto:JcqlnQuinn@aol.com)

## Abstract 67

**How to find a smoking cessation programme for staff***Author(s):* **Mc Gettigan, Michele****Rationale:**

31% of adults in Ireland are regular smokers (SLAN 1999), a large percentage of these are part of the working population. This creates a major challenge for a Smoking Cessation Facilitator working in a workplace environment. In a large 620 bedded Acute Hospital the challenges are many; staff shortages, poor staff attendance at stop smoking programmes, poor overall use of the free smoking cessation service.

**Aim:**

To find a Smoking Cessation Programme for staff that would have some impact on the challenges facing the Smoking Cessation Facilitator in the workplace environment.

**Objectives:**

- A Smoking Cessation Programme that reduces the numbers of staff smoking.
- The staff should feel that they are being supported in their endeavours to promote health by providing a service that helps them to achieve better personal health.

**Methodology:**

Requirements - A trained Smoking Cessation Facilitator. Commitment from Management and Department Heads to allow staff time to take part in brief motivation /information and support sessions. Printed materials e.g. advertising posters, documents; contracts, rules, certificate of achievement. Invitation to a celebrity for the launching and presentation of certificates. Enlist local donors to provide prizes. Plan for evaluation/auditing of participants re their attempts and successes.

**Action**

- The introduction of a 6 month Stop Smoking Challenge for Staff.
- A key personality launched the challenge and the staff members interested in partaking signed a contract to stop smoking on that day for a time frame of 6 months.
- A support buddy also signed the contract (ex-smoker or non-smoker) to encourage the participant through this change.
- The Smoking Cessation Facilitator arranged brief motivation support sessions for the staff members at various meeting places and times within the hospital. A follow up service is also provided.
- A telephone support system is available to the individual staff member.
- Carbon Monoxide Monitoring spot checks.

**Evaluation:**

- An audit of the participants and their success rates was carried out i.e. 6 months and 1 year later.
- Focus Groups. These groups gave feedback on the method used.

**Results:**

- 29 members of staff and buddies signed contracts on the official launch day.
- 16 staff from the group of 29 succeeded in stopping smoking.
- The remaining staff had moved forward into different stages of change.
- The participants of the focus groups stated: the challenge and brief motivation sessions kept them very focused and was of great support to them, understanding the constraints of a large acute hospital they felt the time allowed for the brief motivation sessions was adequate, participants who moved forward into different stages of change were anxious to try stopping with the next challenge.

**Recommendations:**

- The programme to be developed further with a more scientific evaluation process incorporated into the programme at the planning stages.
- A full time Smoking Cessation Facilitator to be employed due to time constraints.
- Staff members suggested that a support tape would be of benefit.

*Contact address:*

*Mc Gettigan, Michele*  
*Beaumont Hospital*  
*10 the Drive Skerries Rock,*  
*Skerries, Dublin,*  
*IRELAND*  
*micjule@gofree.indigo.ie*

## Abstract 68

**Health Promotion Counselling of hospital patients on tobacco and alcohol by nurses***Author(s):* **Mundt, Kirsten; Kann, Annette; Fugleholm, Anne Mette****Aim:**

That patients admitted to Bispebjerg Hospital who are daily smokers and/or have a consumption of alcohol that exceeds safe limits receive Health Promotion Counselling.

**Background:**

Tobacco and alcohol are important factors in the reduced life expectancy in Denmark.

At Bispebjerg Hospital in 1995:

20% of the patients diagnoses were directly related to

tobacco and alcohol

37% of the patients were daily smokers

18% of the patients had an alcohol consumption above safe limits

#### Development of Methods:

- counselling programme based on "The Theories of Change"; and elements from "Brief Intervention";
- evidence based clinical guidelines
- continuous quality development
- professional treatment
- educational programme
- implementation

#### Experiences:

- the patients actively want to talk about their tobacco and alcohol consumption and habits, their pleasure, worries or problems, when they feel safe, are understood and taken seriously. Some patients do change their habits.
- the Health Promotion Counselling can be implemented in a busy clinical unit.
- the main barriers for implementation are professional and personal barriers among the staff.

#### Factors that support the implementation process:

- involvement by local leadership
- staff policy regarding tobacco and alcohol
- understanding of importance and evidence of the activity

#### Conclusions:

Patients do receive Health Promotion Counselling when barriers for implementation are reduced through education and implementation strategies.

#### Contact address:

Mundt, Kirsten  
Bispebjerg Hospital  
Unit of Preventive Medicine and Health Promotion  
Bispebjerg Bakke 23  
2400, Copenhagen NV,  
DENMARK  
3531 6317,  
km01@bbh.hosp.dk

#### Abstract 69

### The European network smoke free hospital

Author(s): **Josseran, Loïc; Dautzenberg, Bertrand; Ratte, Sylvianne; Schoelcher, Anne-Marie**

The European network smoke free hospital was born in 1993 and it depends on European Network for Smoking Prevention. Its aim is to promote smoke free policy in European hospitals by sharing experiences.

The process is based upon the French smoke free hospitals network which was created in 1991.

Actually the network is gathering around 350 hospitals and all European countries are about to participate in.

In each hospital a local committee is responsible for actions in coordination with health professionals and hospital administration.

Join such network could initiate a thought into hospitals for helping employees to realize that their own smoking behavior influences positively or not patients.

The network has already produced the European smoke free hospital code, available in 7 languages, a journal is published 4 times a year in 2 languages (English - French).

The coordination committee (located in France) is working on a directory of participant hospitals and is developing several tools for helping hospitals to assess respect of smoke free hospital policy.

#### Contact address:

Josseran, Loïc  
Assistance Publique des hôpitaux de Paris  
Groupe Hospitalier Pitie-Salpêtrière - Service de Santé Publique  
47 Bvd de l'hôpital  
75013, Paris,  
FRANCE  
33 1 42 16 26 03,  
loic.josseran@psl.ap-hop-paris.fr

#### Abstract 70

### Multidisciplinary approach to smoking cessation can achieve real change.

Author(s): **Gallagher, Anne**

The Hospital setting provides a timely window of opportunity to address the issue of patients who smoke.

Individuals are removed from their usual setting and their routine is temporarily altered. Healthcare providers can use this time in a structured way to provide guidance and support to help those who smoke to quit.

In 1999, an initiative to address smoking cessation support was started in the Mater Hospital, Dublin. A multidisciplinary group was established and included representation from:

- cardiac rehabilitation
- pharmacists
- psychologist
- physiotherapists
- occupational health
- nurse specialists in asthma, cancer and diabetes,
- nurses from wards - cardiology, cardiac surgery, ENT, GI,
- out patient clinic and tutor from the school of nursing.

20 were trained in brief motivational techniques by the Irish cancer society.

#### Now established:

- weekly walk-in support clinic
- regular open information days
- 6-week group sessions
- information to visiting school group each week.

Posters designed by member of team,  
2 carbon monoxide monitors  
good supply of support material-video and leaflets

Training for more staff in Sept. 2000, and next training arranged for April 2001.

#### Overall aim:

Each trained member of staff gives an in-service in their department, and acts as the resource person in that area, resulting in standardised approach.

#### Contact address:

Gallagher, Anne  
Mater Misericordiae Hospital  
Eccles Street  
7, Dublin,  
IRELAND  
353 1 8032599,  
cardiacrehab@mater.ie

#### Abstract 71

### Evaluation of a smoking cessation program offered to all patients admitted to a department of internal medicine.

Author(s): **Viskum, Marianne; Lind, Karen; Sørensen, Karen; Jørgensen, AV.**

This study evaluates a smoking cessation program offered to all patients admitted during three months. Smoking status was assessed on admission. All smokers were offered help to stop smoking by trained nurses. Information about benefits and needs of smoking cessation with accurate information and advice on nicotine replacement therapy was provided. 249 patients were admitted and given individual information (one hour intervention). 76 accepted the program with three follow-up contacts and an interview after three and twelve months. 44 only wanted the initial intervention and the interview after three and twelve months. 54% of the patients who accepted the program were not smoking after three months and 45% after twelve months. Among the 44 patients that only received the initial intervention 18% had stopped smoking. Patients still smoking had reduced the number of ciga-

rettes per day significantly by 6-7 cigarettes. The number of heavy smokers (more than 15/day) was reduced from 50% to 15%.

In conclusion, after assessment of smoking status at admission a large number of patients did not want to participate in a smoking cessation program. On the other hand, using trained nurses, a group of patients was identified, in whom the program was more successful than normally observed.

#### Contact address:

Viskum, Marianne  
Aarhus Amtssygehus  
Department of Medicine MVA  
Tage Hansens Alle 2  
8000, Aarhus C, DENMARK  
89497619,  
mviskum@hotmail.com

#### Abstract 72

### Smokers suffer ischaemic stroke nine years earlier

Author(s): **Guassora, Ann Dorrit; Christensen, Hanne; Boysen, Gudrun**

#### Purpose:

To evaluate if smokers, who suffer ischaemic or haemorrhagic stroke, differ from non-smokers in age, pre-stroke level of function or stroke severity.

Patients and methods: This work is based on 1208 consecutive patients (Intracerebral haemorrhage (ICH) = 186, TIA = 246, cerebral infarction (CI) = 776) admitted to an acute stroke unit from a well-defined region of Copenhagen.

Patients or relatives were asked on admission about smoking habits, and pre-stroke modified Rankin Scale (mRS) was assessed. The Scandinavian Stroke Scale on admission assessed stroke severity and mRS assessed outcome at 3 months.

Results: ICH was not related to smoking habits. The smokers (mean age 66 years) were 9 years (95% CI 6.9 10.4) younger than the non-smokers. The proportion of smokers in our patient-population was significantly larger than the proportion in the general population.

An insignificant tendency to a higher pre-stroke functional level was found in smokers. No differences were found in stroke severity or stroke outcome.

#### Conclusion:

Smokers were 9 years younger than non-smoking patients at

the time of stroke onset, stressing the health hazards of being a smoker.

*Contact address:*

Gaussora, Ann-Dorrit  
Bispebjerg Hospital  
Unit for Prev. Medicine and Health Promotion  
Bispebjerg Bakke 23  
2400, Copenhagen NV,  
DENMARK  
35 31 63 17,  
adg01@bbh.hosp.dk

*Abstract 73*

## The no-smoking regulations in french public premises date from 1991

*Author(s):* **Le Faou, Anne-Laurence; Muszynski, Chantal; Ménard, Joël**

**Background:**

The no-smoking regulations in French public premises date from 1991. It is forbidden to smoke inside hospital buildings especially in hospital lobbies, waiting rooms, meeting rooms. These regulations correspond to an issue for smoking inpatients. The Hospital created an inpatient stop-smoking unit to propose a cessation programme during the hospital stay and to follow them after their hospital discharge.

**Objective:**

The aim of our study is to identify patients who need medication and psychological support to stop smoking.

**Patients and methods:**

A questionnaire to measure the level of dependency is given to each patient admitted to three selected wards : lung disease, vascular disease and gastroenterology. A specific medical record elaborated by the National Committee on Health Education is used to conduct the interview.

**Results:**

Since December 2000, 35 patients have been registered. They suffer from severe illnesses (cancer, myocardial infarction, respiratory failure) and asked for stop-smoking techniques. Among these patients, 98% stopped to smoke during their stay.

**Conclusion:**

This policy has been developed to encourage patients during the acute phase of their illness. This public health approach in a new university hospital is a means to improve the concepts and tools of health promotion in hospitals.

*Contact address:*

Le Faou, Anne-Laurence  
Georges Pompidou European Hospital  
Assistance Publique-Hôpitaux de Paris  
20-40 rue Leblanc  
F - 75015, Paris,  
FRANCE  
01 53 10 92 01,  
lefaou@hegp.bhdc.jussieu.fr

## Health education programmes

*Abstract 74*

## Engaging communities in health activities

*Author(s):* **Strang, Ann; Bunce, Pamela; Taylor, Fiona**

A model of working has been developed by Tees and North East Yorkshire NHS Trust which engages communities where there are high rates of Coronary Heart Disease/ Strokes and Cancers.

The model is used within a number of projects and issues such as obesity, healthy eating, physical activity, smoking, alcohol education are dealt with. In addition helping people to access health services more effectively and raising awareness about the prevention and early detection of illnesses is also part of the programme. The success of the model is by using a community development approach to encourage community self help in relation to health. This approach ensures sustainability of the projects. The groups meet in a variety of settings such as , Working Men's Clubs, pubs, and other community premises.

The projects offer cooking skills, healthy eating on a budget, weight loss groups, health walk schemes, blood pressure screening, access to hospital and practice nurses, dietitians, pharmacists, local leisure services, and information on a variety of health topics.

The projects reach vulnerable groups in disadvantaged communities. All projects are built on evidence based practice and through media coverage have been recognised as innovative ways of working.

*Contact address:*

Strang, Ann  
Tees & North East Yorkshire NHS Trust  
Guisborough General Hospital  
GB - TS12 6HZ, Nr. Middlesbrough,

UNITED KINGDOM  
01287 284085,  
D.PALLISTER

#### Abstract 75

### Innovation, principles & practice: An education programme for Health Promoting Hospitals

Author(s): **Paton, Kevin; Sengupta, Soumen; Robertson, Suzanne**

The University of Sunderland & South Tyneside Health Care NHS Trust are developing an innovative distance-learning, web-based postgraduate certificate course to support the International Health Promoting Hospital (HPH) initiative. Its purpose is to develop professionals working within health services as competent agents of change to effectively facilitate organisational development for health (in line with the HPH ethos, established theory & the contemporary evidence-base).

A key focus of the course will be the development of the understanding & skills needed to integrate "health promoting" principles into practice. Its cutting-edge web-based design will enable students anywhere in the world to access the programme, communicate with tutors on-line & share their learning experiences with others. Envisioned as a dynamic engine of change, it will provide individuals & their organizations with a much needed resource to enable the translation of global "health promoting" principles into locally beneficial action.

This undertaking is supported by & has received funding from the NHS Executive and the WHO. The course is scheduled to be available on-line early 2002.

This presentation will elaborate on the above, providing an opportunity to both raise awareness amongst & stimulate feedback from other members of the International Network.

#### Contact address:

Paton, Kevin  
University of Sunderland  
The Industri Centre  
Sunderland Enterprise Park West, Wessington Way  
SR53XB, Sunderland,  
UNITED KINGDOM  
0191 515 2669,  
kevin.paton@sunderland.ac.uk

#### Abstract 76

### Nurses' role in patients health education

Author(s): **Milasauskiene, Zemyna; Miseviciene, Irena; Norkeviciene, Evelina**

#### Aim:

To assess the attitude of nurses towards patients' education and to identify to what extent it is being utilised in their daily activity.

#### Methods:

The study was carried out in four clinics of Kaunas Medicine University Hospital. A standard questionnaire (n = 100) has been distributed to the head nurses of each clinic in order to be completed by their staff nurses. The nurses were asked to answer the question concerning patient's education, main risk factors of diseases and their life style. The response rate was 98%.

#### Results:

The analysis of the results revealed that all the nurses agreed to take part in the patients' education program in their clinical settings. The majority (89,5% - 91,4%) of nurses pointed out that patients' education can enhance patients' knowledge, improve physical outcomes, decrease rates of complications and repeated hospitalisations. While answering the question about their educational activities, only 44,6%; of the nurses pointed out that they always try to increase patients' understanding of causes of his disease and how to incorporate healthier behaviour into their lives. The rest (55,4% of the nurses answered that they provide this information, when the patient is interested in it. The analysis of the results showed, that nurses with positive attitude towards patients' education had better knowledge in health promotion ( $r = 0,37$ ,  $p < 0,05$ ) and their lifestyles was healthier ( $r = 0,26$ ,  $p < 0,05$ ) than the nurses with less educational activity.

#### Conclusion:

The majority of the nurses from clinical departments of Kaunas Medicine University Hospital had positive attitude to patients' education and were willing to take part in the patients' education programme in their clinical settings.

#### Contact address:

Milasauskiene, Zemyna  
Kaunas University of Medicine  
Eiveniu  
3007, Kaunas,  
LITHUANIA  
+370 7 796498,  
zemyna@vector.kmu.lt

## Abstract 77

## Can education in nutrition improve the ability of hospital staffs to estimate the risk for malnutrition and at the same time increase awareness regarding the malnourished patient?

Author(s): **Groen, Susanne; Raben, Ines**

### Introduction:

Studies show that 30% of hospitalized patients in Denmark are malnourished. Patients consume only 60% of the energy and protein requirements for weight maintenance. Those, who are malnourished when admitted, are even more malnourished at discharge.

### Objectives:

To train hospital staff in identifying patients at risk, estimate their food intake, estimate protein and energy requirements, and set goals for the treatment of the malnourished patients from admission to discharge.

### Material and methods:

Prior to and after training 23 hospital staffs in an orthopedic ward at Glostrup University Hospital answered questionnaires about their knowledge regarding malnourished patients and their attitude towards treatment. Training consisted of basic principles for nutrition and identification of risk patients. Staff was taught by a clinical dietician. The response rate was 91%. Data was analyzed by means of descriptive statistics.

### Results and conclusion:

The answers indicate, that education has improved the consciousness of the staff concerning identification of risk patients and the importance of recording the consumption of food of the malnourished patient. Even after the education the staff was not sufficiently familiar with the capacity of the kitchen. The staff want more education concerning basic nutrition and physiological response of the body to malnutrition.

### Contact address:

Groen, Susanne  
Glostrup University Hospital  
Unit of Clinical Dieticians and Centre for Preventive Medicine  
Nordre Ringvej, 2600, Glostrup,  
DENMARK - [sugr@glostruphosp.kbhamt.dk](mailto:sugr@glostruphosp.kbhamt.dk)

## Abstract 78

## An evaluation of staff health promoting activities within St. Vincents University Hospital

Author(s): **Nee, Claire; McGrane, Justine; McFadden, Anne; Comerford, Denise**

Health promotion is an integral part of all activities within the occupational health department. Four health promoting stands, Stop Smoking, Healthy Eating, Cancer Awareness and Alcohol Awareness, were offered to hospital staff in the year 2000. Occupational health nurse specialists, the health promotion co-ordinator and, where possible, specialist advice were available. Staff also availed of literature.

### Objective:

To evaluate effectiveness of these stands.

### Methodology:

Data was collected using a self-administered questionnaire.

### Results:

Attendance was greatest at the healthy eating stand(279). The proportion of staff receiving new information ranged from 56% to 81.5%. Staff newsletter, posters and the stand itself were most effective in advertising the events. Overall, general knowledge was of a high standard.

### Conclusion:

All information stands were well received throughout the hospital. The practical advice and demonstrations proved to be of great interest. It is recommended that a staff health promotion needs assessment be conducted.

Evaluated results will be used to implement change to maximise effectiveness of future activities, taking into account staff time constraints, advertising methods and stand location.

### Contact address:

Nee, Claire  
St. Vincents University Hospital  
Elm Park, Donnybrook  
4, Dublin,  
IRELAND  
01 2094174,  
[c.nee@st-vincent.ie](mailto:c.nee@st-vincent.ie)

## Abstract 79

**Safety Team Communication**

*Author(s): Cuzzoni, Carolina; Pugliese, Franco; Morini, Giovanni; Carolina, Cuzzoni*

In the hospital working environment Safety is one of the most important issues to be solved for the Emilia Romagna Network Local Health Unit, adhering to the HPH project .

In other words the issue consists in the diminished autonomy of sick persons that ask hospital for help.

In order to communicate to users the nature of the risks involved in hospital working activity, risk perception and preventive and protective measures are essential. These measures should be adopted by everyone in order to eliminate or reduce the related consequences.

The above means adequate departments in the care areas.

The working team is composed of Technicians and Managers, belonging to the Health Local Units and Hospital Management and Prevention, Protection Service, which takes part in the HPH project.

Training courses have been identified: the first three items regard the biological risk, the manual handling risk and the emergency management that are

*Contact address:*  
Cuzzoni, Carolina  
Local Health Unit of Piacenza  
Corso Taverna 49  
29100, Piacenza,  
ITALY  
+39 0523 326291,

project co-ordinators of the network, who haven't participate in the previous editions, and in this case they have got the possibility to be supported in the development of a sub-project about one of the following subjects: - Hospital diet; -Hospital security;- An open hospital to different cultures;- A good hospital reception.

**Objectives:**

To acquire project planning methodological tools

To improve project management skills,

To provide project management and evaluation methods specific items

To widen the HPH network.

**Methods:**

The course program has covered the following areas:

1) Objective definition

2) Project management

3)Project evaluation. Every day learning course has included moments of working group and of methodological correction.

**Conclusion:**

In conclusion we could affirm that this experience advise the feasibility of an educational program on a large scale. Besides we could consider the local co-ordinators participation as a positive indicator which give us the reason for continuing our work in order to achieve the best of results in HPH planning field.

*Contact address:*  
Arpesella, Marisa  
Pavia University's Institute of Hygiene  
Via Forlanini 2  
27100, Pavia,  
ITALY  
+039 0382 507558,  
arpesella@unipv.it

## Abstract 80

**Learning project in health promoting hospital for the local project co-ordinators of the Regione Lombardia Network**

*Author(s): Arpesella, Marisa; Tornese, Roberta; Amigoni, Maurizio; Liverani, A.*

In the context of the regional HPH network, the Lombardia Region Health Department has noticed the need to go into the local project co-ordinators'; knowledge about methodological issues of the research projects. During the years 1999-2000 three editions of a formative course were organised by Lombardia Region. In the beginning of the 2001 was realised the fourth edition which had involved the local

## Abstract 81

**Ulysses Program**

*Author(s): Mazza, Roberto; Murru, Luciana; Majno, Edoardo; Berselli, Edoardo*

In 1996 we carried out at INT a study on 500 patients with the aim to understand their needs.

60% of patients asked for more information on their diagnosis, 75% asked for their future condition, 57% asked for more information about their clinical tests and 55% on their treatment.

Starting from these significant results, a group of INT health operators started the "ULYSSES program", based upon providing information and support for patients suffering from

cancer, their relatives and significant others.

The program was based on J. Johnson's "can cope" that was developed in Europe by Gertrud Grahn. We choose the name "Ulysses" because our patients told us that "having a cancer diagnosis can be compared to start sailing in very dangerous seas", just like the greek hero did.

In 1999 the Ulysses program became an HPH network project and was subdivided into three projects:

1. Itaca: educational program of information and support: sharing experiences and strategies to cope with the disease and with our culture that links cancer to death. We had 9 courses with 134 participants.
2. Educational afternoons: conferences for a larger number of patients about oncology topics. Up to now 27 conferences with an average presence of 50 patients each.
3. Booklets: the patients asked us to write down their questions and our answers. Up to now, we have printed 3 "Ulysses' manuals" and 3 are in press:

55 health operators are involved in the program's staff : 31 doctors, 9 nurses, 3 psychologists, 12 other professionals. We organized two meetings among participants and hospital authorities. The patients asked to improve our Ulysses program, and they also suggested interesting proposals about the doctor/patient relationship and the outpatient organisation.

*Contact address:*

*Mazza, Roberto  
Istituto Nazionale Tumori  
Via Venezian, 1  
20133, Milano,  
ITALY  
0039 02 26680398,  
mazza@istitutotumori.mi.it*

#### *Abstract 82*

### **Health promoting in a rehabilitative medicine ward**

*Author(s): Mazzi, Giovanni; Pietrantonio, A.M.; Po, I.; Reggiani, G.*

#### **Method and material:**

A work group composed of health staff (internists and psychiatrists) nurses and therapists for rehabilitation has elaborated a procedure for educating patients and their families in order to teach them how to manage disability.

This procedure follows these phases:

- Evaluation of patients' autonomy according to the F.I.M. scheme (Functional Independence Measure)
- Meeting for a rehabilitating project through a rehabilitative team made up by health workers, patients and their families

- Identification of a person who participates in the rehabilitative project
- Evaluation of the critical items of the F.I.M. scheme by a rehabilitative team with the purpose of educating patients and their families to the daily disability management
- Identification of supportive items (motor and psychological) by the rehabilitative team, with the purpose of stimulating patients and their families to obtain the best results possible

#### **Conclusions:**

The procedure lead during the Hospital period for rehabilitation has brought about the following benefits:

- 98% of family members has participated in the rehabilitative project and has been able to manage their own patient at home
- 80% of hospitalised patients have recovered a significant autonomy (more than 30 F.I.M. points) and have obtained useful knowledge for maintaining in time their wellbeing
- The average time of hospitalisation has been maintained under the regional indicator level
- 80% of patients are now back home

*Contact address:*

*Mazzi, Giovanni  
Carpi Hospital  
Carpi  
, Modena Country,  
ITALY  
+39 0522 617118,*

## **Health promotion for hospital staff**

#### *Abstract 83*

### **Cervical screening for staff**

*Author(s): Flaherty, Carmel*

#### **Objectives**

To provide a free cervical screening service for all female staff employees within the hospital.

To detect pre-cancerous cells of the cervix and thereby prevent the advancement of cervical cancer.

To provide comprehensive information regarding the reasons for cervical screening, in depth detail of the procedure - at risk groups, causes and prevention of cervical cancer.

#### **Methods:**

Formulated staff questionnaire to include details of the programme, choice of male/female doctor to carry out procedure, how often they have smears taken.

For confidential reasons all appointments and lab results from clinic to be made available through health care professionals only.

Clinic to provide an individualised holistic and dignified approach to carrying out the test and provide counselling in the event of a positive test.

Provision for follow -up services if necessary arranged with hospital gynaecologists.

Letter sent to all participants with results and time for next smear and/or follow -up.

#### Results:

Uptake and satisfaction questionnaire drawn up which showed high satisfaction rates regarding quality of service, confidentiality, information, prevention and follow -up.

#### Conclusions:

Heightened awareness of women's health in regard to cervical cancer, and the high cure rates with early intervention by cervical screening.

Many staff had their first smear taken in the clinic.

Clinic continuance self-justifying.

#### Contact address:

Flaherty, Carmel  
National Maternity Hospital  
Holles Street  
I - 2, Dublin,  
IRELAND  
01-6766623,  
cflaherty@nmh.ie

#### Abstract 84

### Implementation of ergonomic prevention among nursing staff

Author(s): **Warming, Susan**

#### The aim of this study is to determine:

The daily occurrence of lifting/transfer technique situations on a given ward

The effect on physical work loads of transfer technique alone or in combination with physical fitness training

The value of learning transfer technique by educating local transfer coaches

#### Methods:

The study is designed as a randomised controlled trial. Nursing staff from 15 wards representing medical, geriatric and surgical areas is included. They are randomised to either

A1) Transfer technique

A2) Transfer technique and physical fitness training

B) Control

The randomisation is performed in two steps. First between intervention (A) and control (B) wards and then at the intervention wards each nursing between transfer technique or transfer technique/ physical training.

The outcome assessments are episodes of low back pain by questionnaires, exposure by logbook registrations, handling technique by video observations and muscle strength and VO2max. by physical tests.

#### Results/experiences:

We have shown that it is possible to implement ergonomic prevention into a clinical day life at a hospital. Barriers are a high replacement rate within the staff and adjustment of the methods in order to fit into the daily routines of the wards.

#### Contact address:

Warming, Susan  
Bispebjerg Hospital  
Clinical Unit of Preventive Medicine and Health Promotion  
Bispebjerg Bakke 23  
2400, Copenhagen NV,  
DENMARK  
+45 35316317,  
sw01@bbh.hosp.dk

#### Abstract 85

### Sharpak Attack

Author(s): **Gerety, Annette; Comerford, Denise**

Employees have a statutory duty to take reasonable care of themselves and others that may be affected by their acts or omissions. An incorrectly assembled sharp bin has the potential to cause a sharp injury.

A survey was carried out in March 2000 to identify whether sharp bins were been assembled correctly. A total of 148 sharp bin were randomly assessed. 73% were found to be correctly assembled. During this time, difficulties were experienced whilst assembling bins due to a faulty batch. This issue has since been identified and rectified. Following the survey, a sharp awareness day was held in the hospital. No problems with assembling bins were reported.

A follow-up survey undertaken in May showed that 71% of bin surveyed were assembled correctly. All bins could be closed correctly.

#### Action taken:

- Results reported to each ward, and poster on assembling distributed.

- Problem highlighted at the Nursing Health and Safety Committee meeting. Suggestion included the signing of bins on

assembly and nomination by ward of a staff member to check bins on each shift.

Another survey was carried out in August. 81% of sharp bins were assembled correctly. On wards where staff are nominated to check bins or sign on assembly the percentage of correctly assembled boxes was 100%.

Contact address:

Gerety, Annette  
St. Vincent's University Hospital  
Elm Park  
Dublin 4,  
IRELAND

#### Abstract 86

### Role of research preventive in early detect the mammary cancer by women staff on the Children's Memorial Health Institute

Author(s): **Nowak-Parzygnat, Bogumila; Różycka, Bogumila; Piegdon, Grazyna**

In Poland many times we have a frequent news growth by women the mammary cancer. Epidemiological statistic published that 10 thousand women was alignment on the mammary cancer 5 thousand women was died on the year.

Ours goal was activity in early detect the mammary cancer by women staff on the Children's Memorial Health Institute. Programme was entering 477 women staff age 21-60 years old on period: September 2000 - January 2001.

#### Applicated following methods activities:

1. Lectures essential
  2. Workshops educational
    - on Department of Policlinic Staff ChMHI was cared over talks on subject "Role and selfcontrol in early detect the mammary cancer"
    - the share individual self-investigation breasts and axillary lymph nodes.
  3. Individual educational
    - calculate individual chance to sick on the mammary cancer by Polish Foundation European School of Oncology
  4. Investigation of doctor
    - on this case when women had been more risk to illness or doctor confirm pathology chance in the breast target group, doctor according them to particular diagnosis/ultrasonography the breasts or mammography/.
- All the methods always was accompany wide propagate easy of approach literature, poster, booklet.

#### Results:

Table no. 1. Conclusions percentage of programme  
Number women who taking a programme: 477, 100%  
Without pathology chance 342, 72%  
Changes pathology on nepples 58, 12%  
In the particular diagnosis 7716%

#### Table no 2. Pathology chances nipple

Number target group 477, 100%  
Cysts 26, 5,5%  
Mastopathy 22, 4,6%  
Prolifecation chances 10, 0,2%

#### Conclusions:

1. Obtain results confirm expediency guide programme preventive are very important
2. Education of health and adequate give reasons influence on chance attitude women for self-control breasts and investigates doctors fingers.
3. The level of knowledge about early diagnosis the mammary cancer was development in the target group
4. Acceptation all education methods was condition to early pathological chances in the nipples and was condition to doctors for detect those women had pathological chances to particular diagnosis.
5. Increase in all probability to early treatment chances new growth nipple and be lowered go down costs treatment, mortality.

Contact address:

Nowak-Parzygnat, Bogumila  
The Children's Memorial Health Institute  
Department of Policlinic Staff  
Aleja Dzieci Polskich 20, street  
04-736, Warsaw,  
POLAND  
+82 22 815 31 54,  
bogda@czd.waw.pl

#### Abstract 87

### The risk management system in Cremona health care units

Author(s): **Bianchi, Simonetta**

The attention to health care quality and bad health care costs, including insurance costs, imposes Health Organizations to develop systems which give prominence to Risk Management, possibly welcoming health workers' active involvement. We do not know systemic Italian experiences and, unfortunately, risk management is not a stated objective of our National Health System at present. The main purpose of our project is the implementation of a

Risk Management System in our Health Unit. This consists of two hospitals, a Mental Health Department and a number of outpatients' clinics. This project involves the General Health Director, Hospital Departments, the Outpatient Clinic Directors, Head Nurses, the Professional Training Office Director, a Specialist in Legal Medicine, the Epidemiological Director as well as some clinicians and surgeons.

#### The objectives of this project are:

- to establish the criteria for the identification of "adverse events"
- to single out the events for monitoring;
- to make a "Pilot Project" for the experimentation of the methods, timing and the human resources needed, the setting up of corrective actions and result evaluation.

The Risk Management System will be introduced within few months. The discussion of the methodology, the choice of the events, the discussion of the results will occur with the involvement of both medical and nursing staff.

#### Contact address:

Bianchi, Simonetta  
 Az. Ospedaliera Istituti Ospedalieri di Cremona  
 Viale Concordia n.1  
 26100, Cremona,  
 ITALY  
 039 0372 405524,  
 ds.aioc@rccr.cremona.it

#### Abstract 88

### Increasing your personal effectiveness

Author(s): **O'Neill, Nancy**

#### Aims and objectives:

- recognise the signs and symptoms of stress
- understand what stress is
- recognise the difference between unhealthy versus healthy stress
- draw up an action plan to deal with unmanaged stress

#### Background:

A health questionnaire was issued to all staff in 1999. The study covered issues including smoking, exercise, alcohol, back pain and skin problems. Stress was the most important issue highlighted by the study. 60% reported that they have suffered from stress, which included work and other sources. Every single category of staff was represented. The most reported cause of stress was work-related problems which accounted for 90% of positive responses.

#### Methodology:

To address this issue, the Occupational Health Department

designed a presentation entitled "Increasing Your Personal Effectiveness". Staff were invited to attend on a voluntary basis. During May and June 1999 two four-hour sessions were held. 62 members of staff attended.

#### Results:

Major issues arising during these sessions were increased workload, dealing with demanding situations, long hours, on call, traffic and delayed trains. Following the demand for these sessions it is hoped in the future to hold further workshops to include the causes of stress and remedies at an organisational and personal level.

#### Contact address:

O'Neill, Nancy  
 National Maternity Hospital  
 Holles Street  
 2, Dublin,  
 IRELAND  
 01-2094174,

#### Abstract 89

### Quality of life among the personnel of the hellenic network of health promoting agencies

Author(s): **Tountas, Yannis; Aga, E.; Houliara, L.; Parvi, E.**

#### Introduction:

The aim of the study was to assess quality of life among the personnel of the Hellenic Network of Health Promoting Hospitals. 395 employees were randomly selected from all hospitals and assigned to the following categories: administrative, auxiliary and technical personnel, medical doctors and nurses.

#### Methods:

The Short Form 36 Health Survey (SF-36) translated and adapted into Greek was distributed to the personnel which completed the questionnaire and returned it by mail. The response rate was (80%). The questionnaires were statistically analysed by SPSS based on the SF-36 Interpretation Guide.

#### Results:

Results indicate that there are significant differences ( $p > 0.05$ ) in levels of physical functioning, bodily pain, general health, and social functioning in auxiliary personnel compared to other employees and specifically doctors. Auxiliary personnel experience more problems in conducting their everyday activities because of the interference of physical and emotional problems and physical pain. Results also indicate that employees aged 20-29 show significantly higher levels of depression and anxiety compared to older employees while

they feel their everyday activities are hindered by physical and emotional problems.

#### Conclusions:

The results are valuable for the design and implementation of health promotion programs aimed at improving the quality of life of the personnel of the Health Promotion Hospital.

#### Contact address:

Tountas, Yannis  
Institute of Social and Preventive Medicine  
Alexandroupoleos 25  
115 27, Athens,  
GREECE  
ispm@compulink.gr

#### Abstract 90

### Nurses – personal resources

Author(s): **Sommese, Carmelia; Teruzzi, Stefano**

Our project aims to guarantee to nursing staff the sustaining means for administer at the best every personal emotional resource which daily is collated with the needs of hospital patients.

We have organized stages about the formation of nursing staff. Target: seventy nurses.

#### Teachers:

Two psychiatrists, one psychologist (to develop human-professional comparison), three TV actors (to teach how to hide bad feelings, showing to patients the best side of everyone).

#### Methods:

Three groups leaded by two teachers. Each nurse has learned techniques of:

- a) self-control of emotional strain
- b) development of social relations
- c) ability of making plans and manage situations.

We have created many gauges concerning with structure, process and results.

Our project, started in 1999, will be concluded at the end of 2001, but it will certainly continue also for administrative staff, physicians and patients' parents.

Nowadays, our first conclusion is that a correct and human attitude of nurses represents a natural anaesthetic which eliminate the distances between patient and hospital, guaranteeing to hospital patients what they mostly need: safety and protection added to joviality and good mood.

In this way, our nurses develop their own professional abilities, growing up in a deep human sense together with their patients too.

#### Contact address:

Sommese, Carmelia  
MultMedica S.p.A.  
300, Milannese Str,  
20099, Sesto san Giovanni,  
ITALY  
02 22476125,  
carmen.sommese@multimedica.it

## Health promoting hospitals in their communities

#### Abstract 91

### A reference related to "Asklepiia" of the ancient Greece

Author(s): **Mathiodaki, Kyriaki; Mathioydaki, Emer**

"Asklepiia" consisted of temples dedicated to the God Asklepios (The God of Healing), the God Apollons' son.

They were the original sanatoriums, built in water fertile lands. The treatment in "Asklepiia" was based on sanitation, observation and training of the human body.

In particular we will refer to the "Asklepion" of Kos, where Hipocrates founded the school of Medicine in the 4th century BC.

The presentation will be accompanied by photographic material.

#### Contact address:

Mathiodaki, Kyriaki  
Onassis Cardiac Surgery Center  
346 Sygroy Avenue  
176 74, Kallithei Athens,  
GREECE  
94 93 906,  
qa@ocsc.gr

## Abstract 92

**The regional project to prevent women's substance abuse (NEPAA)***Author(s): Koponen, Seija; Hallman-Keiskoski, Maria*

The regional project to prevent women's substance abuse (NEPA), initiated by the Central Finland Health Care District, was made possible by a grant from the ZONTA International Foundation for the year 2000. ZONTA International is a global, politically and religiously independent women's service organization that during the year 2000 supported projects for the prevention and care of women's and girls' substance abuse. The NEPA-project involved about twenty representatives from the Jyväskylä area that worked with the problem of women's substance abuse. The project was coordinated by the Central Finland Health Care District.

The central goal of the project was to inform the population and to activate professionals to be aware of the special features of girls' and women's substance abuse. The matter was discussed in the newspapers that are published in our area, in the journal of Finland's Social and Health Research and Development Centre ("Dialogi"), in Central Finland Health Care District's newsletters, and in the local radio station.

During a theme week in the fall of 2000, the NEPA cooperation network organized a public forum that dealt with young girls' substance abuse and a four-part lecture series focusing on adults. In addition, the regional project to prevent women's substance abuse was introduced to the public during the theme week. The event included a "mini-intervention station" for the public.

One of the goals of the NEPA-project was to start up self-help groups to improve women's life control, but this goal was not accomplished. The final seminar of the NEPA-project was held in March 2001. During the seminar, the NEPA cooperation network issued an official statement to the media and to health care decision-makers regarding the substance abuse problem of girls and women. With the statement, the network attempted to forward the experiences gathered during the project to support future political decisions regarding substance abuse.

*Contact address:*

Koponen, Seija  
Central Hospital of Central Finland  
Keskuairaalantie 19  
40620, Jyväskylä,  
FINLAND  
+358 14 691 099,  
seija.koponen@ksshp.fi

## Abstract 93

**Risk factors, influencing physician's health***Author(s): Jodzuiniene, Liucija; Gendvilis, S.; Dambaruskiene, J.***Aim:**

Evaluate distribution of risk factors (smoking, obesity, unhealthy nutrition, hypertension and hypodynamics) among health care professionals.

**Methods:** standard questionnaire was developed, and 151 physician were questioned in Kaunas 3rd clinical hospital. Risk factors were evaluated and their development through the period of 3 years were noted.

**Results:**

Through initial evaluation, 35% of respondents were smokers, 42% had various degrees of obesity, 3/4 of health professionals had only minimal physical activity. 50% of workers had unhealthy nutrition habits, 10% had various degrees of hypertension.

**Conclusions:**

Large portion of health care professionals are under direct influence of risk factors. Through the period of follow-up, trend of hypertension was increasing, trend of unhealthy nutrition was decreasing, as well as smoking. Changes in obesity levels were only minimal. It is noted, that adequate information on risk factors has diminishing effect on their influence.

*Contact address:*

Jodzuiniene, Liucija  
Kaunas 3rd Clinical Hospital  
Hipodromo 13  
3002, Kaunas, LITHUANIA  
+370-7-342338,

## Abstract 94

**Quality assurance programme in hospital in Indian scenario***Author(s): Sarmar, Rabindra Kumar*

Quality in hospital, leading to patient satisfaction in a complex concept related to a number of factors like life style of the patient, past experience of hospitalisation and the value system of the individual. Evaluation of the five extensive studies on Patient Satisfaction conducted as primary, secondary and tertiary level hospital in rural and urban setting in India has revealed that satisfaction level of the service is a derived concept. The sources of dissatisfaction like preferences about the hotel aspects of care, technical expertise of doctors, communication between doctors and patients are the key factors needing for improvement of quality.

Treating quality as a functional aspect in hospital, which traditionally concerns only treatment and nursing care is wrong and has to be replaced with comprehensive organisational strategy. Another essential aspect to improve quality of service and quality of care is the participative approach by the professionals including the subordinates in the decision making process and their obligation to pay an active part in reaching the organisation's goal as well as a personal one. The hospital management therefore must be openly and actively committed to improve quality as a strategic necessity and make efforts to improve or even change these abilities as a continuous process.

*Contact address:*

*Sarmar, Rabindra Kumar  
All India Institute of Medical Sciences  
Ansari Nagar  
110029, New Delhi,  
INDIA  
6562092,  
sarmarabindra@hotmail.com*

#### *Abstract 95*

### **Combining WHO's Health Promoting Hospital and primary health care (PHC) initiatives: promoting 'Health for All' (HFA) the rural poor in an area of Pakistan**

*Author(s): Dr Zia-ul-Hasan, ; Richardson, Denise; Cosgrove, Peter*

Alma Ata Declaration emphasises access to PHC. WHO identified four 'pillars' supporting action for HFA - political and social commitment, community participation, intersectoral cooperation and system support ensuring affordable health technology for all people. These concepts underpin the Ottawa Charter and HPH's initiative. Formation of alliances with other sectors and countries requires vision and ways of working beyond traditional boundaries, providing opportunities for collaborative working extending to local communities.

Participatory Rapid Appraisal Approach was implemented out of a concern to involve community members in baseline data collection, decision making and development of appropriate health services. By including people the process of PRAA becomes empowering, takes account of the local conditions - social, cultural, political and financial, generating a commitment to sustainable public participation and support.

Nahaqi HPH/PHC Facility is a resource for the rural poor community accessible and at a price that they can afford. There is great scope to address health needs, including planned and opportunistic health promotion through day to

day contact of PHC personnel and individuals, health education with people and advocacy on behalf of their community. PHC personnel, university partners and health ministry, are working together influencing policies and programmes that affect the health of the community they serve.

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*Contact address:*

*Dr Zia-ul-Hasan,  
Abaseen Institute of Medical Sciences (AIMS)  
Khaltai Medical Centre  
Dabgari  
Pershawar,  
PAKISTAN  
hziah@hotmail.com*

#### *Abstract 96*

### **Continuing care treatment**

*Author(s): Pietrantonio, Anne Marie; Novaco, Francesca; Po, Iolanda; Mazzi, Giorgio*

The project was proposed and formulated by the Carpi Hospital, which is part of the more extensive "Local Health Services Units of Modena". The project started in March 1999 and is part of the Health Promoting Hospital (HPH).

This project is inherent to a larger inter-structural project for "Continuing Care" and provides concrete responses to press-

ing problems after a hospital discharge, especially as concerns the elderly, terminal cancer patients and those ones with other serious clinical disorders. The project "Continuing care treatment" necessitated the collaboration among the hospital, the general practitioner and local social context, health and volunteer services, that, with their participation in a team helped the drawing up of a shared, project document.

#### Method:

The team started the work by an analysis of the existing procedures and by examination of those critical areas where an integration was needed between the hospital and the other services providing patient support in needing home care. "Quality factors" were also considered such as waiting time, hygiene, safety, access hardships, ambience comfort, etc. For each of these factors we defined standards and ways for evaluating them. Finally the information factors was considered. The families were provided with pamphlets and handbooks to be helped with the many problems of home nursing care. The information material was printed in Italian, French, English and Arabic.

#### Conclusions:

The work of the group has been going on for five months and resulted in the following benefits:

- a) Greater attention to the "Continuing Care Treatment" problems for patients;
- b) A better relationship among citizens, city administration, hospital administration, the retirees union, etc. - which offered an opportunity for every one to voice their needs.
- c) A more homogeneous effort to assist patients in the "Continuing Care Treatment service" on both, hospital and home level.
- d) A greater co-operation between the local health services and the social services.

#### Contact address:

Pietrantonio, Anne Marie  
Carpi Hospital  
Via G. Molinari 2  
41012, Carpi, Modena,  
ITALY  
+39 059 659401,

#### Abstract 97

### Maytime festival healthy choices float

Author(s): **Rafferty, Nuala; Byrne, Rose**

#### Objective:

Healthy choices bring better results, make a new start for a new area

To bring this healthy lifestyle message to the community in an entertaining way

To reach a wide range of the population in our area portraying our hospital as a health promoting/educating institution

To support, advise and raise the awareness of the community empowering them to make healthy lifestyle choices.

#### Method:

Entering a float in the international maytime festival parade attended annually by a large number of the local and international community

Multidisciplinary participation on the float depicted the benefits of healthy eating, smoking cessation and regular exercise in an amusing way appealing to a wide range of the viewing public

Ambulance personnel, complete with vehicles advocated positive behaviour change in regard to drinking and driving "Let us not meet by accident"

Staff distributed health promotion literature and advice to the public "en route"

#### Results:

Almost 50 members of the public attended the free cholesterol testing offered over a two-hour period following the parade positive feedback from the public both in the media and word of mouth

#### Contact address:

Rafferty, Nuala  
North Eastern Health Board  
Louth Hospital Dundahill  
, County Louth,  
IRELAND  
00353429329205,

#### Abstract 98

### The portal of the health system of Milan

Author(s): **Panté, Fabrizio; Mairov, Enrico; Arbosti, Graziano**

The transference of the modern technologies for the health systems, from the traditional architectures structures, facilitate the connection to the network. This new phenomenon, named "W-Healthcare" is a process in which the European countries are looking to build an important role for themselves. In this new reality the portal structure is maybe one of the most important and fundamental parts of the new system.

Under this point of view the portal of the health system of Milan represents the most important part of the building that we can call "The Multi-Community-Portal-System". This idea is realistic, taking in consideration the following points:

- Under a soft band of general informations, oriented to the al community, composed by the total number the potential consumers of the Health System of Milan can be selected 3 vertical community that has different and distinguished interests:

- a. the citizens
- b. the health operators (e.g. medical doctors)
- c. authorized subjects (organized institutions or single subjects) that has an interface with the health system of Milan or are working inside the system itself.

A. Except some marginal areas off sovra positioning every one of the community has to find inside the portal-structure, enough specific informations, that are also quality informations and are also renovated rapidly with new dates, the major part of this information can come from the health system of Milan, e.g.

1. The presentation of the first page: The page can be presented as the first page of a giornal, it means short presentation of the general information and the possibility to "click" on specific areas, entering to other sites that gives us ther information.

2. Service informations fuctional card - it means giving the utilisers the possibility to know specific informations using specific motors if research.

3. Illustrate the maps of the:

- General Practitioners of the city
- The drugstores
- The medical Centres
- Other important information-maps.

4. Special motors for "Health on line". Information about professional specialistic areas

5. The city "call center" information; all the information regarding the city

B. To make it more operative, every community can managed also other important services (administrative management, economical management) and can develop a specific interface of priojection to other applicative applications.

Contact address:

Panté, Fabrizio

Sperimental trust of Milan

Corso Italia n. 19

20122, Milan,

ITALY

02/89010870,

dir.sper.mi@iol.it

Abstract 99

## Women@the Centre of their communities: a new approach to creating HPH's

Author(s): **Harper, Jan; Richardson, Denise; O'Keeffe, Jean**

Unique in having a constant sustained presence at the centre of communities, funded partly by Health and Local authorities 'Women's centres' recognize the need for ongoing support for health, social, welfare and lay workers in a changing and complex society.. The Centres offer assistance to all with a particular focus on workers in hospitals, health promotion units, and Primary Health Care centres through ongoing programme development, consultancy, in-services, networking and information.

The National Network of Women's Centres evolving since the early 1980's. In June 2000, the National Conference - 'Women@Centre' - attended by 150 delegates, gave impetus for the development of a National Federation, which operates with minimal resources attracting support from national and regional organisations. Workers, volunteers and management committee members at women's centres provide services and support for many women a year. Health promotion services range from health information, self-help groups, support for dementia, eating disorders, bereavement, counselling, training, education, ethnic minorities etc.

The case study 'advocates that Women's Centres act as a catalyst to creating HPH's in their communities outlining a model for working in partnership with hospitals based on the principles and strategies advocated by the Ottawa Charter that could be applied in any context.

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Contact address:

Harper, Jan

University of Central Lanchashire

Department of Health Studies, Faculty of Health

c/o Denise Richardson

PR1 2HE, Preston,  
UNITED KINGDOM  
00 44 1772 894966,  
harperjan@hotmail.com

#### Abstract 100

### Addressing social inequalities in health – Linking HPH's to Communities through the Primary Care Setting.

Author(s): **Smith, Susan; Richardson, Denise; Steen, Joyce**

#### The links:

Healthy public policy dictates partnerships and integrated ways of working. The community setting is an essential link for the HPH initiative as "Health is gained, lost and maintained in the real worlds of home, leisure and daily life".

#### The setting:

Current transitions towards Primary Care Trust status is one strategic opportunity to exploit these links, reflecting values and ideals within National, WHO and HPH's policies and initiatives, with emphasis on inequalities, health development and evidence based health promoting methods.

#### The opportunity and philosophy

A skilled community nurse working in primary care with dedicated time and a specific health promotion remit is a valuable resource, providing education, advice, support, and opportunities to address lifestyle issues identified during episodes of care when individuals are receptive to ideas for attitude and behaviour change. Empowering people through advocacy helps remove barriers to health in a practical way.

#### The project and outcomes:

The Blackpool FY1 Foxhall Talbot Initiative was set up to address social deprivation and exclusion. An effective programme providing the Primary Care Group with a needs driven, evidence based, participatory health promotion integrated care package, improving health of socially deprived patients and supporting the Primary Care Team.

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#### Contact address:

Smith, Susan

Blackpool Wyre and Fylde Community Health Services NHS Trust  
Whitegate HC, C/O District Nurses  
156 Whitegate Drive  
FY3 9HG, Blackpool,  
UNITED KINGDOM  
sue.alansmith@talk21.com

#### Abstract 101

### Promoting healthy eating

Author(s): **Kerr, Ann; Holms, Liz; Prodger, Sue**

Using the Health Promoting Health Service Framework, Greenock Health Centre identified nutrition as a priority for action for patients, staff and the local community.

'Mapping' existing activity against the Framework 'branches' led to the development of an action plan in several key areas.

- Training for all staff
- Provision of information
- Food for staff
- Breast feeding in the community

Partnership between the Acute hospital staff, particularly dieticians and midwives was crucial in delivering the programme

Communication and Co-ordination of the activity between the acute and primary care staff, together with ensuring all staff in a large health centre were involved and kept informed was facilitated.

The poster presentation will outline the processes and the achievements and outcomes to date

*Contact address:**Kerr, Ann**Health Education Board for Scotland**Woodburn House, Canaan Lane**EH10 4SG, Edinburgh,**SCOTLAND**0131 536 5501,**ann.kerr@hebs.scot.nhs.uk**Abstract 102***Drugs, Alcohol & Children - A community ressource for alocal picture***Author(s): Cobb, Jaqueline Susan***Aim:**

The development and launch of a locally focused, user friendly, health promotion resource addressing the issue of children, drugs and alcohol.

**Objectives:**

1. To identify the local picture through reviewing drug, alcohol and substance misuse related attendances at the Accident & Emergency department, Birmingham Children's Hospital.
2. To utilise existing networks and partnerships to support the development of a new resource for children, parents, carers.
3. To involve local children in contributing towards this health promotion resource.
4. To launch the resource in support of National Child Safety Week.
5. Disseminate information through local schools, health centres, Birmingham Children's Hospital and the Media.

**The process:**

- Partnership working through Birmingham Accident Task Group
- Steering group established.
- Child poster competition held.
- Current data and facts researched.
- Legal issues summarised.
- Local contact points validated.
- Funding secured
- Booklet designed and reviewed.

**Project outcomes;**

- 1000 copies of the 'Drugs & Alcohol - What do YOU need to know?' booklet produced.
- High profile media launch - live local radio interview, press articles
- Local school involvement through as part of curriculum based drugs themed programme.
- Voluntary sector interest in resource achieved.

*Contact address:**Cobb, Jaqueline Susan**Birmingham Children's Hospital NHS Trust**Personnel Department**Laywood House, Whittall Street**GB - B4 6 NL, Birmingham,**UNITED KINGDOM**+44/1213338351,**jackie.cobb@bhamchildrens.wmids.nhs.uk**Abstract 103***Structured project for feminine cancers screening for disadvantaged women in Charleroi, Heinaut (French Part of Belgium)***Author(s): Bastin, Fabienne; Lejeune, Michéle; Marechal, Marc; Vandroogenbrouck, B.*

In industrial countries, cancer is a main problem of Public Health.

For women population, breast cancer mortality is prevailing (22%) and cervical cancer represents 5% of mortality by cancer. Early detection screening of breast or cervical cancer is efficient and allows a good reduction of mortality.

Several studies had demonstrate an increase of incidence for some of general cancer in disadvantage population, because of risks factors propitious, reticence in early detection and by the lack of appropriate early detection screening.

The present project is the first in the French part of Belgium to be structured and to have both objectives to:

- Increase the cover of early detection of breast or cervical cancers in disadvantage women in Charleroi.
- Guarantee the quality of early detection exam in breast or cervical cancer screening.

**Strategy used is:**

- To work in multisectorial partnership (general practitioner, gynaecologist, social educators, etc.)
- To work on long term (3 years project)

First year: Feasibility test on methods to approach 200 disadvantage women, 100 general practitioners, 100 social educators, 50 gynaecologists and three anatomy pathologist laboratories. The evaluation of process and court term effects is also organised.

Second year: Extension of cover of disadvantage women and of partnership. An evaluation of process, court term and middle term effects will be still organised.

*Contact address:**Bastin, Fabienne*

University Center Hospital of Charleroi, Belgium  
 BD Janson, 92  
 B - 6000, Charleroi,  
 BELGIUM  
 00-3271/28.44.75,  
 fabienne.bastin@chu-charleroi.be

#### Abstract 104

#### H.A.N.

Author(s): **Limido, Eugenio; Zocchi, Bianca; Buzzi, Maria Grazia; Lodi, L**

H.A.N. has been carried out by Hospital of Busto Arsizio since 1993. After resettlement by regione Lombardia, two main independent structures control HAN in our area: the Azienda Ospedaliera "Ospedale di Circolo di Busto Arsizio" (AO) and the Azienda Sanitaria Locale of the Province of Varese (ASL) through its district (Busto Arsizio Castel-lanza). A dedicated office in A.O. decides which patient had to be put under H.A.N., plans nutritional programme and follow-up. Products for HAN, delivery at the patient's house and home medicare are the ASL charge. As for our experience the crucial point is a constant and efficacious co-operation between A.O. (Hospital) and the ASL (Districts).

#### Material and methods:

- an artificial nutrition office inside the Hospital, easily called by phone.
- in every district a single nurse who follows all H.A.N.'s patients to achieve experience with materials and complications.
- volunteers that can favour the exchange of informations.
- starting an agreement between ASL and AO to provide medical support by hospital physicians.

#### Conclusions:

Both A.O. and ASL will be working hard together to provide better medical care to the population to achieve an improvement in the quality of life of the H.A.N. patient.

Contact address:  
 Limido, Eugenio  
 Azineda Osedaliera Busto Arsizio  
 Piazzala Solaro N. 3  
 21052, Busto Arsizio,  
 ITALY  
 +039 0331 699411,  
 gcrestani@ospedali.busto.va.it

#### Abstract 105

#### Cervical Cancer Register Prerequisite Elements : Lessons Learnt in Charleroi (Southern Belgium)

Author(s): **Marechal, Marc; Bastin, Fabienne; Gilbert, Philippe**

The relative higher levels of mortality linked to cervical cancer observed in Charleroi, a city of heavy industry and poor economic conditions, has highlighted the need to create organized cervical screenings, currently unavailable on a national level.

#### Aim:

To organise and establish a centralised city "Register of Cervical Smears".

#### Participants:

Gynaecologists and GPs (a telephone survey confirmed that smears were mostly performed by gynaecologists). Also three city labs (two of which are hospital-based) collecting over 90% of the smears.

#### Method:

Gynaecologists, GPs and labs were invited to adhere to predefined technical guidelines for the collection and interpretation of an adequate Papanicolaou smear. Results were then theoretically encoded by the labs, conforming to a uniform process.

#### Privacy:

Confidentiality of data is secured through encryption of specified identifying items and is guaranteed by an independent "ethical committee".

#### Results:

Benefits and pitfalls encountered during this experience of accessing the feasibility of such a Smear Registry are explained as well as the recommendation to extend the project to a broader geographic area.

Contact address:  
 Marechal, Marc  
 CHU Charleroi  
 Bd Janson  
 6000, Charleroi,  
 BELGIUM  
 +32 2 3722261,  
 marc.mare@swing.be

## Creating Healthy Hospitals Organizations

Abstract 106

### Health education for hospital patients: strengthening the public health function of nurses through their role in health promotion

Author(s): **Waters, Jaqueline; Richardson, Denise**

#### National plan for a new NHS

Government expects Trusts to strengthen the nursing contribution to health improvement Programmes and Public Health nursing. Hospital nurses' work focuses on individual patients offering day to day opportunities for providing health education in addition to treatment of disease.

#### Leadership for public health nursing in hospitals:

As service frameworks, quality in clinical services are developed and monitored, clinical nurse leaders will have a very important role in increasing the health promotion and public health function of nurses across the Trust.

#### Nurse education for health:

Nurses have an important role to play in health promotion. Education and training programmes enable nurses to develop knowledge and skills for choice of available methods for health promotion/education interventions and to explore the needs and possibilities for health promotion and education in specific situations.

#### The future promoting health in nursing practice:

The central aim will be to introduce the nursing workforce to the guiding philosophies and principles of health promotion and health education at the micro/individual level as an activity within clinical care by improving public health. Nurse-client relationship and nursing care pathways provide a structured approach to planning, implementation and evaluation of health promotion practice.

Contact address:

Waters, Jaqueline  
Burnley Health Care NHS Trust  
Casterton Avenue Burnley  
BB10 2PQ, Burnley,  
UNITED KINGDOM  
01282474667,  
healthprom@yahoo.co.uk

Abstract 107

## European Foundation for Quality Management and Health Governance

Author(s): **Khan, Rabbia**

The European Foundation for Quality Management Excellence Model (EFQM) has been used for clinical governance in England. This poster shows how the EFQM Excellence Model can be used for health governance and how the principle of a health promoting hospital can be incorporated into this.

Contact address:

Khan, Rabbia  
English National Network of Health Promoting Hospitals and Trusts  
North West Lancashire Health Authority, Units 44 B&C  
Progress Business Park, Orders Lane, Kirkham  
PR4 2TZ, Lancashire,  
UNITED KINGDOM  
Rabbia@hphenglishnetwork.demon.co.uk

Abstract 108

## Lombardian projects

Author(s): **Bianchi, Simonetta; Amigoni, Maurizio; Tersalvi, Carlo**

Lombardy adopted the projects "Prevention and safety in working settings 1998/2000" and "Risk Prevention in Health Units" aiming to reduce the overall risk rate in all Regional Health Units. The Regional Health Direction also provided the "Safety Project" which has been adopted by some Local Health Units. The aims of this project are:

- the promotion of safety and health culture within health care staff and environment;
- the introduction of a risk management system involving both caregivers and the General Health Direction.

The first project contains five specific sub-projects for the training of both the General Direction and caregivers to a correct safety culture through:

- a) both general and adapted professional trainings for the identification of the most relevant health problem areas. This is meant to be achieved by a close monitoring of health markers in order to find successful solutions leading to the improvement of health care services and to the development of a directed risk management consciousness;
- b) the promotion of staff participation is targeted to solve all the practical safety problems through the constitution of operative groups in each hospital involved. This framework promotes both a critical approach and interactive comparisons among the people interested in the achievement of successful outcomes in hospital settings.

We do hope that the "Safety Project" experimentation and its diffusion will lead to a more widespread appreciation and active adoption of it.

Contact address:  
Bianchi, Simonetta  
Istituti Ospitalieri Hospital Trust  
V.le Concodia 1  
26100, Cremona,  
ITALY  
0372-431975,  
dir.gen.aioc@rccr.cremona.it

#### Abstract 109

### Take a dash of ideology, mix with "healthy public policy" and a sprinkling of South Tyneside vision: Developing Health Promotion Hospitals for the 21st Century

Author(s): **Sengupta, Soumen; Richardson, Denise**

As the International Network of Health Promoting Hospitals begins its second decade, it is clear that there are still many challenges to be addressed before 'being' genuinely "health promoting" is the norm for hospitals rather than the exception. One reason for this may be that while many 'informed' health professionals may broadly agree with the Budapest Declaration and Vienna Recommendations, they unfortunately perceive them to be essentially aspirational and cannot envisage a framework that would enable them to become attainable.

South Tyneside Health Care NHS Trust published its "Health Promoting Trust Strategic Vision" ([http://www.es.euro.who.int/Frameset\\_pub\\_doc\\_bcn\\_hph.asp](http://www.es.euro.who.int/Frameset_pub_doc_bcn_hph.asp)) to assist the organization and its stakeholders achieve real improvements, explicitly linking local activities to national priorities.

Positively received by the WHO and NHS Executive, this document sets out a framework intended to enable the Trust to take the ideology, rhetoric and well-worn theory of HPH and transform them into a meaningful practical reality. Emphasising both theoretical robustness and the progressive evidence-base, this framework may be of value in supporting sustainable development of health promoting organisations in the 21st century.

The purpose of this presentation is to outline this framework, stimulate dialogue and develop wider discussion of its potential strengths and weaknesses.

Contact address:  
Sengupta, Soumen  
South Tyneside Health Care NHS Trust  
Health Promotion Centre  
Hospital Drive  
NE31 2TH, Hubburn, Tyne & Wear,  
UNITED KINGDOM  
0191 451 6616,  
soumen.sengupta@healthpromotion.demon.co.uk

#### Abstract 110

### Planning a supply of health: a method for the change

Author(s): **Barbato, Angelo; Patrizia, Sironi**

Regarding to the changed scenario of balance and leadership of Cremona's Hospital, it was necessary increasing a method of planning.

The Top Management has adopted the strategy of "the matrix of the opportunities of development" and considering the characteristics of the supply and of the demand, has realised a new Triennial Strategic Plan.

The study was conducted in the "Azienda Istituti Ospitalieri di Cremona" a trust of 2 hospitals with a total of 1100 beds, in the Lombardia region, Italy.

Principal methodologies adopted for the improvement has definite different strategic areas:

- areas with elevated competitiveness and elevated appeal: cardiology, neurosciences, general surgery, medical oncology, haematology
- areas with middle appeal and low competitiveness: genitourinary surgery;
- areas with middle-high appeal and middle-low competitiveness: orthopaedic surgery, head and neck surgery, vascular surgery and rehabilitation;
- areas with high competitiveness and low appeal: internal medicine, obstetrical and paediatric area, mental health, lung disease.

#### Strategy to effect the change:

1. Realisation of a document denominated Triennial Strategic Plan (realised).
2. Negotiation and sharing of the strategy with the Chief of Department / Unit (in progress)
3. Fight the resistance to the change.
4. Formalisation from the Regional Council (in progress).
5. Operational application.

Contact address:  
Barbato, Angelo  
Cremona Hospital

Azienda Istituti Ospitalieri dew Cremona  
 Largo Priori 1  
 26100, Cremona,  
 ITALY  
 +390372405552,  
 angelo.barbato@tin.it

## Health Promotion and multiethnicity

Abstract 111

### The multicultural hospital

Author(s): **Dallari, Giovanna; Bonetti, C.; Cuzzoni, C.; Capra, A.**

#### Preliminary remark:

In our country there is a flow of about 50.000 regular immigrants and a highest number of irregular immigrants every year. The importance of this phenomenon (2,2% of the whole population) shows how nowadays the Health Service is made to take into account problems coming from different patients' requirements and, in particular, from part of those patients coming from emerging countries.

Many Hospitals and Health Services have set-up, or are setting-up, initiatives regarding the improvement of relations with immigrant users. It is a matter of sporadic initiatives respect to the complexity of this problem that has to be faced in its own wholeness.

#### Experiences in Emilia-Romagna:

Training courses for professionals about intercultural relationship in health services held by the Minguzzi Centre - Bologna Provinc.

The Bentivoglio Hospital (Five Stars Hospital) in which is usually offered: intercultural menu, intercultural birth training course, intercultural mediators, information signs in different languages, etc.).

Intercultural mediators training course (700 hours) in Social and Health Services promoted by the Immigration Service of Bologna's Municipality in co-operation with the AUSL BO City, BO South and North.

The Mediation Office of the Modena Teaching Hospital offers a mediation activity for all hospital professional and users and other specific services.

An informative and counselling free line on health services in six languages to support foreigner citizens who live in Bologna's area.

The objective of our work group make health services accessible, appropriate and attentive for all users.

#### The Multicultural Hospital

promotes good practices, different projects and initiatives due to "reengineering" hospital patterns in order to satisfy each client's need

institutionalises the cultural difference as an essential right and value

defines and makes possible a clear relationship with his own customer, who will know their duties and their rights.

#### The Multicultural Hospital can become

an opportunity to better knowing the real needs of all minorities groups

one of the starting points to facilitate the integration processes in the social context.

#### Objectives:

- Acquire awareness about the culture of difference, supporting an explicit and clear relationship between the Hospital and their users.
- Changing the culture, structure and organizational patterns of the organization, according to the above-mentioned point of view, in order to become more dynamic, flexible and open to the different ways of life and culture of the new citizens that nowadays attend to the health services in our country.

#### Actions and instruments:

- Analysis of the law, of medical literature.
- Exchange of experiences at national and international level.
- Benchmarking at regional level.
- Creation of a folder that organically collects the experiences and summarizes the essential characteristics of the Multicultural Hospital: its objectives, activities, costs, and other references adaptable to others interested hospital.
- Improvement of organizational conditions through focus group with professionals - from the top to the bottom - and intercultural mediators, referents of the target groups, etc..
- Specific training for the hospital staff.
- Informative brochure in different languages.
- Interim evaluation of the action, according to the settled programme.
- Specific training for patients

#### Contact address:

Dallari, Giovanna  
 Local health Unit of Bologna City  
 Via Castiglione 29  
 40124, Bologna,  
 ITALY  
 +39 051 6574923,

## Abstract 112

## The choices of today for the hospital of tomorrow: Cultural mediation to inform, involve, and plan health services able to integrate ethnic minorities and positively emphasis differences

Author(s): **Beydoun, Maha; Baraghini, Gian Franco**

1996: Initiation of Quality System that considers NHS users as persons with weaknesses and fears  
January 1998: foreign patients expressed difficulties, uneasiness for language, communication cultural problems. Initiation of Cultural Mediation Project.

### Objectives:

- Plan health services adaptable to multiethnic society
- Cultural mediators remove obstacles, welcome, reassure, facilitate communication, transmit information regarding cultural practices
- During visit and discharge from hospital helps gathering anamnesis, interpret symptoms, explain medicine use;
- Help organize health education campaigns

### Projects:

- Training course for operators provides theories/practices for intercultural approach.
  - Clinic for Preventive Gynaecology with counselling, health education in languages
  - Clinic takes care of pregnancies creating a social network of support for new immigrant mums
  - Lessons give information about pregnancy, labour and delivery with community mediators in languages
  - Informational guide written in English- Arabic-Italian.
- Evidence-based results: Users and Stockholders
- Modena-Municipality Health-Social Services Assessorship appreciates results obtained thanking management and operators involved
  - Foreign Citizens Town Council recognized changes undergone since 1998 expressing communities satisfaction
  - Islamic Community expressed the positively perceived improvements in their community
  - April 2000 Questionnaires effected on patients in Medicine II, Neurology, Gynaecology and Obstetrician (465 patients questionnaires) resulted high degree of satisfaction among Ethnic Minorities (average 7.8 of scale-range from 1-9)

### Contact address:

Beydoun, Maha  
Policlinico di Modena  
Via del pozzo 71  
41100, Modena,  
ITALY  
0039594222369,  
beydoun.m@policlinico.mo.it

## Abstract 113

## Multiethnic in hospitals in the Lombardia Region

Author(s): **Sottili, Sandro; Amigoni, Maurizio; Tersalvi, Carlo; Scrabbi, L.**

The Lombardia region is developing a multiethnic project which involves the hospitals structure. Project can be undertaken by all the regional hospitals willing to collaborate.

In the first stage the quantity and quality of needs and resources are evaluated.

First of all it will be necessary to inform the staff inside hospitals about relations with peoples from different cultures and religions. This means an obligation and commitment to understand specific needs of multiethnic citizens. It shall be emphasized the actual collaboration with voluntary organizations and public corporations already experienced in the sector

Programming steps to be taken will depends on information, procedures, organization, communication and means of informing.

Doctors, Administration personnel, Psychologists, Social workers, Nurses will be directly involved inside the hospital

### Aims:

- To define guidelines for the Lombardia Region in an approach to satisfy the needs of a multiethnic population.
- To inform the people involved in the caring of such population their specific beliefs and needs
- To achieve an up-to-date guide on welfare services available, translated in various languages
- To create a multiethnic dictionary which gathers the most frequent questions asked in hospital, translated in various languages. The dictionary could be electronic, to enable translation instantly, with eventually phonetics to overcome problems with those who are illiterate.
- To create a consent form in various languages which is legally valid and enables one to overcome language barriers;
- To setting up an internet site for the circulation and the updating of information.

We present what hospital have yet more and the regional future project.

### Contact address:

Sottili, Sandro  
San Carlo Private Hospital  
Via Ospedale 1  
20037, Paderno Dugnano,  
ITALY  
0039 0299038223,  
sottili@clinasancarlo.it

## Abstract 114

**Intercultural Welcome Project**

*Author(s): Sironi, Patrizia; Bianchi, Simonetta; Barbato, Angelo*

**Introduction:**

Within Quality activities started at Azienda Istituti Ospitalieri in Cremona, it's being realized the Welcome Project "Mother Project" whose aim is to improve the satisfaction of citizen who needs health care services. Besides the actions carried out to support immigrants'; welcome (i.e. notices in more languages: Italian, French, English and Arab) a specific "Intercultural Welcome Project" is being worked out. The purpose of this project is to promote new business strategies towards Quality, Prevention and Humanization, in accordance with the strategic business planning and this study takes part in European network of Health Promoting Hospital (HPH).

**Objectives:**

- Analyse current situation in regard to the immigrants' health needs.
- Facilitate communication and information between health operator/hospital/immigrant/family.
- Improve interpersonal relationship between health operator and immigrant citizens
- Promote intercultural approach to healthy lifestyle.
- Plan action strategies regarding psychological and physical wellbeing of multiethnic Groups.

**Target Population:**

The Project is addressed to:

- Immigrant citizens, Extra Community persons, their families and/or referent Groups.
- Local Community, paying attention to different ethnic Groups.
- Health personnel (front-office, medical, etc.).

**Indicators:**

Organization indicators - Arrangement of a staff- working group devoted to the Project; Process indicators - Participation of the health operators: number of complex involved Structures; - Cooperation with Institutions of the area: number of extracorporate involved Institutions; Outcome indicators - Epidemiological analysis of the afferent demand; simplification of the access to hospital services and achievement of new ways; Training programme for the health personnel.

**Activities programme:**

- Survey of illness incidence and of frequency and tipology of the hospitalization for immigrant citizen.
- Epidemiological research of immigrants' health care need.
- Updating courses in intercultural subjects for health personnel.
- Monothematic intercultural meeting, with different ethnocultural models.

**Result/Evaluation:**

The Project, which is in progress, has carried out: Map of Health-Guide for immigrant citizen - "Intercultural Health Books" guideline indicators - health operator/client - for immigrant citizen approach; development of knowledge and skill as regard the intercultural communication; specific actions aimed at particular objectives of intercultural Welcome. Regular inspections and periodic monitoring for suggested objectives will be organised.

**Contact address:**

*Sironi, Patrizia*  
 Az. Ospedaliera Istituti Ospedalieri di Cremona  
 Viale Concordia n.1  
 26100, Cremona,  
 ITALY  
 039 0372 405524,  
 ds.aioc@rccr.cremona.it

**Prevention of infections**

## Abstract 115

**Hand washing - promoting health in a hospital ward**

*Author(s): Kerr, Ann; Gourlay, Dorothy; Sandersen, Arlene*

Using the Health Promoting Health Service framework Five Health Promotion Department and the staff of a Urology Ward at Queen Margaret Hospital carried out a needs assessment to establish priorities for health promotion. Hand washing, for staff, patients and their carers was the top priority. Working with the Infection control staff they aimed to develop a policy and set standards within the ward area.

The policy was developed from the Infection control Nurses association with all involved being represented. The dissemination was supported by a range of educational methods for staff, patients and their families. Local resources were developed to reinforce the messages.

The poster presentation will outline the processes, methods used and achievements and outcomes to date.

**Contact address:**

*Kerr, Ann*  
 Health Education Board for Scotland  
 Woodburn House, Canaan Lane  
 EH1 4SG, Edinburgh, SCOTLAND  
 +44 131 536 5501,  
 ann.kerr@hebs.scot.nhs.uk

## Abstract 116

**Hepatitis B immunisation programme – National Maternity Hospital/**

Author(s): **O'Neill, Nancy**

**Aims and objectives:**

Immunise all healthcare workers, both new and in-post  
Educate staff re the safe use and disposal of sharps  
Educate healthcare workers regarding the risks of blood borne pathogens

**Background:**

The Hepatitis B virus is a blood borne pathogen which worldwide accounts for approximately 2,000,000 deaths/year. It is not an endemic pathogen in Ireland. The main groups at risk include intravenous drug abusers, those who receive blood/blood products overseas, and to a lesser extent healthcare workers.

**Methodology:**

In April 1997 the hospital commenced a Hepatitis B vaccination programme. All healthcare workers were targeted

**Results:**

From May 1998 to the present all new employees who commenced working in the hospital availed of the programme. The programme has a manual recording keeping system with re-call for the three injections and the titre check. Results are forwarded in writing to the patient to facilitate movement to other healthcare institutions.

**Conclusion:**

The programme is continuing to achieve its objectives in that the majority of employees have now been vaccinated against the Hepatitis B virus and are more conscious of their safety and welfare at work through weekly clinics and awareness days. In future we hope to computerise the system.

*Contact address:*

O'Neill, Nancy  
National Maternity Hospital  
Hollis Street  
2, Dublin,  
IRELAND  
01-2094174,

## Abstract 117

**Hospital acquired infection in Kaunas university of medicine hospital**

Author(s): **Gailiene, Greta; Pundzius, Juozas**

**Aim:**

To analyze hospital - acquired infection (HAI) prevalence, structure.

**Method:**

After preliminary analysis of hospital - acquired microorganism's background, microbiologists determined these microorganisms as the most important hospital - acquired pathogens: methicillin - resistant S.aureus, methicillin - resistant coagulase-negative staphylococci, P.aeruginosa that is resistant for more than two antimicrobial agents. After identification of such microorganisms in investigative material, according to microbiological lab reports has been made epidemiological investigation.

**Results :**

176 patient's cases were analyzed during 6 months. HAI was ascertained in 150 (85,2%) cases. Out of 150 cases were 54(36%) pneumonia, 9 (6%) urinary tract infections, 57 (38%) surgical site infections, 16 (11%) bloodstream infections, 14 (9%) other sites. Out of 176 cases were defined 150 HAI, 16 cases of colonization of hospital - acquired microorganism's strains and 10 community - acquired infections. 65 cases of HAI were in intensive care units, 59 - in surgical, 26 - in therapeutic.

**Conclusions:**

1. The most prevalent HAI pathology is pneumonia (36%) and also surgical site infections (38%).
2. Average period of HAI development is 14 in-patient days.
3. Intensive care units and surgical departments are at the biggest risk of HAI.

*Contact address:*

Gailiene, Greta  
Kaunas University of Medicine Hospital  
Department of Hygiene and Epidemiology  
Eiveniu 2  
3002, Kaunas,  
LITHUANIA  
370 7 798585,

## Abstract 118

**Infection control systems - a new culture on a health promoting hospital**

Author(s): **Caspersen, Finn; Hermansen, Jane; Jepsen, Ole B**

The Statens Serum Institut and The Danish Standards Association have developed and introduced a national infection control system. The project was financially supported by the Danish Ministry of Health. The standards includes a infection control system and a series of 13 substandards covering practitioners, dental clinics and of course infection control in hospitals.

The purpose of developing a infection control system is to support a healthier environment. One very important issue to control is the management of deviations from hygienic procedures and the following risks.

Introducing a infection control system is also a proactive way for the hospital management to change the culture into a health promoting hospital. It should be stressed that the infection control system is a management system, and does not include clinical core activities.

The Central Hospital Nykøbing Falster (CNF) has participated as a testhospital during the development of the Danish standards.

The hospital management has subsequently decided to incorporate the standards into a organizational structure in the hospital for improvement of the quality of the infection control.

A fortifying of the infection promoting effort e.g. by the introduction of the infection control standards, can in this manner contribute to protect the patients against infections during the hospital stay, but will also have effects on the general attitude to the management of other critical procedures in patient care.

Contact address:

Caspersen, Finn

Central Hospital of Nykøbing F.

Fjordvej

DK - 4800, Nykøbing,

DENMARK

54 88 57 61,

fca@cnf.stam.dk

## Abstract 119

**Persistent Vegetative State (PVS)**

Author(s): **Chiambretto, Paola**

Persistent vegetative state (PVS) is a state of total lack of consciousness of oneself and one's surrounding, in which the patient alternates between sleep and wakefulness. Once in this state a patient may remain alive provided he or she is given the appropriate medical care and nursing. The life expectancy of these sufferers is estimated to be 5-10 years.

The long term supervision of these patients whose number is increasing steadily entails many problems which are best dealt with outside a hospital. Our case study was carried out in two nursing houses with 30 PVS.

Our case study drew up a quality assessment of ward organisation. The important factor which emerges from our case study is the caregivers involvement in the patient's everyday life. The case study has led us to adopt the following organisational steps:

- total freedom to access to the nursing home; - participation in physiotherapy; - participation in musical therapy.

Experience has shown that thanks to priority these steps and bringing them to the caregivers attention in monthly meeting, tension between staff and caregivers has been alleviated and cooperation has been strengthened

Contact address:

Chiambretto, Paola

Vitaresidente

Via San Lorenzo 10

22070, Guanzate,

ITALY

031-35282212,

chiambrett@yahoo.it

**Other subjects**

## Abstract 120

**"Videre" project**

Author(s): **Simonelli, Fabrizio; Testore, Patrizia; Rossi, Roberto; Pignedoli, Fabio**

The plan is based on the placement of a mobile monitor in the waiting rooms of the Health Centre, connected to a personal computer and working during the medical activity. The monitor visualises "storyboards" regarding health subjects made by a graphical software.

Depending on different groups of patients waiting in the health centre, some messages running on the monitor are transmitted on the monitor and arranged by health workers.

#### Targets:

- Making groups of people (homogeneous for pathology) aware of the chance of health prevention recommended by health staff of the Hospital.
- Informing people/users on methods and correct time for using Health Services.
- Improving the quality of services trying to make up for the downtimes at the counter and at the Health Centre.

#### What has been done:

- Arrangement of storyboards regarding information and direction in order to take advantage of
- prevention of specific illnesses.
- Setting-up of a waiting room front of the urology health centre.
- Training course for nursing staff for visualising messages from a personal computer.

#### Verification:

Survey testing the patients' satisfaction and learning level by questionnaires addressed to them taking into account advice and warning by health workers involved in the project.

#### Contact address:

Simonelli, Fabrizio

Local Health Unit of Reggio Emilia

Ospedale S. Anna

42035, Castelnovo ne' Monti, ITALY

+39 0522 617118,

#### Abstract 121

### Welcome project

Author(s): **Sironi, Patrizia; Bianchi, Simonetta; Carazzone, Lorenzina**

#### Introduction:

The Azienda Ospedaliera, as from Presidio Ospedaliero in Cremona, has always been focusing on the person's needs, on the peculiar psychological conditions of ill persons. In October 1996 Health Ministry published indicator strategies concerning the "humanization and personalization of health care". All this was considered a starting point for studying this project whose aim is to define concrete method to improve welcome capacity of the hospital Services towards clients.

#### Addresses:

Patients/ Families/ Visitors (external client) and health personnel (internal client)

#### General objectives:

To improve in the Hospital Enterprise welcome conditions, both for in-patients and out-patients with regard to the "person" at the time of his hospitalization, during his stay in hospital and up to his discharge.  
To improve availability and quality standards of information, communication, educational programmes for patients and their families.

#### Specific objectives:

- To improve and to promote health operators' behaviours towards the centrality of the patient/ client/family and their full satisfaction.
- To identify critical areas open to significant improvements.
- To identify improvement actions within each area, and consequently to appoint a Responsible for managing activities.
- To improve internal and external networks.
- To improve in patients/ families/ visitors the knowledge of health, considered as a daily resource and as a common heritage to protect.
- To carry out educational projects aimed at the change of individual and collective behaviours.
- To extend the project to all the hospital Enterprises.

#### Methods and materials:

Meeting of interdisciplinary project (Psychologists, Doctors, Sisters, Social Workers, Technicians, Nurses, Administratives, Artists, Consultants, Volunteers, etc.).

Meeting for specific separate areas (Entrance/ Out-patient's Clinic - Emergency Department/ Admission Unit - Internal and External Setting - Wards).

Customer satisfaction analysis, questionnaires, interviews, Quality assurance techniques.

Identification of broker networks about Quality and Welcome in all the Operating Units (a broker doctor and a broker nurse for each Operating Unit).

Hospital University - planned lessons by qualified Operators only for clients.

Training courses for health operators.

Involvement of voluntary Services.

#### Actions and results:

Identified stakeholders of Quality and Welcome standards.

Organization of training courses for front-office personnel and for Quality and Welcome brokers.

Action on the setting: Front-Entrance, Waiting room, Emergency Department, living rooms of the wards.

Creation of a new internal and external markers.

Foundation of the Hospital University.

Customer satisfaction inquiry on inside and outside clients

Six-month monitoring.

#### Contact address:

Sironi, Patrizia

Az. Ospedaliera Istituti Ospedalieri di Cremona

Viale Concordia n.1

26100, Cremona, ITALY  
039 0372 405524,  
ds.aioc@rccr.cremona.it

#### Abstract 122

### Implementation of adverse incident reporting - a procedure for logging.

Author(s): **Breen, Ann**

Identifying and Troubleshooting Errors that occur in the Daily running of the Biochemistry Laboratory.

Implementation of Adverse Incident Reporting, A Procedure for Logging, Identifying and Troubleshooting Errors that occur in the Daily running of the Biochemistry Laboratory.

#### Rationale:

The advent of full Laboratory Computerisation in May 1999 revealed a new source of potentially harmful errors with regard to sample handling and clerical issues.

Swiftly procedures have been put in place to identify and rectify errors and highlight possible means of reducing and eliminating them.

#### Aim:

Provision of the best quality service for patients and clinician users of our services.

#### Objectives:

- Reduce and eliminate errors as much as possible.
- Provide a fast efficient and quality service to clinicians and patients.
- Provide Health Promoting and Best Practice work protocols for staff.
- Provide security for staff.

#### Proposed time frame:

Set up from June 1999, has to be ongoing by virtue of the nature of the audit being carried out.

#### Participants:

Co-ordinator (Ann Breen) and staff in the Reception Area.

#### Methodology:

Computerised and manual checking techniques to audit workflow and swiftly identify errors that occur.

#### Results:

Logging of all Errors provides a terrific means of auditing the workflow and practices.

It helps identify what is occurring and why.

Identification alerts changes of work practice as required to eliminate these errors.

#### Conclusions:

- Identifying Errors helps to clarify why they happen, it keeps us vigilant and alert in the workplace and allows no room for complacency.
- Questionnaires are in development, to assess the GP/Clinician view of the service as it is being provided and how it could be improved from their viewpoint. It is hoped that this interchange will benefit both parties in gaining a very necessary understanding of what provider and service user needs to ensure a quality service to the patient.

-The procedures in place and those currently in development will ensure a top Quality Service to all users of our Biochemistry Department and ultimately lead to better patient care, which must be our ultimate Goal

#### Contact address:

Breen, Ann  
Mid-Western Regional Hospital  
Biochemistry Dep.  
Dooradoyle, Limerick  
061, Limerick,  
IRELAND  
bboyce@mwrb.ie

#### Abstract 123

### Diagnostic therapeutic pathways (dtp): providing an integration between hospitals and territorial health care

Author(s): **Canino, Rosario; Galli, Leonardo; Bianchi, Simonetta**

The 31/97 Regional Act of the Lombardy Region, which reorganized the Regional Health Service, ratified a juridical distinction between care providers, having the responsibility for the current provision of specialized health care services (Hospitals), and purchasers who purchase these services in order to assure the population's effective health care (Local Health Care Units).

However, Local Health Care Units still maintain the overall responsibility for both primary care and for prevention policies and health promoting activities addressed to those areas which the Health Care Units are in charge of. In Lombardy there are three legal subjects entitled to promote and encourage a correct and systematic health care continuity between hospitals and their territorial areas. These are:

- Local Health Care Units
- Hospitals
- General Practitioners having an arrangement with the National Health Service.

Local Health Care Units have to respect expenditure ceilings which the Regional Health Care Plan establishes for each of

them, so as to encourage competitive trends both among the various health care providers "supplying specialized care services" and between the latter and GPs. Within this setting, the project "Hospitals and their territorial areas: communication, health care continuity and appropriateness" has been developed to promote a proficient match between the appropriateness of services and health care needs. One of the main objectives of this project is the achievement of a close cooperation between GPs and hospital physicians which no doubt may significantly improve a health care continuity also thanks to the implementation of "Disease Management" techniques in primary care. Workshops involving GPs, Local Health Care Units and Hospital Specialists have been arranged to work out a number of therapeutic diagnostic health care pathways addressed to those pathologies which "compared with actual clinical requirements" were identified as a source of inappropriate care service prescriptions and referrals.

The following DTP have been worked out:

Lumbago, Chronic Acute Cervical Pain, Shoulder Pathologies, Knee Pathologies, Carpal Tunnel Syndrome, Osteoporosis, Rheumatic Diseases, Hip Pathologies, Foot Pathologies, Hypertension, Heart Failure, Chronic Obstructive Lung Diseases.

The valuable and active collaboration between hospital physicians, GPs and Health Care Units led to the drawing up of a protocol for the regulation and introduction of an Integrated Home Care (IHC) targeted at a rapid and effective health care continuity which can be further favoured by home care consultations performed by hospital specialists themselves.

Contact address:

Canino, Rosario

Az. Ospedaliera Istituti Ospedalieri di Cremona

Viale Concordia n.1

26100, Cremona, ITALY

039 0372 405524,

ds.aioc@rccr.cremona.it

#### Abstract 124

### Health Promotion in Thalassaemia Major to prevent osteoporosis

Author(s): **Prescott, Emma; Wonke, Beatrix**

Contact address:

Prescott, Emma

Whittingtomg Hospital NHS Trust

Highgate Hill

N195NE, London,

UNITED KINGDOM

442072883485,

#### Abstract 125

### How to handle the problem of latex allergy in hospital

Author(s): **Ceratti, Francesco; Gallucci, Antonio; Terragni, Fabio**

The incidence of latex allergy has increased in the last decade in particular in medical staffs and in health care workers in general.

"L. Sacco" Hospital in Milan has developed an organisational model for dealing with clinical problems of patients allergic to latex who need to be admitted in hospital.

Guidelines have been drawn up to handle the problem of latex allergy in hospital.

An Interdisciplinary Group (allergologist, anaesthetist, pharmacist, nurse, medical director) has systematically re-examined this important medical concern under some aspects: epidemiological, aetiopathogenetic, clinical and organizational.

An intensive course about the managing in hospital of patient with latex allergy has been carried out involving the most part of medical and nurses staffs.

Latex free equipment have been bought and allocated to critical areas (emergency rooms, first aid department, operating theatre).

Nevertheless, the most efficient method against the sensitisation is the elimination and the reduction in hospitals of the allergens causing the disease.

Contact address:

Ceratti, Francesco

Luigi Sacco Hospital

Via G. B. Grassi 74

20157, Milan,

ITALY

0039 02/3904.2834,

f.ceratti@spedalesacco.lom.it

# Index of Presenting Authors

Aadahl, Mette .....	61	Harper, Jan .....	90	Prescott, Emma .....	103
Aiolfi, Stefano .....	17, 49	Hawe, Penny .....	9	Promptussaananon, Supa .....	69
Anuiliéné, Rosita .....	67	Hellquist, Birthe .....	18	Purzner, Karl .....	38
Arosio, Franco .....	56	Horvath, Sandor .....	44	Quinn, Jacqueline .....	74
Arpesella, Marisa .....	81	Huellemann, Brigitte .....	62	Rafferty, Nuala .....	89
Auersperg, Vinzenz .....	60	Huellemann, Klaus D. ....	12	Reinikka, Matti .....	35
Aujoulat, Isabelle .....	20	Jensen, Egon .....	28	Rentzhog, Leif .....	39
Bachmann, Reinhard .....	20	Jensen, Lilian .....	48	Resegotti, Luigi .....	34
Barbato, Angelo .....	95	Jodzuiniene, Liucija .....	87	Ricci, S. ....	41
Bastin, Fabienne .....	92	Josseran, Loïc .....	76	Richardson, Denise .....	7
Bendix, Ane Friis .....	25	Kanstrup, Helle .....	53	Rizzo, Leila .....	46
Bevilacqua, Luciana .....	54	Karjalainen, Kerkko .....	23	Roejen, Dorrit .....	16
Beydoun, Maha .....	97	Kerr, Ann .....	22, 55, 91, 98	Rózyckla, Bogumika .....	65
Beyer, Nina .....	61, 62	Khan, Rabbia .....	94	Rubertini, Curcio .....	34
Bianchi, Simonetta .....	84, 94	Koponen, Seija .....	87	Rusmini, Silvia .....	51
Billinger Lundberg, Birgitta .....	29	Kristenson, Margareta .....	10, 73	Sarmar, Rabindra Kumar .....	87
Boegelund, Susanne .....	29	Larsen, Birthe .....	12	Schmidt, Werner .....	39, 71
Boni, Stefano .....	43	Lauro, Vanda .....	31	Sengupta, Soumen .....	22, 95
Bonniol, Vincent .....	55, 58	Le Faou, Anne-Laurence .....	78	Sileikiene, Lolita .....	53
Bowman, Anne .....	27	Leijon, Matti .....	18	Simonelli, Fabrizio .....	73, 100
Breen, Ann .....	30, 44, 102	Lier, Lene .....	19	Sironi, Patrizia .....	36, 98, 101
Brickley, Kate .....	37	Limido, Eugenio .....	93	Smith, Susan .....	91
Brink-Kjaer, Tove .....	49	Mäkinen, Päivi .....	26, 42, 45	Söderfeldt, Marie .....	32
Bøggild, Henrik .....	33	Marechal, Marc .....	93	Soerensen, Thorkild I.A. ....	8
Canino, Rosario .....	102	Mathiodaki, Kyriaki .....	86	Sommese, Carmelia .....	86
Caspersen, Finn .....	100	Mavor, Ted .....	35	Sottili, Sandro .....	97
Ceratti, Francesco .....	42, 45, 103	Mazza, Roberto .....	81	Strang, Ann .....	78
Chatellier, Gilles .....	9	Mazzi, Giovanni .....	82	Survillaite, Danguole .....	50
Chiambretto, Paola .....	100	Mc Dermotte, Christina .....	52	Tann, Maureen .....	52
Chiari, Giovanni .....	46	Mc Gettigan, Michele .....	75	Tasso, Simone .....	40
Christodoulou, Kostakis .....	63	McKee, Martin .....	8	Thomas, Sheryl Grace .....	63
Cobb, Jaqueline Susan .....	30, 92	Meillier, Lucette .....	37	Todorova, Katja .....	14
Comerford, Denise .....	69	Messerì, Andrea .....	65	Toennesen, Hanne .....	56
Congan, Finola .....	36	Milasauskiene, Zemyna .....	57, 79	Tountas, Yannis .....	10, 43, 85
Conti, Marco .....	33	Miselli, Maurizio .....	59	Trummer, Ursula .....	20
Cull, Gertie .....	64	Miseviciene, Irena .....	10, 55	Undritz, Nils .....	32, 72
Cunneen, Helen .....	64	Moeller, Ann .....	24	Valentini, Umberto .....	47, 48
Cuzzoni, Carolina .....	81	Moeller, Lillian .....	40, 70	Vibe-Petersen, Jette .....	16
Dahlager, Lisa .....	22	Morris, Denise .....	25	Vinter, Karna .....	17
Dallari, Giovanna .....	96	Moyna, Deidre .....	15	Viskum, Marianne .....	77
Deksnyte, Ausra .....	50	Mundt, Kirsten .....	75	Warming, Susan .....	83
Dickson, Viv .....	27	Nedergaard, Anne-Louise .....	66	Waters, Jaqueline .....	94
Diderichsen, Finn .....	24	Nee, Claire .....	80	Willaing, Ingrid .....	26
Dietscher, Christina .....	70	Neuenschwander, Anders U. ....	23	Winther, Eva .....	13
Dobos, Gustav .....	27	Neumann, Tim .....	60	Yore, Therese .....	19
Dunk, Jill Helen .....	28	Nowak-Parzygnat, Bogumila .....	84	Zagurskiene, Daiva .....	58
Eggers, Verena .....	59	Omodei, Umberto .....	67	Zaman, Mukhtiar .....	68
Flaherty, Carmel .....	68, 82	O'Neill, Nancy .....	85, 99	Zia-ul-Hasan, .....	88
Fredslund, Hanne .....	37	O'Riordan, Ann .....	40	Zielinska-Meus, Anna .....	42
Fugleholm, Anne Mette .....	21	Osipov, Sergey .....	54	Zwisler, Ann Dorthe Olsen .....	11
Gailiene, Greta .....	99	Panté, Fabrizio .....	89		
Gallagher, Anne .....	76	Paton, Kevin .....	79		
Gaussora, Ann-Dorrit .....	77	Paulaskiene, Zivile .....	51		
Gerety, Annette .....	83	Pecorelli, Sergio .....	67		
Groen, Susanne .....	80	Pedersen, Susanne Schmidt .....	12		
Gröne, Oliver .....	71	Pelikan, Jürgen M. ....	38		
Halmos, Tamás .....	14	Peltzer, Karl .....	21		
Hamann, Lis .....	15	Piccoli, Alfonso .....	13		
Härm, Tiit .....	74	Pietrantonio, Anne Marie .....	88		

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