

Action Labs, Parallel Paper Sessions, Conference Workshops:

Monday, May 19, 2003, 16.30-18.00

1 Action Lab: Indicators for Health Promoting Hospitals

Chair: John Kenneth Davies

Developing European Health Promoting Hospital Indicators: the EUHPID Project

John DAVIES, Jürgen PELIKAN

Promoting Hospital Indicators: the EUHPID Project – Strand 1 of the European Commission (EC) Public Health Programme has the goal of establishing a European Health information and knowledge system as a policy tool to be used at European Community, national and regional levels. As part of this programme EUHPID has been funded by the EC to establish a European Health Promotion Monitoring System, including the development of a set of common health promotion indicators. The EUHPID Consortium of health promotion experts from universities and schools of public health in all the member states, together with Norway and Switzerland, has come together to share their knowledge and experience and co-ordinate the project. EUHPID has concentrated on developing a convincing model that emphasises social-mental system structure, socio-cultural environmental structure and social-cultural processes. It has addressed the following key issues - definition of indicators, definition of use and users, development of an underlying theoretical framework and designing a political process for framework definition and selection of relevant indicators. Current work includes development of indicators that can be used in settings or health promotion arenas. This work is utilising existing indicators as well as identifying gaps and needs for new indicators. The background and further details of this work will be presented at the Florence Conference and some possible indicators for the health promoting hospitals setting will be proposed and discussed with key stakeholders present at the Conference.

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Demonstrating participatory decision making via the UK Government Standard of Excellence – Charter Mark Award – From concept to reality

Margaret EASTHAM; Marie SWINNERTON

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

BHRV Trust implemented the HPH initiative in September 1997, and to ensure successful integration of health promotion throughout the organisation an in-house, self-serve, Health Promotion Centre was established at the offices of the Directorate of Nursing and Quality providing a facility from which the Trust's integrated health promotion service is managed. The Centre for Health Promoting Hospitals provides a leading role in Health Policy Development and is a key partner in local healthy alliances such as membership of the public health steering groups and influences local regeneration programmes i.e. Healthy Living Centres. The Centre also provides an access point to the local community to collaborate and participate in health promotion conferences/seminars.

A priority from the UK Government is to reform and modernise the country 's vital public services and redesign them around the customer.

The case study presented offers recommendations for those involved in HPH/Health Promotion Settings to consider utilising Quality Models to measure effectiveness such as the UK Government 's Charter Mark Award, which monitors standards of excellence against ten measurable criteria including the unique challenges of cultural diversity and the fundamental basis of participatory decision making in the HPH initiative thus enabling/empowering the individual.

The measurable standards of excellence include:

- raising awareness of the changing determinants of health and actively encouraging participation in the decision making process regarding HPH
- supporting the development of collaboration and networks for health development
- mobilising resources for health promotion
- accumulating knowledge on best practice
- enabling shared learning
- promoting solidarity in action

- fostering transparency and public accountability in health promotion

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Patient orientation by means of Health related Quality of Life (HRQoL) measurements in routine care

Margareta KRISTENSON, Preben BENDTSEN

The Swedish network of HPH has chosen HRQoL measurements as one strategy for a more patient focused health care. The theoretical thoughts behind this approach have been a pragmatic and empirical experience from a pilot project in one of the member hospitals. It has been shown from this pilot project that the patients are willing to come 15 minutes before scheduled time in order to answer the 36 questions in the SF-36 HRQoL questionnaire. The network has developed a computerised version of the questionnaire where the patient can mark their answer on a touch screen facilitating the calculation of the results so the physicians have the results of the evaluation when seeing the patient. By asking questions not only concerning their physical symptoms they experience an opportunity to describe the impact of their disease in a number of areas of their daily life.

Inspired by this pilot project the computerised version of SF-36 has been made available to all 25 member hospitals in Sweden. At the moment around 10 of these hospitals have started introducing routine measurement of HRQoL in patient groups such as: obesity, smokers, lung diseases and in patients with mental diseases. The measurements are typically used at repeated visits and the change in the individual patients score are discussed as a complement to the normal procedure during the visit.

The measurements are also aggregated on the group level for an outcome analysis of various patient groups. This is used as a feed-back to the staff in order to discuss the quality and results of the care. This has shown to be an excellent way of broadening the health perspective from focusing on diseases and symptoms to health in a more wide perspective.

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Patient orientation as a dimension of Hospital Performance Assessment in Lithuania: Still the hospital's concern

Juozas PUNDZIUS, Irena MISEVICIENE, Vytenis KALIBATAS

Patient orientation as a dimension of Hospital Performance Assessment in Lithuania: Still the hospital's concern

Patient orientation is one of the important issues of hospital daily activities. In order to be successful on the health care market, hospitals nowadays have to pay much more attention to their patients. Rapidly changing health care environment, raising patients' expectations and pressure from the authorities force hospitals to take actions, oriented to closer collaboration with patients in Lithuania. Patient orientation, as the dimension of Hospital Performance Assessment (HPA), should be included in the set of HPA indicators.

Aim: To investigate possibilities to assess the hospital's patient orientation activity using current national Hospital Performance Assessment indicators.

Methods: Analysis of current national HPA indicators was performed in order to look for possibilities to assess the hospital's patient orientation activity at the national level.

Results: Hospital Performance Assessment in Lithuania is based on general statistical information. There is no special model of HPA – just a set of different indicators. It was found, that different HPA indicators represent some hospital performance dimensions. It was possible to distinguish some specific hospital performance dimensions, such as clinical effectiveness, production efficiency, etc. But, despite the wide enough range of different HPA indicators, none of them could represent patient orientation activity of the hospitals at the national level.

Conclusions: Despite the increasing requirements and interest to patient orientation (patient rights, informed consent, choice of provider, etc.), the measurement of hospital patient orientation activity is not available using current HPA indicators at the national level. The measurement of patient orientation indicators is still the hospital's concern.

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2. Action Lab: Pain-Free Hospitals

Chair: Andrea Messeri

Pain-Free Hospital: Tuscany experience

Andrea MESSERI, Paolo MORELLO MARCHESE

The project Pain Free Hospital (PFH) is part of the HPH project of the Tuscany region; all the hospitals and sanitary units have supported the PFH project. Pain is valued in different ways in the varied Tuscany reality. This leads to extremely different starting-lines from one reality to the other. The PFH project is an expression of the cultural and historical development, of the economical resource of the units and it takes various characteristics in different regional contexts. In spite of all this, the co-ordinators of the project have established a few basic qualifications to which the various Tuscan hospitals will have to comply, using different timing and ways for each unit.

In agreement with the ministerial guidelines (G.U.29.06.01 – measure of the 24th of May 2001), the basic qualifications known as “10 commandments” are to be pursued within 5 years, with an annual specific planning for each hospital that agrees to the project.

The 10 commandments are:

1. Identification of a person in charge, responsible for the unit for the PFH and constitution of the committee for a COSD. Appointment in each ward of at least 1 responsible doctor and nurse who will be the reference persons for pain therapy and for involving the sanitary management to activate the formalities for the realisation of the PFH project.
2. Analysis and evaluation of the current knowledge of the hospital staff
3. Identification and pre-arrangement of the scales to record pain which must be supplied to all the staff. Pre-arrangement of appropriate space in each case sheet to record pain and check that pain has been measured at least three times a day in all patients.
4. Measuring pain is the nurse's duty. They will have to receive the prompter training to be able to do it.
5. Planning of formation activities depending on the needs of the various hospital areas and on the gaps identified during the initial analysis.
6. Training must be permanent and multidisciplinary and contextually involve doctors and nurses to make clear competencies and courses
7. Formulation in the various hospital areas of pharmacological and non pharmacological treatments, definition of a level of intensity of pain above which there will automatically be an analgesic intervention.
8. Analgesic drugs must be available in different packaging in all wards with particular attention to morphine. Techniques of complementary medicine to relieve pain must be adequately spread
9. Predisposition of adequate informative instruments inside the hospital (folder, poster, design, etc.) and each patient must be informed on the importance on the importance of the evaluation of pain and on the possibility on keeping it under control in different clinical situations.
10. Recurrent assessment of results of project:
 - a) prevalence of pain in hospital
 - b) measurement of pain and regular recording on case sheet
 - c) degree of satisfaction of patients
 - d) level of preparation of sanitary staff
 - e) use of analgesic drugs and spreading of non pharmacological techniques

At about one year from the beginning the results will be evaluated.

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Pain-free hospital: an advanced HPH project in Regione Lombardia

Furio ZUCCO, Sandro SOTTILI, Carla RIPAMONTI, Giuseppe AMBROSINO

Lombardia is a Northern Italian region (9 millions inhabitants). Years ago the Regional Administration constituted a working group with the aim to realise a Pain-free Hospital (PFH) project. This project has been strengthened after 24 May 2001, when the Ministry of Health and the Regional Administrations Committee approved a document with the Guidelines for the realisation of a Pain-free Hospital. Main aims of the working group:

1. Gathering monitoring and promoting specific regional experiences;
2. To create a file of ongoing experiences on the regional web-site (www.sanita.regione.lombardia.it);
3. To prepare a regional text book for the realization of a PFH;
4. To select useful information for regional planning programmes in the field of pain control in Hospital settings. 13 out of the 109 Hospitals (46.849 beds, 5.2 hospital beds/1000 inhabitants) of the Regione Lombardia were involved in the HPH web with specific projects in the PFH context:
5. Five Hospitals have constituted a committee for PFH;
6. Nine Hospitals have collected data on incidence and prevalence of pain during hospital stay; one project towards paediatric pain;
7. Six hospitals have developed internal guidelines for the treatment of acute/chronic pain; two Hospitals published teaching equipment on this subject;
8. Four Hospitals joined in educational campaigns; On the basis of ongoing experiences, in the next future regional guidelines will be approved for the constitution of a PFH committee in every Hospital. This also depending on the inclusion of a specific chapter dedicated to PFH in the Regional Welfare Plan 2002-2004.

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3 Action Lab: International co-operation

Chair: Marco Evi Martinucci

International co-operation with developing countries: Overview presentation

Marco Evi MARTINUCCI, Fabrizio SIMONELLI

Several hospitals – integrated in the HPH network, or not – operate in international co-operation activities with Developing Countries world-wide. Such useful activity is performed in different ways, but the involved hospitals work with the common aim of health promotion, rather than “health care only”.

It's necessary to give not only prompt answers to the emergencies, but also to assure to the developing communities all the resources and means allowing to manage their needs and in order to develop autonomous growth, know-how and skills. Through these policies, the developing countries will become able to achieve self-generating arrangements in health improvement and health care.

More than ever, donor countries have to realise not only emergency actions, but also – and especially – those performances that will be useful to improve the self-development processes of the recipient countries. This “empowerment for health” philosophy realises itself by different operative models: professional training, training by distance, proactive consultations, updating in specific fields.

The action lab on International Health Co-operation would be the occasion where the Developing Countries will explain their viewpoints on co-operation policies and their own needs. As well as we'll have the possibility to evaluate some current models in order to obtain a wide agreement on the upcoming strategies.

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The role of Tuscan hospitals in the international health co-operation

Marco Evi MARTINUCCI, M.F. REALI, M. LAZZERI, A. BIAGINI

The Tuscan Government, with its resolution 313/2002 entitled “Action for International Health Co-operation” strongly committed itself to the international health co-operation. Therefore, guidelines have been outlined in order to realise a regional system of international co-operation devoted to promote the development of human relationships, the exchange of clinical experiences and collaborative actions between health systems of some developing countries and ours. Resolution 313/2001 provides for four main specific areas of intervention:

- Admission to Tuscan hospitals and clinics for foreign patients (mainly children) with diseases that cannot be yet adequately treated in their own countries
- Exchange of professional experiences, through training and refreshing courses for local care providers, performed both in situ and in Tuscany
- Donation of medical equipment and other medical materials – not used anymore by Tuscan hospitals – to other countries
- Shipping of drugs and medical devices to countries troubled by war or health emergencies.

It is an ambitious and complex program that the Tuscan Government wants to implement through the adoption of health co-operation policies in harmony with the general goals of the Regional international co-operation strategy. Such policies shall promote:

- the role of local partners (hospitals, local health systems, charities etc.)
- the growth of a local health system
- the linking between the different activities carried on, i.e. clinical services, scientific co-operation and professional training.

The health co-operation activities are directed to areas to which the Tuscan Government gives its priority, such as South Eastern and Central Eastern Europe and the Mediterranean area, yet not excluding other countries with which co-operation agreements exist and to which the Regional Government has always offered its institutional attention. The Tuscan hospitals involved in the program are:

- "A. Meyer" Paediatric Hospital, Florence;
- "Apuano Paediatric Hospital", Massa
- "S. Chiara" General Hospital, Pisa;
- "Careggi" General Hospital, Florence.

Besides providing intervention in emergency situations, the action design for hospitals is intended to develop local resources with the purpose of an autonomous growth and an improvement of health activities in developing countries.

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Managing the epidemiological, cultural, socio-economic and demographic challenges facing hospital services in Kwa-Zulu-Natal, South Africa

Champak JINABHAI, Priscilla RAMDAS

Hospital managers and policy makers faced considerable challenges after the democratic elections in 1994, to promote and protect the health of the South African population, which is undergoing rapid epidemiological, cultural, socio-economic and demographic transitions. With European Union (EU) support hospitals have been transformed, to make them responsive to patient needs and promoting patient rights. The key strategic and policy objectives of this process of revitalisation of hospitals was to provide high quality, cost-effective care, so as to optimally promote the health of communities and health professionals. The HIV / AIDS and TB epidemics among hospital staff and communities, has made health promotion a national priority and radically influenced the form, content and governance of health service delivery.

Data in respect of the following four dimensions of health promoting hospitals will be presented –management, governance, changes in the epidemiological and demographic profiles of patients and re-orienting staff attitudes to protect patient rights. KwaZulu-Natal has 70 public hospitals, with a budget of R8.4 billion and over 48,000 health workers. The management of hospital resources was devolved to a restructured governance structure consisting of managers of specific components – hospital, medical, nursing, systems and finances; with clearly defined key performance areas (KRA's) in performance contracts. The hospital manager was required to establish the changing morbidity and mortality profile of patients and communities, to ensure that all resources were aligned to addressing these needs and priorities. A Charter of Patient Rights was disseminated at community level to establish a partnership between patients and hospitals. The quantitative and qualitative impact of these transformations on patients and health professionals, have important lessons for other middle-income countries; which are attempting to provide cost-effective, high quality care.

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A model of international co-operation

Preeti MISRA

Aim: To assess effectiveness of services of Reproductive & Child Health and Primary Health Care being provided by a project funded by USAID & IFFCO Aonla in a population of 170000.

This project is being implemented by IFFCO Aonla Jan Kalyan Samiti, an NGO promoted by IFFCO Aonla, a fertilizer giant situated in North India, since July 2002. Funding of USAID comes to this NGO through SIFPSA (State Innovations In Family Planning Services Project Agency). Before starting the project, unmet need of eligible couples of population was found out by baseline survey which came out to 30%. Survey was also done to find out existing couple protection rate, infant mortality rate, maternal mortality and child death rate. Community based education & distribution workers are providing basket of preventive, curative (primary health care), promotive, rehabilitative services & methods of family planning in the form of condom and oral contraceptive pills at the door steps of each & every person. Education and counseling is also being done simultaneously.

Work is being done by 65 community based education & distribution workers and eight supervisors. Specialist services are being provided by a mobile team to the remotest villages.

In 6 months service delivery period, we have already achieved 300% target as far as couple protection rate by spacing methods is concerned. Target of distribution of iron folic acid tablets has been met upto 98%. Other targets in the form of immunization of infants, children and pregnant ladies are being met very fast and hope to achieve upto 95% in 6 months to come.

If this project is taken up as model project and expanded to wider and wider areas, problems of primary health care, infant mortality, family planning and maternal health would be solved upto excellent level. Sincere efforts by motivated team is main reason of this successful endeavor. All this is being achieved at 80% cost which has been allocated for this two year project.

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4 Parallel Session: Patients' rights, palliative care, new governance: Approaches to improve patient orientation

Chair: Jaques Dumont

Political transformation in French health care in 2002

Vincent André BONNIOL, Thierry BOUDEMAGHE

In France, on March 4, 2002, a patient rights bill has defined some of the most important rights concerning health promotion and education in hospitals:

- The right to access his or her medical file
- The obligation for the medical staff to inform patients about the care
- Action taken.

Before that important act, health care organisations were in charge of privacy respect even against the patients themselves. For that reason, and others, the information about diagnosis and therapeutic strategies was very often poorly and incompletely delivered. On that basis it was very difficult to get place for health education, counselling or health promotion: The patient was not involved in the medical process. We expect now this new law to be the beginning of new hospital governance in the French health care system. We also expect both the newly allowed access to medical record and the obligation of information to define a new place in a new system for the patient. The obligation for the medical staff to inform the patient also stands for medical risks and nosocomial infections, as well as for diagnosis and choice of therapeutic strategy. The "medical secret" can no more be used against the patient, and the patient's privacy and medical information have to be protected by all hospital agents. For the first time, the patient has the legal possibility to become a partner in the healthcare process: He or she has to participate in decision making. The global context in France is much better now for patient empowerment. So is it also for the patient quality of life and the continuous search of health care organisations for better health care quality.

This presentation will expose some issues raised for HPH about education by the enforcement of this new law.

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ANAM
Sinéad DONNELLY

The documentary ANAM explores the care for dying people within a hospital environment and the community. ANAM identifies the essential components of good care at this vulnerable time, in interviews with professionals and patients who are facing death. The documentary also explores culture and folklore traditions around dying and how these are relevant today.

The theme of ANAM is unique – reflecting on the nature of care traditional to Irish people, their understanding of dying and death, the naturalness of living and dying and their proximity to the spiritual world. It combines interviews with music, a bilingual compilation in English and Irish, juxtaposing the Irish elders view of life and death with the succinct observations of visitors and professionals on the Irish way of caring.

There is a phrase in the Irish language to describe people or events „tá an nádúr uile ann”, translated to English „the nature is all there”. A direct translation of the word „nádúr” to „nature” does not capture the holistic meaning of that Irish word referring to a sense of community, solidarity, spirituality and naturalness. Qualitative research into folklore associated with dying in the West of Ireland identified elements of this „nádúr” philosophy. A further qualitative enquiry identified from relatives within one week of bereavement the important components of the moment of death. The presence of family, vigil, prayer, ritual, community – a meditative presence imparting dignity on the carer and the cared-for are key.

The word ANAM refers to the soul of the people as a community. This soul-community reverberates in living and dying. Anam of 26 minutes duration, was broadcast on Irish national television in October 2002. It is a powerful educational tool, leading to discussion on the core issues relevant at the time of death.

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Towards new governance in Vaugirard hospital in Paris: A tool for health promotion

Lucile MERCIER

The Vaugirard-Gabriel hospital Pallez is a hospital for the elderly in Paris. It has been involved in the European Network of HPH since 1993. It is committed to promoting the well-being and the health of patients, employees and the general public, to strengthening the participation of patients and employees and to being involved in the community.

- The hospital seeks active participation of the patient and his / her family. Listening to the patients and their families is a strong point of the healthcare policy in the hospital: The managing team meets every year in January with the families; a residents' council was created in 2003 to help them express their needs.
- The hospital is actively engaged in actions to bring social support to employees in order to reconcile work and private life and to fight against poverty, through social advice (for example about balancing their personal budgets) or psychological support for those who ask for help because of personal or professional suffering.

The hospital is engaged with the city to help the surrounding community take charge of health issues; it tries to strengthen communication and collaboration with the general population and with district authorities. The manager of the hospital was chosen by the district mayor to be part of a local advisory council. overview action lab Oral (Martini) Model / Oral?
New Governance

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PAT : Improving patient orientation in 21 Austrian hospitals in a benchmarking project: First results from a patient and staff survey

Ursula TRUMMER, Peter NOWAK

Since February 2002, "Patient orientation in Austrian hospitals" (pat) (<http://www.univie.ac.at/patientenorientierung>) is systematically developed and improved in terms of quality within the Austrian-wide project of the same name. For two years, 41 wards with in-patient beds from 21 hospitals co-operate in the benchmarking project "pat" with the purpose of sustainably improving their performance processes in in-patient care. With a combination of interactive and virtual co-operation among all project partners "pat" follows innovative paths. The pilot wards, which receive advice and scientific support, implement reliable measures to optimise organisation at the ward and evaluate their achievements by questioning patients and employees in a pre-post design. After the project is concluded in July 2004, the results of "pat" will be available to the Austrian health system.

In January 2003 the results of the first patient survey (n= 3.644) show areas of improvement concerning patient orientation especially in the fields of patient oriented information and empowering communication. This is compared to the results from the

staff survey (n=937), where nursing and medical staff rated the importance of patient oriented elements in comparison to the possibilities to integrate them in the daily routine of their work.

The paper will present and discuss data from the first survey especially in respect to a comparison of patient and staff and raise questions like:

- Where do patients see problems?
- Are these problems also seen by staff members?
- How can these data be used to select interventions that are appropriate for problem solving and acceptable to staff?

In collaboration with:

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5 Parallel Session: Health Promoting Mental Health Care Services

Chair: Rainer Paul

How to prevent patient aggression in psychiatric health care? - A threefold intervention programme

Rainer PAUL

Background: In Walter-Picard-Clinic- former Philipppshospital, one of the pilothospitals of HPH- we found in a survey-study on patient aggression that during occupational life 46,5% of the nurses have been exposed to patient aggression and that the one year prevalence rate is 17,8% of the nurse-staff, almost 10% of the nurses got injured by patient aggression during one year.

Objectives: To develop an intervention concept which can cut down the rate of patient aggression and which can prevent post traumatic stress disorders.

Method: Our intervention-concept is based on a complex empirical based model of factors of patient aggression. and we have developed three columns of intervention: First case-centered supervisory-sessions for the staff, second a educational programme for aggression prevention and third hospital wide guidelines and a education-programme for the heads of the staff how to deal with those staff members and staff teams, who have been exposed to patient aggression.

Outcome: The supervisory sessions have been implemented in 75% of the staff groups. The educational programme has been successfully implemented and has been attended by 25 % of the nursing staff. The educational programme for heads of the staff has been attended by 50% of the heads of the staff. By doing so the rate of patient aggression could be cut to half.

Progressing the nationwide development of HPH initiatives in mental health (psychiatric) services in Ireland

Richard WALSH

A nationwide interest group, affiliated with the International Task Force for Psychiatric services was initiated in 2002 under the umbrella of the Irish Health Promoting Hospitals Network:

- To develop an interest in Health Promoting mental Health Services throughout Ireland
- To support information sharing amongst Irish mental Health and allied voluntary services
- To disseminate-nationally and internationally-models of best practice
- To promote development of innovative initiatives in the specialist and sub-specialist fields
- To promote collaboration with external agencies who have an impact on mental Health promotion

Group Objectives

- To register hospitals and settings with the WHO through the Irish HPH co-ordinating centre
- Link with local HPH steering groups and organisational structures to support HPH initiatives
- Each participating location to agree three projects

Methodology

- Attendance at International conference – paper given on the proposed establishment of the Irish Interest Group
- Structures for reporting to the International Task Force established
- All Ireland meeting / Information seminar for interested agencies -Feb 2002
- All Chief executives of interested agencies and professional colleges nominated representatives to steering group
- National Interest Group held first meeting July 19th 2002
- Budget and support confirmed

Results and work to date

- 3 meetings held

- Commenced collection of data on HPH initiatives throughout Ireland and documentation of same for inclusion on National projects Database
 - Member organisations registered as members of the International Taskforce
 - Increase in membership of mental health services in the National HPH network
 - Increase in the number of organisations registered as affiliate members of the National HPH network
 - Facilitation of Mental Health Interest Group workshop at National HPH conference- Sept 2002
 - Increased participation in National HPH network conference Sept 2002 -oral and poster presentation selected
 - Agreement on National Co-joint projects service plan for 2003 agreed with the National HPH Network
 - Enhanced working relationships between the agencies represented
- Improved linkages between mental health services and regional HPH networks

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The Mental Health Alliance in the South Eastern Health Board Area – an interagency approach

Joan POWER, Tony GYVES

Background: This presentation outlines the development of the Mental Health Alliance in the South Eastern Health Board. The 8 agencies involved in the Alliance are Mental Health Ireland, Schizophrenia Ireland, Grow, Aware, Body Why's, Alzheimer's Society, Samaritans and Rape Crisis Centres. In 2002, casual contact between the eight voluntary agencies working in the area of mental health in the South Eastern Health Board area fostered the idea of forming an alliance of services. An initial meeting was decided early in January, 2001. As a result of this meeting the Mental Health Alliance was formed and an agenda set.

Mission Statement

To promote holistic health and Well-being through an interagency approach.

The Mental Health Alliance has the following objectives:

1. To create awareness and provide information about services available in the South East Region.
2. To increase public awareness of emotional well-being / mental illness.
3. To prevent overlap in the provision of services.
4. To pool resources for more effective interventions.
5. To maximise support for people with mental health difficulties.

Methods

Support Groups, Education, Help-Lines, Counselling, Awareness Raising, Media Exposure. The agencies involved meet on a quarterly basis.

Target Group

Society at Large

Outcomes:

1. Strong links have been forged between agencies.
2. The sharing of experience and resources.
3. The enhancement of activities in the area of mental health.
4. An increased level of responsiveness to clients.
5. The development of an interagency leaflet giving details of activities and contacts of individual agencies.

This endeavour is supported by the South Eastern Health Board.

Current Position

The Mental Health Alliance in the South Eastern Region is actively involved in the promotion of positive mental health and in the provision of support for people with mental health difficulties.

Conclusion: The work of the Alliance is subject to ongoing evaluation and monitoring by the agencies involved. It is a Mental Health Promotion Initiative. In the view of the authors, the alliance is a good resource management initiative, it is progressive and above all person centered. It supports both the hospital and the community setting.

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Befriending project for people with mental health difficulties – a healthy alliance between Waterford Mental Health Association and Waterford Area Partnership

Joan POWER, Deirdre BARRY, Catherine BRAZIL

Background: In the provision of Mental Health Services in Waterford City and County, social workers identified a deficit. People with mental health difficulties often live in isolation, sometimes on a short-term basis following admission to the acute unit, and sometimes long-term due to particular circumstances i.e. family, rural areas, inability to socialise and lack of resources. A partnership was formed between the local Mental Health Association and Waterford Area Partnership to train volunteers to provide a free Befriending Service. A training programme was drawn up and delivered to twenty volunteers from Waterford City and County. Training was delivered by the Mental Health Development Officer, Psychiatric Social Workers, Samaritans, Waterford Area Partnership and the Community Psychiatric Nurse. Both the working committee and the steering group include service users from the Waterford Mental Health Services.

Mission Statement: Mental Health Ireland aims to promote positive mental health and to actively support persons with mental illness, their needs and advocating their rights.

Objectives: 1. The objective of this project is to provide friendship and support for people with mental health difficulties in Waterford City and County. 2. To foster independence and self advocacy. 3. To include persons with mental health difficulties in all aspects of the project i.e. development, delivery, evaluation and ongoing promotion to the initiative.

Methods: Setting up of working groups, a steering committee, training of volunteers, matching i.e. Befrienders and Befriendee's, employing a co-ordinator, developing a referral group and supervisors, monitoring and evaluation.

Outcomes: Twenty volunteers have been trained and grant aid has been given by both the South Eastern Health Board and Waterford Area Partnership. Further grant aid is being sought from Waterford Corporation. The project is being piloted in Waterford City and County for 2003, the objective being to further develop the project both at regional and national level. An external evaluator has been sought from Waterford Institute of Technology to monitor and write up the project.

Conclusion: In the long-term to ensure the success of the project, all people involved in the initial stages of the project e.g. the network, must be included in the further development of the initiative. In so doing, people are encouraged to take ownership of their own mental health and the future of the project.

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A deliberate self harm –nurse-led client support service.

Elisabeth McARDLE, Lynn McDONNELL

Philosophy: The service aims to provide psychosocial assessment to individuals who have been admitted to the local general hospital following deliberate self-harm acts and attempted suicide. Clients are also referred from GP and mental health services. The service aims to deliver anti-discriminatory practice while working actively to contribute to a better understanding of deliberate self-harm and mental health. To provide a service which conveys respect for the dignity and the worth of each client and their families.

Goals: To assess and offer Brief Solution Focused Therapy support following a comprehensive suicide risk assessment. This is carried out soon after an attempted suicide or a deliberate self-harm act. The focus is on providing a respectful outlook for the individual and their actions, concentrating on their strengths, coping strategies and past successes. To liaise with GPs and members of the Primary Care team involved with the care of the client at the earliest opportunity and offer support / education to other health professionals within the area. To Coordinate follow up and after care plans. To form a link for future help and screen for psychiatric disorders.

Outcome: The development of a model of care that would assist nurses to work in a respectful, professional way, with, rather than for, individuals who self-harm. A collaborative process between the nurse and client which strives towards achieving a preferred future with adequate support and involvement of family and friends.

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Issues in care delivery in Bangladesh

James ROBINSON

This paper is based on an eight week visit from September to November 2002 to organisations providing care and support to children with physical and intellectual disabilities. In the course of this visit a number of issues in relation to health care delivery were highlighted. Adverse attitudinal problems toward disability create problems but coupled with this are limited resources both in terms of facilities but more importantly qualified staff. Focusing primarily on the work of three organisations the various ways in which health care issues are addressed is explored. The paper suggests ways in which European health professionals and organisations can assist in improving care delivery.

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6 Parallel Session: Improving integrated and continuous care

Chair: N.N

Protected discharges: An integrated approach – the Emilia Romagna experience

Rosanna CARBOGNANI, Beatrice BASSI, Adriana COSTI, Enrica TERZI

The improvement of health and social conditions, as well as the falling birth rate, has resulted in the progressive ageing of the population, leading to an increase in the number of chronic and degenerative pathologies and conditions characterised by the lack of self-sufficiency. This has resulted in a growing need for "care", understood as the "management" of problems related to carrying out everyday activities.

For this reason, it is necessary to re-allocate resources differently and to reorganise the social and health services, taking into account a holistic vision of the individual. In this sense, assistance becomes:

- Continuous over time
- Focused (at least partial) on the concept of rehabilitation and recovery of lost functions
- Aimed at preventing psycho-physical deterioration
- 'Integrated' and co-ordinated within a NETWORK of services

Therefore, the traditional care model based on the "central role" of the hospital has been extended to a mixed Hospital-Territorial system (Gerontology Ward, Sheltered Housing, Day Centre, Integrated Home Care).

A process of "protected discharge" has been implemented which provides access to the network of integrated social and health services for those who are in the following conditions:

- loss of self-sufficiency
- high requirements in terms of social-health commitment
- situations of special "social difficulty"

To ensure full collaboration between hospital and non-hospital services and to ensure a 'prompt' activation of the care plan, common instruments have been adopted to link the hospital to the network of territorial services. For example, the EVALUATION SHEET which is attached to the patient's medical records and takes account of his / her family and social situation, the level of self-sufficiency and the disabling pathologies affecting the patient.

'Protected Discharge' is structured in two phases, based on a working protocol:

- identification and screening of the problem patient by medical and paramedical staff in the hospital
- activation of the Territorial Geriatric Evaluation Unit which will insert the patient into a "point" of the network

The following quality indicators have been identified:

- report time and activation of Geriatric Evaluation Unit
- participation in Patient's Care Plan of all the players involved
- appropriate health information between the services

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Patient oriented continuity of care between hospital and community

Massimo LEPORATI, Clemente PONZETTI, Mauro BRUSA

Since 1998, the Piedmont HPH network gradually involved almost all the hospitals and local health trusts in the Piedmont Region in a project aimed at improving the co-ordination between hospitals and communities.

Two main topics were tackled:

- The patient oriented continuity of care between different settings
- The dissemination of relevant information to the whole population in the Region.

The following goals were reached in a 5 year time:

- Involvement of 90% of the public health Institution
- Implementation of some 40 projects among which the most relevant are: activation of country hospitals, regulation of out patient services according to priority criteria, organisation of 2 regional conferences of the HPH network

Some drawbacks, namely poor coordination between Regional Government, General Directors of the Trusts and between the latter and health operators and scarce involvement of family doctors, are still to be overcome for tackling nursing and research problems.

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A new service at the interface of ASL 3 „Genovese” hospitals and the community

Ernesto PALUMMERI, Eliano DELFINO, Flavia EMANUELLI, Lorenzo SAMPIETRO

Acute hospital care can be a risk for elderly persons to develop a high level of disabilities as consequence of inappropriate management of their frailty. Actually there is good evidence that older people are discharged from acute hospital care with higher levels of dependency and more complex health and social care needs due to acute care without a specialist service for older people (interdisciplinary team consisting of geriatricians, gerontological nurses or nurse consultants, physiotherapist). The increase of disability and loss of independence in older people discharged from acute care requires expansive community resources and more need for subsequent readmission in acute hospital care.

The intermediate care as a new type of facilities: Between primary and secondary care that aims at promoting independence, supporting timely discharge from hospital and reduce the risk of moving into institutional care, is the setting of care for needs of the oldest and vulnerable people before they are discharged from hospital. Consequently, hospital beds need not all be in an acute setting but there should also be intermediate care beds for frail elderly people. The Department of Community Geriatric Medicine of A.S.L.3 „Genovese „(Genova-Italy) will play some part in the full spectrum of geriatric care including fourteen intermediate care beds in the care setting of the A.S.L.3 hospitals. In this way, person-centred multi-disciplinary assessment will be possible for older frail persons in need of acute hospital care with appropriate management of the medical and functional problems before discharge. The objectives of this care setting (as to reduce the decline in mental and physical abilities, to complete the programme of continuous care, devise and pursue a problem based management plan and discharge planning) will be evaluated with the measure of these main outcomes: institutionalisation; variations in functional status, health home service use and cost after discharge from hospital care; improving hospital discharge; readmission to acute hospital care.

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Empowering care receivers and care givers by information technology

P O SÖDERSTRÖM

Background: In Sweden there are two main providers of care for elderly people, the County councils and the municipalities. Provision of care from private companies is increasing as well as provision of care in the receivers' own home.

The problem: Seamless care is a vision and objective for all providers. Lack of information is a great obstacle to that vision and creates in many cases both frustration and confusion among care givers and care receivers living in their own home. Lack of information is also a threat to quality of care. A care receiver could have many visits from different caregivers in one day. The schedule of the day could be more or less a secret for the receiver. Since the providers often are working in different

departments the schedule from the receiver's point of view often is a secret to them too. Information about the receivers needs' and medical status as well as what has actually happened yesterday or during the day is usually stored in different records not available in the receivers' home. Where is the receiver to day? In the hospital or ...? Many scenarios and questions could be added and the answers still missing.

The cure: TRUST, ALLIANCE is a project and a concept to empower givers and receivers by modern information technology. The partners are University Hospital Umeå, the County Council of Västerbotten, the City of Umeå and a private company STT Care. ALLIANCE stands for the Triple Helix approach of the project, the alliance of hundreds of ambulant caregivers in information sharing and the providers' information alliance with the care receivers. Since most of the information already is stored in computers, the solution is a communication platform bridging the information gap between the systems, connecting the providers and the receivers. The application is using standard technology for mobile communication such as GPRS and SMS and is in operation. The first phase is evaluated.

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7 Parallel Session: Quality, new governance, health policy: Comprehensive approaches towards developing Health Promoting Hospitals

Chairs: Elisabeth Marty-Tschumy, Simone Tasso

EFQM and BSC – instruments of new Hospital Governance?

Elimar BRANDT, Werner SCHMIDT, Kristina DONATH, Ralf DZIEWAS

A WHO-pilot project started in five hospitals belonging to the "Health Care Institutions of the Evangelical-Free Church of Berlin Schöneberg" in February 2002 is testing the implementation of the HPH strategy by combining the EFQM Excellence Model with the Balanced Scorecard (BSC) approach.

The central part of this contribution will deal with the experiences and results achieved by utilising EFQM self-assessment and staff in the formulation of strategic groundwork and an HPH framework-BSC within these institutions. Staff and patients have been actively included in these decision-making processes. Practical approaches will be discussed regarding how the HPH Standards draft as created by a WHO-Working Group for strategy implementation within the hospitals can be applied generally and not only within HPH's.

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Enhancing Health Promotion & Prevention: An Effective Organisational Strategy

Christina BARTHA, Jennifer BOYKO, Marianne KOBUS-MATTHEWS, Andrea STEVENS LAVIGNE

As hospitals move forward, they need to be positioned to enable individuals and communities to build capacities, improve quality of life and address the social determinants of health. At the Centre for Addiction and Mental Health (CAMH) a hospital for persons with addiction and or mental illness, health promotion has been integrated into the organisation's culture and processes through strategic planning efforts. The decision to focus on health promotion for the entire organisation was made as a result of a 7-month strategic planning process with internal and external partners. An implementation team was then struck to define CAMH's approach, carry out planning activities, make strategic recommendations for clinical and community based programs, as well as develop a framework to conceptualise what health promotion looks like at CAMH and in relation to substance use and mental health. Developing a framework was a major aspect of the strategic planning and continues to assist in identifying program priorities and providing a common language for talking about health promotion. Management, staff, partner organisations, and professionals in the addictions and mental health fields as well as the general public use the framework, which illustrates how CAMH can best respond to the health needs of individuals, families and communities, and improve their quality of life by influencing determinants of health, increasing protective factors and decreasing risk factors. Since the framework has been completed it has been used as a tool to guide the health promotion and prevention efforts across CAMH. Events have been organised to promote understanding and application of the framework as well as to carry out recommendations from the overall planning process. Future plans for enhancing health promotion include training for external stakeholders in order to improve their capacity to address determinants of health issues for those affected by substance use or mental illness.

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Connecting HPH activities to the objectives of the Emilia-Romagna health policy in a framework of health alliances

Mariella MARTINI, Kyriakoula PETROPULACOS

Health promotion is an integral part of the overall strategy identified by the Regione Emilia-Romagna in its latest Health Plan, which integrates and resumes the key principles of the National Health Plan 1998-2000, in particular: the central role of the individual, equality and solidarity, attention to health requirements; orientation towards health goals, alliances for health, orientation towards results, the globality and range of treatment, the modernisation and improvement of services. On the one hand, the aim is to improve the quality of the supply and to guarantee equal access for all through the development of integrated service networks, while, on the other, extending the scope of the plan beyond the horizon of health services to seek greater involvement from and apportion responsibility using a "Solidarity Pact for Health" between local authorities, hospitals, social organisations and individuals within the community.

These choices are fully consistent with the health-promoting philosophy and policies backed by the WHO and they ensure that the health services system in Emilia Romagna is one where health promotion acts as the fulcrum for all the planning and development activities, which are then translated into cogent working guidelines by the objectives set out in the yearly plan. The fact that all the hospitals in the region belong to the network of Health Promoting Hospitals has this background as its strong point, but at the same time it means that projects to be developed must be structured according to the guidelines of regional planning in order to form part of the HPH network. In other words, it is assumed that there is complete convergence between the HPH projects and those carried out in order to implement the hospital targets set by the Region.

This talk aims to introduce and discuss how hospitals in the EMILIA ROMAGNA network have assumed a model of Governance that, on the one hand, is founded on a series of strategies aimed at improving the quality of health services and clinical performance, and on the other, on partnership strategies aimed at developing forms of participation and co-production for health interventions between various players in the community, namely patients, citizens and social organisations. The role played by the hospitals within the overall strategy to improve services and for negotiated programming of health promotion contributes to achieving the targets identified by regional policy in order to create a health system oriented towards:

- the promotion of health and not merely the provision of medical services. This choice highlights the priority for hospitals to develop intervention programmes aimed at health needs of the community and emphasises the strategic value of co-operation between health services, local authorities and the various social organisations.
- the supply of a service for individuals and the community, and not simply the provision of services. For hospitals, this target highlights the dual priority of developing expertise and relational capacities of the system and its operators in terms of the preferences and expectations of patients and the general public.

The regional dimension when defining guarantees and the working model, and the local model in the choice of organisational set-ups and the allocation of responsibilities: This target highlights the need to co-ordinate hospital services using a model of territorial distribution that will guarantee equal conditions of access and high quality services.

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Facilitating new governance in hospitals in the Southern Health Board region

Catherine MURPHY

New Governance is aptly applied to hospitals participating in the HPH network and to their efforts to facilitate health promotion to the benefit of patients, staff, suppliers and visitors.

Commitment and participation in health promotion requires support and expertise in terms of project planning and professional training. In the Southern Health Board region, a health promoting hospitals committee has met and facilitated this development for the past two years. A key objective of the committee is to be inclusive, supportive and most importantly to be enabling and empowering. If health promotion is to be successfully developed in the hospital setting there must be a balance which supports and empowers hospital staff to take ownership of the process.

All public and voluntary acute hospitals in the region participate in the regional committee which is facilitated by the regional health promotion service. A senior Health Promotion Officer has been appointed with regional responsibility for Health Promoting Hospitals. A framework of support for the hospitals has been devised by the committee, which includes a

standardised presentation which can be used by individual members at local hospital HPH meetings. Regional Health Promotion Officers are available to support individual hospitals in their development while leaving ownership of the process with the individual sites. In addition the regional health promotion service offers an extensive health promotion training programme which is available to hospital staff.

Impressive progress has been made in developing health promoting hospitals in the Southern Health Board region in this short period of time. Hospitals are at various stages of development ranging from commitment to active health promotion committees who are at the action planning phase.

By its very existence, the regional network has facilitated an exchange of information and support. Success in one hospital initiating a HPH committee has encouraged other hospitals in the region to follow suit. The learning from project planning and delivery has been encouraging in terms of replication of projects based on evidenced good practice. Of note also is the understanding that is evident for individual members who strive to develop health promotion in the hospital setting, which is often difficult and challenging.

This paper will demonstrate how the establishment of a regional HPH committee has far reaching effects in terms of facilitating progress in individual hospitals.

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Health promoting organisation development: Taking settings for health forward in the 21st Century

Soumen SENGUPTA, Kevin PATON

As the HPH movement progresses in its second decade of activity, organisation development (OD) for health will become a prime focus of activity. The authors consider what approaches to OD are appropriate to the HPH movement. Creating 'health promoting hospitals' and more generally, health promoting organisations requires a distinctive form of OD which stresses the principles and values of health promotion in both processes and outcomes. Revisiting and clarifying the key values that define HPH is essential to develop OD approaches that will be effective in creating HPH. This paper considers the distinctive challenges facing OD for health and considers whether OD for health is a distinctive approach within the field of OD. We propose that OD for health should be distinctive and that it should be 'value driven' in its approach. We propose that health promoting organisations can only be created by a particular form of OD that we will call 'Health Promoting Organisation Development' (HPOD). HPOD is distinguished by an embodiment of a particular set of values derived from the value base of international health promotion. The implications are that this value base will dictate:

1. What OD processes should be employed to change organisations
2. What organisational outcomes that are appropriate to pursue
3. The form of collaborative working.

We propose that the development of HPOD will provide the international health promoting movement to develop a common understanding of appropriate approaches to the task of changing organisations to become 'health promoting organisations' and will provide a necessary framework for sharing of learning and 'good practice'.

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Benchmarking as a tool for increasing participation among disciplines in the HPH project.

Chanuantong TANASUGARNM, Tassanee SUMAMAL, Boondee BOONYAKIJ

Health promoting Hospital in Thailand has been established for 3 years. The Department of Health Service System Development was involved in developing and enhancing the quality of 26 regional and general hospitals. Development activities included different training, sharing experience forum and site visits. The development has to meet the HPH standard developed by the Health Department who will also work with another independent organization to accredit the quality of the hospital. Based on 3 years experience, the project were able to identify better practice among the 26 hospitals, and also able to identify three decreased development or slow development hospitals. Therefore the project needs to find ways to improve these hospital. Benchmarking was selected and applied as a process of learning the benchmarking concept, self assessment, identify opportunities for improvement, site visit and sharing experience, presenting the site visit result to the hospital team and develop

strategic plan and action plan. After applying the benchmarking process for 3 months, improvements were found in the area of teamwork, decision making process, strategic planning, and cultural change. Moreover, these low performance hospital has shown a speedy development and an evidence to meet the standard criteria. Therefore the benchmarking technique is recommended to use in the HPH project Thailand as the method for improving the quality of teamwork, strategic planning, and cultural change.

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8 Workshop: Decision making within networks and hierarchies: health promotion and complex organisational systems - can we to bring them together?

Chairs: Heinz-Eberhard Gabriel, Karl Purzner

"Decision making within networks and hierarchies: health promotion and complex organisational systems - can we to bring them together?"

Heinz-Eberhard GABRIEL, Reinhard BACHMANN, Karl PURZNER

The Otto-Wagner Hospital in Vienna is part of the Viennese Hospital Association (VHA) and acknowledged as a partner in the HPH-network. Both aspects - being participant in the network on the one hand and being part of the VHA on the other hand makes the topic of new governance most relevant for the executive staff in the hospital. The VHA has developed a mission statement several years ago. One of its elements sets the following standard: „we give support to political actors and authorities of the community of Vienna for the development of objectives = goals, strategies and programs“.

In our workshop we want to show, how difficult it is, in a constellation of increasing dynamics and complexity (of society as a whole and within the health care organisations in special) to establish the required preconditions for a fruitful co-operation in the field of governance of health promotion. Representatives of the „main players in the game of governance in the Viennese Hospital System“ (care units, hospital managers and their assisting units, VHA-Executives, VHA strategic planning staff - Anett Pieber, politic-near planing and financing departments - Susanne Herbek and science - Peter Nowak) will present their perspective within the workshop. The emphasis will be on several important issues which have to be clarified and communicated before a successful co-operation can happen. At first there has to be a common understanding of the identities of the different role players and the institutions behind them. Then there is the matter of identity-balance: how can actors play their role in the governance process and still relate adequately to their reference group? The third point is a common understanding of the specific conditions or framework, that every actor needs in order to be able to perform her/his role in a qualified way. Finally there should be a modelling and implementing of the governance process with transparency for all contributors. We will try to visualise the complexity of such a strategic planing and decision system and its „modules“ , showing it from a network and from a hierarchical point of view. The presentation should give rise to a dialogue with the participants of the workshop: comparing the state of development of the mentioned modules in different countries, cities, communities is a matter of great interest.

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Complexity of hierarchy and networks: Visualising strategic decision making for health promotion in a complex health system

Heinz-Eberhard GABRIEL, Reinhard BACHMANN, Karl PURZNER

The Otto-Wagner Hospital in Vienna is part of the Viennese Hospital Association (VHA) and acknowledged as a partner in the HPH-network. Both aspects - being participant in the network on the one hand and being part of the hierarchy of the VHA on the other hand is the complex background of developing strategies to implement Health promotion as part of the management and care system. The poster will visualise the complexity of such a strategic planing and decision system and its "modules" , showing it from a network and from a hierarchical point of view. The presentation should give rise to a dialogue with the

participants: comparing the state of development of the mentioned modules in different countries, cities, communities is a matter of great interest.

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Tuesday, May 20

9 Action Lab: Health Promotion for children in hospitals

Chair: Isabelle Aujoulat

HPH for children: Overview presentation

Isabelle AUJOULAT, Paolo MORELLO MARCHESE, Fabrizio SIMONELLI

Children, whether as patients, visitors of the hospital or members of their community, should be regarded as a specific target group by HPH in the future.

How the health care system can best address the health promotion needs of children is a very broad issue that will be tackled during the action-lab according to 3 axes for discussion:

1. According to how the children access the hospital:
 - What are the health promotion needs of children when they enter the hospital as patients, particularly if they are chronically ill?
 - What are the health promotion needs of children who enter the hospital as "visitors", having one member of their family hospitalised?
 - What are the health promotion needs of children in their community and what is the social role of the hospital regarding these needs ?
2. According to the strategic issues developed in the Ottawa Charter (WHO, 1986):
 - How do the hospitals materialise a political commitment towards promoting the health of children ? (ie. declaration and implementation of the "Children's rights Chart")
 - How do the hospitals adapt their premises so as to make them more child-friendly and healthy?
 - In how far are children allowed to participate in the identification of their health needs and in the decision process concerning their treatment ?
 - What skills are the children encouraged to develop while they are in contact with the hospital, and how ?
3. Following the definition of Health Promotion as "the process of enabling people to better control the determinants of their health", a special emphasis will be put on the empowerment issue: In how far is the concern for empowerment made explicit in the hospitals' interventions aiming at promoting the health of children?

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The Baby Friendly Hospitals-Initiative

UNICEF representative

The rights of the hospitalised sick child: a statement of principles and the tools for the assessment of their respect

Massimo PERALDO, L. CELESTI, P. VISCONTI, G. SCHIAFFINO

Aim of the project was the definition of a Charter for Children in Hospital, based on the 1989 UN Convention for the Rights of the Child and with reference to similar known papers, together with the development of appropriate tools to assess the respect of the declared principles. The work, supported by a grant of the Ministry of Health, has been carried out by staff members of four major Italian paediatric hospitals over a three-year period, from 2000 to 2002.

Method: Through team work, small groups in each hospital have preliminarily revised the literature and the national and international documentation regarding human and children's rights; this has determined the fundamental agreed principles to be represented in the Charter, which was then drawn up following a logical sequence. In this phase contributions and criticism of parents' and hospital volunteers' associations were taken into account. The final version of the document was then presented to and endorsed by each hospital director, thus becoming an institutional duty for the entire organisation. In developing the Charter, particular attention has been paid to selecting issues that could apply and be fulfilled also in maternity and paediatric wards or departments, other than those operating in specialised paediatric hospitals. In brief, the rights formulated fall into four general principles:

- the need to respect the child as an individual,
- to guarantee health promotion for children,
- to achieve a global approach to cure and care,
- to assure and promote child's and family's involvement in decisions-making regarding health processes and organisation.

The fourteen issues of the Charter will be presented and discussed in detail.

The distinctive additional purpose of the work was to develop a process to ascertain to which extent the declaration was put into practice, and to test the soundness of the devised tools and standards being used. For this purpose a specific register of evaluation criteria was built: The resulting check list is made up of 118 items, sequentially coded and related to the fourteen articles of the Charter. Each identifies the structural level at which it should be tested, be it the ward / unit, the Hospital Direction or both.

To test the efficacy of the criteria and in order to define the standards for assessment, each hospital was submitted to a peer evaluation, which involved, on the whole, sixteen departments or specialised paediatric wards. As required by accreditation procedures, each visit was carried out by the examination of the demanded documentation, a visit to the wards and interviewing of staff members. The review of the applicability of the criteria and the analysis of the results, in terms of the distribution of the observed conformities, contributed to the amendment of the check list, the adjustment of standards and the draft of an assessment kit.

Conclusions: The Authors believe that the present Charter represents an evolution of comparable statements. It extends the responsibilities of paediatric in-patient services, not only in improving the sensibility of managers and caregivers towards the needs and rights of every child, but also in achieving the capability to interact and co-operate with every person or institution which has relevance in his physical and mental development. It is essential to verify the compliance of Health Services with standardised and homogenous methods in order to avoid what has been declared from becoming a mere statement of principles.

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I want to play too! Integrating children into parent's cancer care and treatment

Michelle QUINN

AimTo encourage parents to involve their children in their cancer diagnosis and treatment by bringing them into treatment areas and encouraging them to ask questions. We encourage children to use the support services available to them.

Method

Current thinking points towards cancer as a family affair. Many studies have shown the entire family system to be affected when one member has cancer. The family must deal with many associated stresses, including multiple changes in daily life, the possibility of death, fear of dying, and altered household roles and lifestyles (Heiney and Lesesne, 1996, Hymovich D F .1995)

Here at the Mid-Western oncology centre we feel that in providing care for the person with the cancer we must encompass care of the family and show a special interest in the children.

The care is provided in three forms:

1. On a first visit to the centre a detailed social history is taken and discussed thereby allowing the team to ascertain the support levels required for the individual family.
2. The person is offered books and leaflets about the disease, its treatments, and accompanying psychological issues of cancer diagnosis.
3. In addition to all the normal medical and nursing support we also provide the services of a social worker and a clinical psychologist to assist the person and their family in learning to cope with the changes they are experiencing as a result of their disease.

We encourage parents to bring their children into both the day unit and the ward and try to integrate the children into discussions on both disease and treatments. Children are encouraged to look around, meet the health care team and ask questions. We provide a selection of toys, books, fish tank, television, refreshments, and a sitting room where parents can talk to their children in private. Parents are encouraged to discuss any potential problems with their children in the knowledge that additional support is available from the multidisciplinary team.

While we aim to support families through this difficult time, sometimes we need to access services that cater for children with more difficult problems. These include the paediatric services in the hospital and the community.

Future Plans

Our plans for the future include an additional support centre that will improve the holistic care for the patients and families using our services.

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10 Action Lab: Cultural Diversity in the hospital

Chairs: Karl Krajic, Antonio Chiarenza

Introduction: Migrant-friendly hospitals – A European initiative to promote the health and health literacy of migrants and ethnic minorities

Karl KRAJIC, Beate SCHULZE, Ursula TRUMMER, Jürgen M. PELIKAN

The growing diversity of European populations in the wake of globalisation flows poses new challenges to hospitals. Hospitals are frequently migrants' and ethnic minorities' first access point to European health systems. Hence they are increasingly required to accommodate cultural diversity. At the same time, the low threshold access to health care they represent for patients with a migrant or ethnic minority background puts hospitals in a unique position with regard to promoting the health and health literacy of these groups.

The European project "Migrant-friendly hospitals" (mfh) aims to identify, develop and evaluate models of good practice in order to strengthen hospitals' role in providing health promotion services for migrants and ethnic minorities and improving the cultural responsiveness of hospital services.

Pursuing these aims, the mfh project has established – in collaboration with the HPH networks in the EU member states - a network of pilot hospitals from 13 member states of the European Union who are engaged in a quality development process towards becoming "migrant-friendly hospitals", drawing on three strategies: 1. an overall organisational development process 2. 1-3 experience-based sub-projects, each addressing a specific aspect of migrant health 3. Project evaluation in a European benchmarking process.

As a result of the project, 13 national models for migrant-friendly hospitals will be established most of which can be shared in the HPH networks. Further, project results and experiences will be the basis for European recommendations for target-group specific health promoting strategies and culturally adequate hospital services.

This presentation will provide a conceptual outline of the project and present results of a needs assessment in the 13 pilot hospitals – a European comparison of priorities for migrant-friendly hospital service and health promotion development.

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The interest of an operation of intercultural mediation in the follow-up care for the chronic painful migrant patients in the hospital or the advent of the patient as expert

Serge BOUZNAH, Catherine LEWERTOWSKI, Anne MARGOT-DUCLOT

For patients who have been suffering for years, their consent to follow and to observe a course of treatment strictly depends on the setting-up of a therapeutic project in their everyday world. Culture plays a fundamental part in that process. It allows the patient to have his own interpretation of his pain and his disease. From then on, he will build his own experience and will organise his therapeutic networks. Doctors usually know neither about the patient's interpretations of his disease, nor about alternative therapies that he may also be following. Then the patient is in an awkward position between therapeutic systems which do not know of each other. On the contrary, in other situations, to have recourse to only the medical system may cut them off from their local networks of solidarity. In order to come up with these issues, we have tried out an original operation of cultural mediation handled by a doctor trained for this approach, for two years, in a hospital department for pain management. We had contacted migrant patients who pointed out a failure in our sophisticated system of medical care. The first results reinforce the interest of such an operation, as they show a decrease of moans of pain and of psychological symptoms associated to them, a reduction in medicine intake, but also a better adhesion of the patient to the medical project. We also noticed that several hospitalisations could be avoided. Moreover, our operation had a positive impact on the doctor's technical choices. To be consistent, a "global approach" needs to rely on interactive dynamics where the points of view of the patient, the doctor and the mediator can be confronted with each other, and sometimes can even change. The approach we suggest saves a "cultural specialist" or a psychologist from doing the work that for us must be included in the medical intervention. The results of the research have prompted the Ministry of Health to support the scheme of creating a clinical centre of intercultural mediation open to every department of pain management in the region Ile De France.

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Breaking down barriers in the hospital services of Reggio Emilia

Antonio CHIARENZA, Andrea GIGLIOBIANCO, Novella NOTARI

Over the last few years, the number of migrants has dramatically increased in all European countries. In Italy, this phenomenon has become particularly acute because the migratory flow has targeted our country not only as the place of arrival but also as a place of passage, by those who, in search for better living conditions, have decided to settle down in Europe. In the region of Emilia Romagna, the Province of Reggio Emilia has the highest percentage of migrants over the overall resident population. At the end of 2001 the migrant population totalled 5 % of the entire population with a growth rate of nearly 200%, the greatest increase in the last two years. The distribution of migrants and ethnic minorities varies in the 6 districts of the provincial territory: the city area, 4.9%; Guastalla, 4.8%; Correggio, 4.7%; Montecchio, 3%; Scandiano, 2,7 and Castelnovo Monti, 2,8%.

Today the number of migrants in our province is estimated to be more than 21,000; this number might increase if second generations were to be included. The cause of concern is not only linked to the numbers, but also to the patterns and categories of migrant (labour – refugee – asylum –irregular –legal). This presents a challenge which demands a response and actions on various levels, including hospital care services. There are several areas, where health promotion should take the needs of migrants into consideration, among which: appropriate utilization of health services; communication and understanding; adequate training for health professionals; mother and child care; occupational health; control of infectious diseases and social and economic determinants of health. The impact of migrant phenomenon on hospital health services in Reggio Emilia can be seen by looking at the percentage of in- and out-patient access to hospitals. In 2001, migrant in-patients totalled 8-9% of the overall patients and the out-patients almost 13-14%.

This paper aims at showing how the AUSL of Reggio Emilia is implementing and managing a specific local project within the framework of the EU project „Migrant Friendly Hospitals”, with the precise goal of firstly putting in place and then evaluating models of best practice addressing aspects of migrants' health as well as initiating an overall organizational development process in 13 European hospitals by involving them in benchmarking activities. In particular, this paper would like to present data for discussion on the needs and perceptions of health of migrants and ethnic minorities and their problems in accessing / using services, communicating with hospital staff and obtaining essential health information. Pathways to health care and migrants' interaction with formal and informal health systems and their behaviour patterns constitute another important emphasis. The results of needs assessment also take into account the viewpoints of health professionals, as perceived by medical staff and management, within clinical settings on main problem areas. The results also outline possibilities for improvement. Local needs assessment is being conducted by eliciting the perceptions and opinions of three main stakeholders „Expert patients”; „Hospital staff” and „Hospital Management”.

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Asian community influences current practice via the Apprentices in Care Programme

Margaret Eastham

Blackburn in Lancashire has a diverse multi-cultural community, whose health needs vary considerably. The workforce of the Acute Hospital Trust did not reflect the local community, hence as part of a multifaceted approach a training programme was developed, entitled the 'Apprentices in Care Programme', this programme targeted members of the local Asian community, who lacked educational qualifications, with the overall aim of providing opportunities for people to undertake an accredited course of study, which would then qualify the students to undertake their Registered Nurse Training upon successful completion of the two year course of study which included Sexual Health, Key Skills, NVQ II and NVQ III in Care Programs.

This program has been so successful that this is the fifth year in operation. All Apprentices receive health promotion training during their first and second year. And go on to take the lead on wards for health promotion campaigns. With an in-depth knowledge of their local Asian communities, the students have been able to inform current practice and this information has been reflected in their content and delivery of health promotion initiatives.

Built upon the success of the 'Apprentices in Care Programme', the Trust has now developed an 'Over 19 Programme', with no formal academic or experience entry requirements necessary. This one year pilot programme has now come to an end, out of the 12 students on the programme, 7 were from our ethnic minority communities, 3 of whom were men. For various personal reasons 2 people dropped out, and the remaining 10 have now successfully gained employment within the Trust as Health Care Support Workers, some of these have expressed an interest to continue studying with the aim of becoming Registered Nurses.

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Developing cultural competence in health care organisations

Eilis HAYES

Background

An increase in ethnic diversity challenges the Irish health system to provide culturally and linguistically appropriate services. Developing a cultural competence model will support a uniform and Comprehensive approach to policies and practice, inclusive of all immigrant families.

Aim

To develop a cultural competence plan for hospital management that would support the organisation in providing a culturally competent service within paediatric health care.

Method

A participatory action research approach was adopted using a co-operative inquiry group of interdisciplinary paediatric hospital staff (N30). Participants attended seven workshops. Group work focused on several themes including; attitudes and beliefs to a changing Ireland, concept of cultural competence, experiences in working practice, needs of immigrant families, and better provision of health and social care. A one-day training programme on a UK model of cultural competence was evaluated and an action plan compiled for hospital management. In addition semi-structured interviews with ancillary staff were conducted (no.=8) to compare attitudes and issues with those of the co-operative inquiry group.

Findings

The participatory approach is an effective research model, which confirmed that attitudes varied and related to prior experiences. This could be explored in a positive manner through education. The dissatisfaction of service providers and users to current service provision and lack of available information regarding the functioning of the Irish health system was recognised. The research identified the need to develop and implement a Cultural Competence Strategy, which staff could drive forward. The strategy proposed should include: the appointment of a Consultant in Cultural Competence, a baseline report of current cultural competencies (using UK tool box), strategies to recruit, retain and promote a culturally diverse workforce, national standards, streaming of translated materials, a language centre with accredited interpreters, development of cultural mediators, staff training, an annual Cultural Awareness Week, an environment that visibly displays a respect for cultural diversity.

Conclusion

The current climate makes the development of cultural competence within health care a timely event. It is necessary for paediatric hospitals in Ireland to develop a service model that is child centred. This would foster a greater understanding of health care delivery and contribute to improved equity in meeting the needs of health care professionals and culturally diverse families.

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Research informed organisational approach to cultural diversity at Sidney Children's Hospital

Les WHITE, Margaret SAVAGE, Sam CHOUCAIR, Ien ANG

Australia is one of the most culturally and linguistically diverse countries in the world. In the state of New South Wales (NSW) 23% of the population were born overseas and 17% do not speak English in the home, while in South Eastern Sydney (SES) those numbers rise to 61.6% and ¼, respectively. Equity of access is one of the driving principles of the Australian Health System and of Sydney Children's Hospital (SCH). The Access and Equity Committee of SCH is the coordinating body for the SES Strategic Plan for the Culturally Linguistically Diverse Communities. Key result areas include: increase service access and equity; enhance health literacy and promote healthy lifestyles; facilitate the service provider / client communication process through the provision of appropriate information and resources; develop a workforce that is better able to service our culturally and linguistically diverse population; establish a structural framework that underpins and sustains multicultural health initiatives; implement an extensive survey of both consumers and staff was undertaken in 2001/02 in a collaborative project lead by the Centre for Cultural Research, University of Western Sydney with the Multicultural Health Unit, SES and SCH. The findings revealed gaps in: staff education, multilingual information, opportunities for consumers to influence policy and flexibility in response to culturally diverse expectations. The recommendations identify a pathway of continuing improvement and of further relevant research.

In the context of complex and life threatening illness in childhood, there is a critical balance between standards of care and the cultural perspective of the individual family. The organisational commitment needs to be translated to specific and individualised lines of communication and actions at the clinical interface.

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11 Parallel Session: Approaches towards staff health promotion

Chair: Margareta Kristenson

Hospital-system, a living organisation. Impact of governance on staff well-being and quality of care

Svava THORKELOTTIR, Thorleif Drifa JONSDOTTIR, Bjarni INGVARSSON

The success of any organisation depends on motivated and healthy workers, working in a healthy work - environment. Using the systems theory as a conceptual framework defining the hospital as a living open system and emphasising the importance of governance is the focus of this paper. It will be demonstrated that the key to successful governance or management in an open system is to foster the idea of holism and that interaction of parts is intrinsic to the system.

Educational programs of high quality must be established in order to provide organisational opportunities to develop health-oriented perspectives and raise awareness of the impact of the environment on the health of patients, staff and community. Research has shown a strong correlation between an employee's job performance and the competence of his / her manager. Consequently the main focus of the educational program should be governance. Shared governance with an emphasis on staff empowerment, creates enthusiasm and an environment for a healthy organisational culture. Healthy organisational culture has been shown to affect staff well being and quality of care and is a vital part of any health promoting hospital.

The Icelandic national university hospital in Reykjavik (Landspítali University Hospital) emerged from the coalition of two hospitals in the year 2000. A main priority since the merger has been to strengthen our leaders thus ensuring that responsibilities and resources are in balance. Opening a dialogue on the importance of education as a vital part of an organisational change, will hopefully be of value for other hospitals fostering the health promoting ideology as well as helping us reevaluate the process and to plan ahead.

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Investigation into Workplace Bullying among healthcare workers in a Hospital setting

Ann BREEN, Patricia MANNIX McNAMARA

Aim: An investigation into workplace bullying and organisational culture in healthcare within an Irish hospital setting, with the emphasis on health, safety and welfare of people in that workforce.

Introduction: Bullying in the workplace constitutes a real threat to the safety, health and welfare of people in the workplace and it can potentially arise in any situation where people are working together. The question, which I intend to investigate during this research project is that workplace bullying is not only unhealthy for those being bullied but also for the organisations, which allow it to continue.

Objectives: Assess the situation with respect to workplace bullying in the healthcare organisations being studied. Explore the impact on health and welfare of a bullying culture for both victim and bystanders.

- Investigate the type of workplace culture that promotes bullying.
- The presence of the anti bullying policy and its enforcement will be assessed.
- The support mechanisms for victims of bullying will be investigated.
- The potential for Workplace Health Promotion and / or other Health Alliances or partnerships to address the problems of a bullying culture within the organisations being studied.

Methodology

The research is being conducted in three phases, which incorporate quantitative and qualitative research methods. Phase 1 involves distribution of questionnaires, phase 2 focus groups and phase 3 interviews. Stratified random sampling has been used as a sampling process. The quantitative data generated by the surveys will be assessed by the statistical package for social sciences (SPSS); this provides both graphical and statistical data. The findings for this survey will be analysed in April 2003 and available for May 2003. This project is being submitted for the masters programme in Health promotion in conjunction with University of Limerick.

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The medical profession under stress: a systematic, salutogenetic approach to physicians' professional wellbeing and health in post-modern society

Linn GETZ

There is some evidence of declining work satisfaction and professional wellbeing among medical doctors in the western world. This paper begins by a brief introduction to the literature concerning doctors' professional "unhappiness". Instead of focusing on the pathogenetic (latin: pathos = disease) factors causing work dissatisfaction, however, I suggest a comprehensive, salutogenetic (latin: salus = health) focus to help discover and investigate important pathways to health and wellbeing in relation to work among medical professionals. Relevant models exist that can facilitate an analysis of working life of individual doctors, as well as the general climate of the knowledge organisations (e.g. teaching hospitals) where doctors are key actors. The individual salutogenetic approach can be derived from Antonovskys theory Sense of Coherence (SOC, 1987): key elements of SOC are meaningfulness, comprehensibility and manageability. On the organisational level, a relevant salutogenetic theory is Fair Process (FP, Chan Kim and Mauborgne, 1997): key elements of FP are engagement, explanation and expectation clarity. Combined, the SOC and FP models constitute a matrix that facilitates a systematic and constructive investigation of several fundamental challenges that face the medical profession in post-modern society. Among many crucial questions, are: 1) Is the professional effort of physicians as personally rewarding as it used to be (meaningfulness)? 2) How well does the biomedical model suffice to understand and explain the nature of patients suffering (comprehensibility)? 3) How applicable is the classical four pillar model of biomedical ethics (Beauchamp and Childress) in relation to analysing and handling ethical dilemmas (manageability)? 4) To what extent are medical doctors involved in planning the health care system in which we work (engagement)? 5) Are doctors in position to understand and respect organisational decisions that affect us (explanation)? 6) Do doctors know what is expected of the profession, now and in the future (expectation clarity)?

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Training programme for work communities aimed to support staff empowerment

Kari VIHRIÄLÄ, Tuula SUSI

Aim: To develop a training programme for work communities to empower the staff within a framework of organisational development.

Objectives: The training programme tries to increase the possibilities for the staff to participate actively and to develop a community of their own.

- To consolidate the staff 's ability to manage and get along in their jobs.
- To increase the social capital of the personnel.
- To motivate employees to support each other
- To encourage development of the health promoting community.

Contents of training programme

- Leadership. Issues belonging to quality of work. Team work. Human relations at work. How to avoid burnout syndrome. Self development. Importance of training during working years.
- Involvement: Lectures are organised so that all the members of the work unit will be able to take part in them. More lectures of the same content may be held to ensure everyone's participation without excessive functional disturbances at the workplace. The training programme is planned to require the most extensive involvement and practice with plenty of discussions and team work.

Methods: Training is based on results of inquiries made beforehand. Inquiries are to chart satisfaction at work going into its details.

Workplace interviews in advance may concern only a few members or all the members of the community. Based on inquiries and interviews, different situations of each workplace will be examined by means of lectures, videos, team work, discussions and analyses. Problem solving orientation and NLP-method can be used. During the training programme every unit will elaborate a developmental plan for their work community. Developmental plan emphasises progress step by step in undertaking the change process. Information on literature and studies of the branch associated with the lectures will be shared with the employees of the work unit. Special attention is focused on leadership. It is recommended to start the training programme with the leadership of the organisation.

Results: The following units took part in the training program during 2002: Central office of the Hospital District, Gynaecological Unit, Coronary Care Unit, Group of ward maids, Intensive Care Unit and the Archive. Work units had different reasons to take part in the training program. For example to work out particular problems of the community. Or to prevent inconvenient problems that may arise in the community. Or to find out methods to cope with future challenges. Endurance in working situations has been paid attention to. Questions of how to cope with stress at work are to be treated in most of workplaces in the Hospital District. In the course of the training programme the meaning of co-operation, openness and honesty at work has been studied thoroughly. The meaning of teams and individual contribution to results has been discussed soundly during the program. As a consequence of the training some units have started with consultations of different kinds that have reference to leadership, occupational growth and human relationships. According to the agreement with work communities a follow-up evaluation will be made and the plans will be revised accordingly.

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A symphony for burnout

Maria Assunta PORCU

"If we don't take care of ourselves, we cannot take care of the others".

In every help relationship there exists an interaction between two distinct figures, the health worker and the user. Usually we are questioned on the reaction / emotions of the user, without taking reaction / emotions of the health worker into consideration. The great danger is to go towards a pathology that takes the name of burnout.

According to C. Maslach theories, the therapy of burnout firstly needs interventions to change the structure in which it is operating, or to change the work environment. That it is not always possible. A more realistic approach is to aim at prevention. The premise to start has been the use of present resources in our hospital. We thought of working directly with health workers with methods like music therapy, as this service already exists in the hospital. The principal purpose has been to make health workers able to be, with specific training, " adaptable " to the structure as an aware individual.

But how can we use this method in an effective manner? In June 2000 a preliminary research on burnout, involving health workers of our hospital, was carried out. A questionnaire was administered, the data obtained emphasised that about 2/3 of health workers in a critical area are at risk, and female by more than 20%. This first step emphasised the need of health workers to have a support facility, that puts them in contact with themselves and their actual emotions, so as to enable them to continue their profession in an adequate manner. A program titled "Stages of Stress and Burnout" was set up. In this phase, the program anticipates seven meetings for seven different groups of health workers upon a compilation of a questionnaire. Also the College Nurses of Genova asked us for seven lectures in different hospital structures. Until now about 2000 nurses participated and answered a questionnaire determining the general state of anxiety, professional and personal stress.

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12 Parallel Session: Health promotion for the community population

Chair: N.N.

Building Health Alliances

Keith CERNAK

Partners For A Healthier Community (Partners) is a collaboration that has brought the largest health plan in the United States, together with its competitor i.e. the largest consumer governed Health Maintenance Organisation in the US, as well as public health and six competing hospital systems to improve the health of the greater Seattle community. Partners provides a venue for its health systems to reach large sectors of our community with broad based health improvement initiatives that proactively intervene in health problems. It does this through a synergy of more than fifty community partners that provides integration between health plans, hospitals, school systems, public health and community service providers.

In environments of scarce resources the question becomes: "What motivational elements need to be put in place for health systems to proactively pursue health promotion in partnership with one another and their community through healthy alliances?"

Partners created a Visioning and Measurement Process (VMP) that has not only been able to transcend the territoriality that exists among our health systems and partners, but it is a tool that has created a health alliance longevity that is now entering its seventh year. Its three critical elements are:

- Vision Creation
- Measurement Vehicle
- Partnership Building

The intended aim of the VMP process has been for hospitals to:

Be the catalyst of societal change and bring new thinking to address the health needs in our community.

- Empower community residents to risk reduction and health problem solving through dynamic partnership approaches.
- Create synergistic leverage from existing community assets by developing the critical links between hospitals, health plans, school systems, community, public health and community service organisations.

The presentation will go into more detail on this process and its relevance for hospitals.

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Young people's facilities and services

Tony BARDEN

In 1999 an allocation of 571,000 Euro over three years was made available by the Irish government under the young people's facilities and services fund to the South Eastern Health Board, aiming at preventing target groups becoming involved in drug misuse. Initiatives would include a grant scheme for special projects to assist disadvantaged youth, community development, and social integration projects for young people likely to become involved in crime in Waterford city. target groups were characterised by the following risk factors:

- 10-21 years with a family background of unemployment / substance misuse
- had been in contact with the criminal / juvenile justice system
- social isolation / homeless
- early school leaver / poor education achievement

The health board established a development group comprising of relevant agencies and voluntary / community organisations to develop a strategy to meet identifiable gaps in services. Submissions were received from local groups and organisations working with young people.

The strategy was assessed on the extent to which it was

- integrated
- clear focused
- addressed gaps
- maximised use of resources

- demonstrated local consultation
- included adequate systems for monitoring implementation and evaluating outcomes

The strategy included:

- purchase of a bus for a drama group
- programme costs for area schools support
- refurbishment of a scout hall
- training costs for drama workshops
- development of an arts training model
- costs of a studio complex
- a new youth resource building

Six key projects were set up in Waterford City, aiming at implementing interventions and responses to young people in problematic drug use or those at risk of becoming involved. These projects received an allocation of 260,000 Euro to spend over a 21 month period ending in December 2002.

An independent evaluation of these projects is currently taking place and will be completed in February 2003.

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The importance of community involvement in arts in care – a health promotion partnership initiative

Tessa GUINAN, Julie McGRATH, Jim DWYER

Aim

To get external community involvement in the long-stay setting through the Arts in Care programme at St Vincent 's Care Centre Athlone.

Objectives

- To utilise the services available in the community.
- To provide variety to residents in long term care.
- To empower residents and community involvement thus improving quality of life.
- To provide more individualised care to the residents.

Methodology: Community services willing to participate were identified and invited to participate. Activities and training issues were clarified. Activities such as the art of basket making, drama productions, hand message, nail care and the production of a book entitled „Past times“ and story telling were features of the programme. Qualitative research interviews were held with residents, staff members and some members of the community groups to measure the effectiveness of the initiative.

Results: Activities are now in place. A volunteer in the community has attended a 15 week „Process Art's and Drama Care“ course run by Age and Opportunity, Midland Health Board and Laois Co. Council. This volunteer compliments the role of the activities co-ordinator in carrying out activities.

Conclusions: Qualitative data from residents, staff and community participants indicate that 85% of residents loved outside involvement, staff members indicated that residents were more content following an activity filled day. The community groups noted that the residents initially just observed but are now more confident and willing to participate as the activities have progressed.

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Building Bridges – an Integrated Care Pathway (ICP) in Smoking and Pregnancy

Eileen WARD

'Midwives are in a unique position to give special support to pregnant smokers and reduce the percentage of women who smoke in pregnancy.'

As Smoking Cessation Services become established in primary care settings, the challenge is on to provide an integrated service between the community and the hospital which supports the woman who smokes in pregnancy. This paper provides the overview of the development of an ICP which is a structured approach to delivering high quality care to this very challenging client group and involves a multi-disciplinary team input. This structured approach enables the practitioner to acknowledge good practice and identify weak areas, thus enabling the pregnant woman to be fully supported via a tailor-made programme from ante-natal to the post-natal period. This ICP is a partnership between the Smoking Cessation Services in the Community, the Midwifery Services and the Smoking Cessation Nurse based within the Blackburn Acute Hospital 's Centre for Health Promoting Hospitals.

This proactive patient oriented initiative enables the practitioner to monitor and measure practice, thus meeting audit needs as required by the Clinical Governance Agenda and is built on the successful Smoking Intervention Strategy which supports in-patients with a smoking lifestyle, providing practical support and free NRT whilst in hospital.

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13 Parallel Session: Developing the material and social hospital setting for improving patient well-being

Chairs: Zora Bruchacova, Luigi Resegotti

Influence of organisational environment and individual factors on health care workers – patient relationship

David LAZZARI, Renato PISANTI, Diamante PACCHIARINI, Lorenzo SOMMELLA

The objective of the present study is to evaluate how organisational rules, working stress and coping strategies can affect nurse-patient relationship in a 650-bed hospital. A random sample of 150 nurses of Azienda Ospedaliera S.Maria in Terni has received a self administered questionnaire; anonymous reply was given by 106 (70.6%), 74 female (69.8%), mean age 37 \pm 7. Places of work were emergency department (47%), medical department (35%) and surgical department (18%).

The following factors were investigated: 1) interpersonal relations and organisational environment (20 items on quality of own work and quality of organization); 2) working features (adapted from the Leiden Quality of Work Questionnaire); 3) stress indexes (Maslach Burnout Inventory, Hopkins Symptom checklist on burnout syndrome); 4) coping strategies (reduced version of Coping Inventory for Stressful Situation – CISS2).

Mean values and S.D. were calculated on the whole study population and by age, sex and working area; Student t-test was applied to investigate significance among groups. Correlations among working features of point 2 have been studied. Multiple regression analysis has been applied, in order to study effects and interactions between working and subjective features and relationship with patients.

The mean score of "difficult relationship with patients" has been 8.6 /12 (SD=2.3), with wide variations according to sex and age. In the surgical department scores are on the average greater than in other areas. High correlations have been pointed out between some environmental factors (quality of work and living together in the workplace), emotional breakdown, psychosomatic symptoms and avoidance behaviour. Preliminary results of this study show that working discomfort introduces bias in the relationship between health care worker and patient and suggest cues to improve it.

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Improvements in the quality of hospital patient reception and care delivery through out-sourcing

Maria Teresa BENGHI, Antonella ALESSANDRI, Sara BRUGNOLI, Maria Laura EQUIZI, Alberto APPICCIAFUOCO, Guendalina SARDEGNA, Patrizia GRASSINI

If improvements in the quality of hospital accommodation and services provision focus on the patient's needs and requirements, in accordance with the principles of a personalised and humane health care delivery, they may rightly be considered part of the HPH project.

In this context, the Florence Area Health Trust has out-sourced its laundry services to the firm SOF. This has ensured that patients receive optimal reception services, in respect of those safety, quality and organisation requirements generally applied to health care procedures, as this aspect of in-patient care is also important to the patient's wellbeing. The implementation of the improvements agreed on in the hospital's contract with the firm was monitored by a member of the nursing management staff on behalf of the Medical Director.

Improvements stated in the contract were:

1. Enhancement of the quality of services as perceived by the patients – quantifiable improvements in health and hygiene standards of linen, dress and accommodation services.
2. Enforcement of HACCP system in all operational phases – In accordance with the quality control and self monitorization directives of the out-sourced firm. Personal laundry issue
 - Patients with no personal effects: In cases of unexpected admission to hospital, the Ward sister should issue a Type I Welcome Kit to the patient. This contains all the necessary minutiae to cover the patient's basic necessities on admission (a set of pijamas, throw-away briefs, toothbrush, etc.)

Patients in restricted financial circumstances or without any family/friend support: May apply to the nursing staff to request personal laundry services free of charge. Patients in comfortable financial conditions may also request a laundry and delivery service but a charge payable beforehand will be levelled.

Identification Procedures for Hospital Personnel

All hospital staff may be identified by patients by their uniform and name tag specifying name and function within the firm.

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Patient focus group – working in partnership with our patients and learning from their experiences

Angela CONNOLLY

Introduction: Customer or consumer – not a widely used term within the health services. The title consumer suggests a greater independence and involvement in decision making than does the word patient. When a person enters the role of patient he or she hands over the power to somebody else and may feel powerless. Setting up a partnership or an alliance can allay this powerlessness where people work together in mutual respect. To create partnership you have to focus on the interpersonal relationship between your customer and yourself. Through the establishment of a Patient / Relative Focus Group in 2001 Beaumont Hospital is utilising the knowledge and experience of patients and relatives. The philosophy is to listen and learn from our patient and involve our patient in development and planning of services.

Aim & objectives

- Create a partnership of mutual trust and understanding between our patients and staff.
- Enhance dialogue between those giving and receiving health care.
- To listen and learn from our patients and their relatives.
- To enable the Focus Group members to act as a consultative body for the Chief Executive and senior management.

Methodology

- Gaining buy-in from management and the board.
- Advertisement within the hospital complex inviting interested participants to apply.
- Recruit motivated patients and relatives to participate in an advisory role to the hospital.
- The group will be composed of seven to twelve people and have a one-year term of office.
- A chairperson who is independent of the hospital will be appointed.
- Representatives from different levels within the hospital will participate in discussions.
- Members of the Focus Group will be invited to sit on hospital working committees as advisors.

Results & conclusions

- Patient Focus Group has been appointed with a total of eight members.
- The CEO and Senior Management have reviewed recommendations emanating from the group.
- Hospital has succeeded in implementing some of the recommendations. For example, following recommendations from the group in relation to the early morning Admission Process pertinent changes have been implemented which resulted in an improvement in service.
- Members from the Focus Group have been involved in planning and development initiative steering groups within the hospital. For example a recent Out Patient refurbishment Group.
- Relevant recommendations from the group in relation to the needs of the disabled have also been enacted upon.

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Client-centered hotel and housekeeping services

Annamaria FERRETTI, Elisa GHERARDI, Sonia CECCARELLI, Lisetta MORANI

Client satisfaction has always been essential to our hotel services policy. In order to have data on which to base our quality improvement actions, we conducted assessments of our client pool based on several indicators including social and cultural background, behavior, etc. Our evaluations helped bring about several important changes:

Meal service: Wards used to send in the number of regular, special, or liquid meals to be delivered in any given day and the kitchen was responsible for all meal plans. Now patients may decide what they want to eat. Of course, the entire service had to be re-organised in order to satisfy variations in menus while avoiding waste in the amount and quality of food purchased (with special attention to stocking and preparation). It also became necessary to change the bookkeeping in order to have a greater variation of food on hand while still remaining within the allocated budget. We also began applying HACCP standards and this has brought staff to a greater awareness of process and the importance of agreeing on the procedures followed. Today our staff works together in a climate of constructive collaboration in which each individual has assumed personal responsibility and contributes to the improvement of the entire production process.

Housekeeping: Specific housekeeping protocols have been drawn up by the different services. Housekeeping services have also been computerised for better management, and quality assurance – evaluation of process and outcomes – has been added as part of the service. Hotel services staff is currently undergoing a brief training period in the evaluation and possible redefinition of work processes.

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14 Workshop: Health promotion for patients with heart problems

Chair: Gianfranco Gensini

e-heart failure

Gianfranco GENSINI, Ranieri RIPOLI, Antonella GRAIFF, Antonio FORTI

The general aim of this project is to design, develop and evaluate a computer-based co-operative work framework that embeds innovative knowledge management tools for supporting a guideline-based shared care delivery. In the last part of the project, the system will be implemented and validated in a clinical setting for evaluating the effectiveness of our approach in supporting the management of heart failure patients. The partners involved in the project have actively contributed to the state of the art in several of the addressed fields. Actual research interest of Department of Medical Surgical Critical Care Area (University of Firenze) is the study on methodologies of definition, implementation and dissemination of clinical guidelines. Now this Department is working on their formalisation in computer-based guidelines, or electronic guideline (eGL). This fact can foster their dissemination and use in the clinical practice. The principal aim of this department is to formalise and build an electronic guideline for the heart failure based on the paper guideline already available for this disease. Another aim is to integrate them into EMR (Electronic Medical Record), in order to provide physicians with patient-specific reminders, a fact that has been shown to be effective in improving quality of care delivery. Telemedicine and Medical Informatics Laboratory (TMI-lab) of IRST has been active in Telemedicine research, with more than four years of on the field experience on teleoncology and telepathology. The Medical Informatics Laboratory (University of Pavia) has a long experience in the research area of Artificial Intelligence in Medicine, particularly for what concerns the development of new methodologies for the digital representation of guidelines and for the integration of electronic guidelines and workflow management systems into the electronic patient record.

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Empowerment of patients after heart attack or heart operation for exercising on endurance and strength

Ulrich HILDEBRANDT, Klaus BÖHM

Lack of exercise is more and more recognised to be an important risk for cardiovascular diseases; so they prove to be the most frequent cause of death in Europe and the USA. The question was how to motivate patients for daily exercising on endurance and strength after a longer period of immobilisation due to heart attacks or heart operations and by this way to protect them against a worsening of their disease. A pilot project in the beginning of 2002 showed that patients who participated in individual instruction could be motivated to continue their training at home after being discharged. So they could succeed in improving strength and endurance. In a new long-term study „FITCAP“, started at the end of 2002 and lasting for 18 months, it will be tested together with the Sporthochschule Köln, whether the success obtained for 3 months also can be preserved for a longer time period by a large group of patients and, secondly which different kinds of effect on strength and endurance will be the result. The results obtained so far and the study in progress are presented.

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Can a nurse lead heart failure clinic be further optimized

Inge FAUERSKOV, Lisbeth JENSEN

Background

Our nurse lead heart failure clinic has existed for 5 years. Nurses and physicians collaborate to give the heart failure patients optimal evaluation and treatment. The physicians are planning the medical treatment, and the nurses are responsible for uptitration and education.

Survey:

We have performed a survey of consecutive patients for the last 2 years, with a total of 170 patients. Data will be presented concerning medication, follow-up and patient outcome.

Future: Based on these data we will discuss indications for further improvement in strategies for a nurse lead heart failure clinic.

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Prevention and rehabilitation of cardiovascular disease: A hospital-based high-risk strategy model

Alain SIMON, Philippe SELLIER, Clelia DEBURE

Cardiovascular disease (CVD) is the leading cause of death and elimination of its major forms would rise life expectancy about 7 years. Intervention for reducing CVD risk is more effective in subjects at high risk who must be detected as a priority and managed with vigorous procedures. Such procedures are directed towards a multiplicity of CVD risk factors. They involve several specialities as cardiology, angiology, nutrition-metabolism, nephrology and other subspecialities, and use multiple sophisticated diagnostic tools as biological markers and cardiovascular imaging as well as pharmacological and life style change therapies. The pole "Prevention-Readaptation" of Broussais Hospital (HEGP-Broussais, AP-HP, Paris) responds to this high-risk strategy by bringing together in the same site three departments of Preventive Cardiology, and Cardiac and Vascular Rehabilitation. It includes a team of physicians of different specialities, nurses, other healthcare professionals, and researchers.

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15 Workshop: Patient education and counselling in health promoting hospitals

Chair: Adriaan Visser

Models in patient education and counseling

Adriaan VISSER, Isabelle AUJOLAT

Patient education in Europe and the US went through several stages during the last decades. Complaints about the lack of information led to the introduction of the patient education (PE) in hospitals. Studies showed that PE reduced the anxiety and length of stay. This was stimulated and appreciated by patient organizations.

This was the impetus to the organization of PE in hospitals. In this approach the PE included the introduction of coordinators, the development of educational means, and the in-service training in patient education. This development was parallel with the societal emphasis on the empowerment of patient organizations and their legal rights. Nowadays HCP give more information and patients ask for more information, with an increasing use of the Internet and the help of empowered patient organizations. This is in fact still a cognitive approach in PE with the emphasis a cure oriented health care.

In the meanwhile there was an ongoing development in the health care at a patient centered care, stressing the emotional impact of illness and the treatment, especially for chronically ill patients. The confrontation with chronic conditions, death and dying requires attention to the counseling in PE, changing the position of patients.

The decrease of the costs was leading to a further reduction of the length of stay:

Nowadays more patients with a severe condition stay in the hospital. This requires more attention to their emotional conditions, and their social relations (e.g. patients in a palliative condition), in order to reduce their dependency and feeling of powerlessness.

In the workshop examples will be presented of stages in PE in relationship with the empowerment of patients.

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Care for care givers: effects on satisfaction and quality of care of cancer patients

Adriaan VISSER

Workload and burn-out at oncology wards are high due to the confrontation with severe ill and dying patients. Improvement of the communication climate is an important factor for high quality of care on those wards. At an oncology ward the staff was involved in a two years during communication skill training project. Weekly meetings were held for staff members of the day clinic, polyclinic and clinic (nurses, physicians, physiotherapists, clergymen, and other para-medical personnel). Surveys among the staff-members (N=60) show an improvement of the communication climate. The training was positively evaluated. The study aimed at the increase of the quality of care for cancer patients by promoting the care for caregivers by communication training for the staff of an oncology ward. During three years three different patient samples were studied: before the start of the intervention, after one year and at the end of the project. It concerns three samples of about 150 patients; the response rates varied between 60-65%. The questionnaires, filled in at home contained questions on patient satisfaction about the communication climate, the information supply and support, the supplied care, the well-being and the quality of life. The standardised instruments were reliable; alpha coefficients varying between .60 -.90.

The results show a significant increase in satisfaction with the care in general, the information supply by nurses and physicians, the communication with the physicians, the care by nurses, the communication between the day-care department and the clinic, and the support received by physicians. After three years, the patients expressed in general less wishes concerning changes on support for their problems. The increased satisfaction with care improved the experienced subjective quality of life. In conclusion: Care for care givers by training in communication skills is an important means to improve the quality of care on oncology wards.

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Efficacy of a counselling intervention on adherence to Highly Active Anti-Retroviral Therapy (HAART) : results of a French prospective controlled study

Laurence BENTZ

Background: To evaluate the efficacy of a counselling intervention on adherence and viral load (VL), and identify psycho-social factors contributing to changes in adherence to HAART among HIV-infected patients.

Methods: 244 patients, receiving HAART since at least 1 month, were included in the year 2000 in a prospective, controlled, randomised trial comparing a group who received a counselling intervention (IG), in addition to ordinary clinical follow-up (n=123) versus a control (CG) (n=121). Patients in the IG received 3 interactive counseling sessions focused on HAART regimens and on cognitive, emotional, social and behavioural determinants known to affect adherence by specially trained nurses. The main outcome measures were proportions of patients achieving 100% adherence at 6 months follow-up (M6), evolution in VL between inclusion (M0) and M6, and factors of adherence analysed through a self-administered questionnaire.

Results: The proportion of 100% adherent patients was similar in both groups at M0 (58% vs. 63%, $p=0.59$) but became higher in the IG at M6 (75% vs 61%, $p=0.04$), while mean differences in VL decreased significantly in the IG vs. the CG at M6 ($p<0.01$). The analysis of the determinants affecting adherence found that patients received more information on HIV regimen in the IG ($p=0.04$), developed specific skills in their daily routines, were more likely to use pill boxes ($p=0.05$). The IG followed dietary regimen ($p=0.06$) and got more involved in health care holistic approaches (complementary medicine services, relaxation, massages) ($p=0.05$). No difference was found between IG and CG regarding scores of depression, use of family networks, negative emotional effects of adverse events such as lipodystrophies.

Conclusions

The study brings evidence of the efficacy of a structured counselling intervention to enhance adherence to HAART, and illustrates that a counseling intervention has an impact on the abilities of HIV people to develop self-care management skills.

Involved authors:

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Health and literacy awareness campaign in the hospital setting

Bedelia COLLINS, Maria GIBBONS

Aim: to increase awareness among health care workers in the Mid Western Regional Hospital as to the level of adult literacy problems within our community and subsequently equip staff with the skills to deal with the problem.

Objective

1. O work in partnership with the local Vocational Education Centre (VEC) in developing an appropriate and effective awareness campaign.
2. To identify an awareness campaign that is accessible to all health care workers including those with literacy difficulties.
3. To provide staff with the tools which will help break down the barriers to good health by poor literacy.

Method

1. A Health and Literacy awareness group was identified, consisting of health care workers (some of which were voluntary tutors in local adult resource centres) and a representation from the local VEC.
2. An in-house Health and Literacy campaign within the Mid Western Regional Hospitals was identified using the following methods:
 - a) Article in hospital newsletter 'Together'.
 - b) Interview with staff member from the VEC on hospital radio
 - c) Screensavers carrying health and literacy messages were placed on all computers used by a large number of staff e.g library, wards, outpatient department.
 - d) Distribution of health and literacy posters
 - e) Distribution of postcard size information guides on how staff can best approach the client with low literacy (material from National adult Literacy Association).
3. Information sessions on health and literacy were co-facilitated by health care worker and VEC member and were made available to all staff within the hospital.

Results

Awareness training was attended by 50 staff members. Following the awareness campaign staff in specialist areas such as diabetic clinic have begun to work in partnership with the VEC to identify methods of breaking down health and literacy barriers in the area. Also staff working in the area of patient education have reviewed some of their teaching methods.

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16 Workshop: Putting HPH policy into action

Chair: Jürgen M. Pelikan

POSTER SESSIONS

MONDAY, May 19th, 2003, 13.30 - 14.30

1. Empowering patients and relatives for health promoting self maintenance and active involvement in treatment and care

Protocols for communicating with patients

Daniele ALBERIO, Luciano ANGELINI, Debora CRESPI, Marta GALBIATI

The patient has the right to a clear and exhaustive communication. The medium chosen by Istituto Clinico Mater Domini is a folder informing about:

- Prevention
- Diagnosis Technics
- Treatments

Aim: Information protocols are a communication medium aimed at giving a simple, complete and correct information on subjects that concern the patients.

Protocol structure: Informative protocols have been made in accord with the Operating Units' Superintendents who have singled out the main pathologies, surgery interventions and exams. Each Informative Protocol takes into consideration four main areas.

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A patient reception and care delivery project for the Nuovo San Giovanni di Dio Hospital – ensuring patient welcome and comfort

Alberto APPICCIAFUOCO, Antonella ALESSANDRI, Stefano BOCCI, Daniela MAZZOTTA, Barbara ROSADONI, Claudia RUSSO

The "In-hospital patient reception and care" project, established as part of the Florence Area Health Plan for the year 2000, is a significant contribution to the planned improvements in the quality of hospital care delivery. A fundamental principle of health care delivery, ensuring the observance of citizens' rights, is a personalised and humane approach. Within the Florence Area Health Trust these rights are guaranteed by the Citizens' Rights Charter and by the institution of an official structure designated to facilitate public access to health facilities (Ufficio Relazioni con il Pubblico). Patient care is a complex cultural process requiring specific sensibilities and an ability to relate to the public with particular sensitivity towards individuals who are suffering. Its very existence is based on the awareness that it cannot be forced. A reception area was set up to facilitate public access in the hospital entrance hall in November 2000. It is staffed both by hospital staff and by voluntary workers and interpreters for non Italian citizens (e.g. foreign immigrants). Once the patients have been directed or, if necessary, accompanied to the relevant service areas they are met, welcomed and admitted within the specific framework of each department (Vascular Surgery, Allergology, Rheumatology, Obstetrics, Radiology, Blood Transfusion Service) by designated staff members, part of a group project, who reassure the patients and help them to settle in the new environment. These work groups in turn approach different problems which arise in order to implement any necessary changes. This approach has led to improvements in:

- The cultural level and organization of patient reception
 - Staff-patient communication
 - Fostering patients' rights
 - Respect of cultural diversity
 - Active patient participation in health promotion and delivery
- Hospital care is thus delivered as a response to individual patients' needs and in the respect of humane values.

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Assessment of standard procedures for receiving patients in Prato Hospital. Preliminary report.

Rosalba BECHERINI, Fabrizio GEMMI, Luca PETRACCHI, Claudia BEGLIOMINI

Within the project named "Comfort & Accoglienza", we drew up a questionnaire to evaluate if organisation's procedures for welcome were diffused and well – known in our hospital.

In the last 2 months of 2002, we delivered more than one thousand forms to as many health operators, including doctors, nurses, technicians, belonging to every clinic area. We received back more than four hundred filled forms (40%), with rates ranging from 10% (Intensive Care Unit) to 54% (Surgical Units). Nurses were more likely to return answered questionnaires (near to 54%) than other categories, like doctors (21 to 23%). Although 96% give the right meaning to the term "welcome", we failed to find general agreement about which professional should receive patients entering the hospital. Furthermore, too many health operators ignore the availability of written welcome procedures (56%), and most of them ignore the opportunity of standard behaviours. We think that more efforts are needed to involve more health operators in adopting standard procedures for receiving patients and their intimates in hospital.

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Comfort in hospital- Health promotion and hospital environment: a key role in determining health. Azienda Ospedaliera Careggi Florence. " Working for health"

Angela BRANDI, Fabiola PIATTI

The project was undertaken by the department of comfort in January ,2000. The department of comfort is usually responsible for providing non specialist services such as meals , trasportation of patients , medical tests, hospital's embellishment etcetera."Quality comfort management" devoleped by our project has been a way of implementing actions and solving problems. It has allowed the organization to design services which meet or exceed patient's needs.The degree of comfort has a great impact on the quality of life of patients in the hospital, as well as on the overall hospital organization. We believe that fostering a good working and living environment for staff and patients is an essential aspect of promoting health. Special interest was focussed on guaranteeing and improving the quality of hospital care by making the environment more personal .This included areas such as hygiene , safety of environment , the provision of hairdressing facilities , television hire, decoration of hospital wards with plants and pictures and other services.

The project has comprised the following actions:

specific training programmes for hospital staff and patients on promoting health and safety
research into the degree of patient satisfaction with the hospital environment - the results of which have been used to improve the hospital

the provision of a patient support team for orientation and welcome to the hospital

project on quality control and hygiene

organization of exhibitions of photography for patients, achieved through help from citizens

The above actions have contributed greatly in improving the level of comfort in our hospital. The patient's point of view has been vital in helping us achieve these results.

We continue to involve patients in hospital decisions. By empowering them , and listening to their views about our services , our organization can apply quantitative and qualitative methods to assess organizational performance and to identify opportunities for improvement.

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An informative opusculer for the families of burn patients

Gloria CAMINATI, Minardi CRISTINA, Davide MELANDRI, Barbara NOVELLI

- Family play an important role in the process of cure of burn patient. Therefore we have developed an opusculer that has the following objectives:
- To inform adequately the families about main clinical aspects
- To promote the involvement of the families in the process of care
- To reduce anxiety and stress deriving from admission of a relative in a Burn Unit
- To improve quality of care

This instrument gives informations concerning:

- Burn patients and Burn Unit
- Treatments and procedures (medication, bath, rehabilitation)
- Other technical informations on the Unit (times and other „rules“)
- Possible psychological reactions of relatives
- Technical terms that are often used in the Unit

To make more agreeable our opuscle, we have added drawings and letters elaborated by children admitted. Besides, we have implemented the use of a set of questions to evaluate the effectiveness of our instrument.

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Is there adequate family support included in our client care?

Anne CASS

Aim: To determine the necessity for establishing a Family Support Service in the Portlaoise Sector of the Laois / Offaly Mental Health Services.

Objectives:

- To examine client satisfaction with the current level of family support.
- To provide evidence for further development of the service.
- To establish a formal Family Support Service as part of the Portlaoise Day Hospital Programme.

Method:

- The quantitative research was undertaken by way of a 17-question questionnaire during June and July 2001, which was issued to 24 clients.
- Respondents were mainly in the 27-36-age bracket. Distribution was equally between male and female clients.

Results: Clients were given an explanatory letter for the purpose of the study and confidentiality was guaranteed. All respondents welcomed the idea of a Family Support Service. An eagerness for further education was evident on diagnosis of mental illness, prescribed medication, behavioural aspects and coping strategies.

Conclusion: It is envisaged that a Family Support Service will provide an educational forum wherein concerned family members, extended family, relatives, work colleagues or any caring person close to a mentally ill adult can:

- Learn signs and symptoms of various mental illnesses.
- Explore treatment possibilities.
- Develop new coping strategies.
- Myths that have traditionally surrounded mental illness could be dispelled.
- Emphasis would be on Mental Health Promotion issues.
- Support families in developing improved relationships, understanding and communication with their mentally ill relatives.
- Create empowerment within families.
- Support is recognised as one of the mainstays of nursing action be it emotional support, practical support, individual or group support.

Implementation: A Family Support Service is to be introduced in November, 2002 as an expansion of the existing Day Hospital Programme. Facilitators will be drawn from the various members of the existing multi-disciplinary team. Six months following implementation there will be a re-audit of the objectives. The introduction of a Family Support Service is in keeping with the Mission Statement of the Midland Health Board for the Mental Health Services.

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Moment of Death – a qualitative enquiry

Sinéad DONNELLY, Clíodhna DONNELLY

Modern palliative care programmes have demonstrated how enlightened and dedicated care can reduce the suffering of patients with advanced cancer and that of their families. However, this philosophy has not yet been translated into a vision of the moment of death which has become increasingly marginalised. We examined qualitatively the time around death of patients in a Palliative Care Unit. Twenty bereaved families were interviewed individually, over a 6 month period, in their homes or in the Unit, recounting their recent experiences of their relatives' death. From these in depth interviews within 2 weeks of the patients death, the following themes emerged; the importance of the moment of death, the role of children and vigil, the tradition of ritual, the mystery of presence, the sense of dignity, the importance of humour and the relevance of individual and community prayer. Qualitative analysis has the power to disrupt existing assumptions. Perhaps the present assumption in 2003, that spirituality or ritual are of less importance to people, can now be challenged.

How can these findings be extended to deaths in hospital where the majority of people die? This study is unique in that doctor as researcher works outside the clinical domain. Interviewing patients' relatives 1-2 weeks after death occurs demands skill in communication by the researcher with sensitivity and compassion. The hours before death have not been examined previously. We can now teach the essential components of care at the time of death, particularly in the hospital setting, empowering professional carers and improving the quality of life and death of patients and relatives.

Where palliative care is given appropriately at the time of death, the bereavement process and quality of life of individuals present is also improved.

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The interpersonal relation: premise on medical treatment agreement

Moreno MARUCCI, Graziella DI QUIRICO, Lucia CORRIERI PULITI, Sergio ARDIS

The outdated paternalistic ethics sets doctors the task to guarantee patients the right to make their own choices regarding their own health. Acquiring valid up-to-date consensus implies adequate information obtained through efficient communication and tailored for every single patient. Medical training doesn't cover specific learning on communication techniques. We have prepared a basic communication course for doctors. The course consists of a theory part, teaching communication awareness techniques, and a human psychology part. During role-play each participant has to simulate some sort of health information communication. The simulation is recorded on a close circuit video and shown to students in a lecture room. After having done the test each student watches it and studies it together with a psychologist. The course is the main part of the hospital humanism project of the HPH programme. 152 doctors have attended the course until now. We propose to make this basic training available to all hospital doctors by the end of the 5 year course. The 180 page manual is aimed at deepening one's knowledge and as an access too meeting doctor's needs.

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The patient's role in managing the treatment process

Boris MASHTAKOV, Natalia GOLOVINA, Vera ZHIVOTKEVICH

There is a category of patients who are bound up with a hospital for term of life due to peculiarities of a clinical course of their chronic disease. These are patients with hemoblastosis, mucoviscidosis, chronic renal insufficiency, diabetes mellitus, bronchial asthma and others. In spite of modern medical science's achievements a problem of social rehabilitation, which in the first place determines the quality of life of chronic patients, remains an acute one. Very often patients develop an ergopathic type of attitude to their disease which lies in reluctance to fix their attention upon the disease and in overestimation of their resources which results in a break-down of compensatory mechanisms and a considerable deterioration in the quality of life. In Krasnoyarsk Clinical Hospital great importance is attached to a patient's active participation not only in treatment but in a direct management of a treatment process. Informing a patient of peculiarities of his disease, efficiency of conducted therapy, possible complications and measures to prevent them, teaching methods of self controlling and managing the course of a disease are more efficiently realized through original instruction schools such as "ASTHMA – a school for adults and children", "A school for patients with diabetes mellitus". The training schools are established on the basis of specialized centers, i.e. lung-allergic and endocrinological ones. "Asthma – school" has been in function since 1997. Here patients are taught self controlling the course of bronchial asthma. 560 adults and 680 children were taught during 5 years. "A school for patients with diabetes mellitus" has been in existence for 1 year. 120 patients were taught during that period. The patients are taught controlling the level of glucose in their blood, principles of dietary and insulin therapy, physical training and dancing are practiced. Quite often in order to solve their social problems and implement their legal rights and interests patients join alliances. Administration and physicians of Regional Clinical Hospital help them in doing this in an active way. "Alliance of patients with bronchial asthma" was established

in 1999, "Association for assisting patients with mucoviscidosis" was organized in 2000, since 2001 Krasnoyarsk regional organization of invalids "Artificial kidney" has been actively working. The alliances cooperate closely with the hospital's administration and manifest themselves in executive and legislative authorities of the regional administration.

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Improvements in welcoming and comfort in the hospitals and health services of Reggio Emilia

Cesare SACCHI, Daniela VASTA, Daniela PONTI

The project aims to draw attention to those aspects that link the user with the Hospital and the services that it comprises, namely:

- those aspects that help make the complex and vast spaces of hospital structures easier to use and more welcoming, with special reference to itineraries (internal and external), access, the quality of waiting rooms and common spaces;
- those aspects concerning relational issues, communications, availability to listen to needs, with special reference to the respect of Privacy and the various cultures and languages, that call for the involvement and increased awareness of operators.

The transparency of information (provided by the primary relation with operators) and the pleasantness of the environment (provided by colours, brightness, the feeling of being in a reassuring setting) must be achieved and based on producing a sense of harmony in the setting. For this reason, awareness sessions to problems related to welcoming and comfort in hospitals should be planned for the staff, using a logical development.

Aims

- To uniform, simplify, facilitate the itineraries (external and internal) and accesses to the hospital and district complexes, also through the rationalisation and standardisation of the signposting and all that contributes to the identification of the hospital.
- To uniform and improve the quality of the furnishings and elements to embellish the waiting rooms, green spaces and common routes.
- To identify the information spaces, regulate their use and ensure that they are up-to-date.
- To encourage cultural initiatives and take part in the world outside hospital life.

Methodology

- Set up a working group co-ordinated by the Hotel Logistic Service whose members include: Staff Organisation and Development, PRO (Public Relations Office), the Hospital team, the Procurement Service, Technical Activities Service, Mixed Advisory Committees, each with defined roles and responsibilities.
- The group analyses the problems found in each site, identifies and plans the improvement actions by defining methods of intervention, instruments and resources, and defines the procedures able to guarantee quality levels over time.
- Actions identified as priorities are included as budget targets for the Hotel Logistic Service which will guarantee their implementation within the planned schedules.

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SMILE: Initiatives for human and professional training

Stefano TERUZZI, Carmelina SOMMESE

General aim: to guarantee the mutual approach between nurse and patient not only from a technical and professional point of view, but also in a deep human sense. Specific aims: a) to guarantee to nursing staff the sustaining means in order to administer at the best every personal emotional resource which daily is collated with the needs of hospital patients; b) to help nurses to manage in the most effective way their own health and the patients' one; c) to assure to the patient a psychological satisfaction and a calm that they specifically arise from good mood and joviality; d) to assuage the inevitable sufferings concerning hospital admissions. The complete organisation of the project has cost 15.000 Euro. We organised stages about the formation of nursing staff. Target: 60 nurses. Teachers: psychiatrists (to develop human and professional comparison) and TV actors (to teach how to gesticulate and to hide bad feelings). We developed gauges of structure, process and results. Our main result is that both nurses and patients have testified the deep correlation and interdependence between the development of nurses' human behaviour and nurses' professional abilities. Every nurse has learned techniques of: a) self-control of emotional strain; b) development of social relations (availability and empathy); c) ability of making plans and managing situations. The strength of our project is that it will be developed in a new form also for administrative staff, physicians and patients' parents.

Nowadays we are developing the contents of the Smile project towards our hostess and front-office personnel. We believe that it's very important to guarantee and to maintain a correct behavioural approach to the patient since the beginning of his admission to the hospital, considered that the first patient's impressions towards the hospital are connected to his serenity, way of being and especially to his expectations and his own health. We are following the guide-lines compiled for our Smile project, being sure that both patients and staff will confirm the results we have already achieved with our nurses.

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PUBLIC RELATIONS OFFICE : AN ORGANIZATION PROPOSAL

Paolo M. URSINO, Paolo GARZELLA, Maria Grazia TRIVELLINI, Giovanni ANREUCCETTI

A few years ago the "Azienda Ospedaliera Pisana" opened the Public Relations Office (U.O.R.P.), according to "Decreto del Presidente del Consiglio dei Ministri (19/05/1995)" in connection with the "Carta dei Servizi Sanitari" general scheme. U.O.R.P. deals mainly with external and internal Hospital communication and information problems, taking a leading role in developing and maintaining this activity.

Initially U.O.R.P. spent substantial temporal and human resources creating an Hospital inner communication system network, named "rete dei referenti", in order to satisfy the internal user information needs. The elementary idea was that organizing a system with an efficient user relations internal network would better challenge external information and communication requirements. It means that a moderate, but continuous, internal behaviour improvement could free more resources in the direction of citizen necessities.

Clearly this formulation was mainly a pedagogic phase, directed to replace the well-established, but invariable, information system with a new and dynamic oriented citizen communication service.

As a matter of fact many resources were invested to satisfy external user requirements, providing a general information service and convenient support for citizens and their families: 1) more information points were opened at the Hospital access 2) several copies of an Hospital analytic book describing all the departments and Hospital diagram locations were delivered to single associations and to other urban area organizations; 3) small portable information brochures, one for each department, was printed according the suggestions expressed by the citizens 4) UORP managed the Hospital website modus operandi retaining a leading role in developing Hospital WEB strategy 5) the UORP staff provides specific editing and design services of a full range of Hospital publications.

The qualitative and quantitative results demonstrated the information and communication management feasibility, supporting the theory that an organization progress is a peculiarity of employers community that share a common behaviour.

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The "other" seen as a "person": The patient finally becomes a "subject" to care for

Renata VAIANI, Anna CAZZANI, Cinzia ZAFFARONI, Oreste MANZI

A hospital promoting health care must be able to welcome its patients (through the use of welcoming portfolios, hospital operating manuals, and hospital-upon-request attitude); it must be able to offer "loving care" to people (establishing assistance floors and providing training on interpersonal communication to all operators involved); it must be able to pay attention to patient, in particular exploiting the irreplaceable relationship between "doctor and patient"; it must be able to understand, and not just tolerate, culturally and ethnically different people, thus changing from a multi-cultural attitude to an intercultural view (providing manuals reporting symptoms in various languages – both in the emergency room and in all therapeutic departments, ministers of different religions, customizing meal menus and providing welcoming cards with wordings in three languages); it must be able to educate citizens on how to exploit the National Healthcare System at best, to spread a civilized and contagious mentality (emergency room triaging, posters inviting to be patient and wait, i.e.: "Your wait could save a life", cards reporting urgency codes, training of qualified operators, etc); it must be able to organize and program, in order to customize the type of hospitalization (Week Hospital – Five-Day Hospitalization – as alternatives to regular hospitalization...); it must be able to directly involve the patient during his/her course of treatment (through clear, informative consensus which must always report the treatment plan, eventual alternative treatments, etc.). The goal is to "run for excellence", so that comparison become a general cultural growth (survey completion made by Joint Commission International inspectors in March 2003) and so that "man's needs" unfold the value of "pietas".

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2. Health promoting mental health care I

Profiling for Neurological Patients at Beaumont Hospital

Aileen BARRETT, Eibhlís CAHALANE

Objective: The purpose of this project was to profile the level of disability and quality of life for patients with chronic neurological disorders attending the physiotherapy department in Beaumont Hospital. The multi-disciplinary team realised that each profession involved in the management of this group of patients collected its own information on assessment of needs, evaluation of health status and type of intervention. As a result there was a great deal of information collected but no way of integrating this data to present an overall picture. There was consensus that sharing of this information would facilitate the assessment of need and the development of a common plan for this group of patients. The disciplines involved were; Clinical Nutritionist, MS Nurse Specialist, Occupational Therapy, Physiotherapy, Social Work Department, Speech and Language Therapy and the Orthoptic Department.

Physiotherapy: Physiotherapy is an integral component of rehabilitation and plays a pivotal role in the assessment and management of neurological disorders. Physiotherapy aims through individualised programmes to maximise functional independence at each stage of these degenerative conditions.

Patient Population/Methodology: The population selected were patients with chronic neurological disorders (excluding stroke) referred to the rehabilitation department at Beaumont by the consultant neurologists within the agreed time frame. This included both inpatients and out patients. The agreed time frame was from 1st March 2002 until the 30th September. Data was collected on a once off basis for all patients. The assessment form included demographic data, intervention type, and diagnostic category (of which there were seven. The main physiotherapy categories of disability measures were mobility, function and quality of life.

Assessment included scales for mobility (Hauser Scale) and functional status (Functional assessment scale) in addition to grip strength and hand co-ordination (nine hole peg test). Both Physiotherapy and Occupational Therapy used the Euro-Qol EQ-5D. This is a generic measure of health related quality of life. It comprises a self reporting questionnaire and was administered by which ever department first assessed the patient. The expanded disability status scale (EDSS) also assessed mobility and independence in the MS patients as it is specific to multiple sclerosis.

Results: A brief summary of the demographic information shows that 194 patients were referred to the physiotherapy department in the given time frame. There were 73 (37.6%) inpatients and 121 (62.37%) out patients. The majority of patients fell into the three main diagnostic categories, multiple sclerosis (71%), motor neurone disease (9.3%) and parkinsons disease (4.12%). The various scales used provided a comprehensive profile of the level of disability for this group of patients.

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A shared itinerary: Experience of collaboration with family members in reggio emilia

Anna Maria BORZIANI

Right from the outset, the Psychiatric Service of Reggio Emilia has paid special attention to the patient's life context and therefore also to his or her family relations. Over time, operators have maintained an open attitude towards and encouraged dialogue with family members, fostering a shared itinerary, in order to activate energies that are still largely blocked by guilt, paralysing feelings of solitude and impotence, but also by scant information or difficulties of communication.

In particular, the process of collaboration launched in the past three years, which gathered together the experience and reflections of the previous ten years, has been characterised by a number of interesting new aspects, pointing to major changes in the relations between the Service and families.

Firstly, there is an obvious cultural change:



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Complex of social rehabilitation for mental patients

Alma BUGINYTE

The hospital's social service department started in 1996 with a staff of 7 social workers. Presently we have 32 workers and 17 occupational studios functioning at the hospital, where patients apply their abilities, pick up new activities, refresh social skills. The extent and diversity of social work constantly increases - from social diagnosis, planning and implementation of readaptation and large scale occupational therapy to integration into society and community programmes.

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Lifestyle Challenges - Empowering Patients

Wendy MARTINDALE, Wendy GRAY

People with Mental Health problems have a higher smoking rate and are also more likely to be obese, due to medication. In addition many of these patients suffer from low self esteem and poor motivation. The project developed in response to an expressed need.

The aim of the project is to improve the health awareness of challenging groups within Rehabilitation Units for Learning Disabilities. The sessions are held in either group situations or on a one to one basis.

The methods used are:

- a) Healthy eating information sessions to include practical cooking
- b) Group discussion led to choice of possible menus for the following week.
- c) The group bought and cooked the meal for other clients and staff.
- d) Compiled a collection of healthy recipes to be used within the Unit.

The programme includes sessions on healthy eating and nutrition, weight management, smoking cessation and passive smoking, oral health, men's and women's health issues, cholesterol, alcohol, exercise and health walks. The sessions are held in a very informal way to encourage active participation from the clients/patients. The impact of the sessions have been evaluated, and have shown that clients have taken an active part in improving their own, and others, lifestyles. This working model is being rolled out into ward settings within Mental Health Hospitals. Sessions are tailor-made to the needs of the client and the facilities available.

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Advocating for change in mental health: A partnership with the Midland Health Board

Paddy McGOWAN, Mervyn TIFERNEY

The Irish Advocacy Network is a network of mental health advocacy groups in various locations throughout the country. It exists to promote and facilitate peer advocacy on an island wide basis, by providing information and support for Mental Health Service users and survivors and aims at supporting people in speaking up for themselves and in achieving empowerment by taking control of their own lives.

The Irish Advocacy Network is an organisation wholly run by and with people who use the Mental Health Services and or survivors of mental ill health, membership is available on an individual basis and or group. Full membership with voting rights is only open to Mental Health Service users or survivors of mental ill health, or to groups, which are wholly user run and led. Associate membership is also available to interested parties.

Objectives: To allow user/survivors to have their voice heard, views respected and interests defended.

Method: User / survivor designed „needs analysis assessment research” template.

Results: Both quantitative and qualitative positive and negatives. The results of the Mental Health Service user's survey will be presented.

Conclusions: Need for better communication provision of information diagnosis, representatives, choice and rights

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Affective disorders nursing service

Lynn McDONNELL, Eileen McKENNA, Michael VEALE

We are two psychiatric nurses assigned to develop and co-ordinate a specialist psychiatric nursing service for those referred to the community mental health team with affective disorders. We aim to provide an effective response to clients and their families in hospital, outpatients and community settings; to develop seamless links between hospital and community settings, and to ensure that there is continuity of care for all clients presenting.

We work to involve people who use our services: both individually in their own care and collectively in contributing to the planning, provision and monitoring of services. Working with clients in an empowering way means helping them discover the considerable power within themselves, their families and their neighbourhoods. We attempt to discover, in mutual exploration with clients, those personal strengths and resources clients can bring to bear on their concerns. The theoretical framework on which we base our practice focuses on engaging with the person, facilitating a person-centred approach and generating interventions that emphasise the persons' extant resources and capacity for solution finding. Within this partnership we guarantee confidentiality and respect for individuality, potential and human dignity. We act as health educator to clients, carers, and the public, advising on the promotion of positive mental health. To GPs we provide consultation, support, and training. We also provide education / consultancy on matters relating to affective disorders for public health nurses, health care workers, and relevant community groups. A nurse-led mood management clinic is held at three-monthly intervals, screening for active symptomatology, and aiming to optimise peoples' ability to manage their illness through education. A contact card has been developed, containing details of services available and how to access them. A satisfaction survey of people using our service was carried out in 2002 and we are currently awaiting the analysis of the data collected.

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Mental health and the deaf community

Joan POWER, Tony GYVES

Background: The need for Mental Health education for people with hearing difficulties was identified by the social worker who serves the deaf community in the South Eastern Health Board area. Issues identified were: different client needs from the hearing community e.g. sign language, communication, lip reading, was client born deaf or is hearing loss acquired. Emotional or behavioural problems misdiagnosed as mental illness or mental illness wrongly attributed to deafness. A meeting was sought with the Regional Mental Health Development Officer.

Objective: To address the possibility of designing a mental health education programme for people with hearing difficulties; programme was designed.

Method: In the design of this education programme, four people pooled resources to achieve an effective outcome. The four people involved were: a person with complete hearing loss, a qualified interpreter, the Social Worker from the deaf community and the Regional Mental Health Development Officer. The work in the design / development of this project was detailed and intense.

Mission Statement: To promote positive mental health and provide support for people with mental health difficulties in the deaf community.

The programme is divided into three modules: 1. Mental Health, 2. Mental Ill Health, 3. Mental Illness. Lecture format using facilitators, interpretation, target groups, workshops, peer education, literature, visual aids, role play, feedback, evaluation, promoting a three way communication system i.e. facilitator interpreter and client - brainstorming and text messages.

Outcomes

The programme will be ongoing and developmental in the South Eastern Region, the response is positive, the target group reporting a feel good factor, positive self-esteem, a good understanding of mental health issues, the need for partnership with the mental health services to create understanding and awareness, the need for an interpreter was identified as part of service provision within the South Eastern Health Board.

Conclusion: This project is challenging and effective. It provides positive reinforcement for both the students and facilitators. It is new and innovative and fills a gap in both the healthcare and education systems.

Future Goals: To promote awareness and education for service providers in the mental health services about the needs of people with mental health difficulties in the deaf community. The deaf person must be understood as person not with something lacking, but as a person who has learned different ways of receiving information, different social survival skills, and different rules for personal interaction.

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Supported Employment in Mental Health – The Next Step ?

Regina REYNOLDS, Lorcan MARTIN, Tony CORRY

Rationale: Historically, people with enduring mental health difficulties have had poor employment prospects and outcomes for a number of reasons. These include illness-related issues, employer-related difficulties and the general stigma which has been associated with mental illness. The problem is compounded by the early onset of illness, thereby interrupting formal education. Supported employment was based traditionally on models developed in the areas of learning and physical disability and, additionally, providers of supported employment in mental health frequently did not have close integration with the Community Mental Health Team nor formal training in the area of mental health. The means chosen to attempt to overcome some of the inherent difficulties was to appoint an Employment officer who would actively liaise with employers and training facilities on behalf of the client.

Aims:

- (a) Assessment of capabilities, educational level and aspirations in context of limitations imposed by mental disorder
- (b) Appropriate placement of individuals in suitable employment/training/education to maximise potential without jeopardising mental health
- (c) Co-ordination of relevant practical support structures to facilitate entry into and continued attendance at chosen programme
- (d) Increased employment and greater social inclusion through process of normalisation created by engagement in open employment.

The practical steps taken to achieve these aims will be presented along with the outcomes reported, including a novel approach with regard to liaison with mental health professionals.

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3. Creating children-friendly hospitals

Taking into account ethnic differences in a paediatric hospital

Marie-Anne BERNARDY-ARBUZ, Christine MANNONI

At Robert Debré Hospital, ethnic differences are fully taken into account : Ethnic mediators and a psychologist specialised in ethnopsychology are a response to the needs of migrating families and the professionals caring for them

At the hospital a lot of the patients we care for, come from non-western origins. Taking into account the cultural background of these migrant families in their medical, social and psychological care has permitted a better acceptance of the diagnosis, of the therapy and has opened a true communication with the families. Setting up an ethnopsychological consultation in the language spoken by the family solves difficult situations. Culture is closely linked to identity. The culture gives sense in case of illness and we need to take into account the traditional way of thinking in order to get the families' acceptance of our occidental treatment.

Continuous education and special meetings on clinical cases are offered to the staff. Medical, paramedical and psychological research helps us to improve our methodology in this special care. This procedure takes also into account the ethical problems.

In order to help the professionals and the families the management of Robert Debré hospital recruits in may 2000 a team of ladies speaking african dialects, tamoul and chinese. By 2003 this team has grown into 8 mediators, speaking : bambara, peuhl, soninké, wolof, chinese, tamoul, russian and polish. At the present time we are looking for a turkish mediator.

What is a mediator, and what does she do ? At the beginning, the persons recruited did not have any experience whatsoever in mediation, nor in working with hospital professionals. A special education program was set up in order to train each person to become a professional mediator. The mediators work together with doctors, nurses, social workers, psychologists, dieticians, administrative staff. At the present time we are trying to have these new skills recognised as a new profession for the hospitals.

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“Pets In Hospital”: Kids and animals play together

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The Saturday Club – A child parent friendly initiative at the Midland Regional Hospital at Tullamore

Margaret CARTON, Mary MULLINS

Background: The Midland Regional Hospital at Tullamore participated in the National Patient Perception of the Quality of Care Survey conducted by the Irish Society for Quality in Health Care. Results indicated a need for more information as respondents indicated that only 7.3% received printed information about hospital routine and 55% were told nothing thereafter. One in eight felt their family/friends did not receive enough information about their condition/treatment. In response to this the Children 's Ward have put this initiative in place

Aim: To provide an information session explaining procedures to children/parents who will be for admission to the Midland Regional Hospital at Tullamore.

Objectives:

- To identify a suitable programme to be delivered using best practice in this area.
- To induct all staff to the new programme in order to give consistent information.
- To develop a communication strategy for the new programme for internal and external stakeholders

Methodology: Agreement and commitment sought by senior management and staff. The programme was developed and piloted by nursing staff covering areas which had been identified as usual causes of concern for parents and children. An information poster was developed in consultation with Dental, ENT clinics and general administration to develop and communicate the new programme to relevant personal.

Results: A training package is now in place in order that staff give consistent information. The programme is in place on Saturdays – school not interrupted. A play area has been developed as children learn through play. A certificate of attendance is given to each participating child.

Conclusions: Numbers attending at the beginning were small but those who attended reported that the experience was very worthwhile allaying fears and concerns. The programme was not marketed well enough at the beginning this is being addressed through a poster, letter, and media campaign currently. Formal links are being developed with the Children in Hospital Ireland initiative to enhance this project which will be evaluated in 2003.

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Creating a tooth friendly environment in a Children's Hospital

Alison FENWICK, James ROBINSON

Scotland has the poorest dental health levels in the United Kingdom with high levels of dental caries among children. Examination of care within the Royal Hospital for Children showed that a number of practices were contributing to an environment which perpetuated poor dental hygiene. A programme was instituted to change care practices and introduce improved dental health education.

These included:

- Provision of fresh fruit on every ward as an alternative to sweets.
- A policy of offering only water or milk instead of sweetened and carbonated drinks.
- Dental health information prominently displayed in all ward areas.

These have proved successful first steps in developing a tooth friendly environment and a move away from damaging dietary habits. Work is ongoing to build on these successes.

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HPH Project 'Hospital for Child' Azienda Ospedaliera Pisana

Andrea FERRARI, Pierantonio MACCHIA, Rocco DAMONE, Flora COSCETTI

Introduction: In the Pediatric Department of our hospital 8500 patients (age 15 days-18 yr) were recovered for more than 24 hours, and about 27000 in day-hospital in the last 5 years. They were distributed in the following departments: Infective Diseases Dept., Gastroenterology, Immunology, Pneumology, Onco-hematology, Bone Marrow Transplant Dept., General and Neurologic Pediatrics. The time of hospitalization lasted from 3 to 6 days; in Onco-hematology (where the number of the DH performed is also greater) a group of patients was recovered for a longer period (1 to 6 months).

Aim: To reduce the duration of the hospitalization, to avoid discomfort for the "little patients" and their family, with adequate structures and trained personnel. "Empowerment" of the patient and parents with adequate information and contacts with nurses and physicians. Project duration: 5 years (from Dec 2001 to 2006).

Methods:

- a) Training of nurses and physicians in psychology in order to understand and to solve the problems of the sheltered child;
- b) Organization of entertainments and specific approaches to and between the children (e.g. "doctor-clown", music-therapy, intranet communication), improving already existing structure (playground room and toy library with paintings, specific signboards in the Department) and collaborations with external associations;
- c) Organization of a specific clinical pre-organized route for the little patient during the clinical phases, involving different specialists (radiology, ecography, laboratory, etc.) to optimize time of the examinations (3-4 hours) so to reduce discomfort for patient and parents.

Conclusions: The project started two years ago, some objectives have been reached ("doctor-clown", entertainments, specific signboards), some others have to be developed (training for personnel, intranet communications, clinical route): we believe that all this will improve efficiency and efficacy with at the same time a particular attention for the little patient and parents' needs.

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Malnutrition among children in the district of Shköder, Albania

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In order to assess children malnutrition in the district of Shkëder, Albania, we evaluated the clinical activity of the Dystrophy Unit (DU) of the Pediatric Hospital of Shkëder in the period 1981-1999, with particular attention to the years 1994-1998. The DU is entirely devoted to the treatment of malnutrition in children of the Shkëder district (towns of Shkëder, Pukë, Malësi and Madhe) one of the poorest areas of Albania, with the highest unemployment rate of the country. The degree of malnutrition was evaluated using 1995 WHO criteria: slight malnutrition (-1 SD score or 90% of expected weight (EW)), medium malnutrition (-2 SD score, or between 80 and 90% of EW), moderate malnutrition (-3 SD score or between 80 and 70% of EW), severe malnutrition (-4 SD or $<70\%$ of EW). From 1981 to 1999 3,067 children aged between 1 month and 3 years were admitted to the DU, 507 of whom (16%) from 1994 to 1998. In this period a 36% decrease in the number of children admitted to the DU was evidenced. To examine the children we clustered them in the following age classes: 0-3 months, 7-12 months, 13-36 months. In the age classes 4-6 months and 7-12 months the greatest part of admissions for malnutrition were concentrated as well as the worst nutritional conditions (56% of moderate malnutrition cases and 65% of severe malnutrition cases). From 1994 to 1998 nutritional status trend progressively increased, with 68% reduction of moderate malnutrition and 50% reduction of severe malnutrition. Illnesses most frequently associated to malnutrition were: respiratory infections (44%), mucocutaneous candidiasis (37%), shigellosis and salmonellosis (11%), urinary infections (8%). Mortality rate for malnutrition in the 1994-1998 period ranged from 1 to 2% of admitted children. Bad socio-economic conditions of local population and a poor diffusion of breast-feeding after third month may have been the primary causes of the diffusion of malnutrition in the area. Currently, Region's general conditions have improved, which has led to a considerable reduction of children malnutrition. At the moment, further improvement of breast feeding in young females, "kangaroo mother care" for pre-term infants and laboratory supplies for Coeliac Disease and Cystic Fibrosis determination, are at the attention of the Co-operation Program between the two hospitals "A. Meyer" Florence and the Shkëder Paediatric Hospital in order to prevent and to reduce the malnutrition in Shkëder region.

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Quality and wellbeing improvement in a paediatric ward an experience of partnership between the hospital and the community

Giuliana FRIGIERI, Anne Marie PIETRANTONIO, Stefano CENCETTI, Miriam PELLACANI

The experience that we are going to present has been carried out at the Carpi's Hospital (Local Health Unit of Modena - Italy) in order to improve the life quality and the wellbeing of the children hospitalized, creating a friendly and collaborative environment that might allow the child to feel more comfortable and "almost at home".

The aim was to support capacities, attitudes and competencies of the admitted children according with their ill status, to assure them as far as possible the natural life rhythm, reducing the apprehension and helping them to accept the new reality.

The project started in 1999, through a partnership that involved the Carpi's Hospital Administration, doctors, nurses and personnel of the paediatric ward, teachers and pupils of the local primary school, families and volunteers association, Charity Association, Private sponsors and even the Town Council.

To reach the aim in these years various items have been carried out.

1. Activities of "studying by playing" are organized to avoid any interruption of the school activity, to offer methods and instruments to assure them continuously contacts with friends, schoolmates and teachers, and finally to support their going back to the school.
2. under the supervision of a trained psychologist, a analysis of the drawing made by admitted children and schoolmates has been conducted, in order to identify doubt and anxiety connected with the admission, and to provide to teachers, families and patients adequate informations about the diseases and how to avoid fearness.
3. A multimedia station has been installed in order to connect the paediatric ward to the school, allowing the children admitted to keep in touch with their teachers and schoolmates, experiencing a certain continuity in their lives between the hospital and school-social-family life, and helping them to overcome the difficult experiences of hospital admission.
4. "Clown doctors", specially selected professional performers who are trained to work in the sensitive hospital environment, are regularly invited to act in the pediatric ward: their presence has a significant impact on the children, reducing the pain and discomfort associated with medical care.
5. The personal of the pediatric ward regularly visit the school, in order to present themselves and illustrate the hospital environment to the pupils; on the other side the school-children come to the hospital performing activities and even shows for the patients: this interrelation help the healthy child to overcome the fear of sickness and hospital, creating an atmosphere of hospitality, protection and confidence.

The involvement in the activities of volunteers create an enthusiastic and spontaneous environment, testifying le alliance between the sick children and their social life in the community, and the role of the hospital as a full part of the community.

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The Munster Rugby Team Visits Children's Ark in the Mid Western Regional Hospital

Michael MAHONY, Ann BREEN

Aim

To provide an alternative experience for children during their hospital stay.

Objectives:

To temporarily minimise anxiety associated with care of children in the hospital environment. Children will enthusiastically embrace exciting experiences wherever they are. Staff welcome excitement in everyday routine. Parents and carers can become absorbed in the alternative experience and get temporary relief from a worrying situation. The joy expressed by children can be uplifting to observe even when they are ill.

Method

The Munster Rugby team expressed a wish to pay an unofficial and low-key visit to the Children's unit in the Mid Western Regional Hospital called the Children's Ark. The visit preceded their trip to Cardiff, Wales, for the European Rugby Cup final in May 2002.

Results

The visit generated tremendous excitement among the children in the Ark. The team signed jerseys and caps and provided autographed posters for the patients and staff. They spent 40 minutes in the unit chatting and relaxing with the children and staff. Photographs were taken of the children with the team members and memorabilia distributed. Children were interviewed about their reactions and experiences of the visit. Conclusions: The team and their coach values its link with community and the Munster team has huge community support so they value opportunities to reciprocate this support. Dr. Mahony expressed his delight and felt honoured on behalf of the hospital that the team should wish to visit on their way to the airport to fly to Cardiff.

Background to the development of the Childrens Ark

The visit from the Munster Team was an example of the many initiatives that have occurred in the Childrens unit since it opened in 2000. It was officially opened by the President of Ireland Mary McAleese in 2000. The unit has been visited by Pop star Emma from Limerick who is with the band called 'Six' and they have had international acclaim. There are also visits from other celebrities and also clowns and magicians from time to time. The unit is purpose built with a physical environment designed with child friendly and child appropriate features. Children as the main users of the unit were asked for their views and invited to name the wards. The Children's unit is called the 'Children's Ark' and the wards have names such as 'Sunshine', 'Caterpillar', and 'Rainbow'.

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"Benny Bear" An educational interactive bear to help reduce fear and anxiety for children prior to and during clinical procedures.

Gillian MARTIN, Jacinta Mc AREE-MURPHY

Rationale: Benny Bear is an interactive bear that can demonstrate invasive procedures and conditions to children in a non-threatening way. Procedures such as intravenous cannulation, blood specimens, catheterisation, types of fractures, naso-gastric feeding, anatomy & physiology, tonsillectomy to name a few. The use of invasive procedures, are commonplace in a busy paediatric ward and are known to have a significant impact on the child's hospital experience and recovery. With the aid of „Benny Bear“ it is envisaged that children accessing our paediatric ward will experience less fear and anxiety as a result of using „Benny Bear“ as an interactive educational tool during their stay in hospital.

Aim: To prepare children for a variety of clinical procedures using the assistance of „Benny Bear“

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Diabetes prevention days in the Childrens' Memorial Health Institute / Warsaw

Bogumila ROZYCKA

Diabetis classifies as a civilisation illness that comes into existence due to specific life styles. 3-5% of the Polish population are affected by the disease. Early detection and good treatment diabetis helps to save the patients from an early death. For that reason, "Diabetes Prevention Days" were organised in the Childrens' Memorial Health Institute for four times between 2000 and 2002.

Target groups were:

1. Parents of children in the hospital, 2. Patients, 3. Visitors of Institute, 4. Staff ChMHI

Aims of indirect to prevention were:

early detection of person at risk for diabetis type II; improve knowlegde of target goup about influence of lifestyle, nourishment, physical activity.

Information about the activity was provided via:

1. Poster in the hospital, 2. Information in the hospital newsletter, 3. hospital radio (before day of prevention and on day of prevention).

During the activity, the following offers were made:

1. free of cost taken test of capillary blood for blood glucose level in fasting state, 2. test of capillary blood for glucose level 2 hours after breakfast, 3. individual education on subject (nourishment, self-control to body, life style, physical activity), 4. Educational materials.

Conclusions: 1. 800 persons profited from the interventions; 2. Staff was shown to have the highest benefit. 3. 50% of target group had blood control in fast state and 2 hour after breakfast. 4. Irregular blood glucose levels were measured in 3% of target group. 5. All persons with irregular blood glucose level were given order to visit the Diabetis Education Office. 6. Level of knowlegde about style life, nourishment and physical activity for health was insufficient. 7. Diabetis Prevention Days in The Childrens' Memorial Health Institute at least every 2 years change the control of blood glucose level (before breakfast and 2 hours after breakfast). 8. Special staff for nutrition counselling is inclined. 9. Target group is encouraged to do regular controls of bodys. 10. Knowlegde of hospital staff about life style influence and health was improved.

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Caring for children in the hospital

Mary RYAN, Marese FITZGERALD

Aim: To devise a module, accredited by the Further Education & Training Awards Council (FETAC) , which will empower parents, carers, childcare workers and non-medical staff in the delivery of care to children in hospital.

Objectives

- To assess training needs of the forementioned group.
- To devise and deliver a relevant module of study / learning.
- To empower and support, through information and training, those involved in the care of children in hospital.

Methodology: A quantitative and qualitative analysis using questionnaires and subsequent analysis by the statistical package (SPSS). A questionnaire has been devised and presented to the Mid-Western Health Board's Ethics Board for approval. Qualitative analysis will be achieved by interviewing the relevant professional staff. Follow up interviews will take place with respondents and other partners in the project.

Results :Feedback from the quantitative and qualitative analysis will establish the specific needs of the clients in the area. A module "Working with Children" in hospital will be developed and piloted at Limerick Senior College in co-operation with the Mid Western Health Board.

Conclusion: A need for information, training and support in the area of Working with Children in Hospital has been identified, and a strategy for meeting these needs put in place.

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Children and the hospital: acquiring hospital knowledge

Maria Antonietta TRAPPA, Michele CAPURSO

The project "Getting to know a Hospital" involves a course of health education "sui generis" for children in school age. It is in four stages and lasts about 2 months for each class. The project aims at forming children's knowledge of and attitudes towards hospitals and helping them to control themselves and their emotions if they have to be hospitalised. The methodology is therefore designed to amalgamate theoretical knowledge and emotional control.

The programme suggested to the teachers in Florence has been received enthusiastically and included in class activities allowing easy and interesting integration with the principal activities in the curriculum.

The activities carried out have been of particular significance both regarding anxiety at admission to hospital and the prevention of possible psychological traumas in this field (a recent enquiry concluded that one out of seventeen children has experienced such traumas) and the assessment of emotional perception of hospital surroundings, allowing the pupils to receive information on the former, together with relationships with hospital staff and treatment – especially regarding pain.

The results of the project over a period of three years were assessed by the comments of the participating children in the classes and can be summed up as follows:

- very good level of participation and satisfaction from both children and teachers;
- better understanding by children of illness and the role of a hospital;
- acquisition of a child's ability to control emotion when admitted to hospital;
- increase in the child's coping skills;
- positive co-operation with doctors and hospital staff;
- acquisition of a capacity to re-elaborate the emotional experience linked to admission

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Information: An important ally in pediatrics

Nicoletta VINSANI, Ilda BACCINI, Maria Claudia MENOZZI, Cristina TORREGGIANI

It is essential to give correct and useful information to children and their family members when they are admitted to the ward and during hospital stay. The admitting nurse gives general information to the family when the child is admitted. The parents are also given a pamphlet with information about the hospital and another one with specific information regarding the ward. We believe, however, that it is just as important to give the child information about his / her stay. Our little patients need to know who is going to be caring for them, what kind of job these people do, and what they can expect during their stay.

We drew up an informative pamphlet / coloring book for the children called „Your Friend, the Hospital“. The pamphlet was well-received by children and parents alike as well as by our staff. News of its success spread quickly and now every ward in the hospital admitting children is handing it out (ENT, urology, surgery, orthopaedics, ophthalmology). „Your Friend, the Hospital“ answers some of the children's questions and clears up some doubts. It has brought about important psychological advantages to our patients who have become more trusting and compliant. We realized that information given verbally to parents on the management of common diseases / conditions was often misconstrued and so we drew up information sheets with straightforward and comprehensible facts as well as how to behave in cases of: laryngitis, head injuries, convulsions, diarrhea, accidental ingestions. The sheets are given and read to the parents by a nurse or doctor at discharge.

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Joy is doing – doing is joy

Nicoletta VINSANI, Ilda BACCINI, Maria Claudia MENOZZI, Cristina TORREGGIANI

“Doing is joy and joy is like getting a health injection”.

It seems fitting to begin with Ms. Montessori 's words expressing the importance of allowing children to continue playing wherever they are even in a hospital ward. All pediatric units should be equipped with a playroom full of all kinds of toys and materials and staffed with qualified personnel. Children need to play, to continue living in a child 's world in which sickness is a part but not everything. Our playroom, richly supplied with materials and toys, is run by a Hospital Volunteers Association. Our little patients can visit the playroom to have some fun or, if they 're too sick to leave their rooms, the „fun“ is brought to them. Once a week the kitchen makes homemade cakes for afternoon snack time which are served in the playroom so that the kids have a special time every week for socialising and playing.

Our volunteers lead „seasonal“ activities with the kids such as decorating the playroom's glass walls with holiday themes: Christmas scenes in December, the grape harvest in Autumn, Carneval in February, Easter in the Spring.

A new project in collaboration with Reggio Emilia 's Education Council includes equipping the playroom with a computer that will be linked to Reggio Emilia 's schools so that our children can send and receive e-mails and pictures to and from their friends at school. We recently began presenting Medals of Courage to children undergoing painful or particularly complicated operations. The Medal hangs from a colored ribbon and can be worn around the neck. All these activities are aimed at helping children have a less traumatic hospital experience and to make their stay as joyful as possible.

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Rainbow colors in a pediatrics ward

Nicoletta VINSANI, Ilda BACCINI, Maria Claudia MENOZZI, Cristina TORREGGIANI

It is important to be aware of how being in hospital can effect a child. How can we help a youngster entering an unknown environment filled with strangers feel at ease? The staff here in pediatrics made up something special for our little guests and their parents, something we believed would help improve hospital stay. We chose to work on the environment because we realized its importance for communication and that it could serve as psychological support for hospitalised children. Anyone coming into the hospital will quickly notice three dominant colors: white, green, and light blue. We realised that our ward was no different and that things didn't get much cheerier even after we had hung all kinds of posters on the walls. So, we decided to paint murals on the walls instead.

The paintings we decided on were based on the layout of the unit. Our nurses offered the ideas and labor and worked on the paintings during the night and off hours. The lobby in front of the elevators was turned into a sea bottom and one of the elevators transformed into the Nautilus. Our little guests can now look out of the first aid station straight into Smurf Vil and the doors of their rooms, lined up all along the right side of the corridor, have each become a train car with a different very special fairy-tale passenger inside each one. The wall facing the room doors has a crowd of people watching the fairy-tale train go by and each room has a poster in it recounting the tale from which the passenger in the train car was taken. We also hung small pictures above the beds depicting different characters from that fairy-tale.

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4. Health status, work satisfaction and job perception of hospital staff

Pilot Cervical smear clinic for staff at the Regional Maternity Hospital, Limerick

Maria GIBBONS

Aim: To encourage staff to be more health conscious and avail of regular cervical screening.

Objectives:

- To have the facility available during work hours, therefore encouraging uptake.
- The screening to be carried out by named female registrars.
- To create a health conscious workplace structure and culture.

Method: The plan was discussed with the Clinical Midwife Manager of the colposcopy unit and a Consultant obs / gynae.

- The registrars agreed to carry out the screening on particular days and times.
- Four staff members would attend each session at the specified time.
- Results of the smears would be communicated in writing to the staff member by the registrar who carried out the screening.

Results: 42 staff members have availed of the service. The age range was 22-47 years. 6 Staff members had never had a smear done previously. 8 staff had not had a smear for 5-10 yrs. 9 staff had not had a smear for 10+ yrs. All grades of staff have attended. (Midwifery, clerical, medical, household).

Conclusion: This proved to be a worthwhile initiative. Because screening was offered in the workplace staff were more likely to attend. Comments included:

- It's great to have it (smear) done.
- I'd never have gone (for smear) unless I met you, now it 's done, I'm thrilled.
- Imagine I've never had one (smear) done.

Because of issues of clinical responsibility, the I.C.S.P. believe that the clinic cannot continue to operate on an on-going basis.

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A study of the perceived attitudes among staff with regard to the appointment of a HPH Coordinator

Maria GIBBONS

This study examines the perceived attitudes among staff with regard to the appointment of a HPH coordinator (HPHC). The research design is a mixed method approach incorporating both quantitative and qualitative aspects within an action research paradigm. Data collection was initially via survey prior to the appointment of the coordinator and via focus group three months after the appointment. The objectives of the study were to examine:

- What are the perceptions among staff with regard to how the appointment of a HPH coordinator will impact on their cultural norms (if at all)
- In what way does it positively impact on physical and mental well-being?
- In what way does the facilitating of a health promotion concept contribute to the sense among staff of being valued as professionals?

The findings indicate different perceptions of the workplace as health promoting, which are evident from both data collection sources. There is evidence from the data of staff feeling under-valued and taken for granted. The appointment of a coordinator is seen as both leader and change agent for improving the quality of work life. There are many references to dissatisfaction with the prevailing organisational culture, the idea of a 'them and us' situation is strongly evident along with indications that staff do not feel valued. Only 27% of the staff take regular exercise. 60% of total staff avail of regular check-ups. (55% of midwives) 50% indicated that healthy diet was available at work. Staff perceive the hospital environment as stressful.

Main Conclusions arising from the study.

- There is general dissatisfaction with organisational culture and quality of work life.
- There are positive feelings with regard to the appointment of a HPHC.
- There is a sense among staff of not feeling valued and as a result their personal value systems are affected.
- There is a willingness to change among staff, to improve practices and therefore quality of worklife.

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Undergraduate nursing student's health promotion counselling self-efficacy

Ann KNOWLES

In this study, undergraduate nursing students' self-efficacy for carrying out health promotion activities with clients in nursing settings was examined. A descriptive, exploratory study was undertaken. A non-probability sampling technique was utilised. A convenience sample of 135 undergraduate nursing students in an Irish school of nursing (which is in partnership with a local university) were administered the SPEHPQ (Self-confidence in Patient Education for Health Promotion Questionnaire), to measure students' perceived confidence in performing a series of behaviours related to three health promotion domains. Nine items were rated on a four-point Likert-type scale from "completely lacking in confidence" (1) to "very confident" (4). Items were arranged on three sub-scales related to:

- (a) Knowledge
- (b) Ability to convey knowledge to clients,
- (c) Ability to engage clients in an educational programme to change behaviour with regard to three domains of health behaviour (smoking cessation, exercise, and nutrition).

All completed questionnaires were coded and a data file created using the statistical software package SPSS. A Chi square test of independence was carried out to investigate if there was an association between year of study and level of confidence. The findings were consistent with Laschinger 's study (1996). Third year students' scores were higher than other years for all items. Of interest is the apparent drop in second years' scores from first years' in smoking and exercise. Students are more confident about their knowledge and ability to convey this knowledge than their ability to engage clients in behavioural change. The results must be interpreted with caution due to the cross-sectional nature of the study. The results were supportive of Bandura 's self efficacy theory. Recommendations are made in the areas of education, practice and research.

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Health effects of Anaesthesiologists on-call duty – a model for evaluation of working hours by physiological outcome

Birgitta MALMBERG, Pelle ORBAEK

Background: Working on-call implicates long working hours and reduced sleep in combination with stress. In the actual debate about increased longterm sick leave among Swedish physicians and reported increased mortality among anaesthesiologists, high work demands have been discussed. The knowledge about health effects of physicians working on-call is still scarce.

Material and methods: In the present study anaesthesiologists (n=19), ENT-surgeons (n=10) and pediatricians (n=6) were studied before, during and after night duty at Lund University Hospital. Biomarkers of stress and metabolism (cortisol, glucose, insulin, thyroid stimulating hormone, thyroxine, testosterone, insulin-like growth factor I, HDL and LDL-cholesterol and triglycerides were measured. Long-term heart rate variability was recorded by holter-ECG. Sleep monitoring for 2-3 weeks with an activity logger, (Actiwatch®) was combined with a sleep diary. Data were analysed with repeated measurements models in SPSS mixed procedures.

Results: Cortisol values were significantly higher on work-days compared with days off ($p=0.004$), but there was no difference between normal workdays and working on-call. Lower levels of thyroid stimulating hormone were found 24 hours after night-duty ($p=0.001$). No significant difference between the specialities was established.

Conclusions: The results indicate a limited metabolic influence by working on-call, but no difference in activation of the cortisol system between normal workdays and work on-call. The described methodology serves as an example of field monitoring of occupational stress in a hospital setting. When we know the limit for physiological tolerance and recovery after night duty we can apply new and important perspectives to working time schedules. The generalised results of these studies can be used for optimizing the work organisation by testing the physiological outcome of different schedules in a variety of health occupations working "around the clock".

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Hospital nurses' perceptions of their role in health promotion

Victoria OLADIMEJI

The aim of this paper is to present the findings of a small-scale research into hospital nurses' perceptions of their role in health promotion. Before exploring nurses' role it was important to review these nurses' understanding of the concepts Health and Health Promotion.

The research instrument was designed to provide these nurses an opportunity to speak openly and individually with the researcher without any feelings of betrayal of the organisation that they worked for. The study was conducted on a medical unit that provided inpatient care for adults.

Sample: Two wards were selected for this study. A total of 10 trained nurses were selected.

Findings: Four themes emerged from the exploration of nurses' knowledge and understanding of the concepts health and health promotion in clinical practice.

These are:

1. Nurses personal construct of health and health promotion.
2. Application of health promotion in clinical practice.
3. Nurses' role in health promotion.
4. Factors that impact on nurses' health promotion role.

Exploration of these nurses' perceptions of their role in health promotion revealed that they equate health promotion with health education only. Their approach often centered on lifestyle changes. Concepts such as public involvement in health promotion, enablement and empowerment did not feature in these nurses' definition of Health or Health Promotion.

Factors, which Tones (1993) consider central to the concept of empowerment are: consideration of environmental issues, possession of competencies and skills, which enable individuals to control aspects of their lives and possession of self-esteem.

Conclusion: As this is a small-scale research, involving only two wards in a hospital, results cannot be generalized. However, there is a relationship between this study and other studies in UK (Kendall, 1998; Whitehead, 1999; and Wass, 2000).

Educationalists and policy makers should aim to improve nurses' knowledge and skills necessary for tackling wider issues in health promotion by adopting some of the principles of Ottawa Charter 1986 such as Empowerment, Public Participation and tackling Inequalities

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The stress endurance of our nurses

Juraj VANCIK, Martin BABIK

We would like to present our results of research work. In a period of 12 months we asked the nurses by the query sheet-the stress feelings and reactions during the period of stress impulses. We tried to find some relations among the different types of personality and the causal stress impuls and also find the main conditions which force the nurses to react as their do.

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Staff perceptions of HPH: findings of a study in the North East of England

Patricia YORSTON, Soumen SENGUPTA

As a member of the International Network of Health Promoting Hospitals (HPH), South Tyneside Health Care Trust is committed to promoting the health and well-being of patients, visitors, staff and the wider community. As part of its on-going effort to pursue a locally informed and sensitive approach to implementation, support was given to the Trust 's HPH Co-ordinator undertaking qualitative research into the multi-disciplinary staff perceptions of the value of the organisation as a health promoting one. The study formed the basis for an MSc dissertation in Health Sciences (Health Promotion) from the University of Northumbria.

The aim of this phenomenological study was to gain knowledge and understanding of staff perceptions of the Trust as a health promoting hospital, with a view to making recommendations that would be used to inform future developments and directions. The main findings predominantly related to limitations in the knowledge and understanding of subjects of the HPH concept, and the subsequent impact which it had on the degree to which they valued and engaged with the Trust 's activities in relation to health promotion within the organisation. Having described this study more fully, this presentation will then explore the potential implications of these findings for South Tyneside Health Care NHS Trust; and their relevance to other member organisations of the International Network of Health Promoting Hospitals.

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5. Improving working conditions, safety, health and well-being for hospital staff I

Health Promoting Workplace Avesta Hospital Sweden

Birgitta BOQUIST-ARVIDSSON, Helena STRANDBERG, Marie-Louise ALBERTSON

We will show how we are working with our staff in a healthy way, and we are bringing our poster.

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To manage the change inside nursing assistance

Chiara CATTANEO, Cinzia ANGELI, Rosanna BOTTIN, Barbara RADICE

During the last few years in Italy, the problem shortage registered of nurses and supporting persons (OSS) is becoming a very serious problem. For this reason the nurse management of the hospital had recognised the need of planning an updated, highly qualified and interactive workshop to help the nurses in accepting, understanding and handle the new assistance.

The aim of the project was based on of the use of professional formation and training as the most important tool, in order to support the changes in the nursing assistance organisation.

May 2002

One-day workshop in classroom, presentation of the following issues:

- The legal professional aspects of the OSS and of the nurses
- Concepts of teamwork
- Responsibilities of the nurses

From June to October 2002

- Work shop in the wards
- Insertion and integration in the wards of the OSS and survey of their activities while collaborating with the nurses.
- Work out of protocols and specific guidelines for the activities of assistance support, managed by the nurses, through delegation of every single job towards the OSS

December 2002

- On- day follow-up workshop in classroom
- Mixed groups formatted by team leaders, nurses and OSS

Results

In every ward there had been elaborated at least ten protocols for the jobs that had been delegated to the OSS. It had been noticed a good level of motivation and high spirit of teamwork had been achieved and felt by everybody.

Conclusions

The professional formation and training has been an important key for positively stressing the organisation but, most of all, it has permitted to guide and manage the changes inside the organisation with the support of the OSS towards the nursing assistance.

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St. Vincent's Hospital Teamwork Project

Larry DUNNE, Maud McGLYNN, Geraldine BURKE, Catherine O'KEEFFE

Aim: To provide a more cohesive patient oriented service

Objectives:

1. To examine the potential for separating the duties of Hospital Attendants, into three distinct roles i.e. catering / housekeeping / care assistant.
2. To implement a system whereby Hospital Attendants work exclusively, in either the catering or housekeeping departments, or as care assistants in the clinical area.

Method: A committee was formed by eight attendants in the hospital, followed by over twelve months of research, consultation and negotiation with Hospital Management. A project proposal was developed and accepted, outlining the roles and responsibilities within each division. The initiative was implemented on March 4th 2002. Clinical Audit and Research were asked to evaluate the effectiveness of the project. A baseline survey of standards and practices, prior to commencement of the new system, was carried out. Questionnaires were designed and were distributed to care assistants, housekeeping staff and nursing personnel, to identify staff perceptions of the initiative; areas of difficulty prior to the changeover and anticipated difficulties, following implementation of the new system.

Results: The role of hospital attendants has been distinctly separated into catering, housekeeping or care assistant, duties.

Monthly team meetings are held within each department and Comment/Feedback Forms are distributed to all staff, for on-going monitoring and evaluation of the project. Formal evaluation of the project will take place in March 2003.

Conclusion: The initiative has resulted in positive change, through more efficient work systems and practices and improved continuity of care. On-going evaluation of the initiative, allows for staff concerns to be addressed at frequent intervals. Initial

findings indicate general satisfaction with the new system and the changes that have occurred. Issues around staff training and development have been addressed for each individual role. It is anticipated that the results of this project will provide valuable lessons for other, similar workplaces and will impact positively for service users in all settings.

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Complementary Therapy Service in the Hosiptal Setting

Angela HUGHES, Mary SMYTH

Rationale: The Staff Health Needs Assessment carried out in James Connolly Memorial Hospital in 2001 identified staff request for more stress management facilities. A Workplace Health Promotion Sub-group has been established in conjunction with the Health Promotion Department in the NAHB and external consultants from the Work Research Centre to examine the findings of the Health Needs Assessment and to develop an implementation plan to address staff health needs identified via the survey. The Workplace Sub group will look at organisational issues in addressing stress in the workplace and it was felt that developing a complementary therapy service in JCMH would provide an outlet in the interim of more organisational changes occurring.

Aim: To provide a comprehensive Complementary Therapy Service (CTS) for Staff in JCMH at a reduced cost.

Methodology:

Staff were surveyed to ascertain how many were qualified in a Complementary Therapy and interested in providing the therapy to staff in the hospital at a reduced cost.

Hospital Management approval and support was sought and given.

A further staff survey was carried out at the Staff Health Fair to ascertain if they were interested in availing of the CTS

A designated room was identified and painted, carpeted and electrical points provided by JCMH.

The Complementary Therapy Service Committee was set up to oversee and manage the development of the service in the hospital.

Fundraising activities occurred to help furnish and equip the CTS, €1800 was raised in the hospital as a result.

The CTS was launched on Thursday 20th February 2003 with an open day of the Health Promotion Office and taster sessions of the Complementary therapies available.

Evaluation:

***Two questionnaires have been developed to evaluate this service.

***. A questionnaire for each client will be given by the therapist at the end of each session to assess client satisfaction levels with the CTS provided and reviewed on a quarterly basis.

***. A questionnaire for each therapist to assess their satisfaction with the development of the service and requesting suggestions for service improvements will also be reviewed quarterly.

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Fostering practitioner Research in the context of the HPH responsibility

Patricia MANNIX McNAMARA, Maria GIBBONS

The development of the HPH concept does much to enhance the health status of both clients who avail of hospital services and also of the staff providing such services. The focus of research in the Irish context has been solidly in the realm of evaluation of initiatives linked to health promotion activities within health promoting hospitals. This paper will explore alternatives to evaluation as a form of research appropriate to the hospital / health setting. Practitioner research, also known as critical inquiry or self study, requires health promoting hospital personnel to open up their practice to critique with the aim of improving ones own professional practice. In inviting critique from both self and others, those engaged in practitioner research are aspiring to 'one of the highest forms of professionalism' (Dadds and Hart 2001:9)that of critical self inquiry. New scholarship such as action research 'demonstrates a new way of knowing that meets the everyday needs of working in real life situations' (McNiff with Whitehead 2000:2). This paper will explore the implications of practitinoer research within HPH intiatives focussing on the discourses surrounding organisational culture, power and autonomy, empowerment and leadership.

Health education / promotion empowers individuals and communities to identify their own health concerns and to acquire the knowledge and skills necessary to initiate relevant change. Practitioner research critiques the assumptions of 'expert led' health promotion, opting instead for consolidation of the embodied knowledge that health promotion professionals call into practice daily.

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Happy Heart at Work - Healthy Eating Programme

Mary MORIARTY, Mandy REILLY

Background: Happy Heart at Work consists of four elements each concerned with a key lifestyle behaviour. These are: Physical Activity, Healthy Eating, Smoking / Going Smoke-free, Stress Handling. Healthy Eating is one of the lifestyle behaviours, which has been shown to play a major role in reducing the risk of heart disease. Happy Heart at Work has been developed by the Irish Heart Foundation with professional support and funding from the Health Promotion Unit, Department of Health and Children.

Objective: To make the healthier choice the easier choice for employees by providing access to healthy, tasty, affordable dishes and food and reinforcing the availability of these options, through clear, simple and specific healthy eating messages and education.

Methodology: The healthy eating programme is a three-phase programme: Raising awareness and providing access to healthy foods, Nutrition education and behaviour change, Creating a supportive environment. This method was achieved by: Reduced saturated fat and total fat, Increased amount of fruit and vegetables, Increased fibre, Reduced salt and sugar.

Result: In September 1999, the Irish Heart Foundation carried out an Audit visit on the Staff Canteen in St. Loman 's Hospital, issued recommendation and the monitoring visit took place in August 2002. Following this monitoring visit, we were awarded the „Happy Heart at Work Eating Symbol“. The positive benefits for employees are: Good eating habits and increased awareness for a healthy diet. The positive benefits for the Caterer is: More satisfied customers with fewer complaints about food available. Increased business and turnover. Better Catering Staff and Employee relations thus leading to a positive, happy eating environment. Improved employee morale as employees view the Board as concerned and committed to their good health. Changes in Practice. Providing new healthy alternative on menus and food counters. Use of healthy ingredients and healthier cooking practices in existing or popular dishes.

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Improving staff morale through the development of a staff social club. The experiences of St Loman's / Lough Sheever Mullingar

Margaret O'NEILL, Catherine O'KEEFE

Background: In February 2002 a partnership approach to promoting health among staff through the Workplace Health Promotion programme was introduced. A survey carried out in 1997 among staff identified stress related problems being high among staff. A need was identified to improve communications and social networking within the setting. A small grant to assist in the setting up of a social and recreational club was allocated through the Workplace Health Promotion project.

Aim: To improve staff morale and promote networking among staff through increased social and recreational activities.

Objectives:

- To set up a multi-disciplinary committee
- To develop links with other work locations.
- To identify opportunities for group discounts for staff e.g. Travel agents theatres etc.
- Subsidise events from Social Club Funds obtained from minimal weekly remittance from staff.

Methodology: Setting up a committee of interested and dedicated people to drive the project. Fund raising event organised to compliment grant from Work Place Health Promotion. Draft a formal constitution. Arrange weekly payroll deductions and provide members with I.D cards. Expectations of staff were identified through comments/suggestion box. Awareness sessions were developed on the clubs objectives and benefits to staff welfare. Leisure clubs and local business were contacted to negotiate member discounts.

Results: The social and recreational club is a great success story. It has overcome apathy and negativity from staff and surpassed all expectations. Total membership is 220 out of a staff compliment of 350. The organisers can have gained information awareness and confidence which is beneficial to take to other committees. Suggestions are submitted by staff and positive / enthusiastic feed back has been received. Examples of events are: Trips to Riverdance, Cookery Demonstrations, Art classes, Yoga, Swimming classes, A trip to Amsterdam Autumn 2002, Golf classes, Gardening Outing. Our events are aimed to meet the needs of a variety of staff of all ages. Non members are welcome to all our events.

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Collaborative learning networks amongst HPH practitioners: The results of a study on web-based shared learning crossing international boundaries

Kevin PATON, Soumen SENGUPTA

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). Its leading 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. This undertaking is supported by & has received funding from the NHS Executive and the WHO.

A preliminary paper presented at the 2002 International HPH Conference explored and discussed this wholly web-based education programme. Since that presentation, programme has been developed on-line, and this has enabled the University to offer and evaluate a free „test drive „ of the first module to an international cohort of HPH practitioners. Over 30 practitioners drawn from the HPH national networks of England, Ireland, Northern Ireland, Denmark, Italy and Slovakia participated in this study from December 2002 and February 2003. This has allowed the programme 's capability to facilitate sharing of learning and good practice in the development of HPH approaches to be tested, and refined as necessary. The results of the evaluation study will be presented and form the basis of discussion to identify how web- based collaborative learning approaches can enhance sharing of learning and knowledge management across the international HPH network.

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Mid-Western Regional Hospital's Violence Against Staff Initiatives

William REDDY

Aim: The Risk Management Department in conjunction with the hospitals health & safety executive set about developing a structure to systematically address the hazard that is violence in the workplace.

Objectives: The aim is to develop a continuum of responses that ensure:-

- An environment where staff, patients and visitors are safe-
- Awareness of the issues of aggression and violence at work
- Staff have the necessary skills to manage potentially violent and violent episodes
- Additional Intervention Support is available if and when required
- Organisational support for staff is available and accessible in the aftermath of a violent episode
- A culture of reporting and evaluation of all incidents that facilitates the continuous improvement in our responses.

Method: A small multidisciplinary working group was set up to bring forward recommendations for action. A new incident reporting policy and form has also being developed. A formal risk management framework of risk identification, analysis, control and evaluation is the best way forward. A draft staff booklet was developed that sets out to promote the policy for managing this hazard. Fourteen staff throughout the hospitals have been trained as trainers in delivering an accredited programme of Non-Violent Crisis Intervention.

Results and findings: Violence against staff is unacceptable and service users have responsibilities as well as rights. Both risk and harm arising from violence can be significantly reduced and effective risk assessment is vital. Focused attention on communication and improving waiting facilities in key areas. Safety statements have been updated in most areas throughout the hospitals.

Conclusions: Violence and aggression towards staff should never be accepted as an occupational hazard. The management of the hospitals recognised that it had both a legal and a moral responsibility to provide a safe working environment. Three offenders were successfully prosecuted through the court system. A formal evaluation process has not as yet been undertaken as we are still at implementation stage.

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The process of improvements in Health Firm workers' safety in the workplace following accidents

Carluccio TORTI, Gian Carlo SCARPINI, Antonella PRÈ

Purpose: The aim of this study is to heighten sensibility to occupational injury prevention in order to afford a better and more detailed understanding of accident dynamics.

Target group: The research was carried out throughout the company workplaces in Pavia and included all the Pavia national health employees.

Method: The Head of each working Unit is to carry out a thorough investigation into and all pertinent details concerning the event. He is to send all the information thus gathered on the form provided to the firm's Prevention and Protection service.

Results: The study covered the years 1999, 2000, 2001.

Conclusions: From a first analysis we can see that this system is in the process of evolution and consolidation. Corrective measures have already been undertaken (training courses, organizational restructuring, remodelling company plants and engineering structures) and when these are completed there will be a further increase in safety awareness until optimum levels of management and worker involvement are reached thus creating a constructive and critical awareness.

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6. Health promoting projects for the community

A network between school, hospital and political and economic institutions to prevent schoolchildren from developing cardiovascular disease in adulthood

Roberto AQUILANI, Rosanna LUSIGNANI, Paola ABELLI, Manuela VERRI

Background: We set up a three-phase hospital and school-based program to reduce the risk of adolescents developing clinical atherosclerosis in adulthood.

Methods: The first phase involved political and economic institutions, students and their families (information about the program via letters and seminars), and a nutritional survey among the students. The second and third phases included the nutritional correction and results, respectively. We describe here the methods and results of the nutritional survey. Two hundred schoolchildren were recruited (104 females, 96 males; 14-17 yrs old). They were asked to keep a three-day food diary at home, recording the type and weight of foods before and after meals. Venous blood samples were drawn in the morning, after an overnight fast, to determine lipid profile.

Results: Body weight (kg): girls 55±9, boys 59±11. Nutritional intakes: energy (kcal/kg) girls 40±8, boys 44±10; energy (kcal/day) girls 2026±370, boys 2342±726. Calorie contribution (%) from: carbohydrates girls 55±6, boys 52±6; proteins girls 14±2, boys 14±3; lipids girls 32±5, boys 34±5; saturated fat girls 9.6±2, boys 11±3; refined carbohydrate girls 17±5, boys 16±5. Blood lipid profile (mg/dl): total cholesterol girls 180±34, boys 164±28; HDL cholesterol girls 52±8, boys 46±6; LDL cholesterol girls 116±31, boys 105±26; triglycerides girls 64±22, boys 66±29.

Conclusions: Adolescents aged 14 to 17 years may have important nutritional risk factors requiring adequate correction.

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Osteoporosis – primary and secondary prevention in the community

Karol BITTER, Stefan PETRICEK

Aim

Authors would like to present the results and approach in preventing the osteoporosis in the community, applied by TB and Respiratory Diseases Institute Nitra – an HPH. This „silent killer“ kills in the EU countries yearly ca. 150 000 people and during the last 3 years the costs of osteoporotic fractures treatment went up to ~ 4,8 billion Euro (more than 30%). The trends in the Slovak Republic are similar. Proper prevention can significantly lower the associated social costs and increase quality of life.

Methods

Examined were more than 4 000 people (working and non-working population as well), with supposed risk of osteopenia or osteoporosis, of both sexes, by USG mobile osteodensitometer. The data were retrospectively analysed and evaluated. T score: -1 to -2,5 was regarded as osteopenia and T score > -2,5 was regarded as osteoporosis.

Results

38% of the examined population had normal values, 51% had values regarded as osteopenia and 15% values regarded as osteoporosis. All individuals with pathologic values were thoroughly educated about their disorder and complex preventive measures to be taken. Their physicians have been informed as well and the possibility of further complex care in the Regional Osteocenter has been offered.

Conclusions

Patients with osteoporosis (and its complications) represent for the health care systems burdens more important (as for total days of hospitalisation) than for some other significant diseases (COPD, AMI, Ca mammae). These facts shows the high significance of its prevention.

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Community link to empower and integrate mature workers into a hospital environment

Ann BREEN

Aim: Hospitals linking with community to integrate trained mature FAS (training and employment opportunities) employees into a hospital Laboratory setting.

Objectives: Create links with the wider community and provide opportunity for mature individuals to return to work. Empowerment of individuals by accepting them on training schemes. Where possible provide opportunities for employment. Creating training links with the VEC (Vocational Education Training) for staff training needs.

Method: FAS scheme clerical trainees are given an opportunity to come into the laboratory for workplace training experience of at least two weeks and often more as part of their training. The link has been made between the hospital and an outreach training office in a rural setting that is providing opportunity for mature women to gain skills that will enhance their return to the workplace. Many of these women have remained at home to rear families and would not get an opportunity to train in skills enhancement if the training centre was not so ideally located for their needs.

Results: The women are trained in ECDL (European Computer Driving Licence) and also communication, assertiveness and self-esteem. There is major emphasis on personal development as it is recognised that mature age groups find it difficult to integrate into a workplace requiring clerical and computer skills due to lack of confidence in their ability. The Laboratory has been able to employ 4 out of 7 trainees since the scheme began and has given the training opportunity to the other three who are also now also employed. Conclusion: Since Hospitals are part of a community it is important that they realise the importance they can play in providing work opportunity and training for the people they serve.

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Walking for Health Workshops

Anne BUCKLEY

AIM

To promote physical activity in the community and to raise awareness of the health benefits to be gained from regular exercise.

**Objectives

- ***. To work in partnership with the Irish Heart Foundation to develop Sli na Slainte routes.
- ***. To deliver the Walking for Health Workshop to specific community or workforce groups.
- ***. To identify individuals who are interested in becoming walking leaders.
- ***. To enable them to organise and lead safe, enjoyable walking sessions.
- ***. To assist them in setting up informal walking groups or formal walking clubs

***Methodology.

***1. Develop "A Sli na Slainte" route in partnership with the Mid- Western Health Board, Ennis Urban District Council and the Irish Heart Foundation.

***2. Two trainers completed the Walking Leaders Workshop with the Irish Heart Foundation and now work with groups who are interested in walking as a physical activity.

***3. The Walking for Health Workshop is offered to workforce or community groups

***4. The workshop deals with topics such as, the health benefits of walking, practical walking sessions, getting the most from walking (posture, technique, heart rate monitoring, warm up, stretching etc.) safety issues, insurance and group management.

***4. Workshops are promoted through local media, health service newsletters and by networking with other groups such as local sports partnerships, women's groups, workforce groups and voluntary organisations

***5. Group leaders are identified to continue the initiative and they are encouraged to complete the leaders workshop with the I.H.F.

***Results

***There is greater awareness of walking as a physical activity among the different groups.

***Informal walking groups have been established. A formal walking group, the Clare Health Services Walking Group, is a very active group of up to 30 people who have regular outings and host a lunchtime walk on the "Sli" route.

***Plans are in place to deliver the workshop in outlying areas over the coming months.

***Conclusion

***The Walking for Health Workshop can be targeted at specific community groups regardless of age or fitness levels. It is a useful means of increasing physical activity and raising awareness of its benefits to health gain.

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An educational intervention of first aid in the primary school

Rita GAGNO, Roberto PREDONZANI, Gianpiero SANPIETRO, Carlo AMORETTI

The doctors and nurses of 'Operative Central' for territorial emergency have observed a scanty knowledge in people concerning basic life support and of local emergency structures (no knowledge of telephone number for example). This poor knowledge is caused by:

1. wrong requests for help
2. there is no possible to access necessary information to coordinate emergency interventions
3. often patients are provided with the wrong supports

Objects

We want to teach teachers and students : 1) simple and good interventions of help 2) how to use the Central; We produced a CD in collaboration with Firemen and Red Cross. We organised a first aid course for teachers (during ten hours in three days) We administered a pre- and post-test questionnaire. Finally, we delivered a licence of aid assistance to teachers.

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Developing 'Education for Health' in the outpatient department: Phase 1 of a nurse led health promotion initiative

Julie GREENSLADE, Denise RICHARDSON

Blackpool Victoria Trust recognises that it is an indispensable contributor to better public health and is taking action to respond to the government's 'Modernisation Agenda'. by moving increasingly in the public health and health promotion direction beyond its responsibility for providing clinical and curative services. This role goes beyond merely provision of treatment and preventive service and stretches to the promotion of health and preventive behaviours. Staff in the Outpatient Department (OPD), have long been concerned with promoting health and well being of the 2000 plus patients attending weekly, visitors and staff. However in responding to 'Saving Lives: Our Healthier Nation' a nurse led 'Education for Health' initiative was launched in late 2002 that supports the development of health literacy as:

The capacity (of people) to obtain, interpret and understand basic health information and services and the competence to use such information and services to enhance health.

The evaluation of phase 1 – the pilot programme – included the views of the patients, the health promotion team, co-workers, managers, doctors, and dieticians. In measuring impact in the early stages, the initial response on the launch day was extremely positive. The information leaflets prompted discussion from all OPD users who readily took advantage of the free blood pressure checks and 100% return of the questionnaires. By inviting people to set their own agenda we facilitate a more client-centred service and increasing consumer satisfaction. Personal interaction is essential to the success of a support led health literacy development approach that ensures high investment in health education and health promotion programmes. The scheme increases the health literacy of staff and provides evidence that the Trust is working towards 'Improving Working Lives'. Reorienting health services however, requires stronger attention to evidence based health promotion initiatives supported by participatory action research.

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Fifth Global Conference on Health promotion [http://www.int/hpr/conference/products/Conference report.html](http://www.int/hpr/conference/products/Conference%20report.html)

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Assessment, evaluation and prevention of accidents

Sarifa KABIR

The Accident Prevention project is involved with the audit and evaluation of injuries that attend the Accident and Emergency Dept. It has been able to identify target areas in the community where interventions of injuries can bring about a change in life style and bring professionals more closely together with the public to reduce injuries. The project involves working very closely with the professional and community groups to create a safer environment and reduce injuries and implement first aid where necessary.

Improving the health of the population and providing a better quality of life within the ethnic minority group was also of vital importance. There was much to gain, firstly the work provided a stronger link from hospital to community, and it allowed professionals to work in partnership by sharing their work and jointly carrying out health promotion campaigns. Creating a supportive environment at a level understood by young parents and equally understood by the elderly, this strengthened community participation and developed personal skills of many professionals and the general community.

The development and success of this project depended on the assessment of the needs of the local community, it also recognised the need to involve multiple groups. The project established an accurate profile of the local community, it focussed on areas of concern and identified local aims and objectives. The key to success was a sharing of skills and best practice based on experience, this allowed a shared communication to improve health and health gain.

Other A/E dept. could be encouraged to evaluate their figures and liaising more with community professionals and sharing experiences and data with their colleagues. They all have the same aims, working together in partnership brings a closer bond in health improvements and the community in general are more confident in the services provided if professionals are seen to be working and liaising together. Seminars would identify proposals of working together and individual professionals could have the opportunity to share their work and learn the valuable process of networking. Joint leaflets and health information can be designed and core groups can be identified for specific purposes. It is equally important small groups are set up in the community for networking amongst the voluntary sector. As many women volunteer their time for community activities.

Providing training, education and support to professionals enhances the importance of partnership work and builds up a foundation for good community participation. Setting up effective community networks shows continuity of care. This is the vision for the future.

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Improvement of Hygienic Education among the Population of the Republic of Tatarstan

Elena KHAFIZOVA

In no regions of the world such essential and dimensioned changes in all spheres of life have happened lately as it has been in Russia. At the same time it's generally known that transient processes in every country simultaneously with originating numerous prospects interface many difficulties. One of the issues of the day in the Russian Federation, including Tatarstan, became a problem of maintaining a human potential, promoting population's health. Unfavorable moral and emotional state of the society in the process of reforms carried out in the country led to certain negative consequences. Undoubtedly population's health protection is a task exceeding far the bounds of medicine. The period of a more responsible attitude of every person towards his health and to public health in general and therefore of a fundamental change in hygienic education among population has come. There appeared a necessity to develop a strategy of forming healthy life style among the population at a governmental level by means of solving economic, social, environmental, legal, liberal and medical problems, establishing a structural and functional mechanism ensuring planning, organization and control of the activity within a common approach to protection and promotion of public and individual health. The government of the Republic of Tatarstan passed a regulation "About improvement of hygienic education among the population of the Republic of Tatarstan on forming healthy life style", which was prepared on the initiative of the regional Ministry of Health. A concept of forming a socially efficient healthy life style among the population of the Republic of Tatarstan is approved in this regulation, Interdepartmental Council on hygienic education among the population under the Ministry of the Republic is set up, and forming of similar territorial Councils in several cities and regions is organized, also free on-air broadcasting time at the republican television is granted. The main aim of the Regional HPH Network is to involve all social spheres in the process of forming healthy life style, to coordinate preventive informational and propagandistic activity of different ministries, departments and non-governmental organizations aimed at disease prevention on a republican scale, to form and promote the population's health. First and foremost attention at that is paid to growing generation and youth.

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HPH cooperative interregional project: allergy at school

Mariangela MANFREDI, Isabella FRATI, Daniela MAZZOTTA, Paola MINALE, Giuseppe ERMINI, Paolo CAMPI

All over the world, the ongoing increase in allergic diseases is becoming a major health problem for health care services. Adequate management of allergic diseases might avoid delay before a correct diagnosis, ineffective medication; these issues are crucial also for health care costs and savings. Preventive programs need awareness of the disease and self management. The cost of surveillance programs could be lessened by multidisciplinary cooperation. As Health care operators in different geographical areas have to deal with these problems, we are going to develop a common action plan. Allergy Units in St.Martin 's Hospital in Genoa and in St.Giovanni di Dio in Florence are going to apply similar strategies to create an alliance among Hospital 's allergyst, paediatricians, teachers, patients and their families and to improve patients and their families consciousness about their health .

This project has been developed in the HPH Program as a cooperation between Tuscany and Liguria network. Our HPH Allergy sub-group in collaboration with the HPH Coordinator for Azienda Sanitaria of Florence Dr A.Appicciafuoco and the Health Education Unit is working to strengthen the relationship between hospital and territory and to empower the patients to be actors of health projects.

A cooperative educational protocol about allergic diseases and risk factors, with conference, backed by leaflets and videos, laboratory experiences with school children active participation aim to empower health promotion in allergic children and their families. We will held up-dating courses for pediatricians, school doctors and teachers. Our Hospitals will open to students, to show their activities and to involve themselves in recognising allergens, helping them to produce educational books for other students.

The cooperative group will efficiently provide to disseminate information on preventive and therapeutic possibilities about allergic diseases. A model of health care management could be established and used in the next years in our regions to improve the health outcome of our services and the quality of care.

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Health-improving Programmes at a Medical Unit of a Big Metallurgical Industrial Complex

Yuryi MELNIKOV

In 2002 a comprehensive programme "Severstal Health" was developed and started its realization in the city of Cherepovets. A medical unit, heads of the divisions of the industrial complex, trade unions and physical training organizations' activities on maintenance a labor potential, disease and traumatism prevention were coordinated in this programme.

Introduction of a healthy life style, preservation of health among healthy people became the main principle. As a result of this programme only during a year a sickness rate at the metallurgical complex reduced by 12,5% and cost-effectiveness amounted to tens of million of rubles. Social policy of "Severstal" Co. was highly appreciated by the President and Government of the Russian Federation, the corporation became the winner among all the Russian industrial enterprises. A municipal health institution "Medical Unit "Severstal" is one of the biggest medical institutions in Vologda region. It consists of an in-patient department for 700 beds, an out-patients' clinic for 2,5 thousand calls a shift and about 2 thousand staff. In close conditions of reforming domestic health care system, "Medical Unit "Severstal" could not only preserve its potential but also enlarge its material and technical basis considerably, introduce modern Russian and foreign medical technologies. An efficiently elaborated system of voluntary medical insurance of workers of the "Severstal" Co., which forms main investments not only to the medical unit, but also to all health-improving and rehabilitation measures. In each of the workshops their own mini-clinics, rehabilitation centers, health groups are set up. Workers who keep to a healthy life style, who don't fall ill or are seldom ill get an extra financial compensation. For several years already physicians of the medical units have organized and headed health-improving schools for chronic patients with diabetes Mellitus, stomach ulcer, and hypertension. As a result of regular studies patients developed a correct routine of work and way of life. Acute conditions in all the groups reduced by 2 – 3 times.

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Epidemiology and prevention project for primary schools in the Reggio Emilia district : "Eating well for growing-up better". The results of the third year of intervention.

Daniela MICHELLINI Valeria MANICARDI, Anna Maria FERRARI, Cinzia CAMPARI

Epidemiology and prevention project for primary schools
in the Reggio Emilia district: «Eating well for growing-up better».
The results of the third year of intervention.

Target population: 812 primary school children from 44 classes in the Reggio Emilia District.
The project is going to be developed through 5 consecutive school years (1999-2004).

Materials and instruments:

Training for teachers (for a total of 12 hours/yr). Interdisciplinary teaching course.
Intervention of dieticians in the classrooms, work with children regarding taste education, breakfast, fruit, afternoon snack, product labels and advertisement. Questionnaire on goals, food behaviour and sports activities.

Goals: 1 - Health promotion through correct information in food field among children and their families. Sports activity promotion as indispensable element of a child's life. 2 - Collection of epidemiological data specifically about children's physical activity and food behaviour in order to promote and set up future working programmes by AUSL (hospital framework). 3 - Defining an "exportable" plan documenting all operative phases, the materials produced and outcomes.

Objective check on results:

a - behavioral: - eating record (calories introduced and their composition); -questionnaire on physical activity at the beginning and end of the project. B - Clinic: Auxological evaluation and family history.

First outcomes:

Production of a video on breakfast for the teachers' course. Poster about the project to be distributed in schools, pharmacies, pediatric surgeries. Playbill for children; involvement of their parents.
Production of short TV programmes: "5 minutes of good feeding".
Materials produced by some classes: videos on correct feeding, CD on legumes.
Promotion of sports activity through interventions in the classes by ISEF teachers.

Results: 10,1% of school-children has proved to be underweight (8,7% females; 11,3% males) whereas 12,0% has resulted overweight-obese (14,8% females; 9,6% males).

Physical activity is remarkably important in determining ponderal excess/lack in pediatric age, and diet composition is more important than caloric intake.

The project in progress is a positive example of synergical cooperation among the many professional abilities active in the Sanitary Administration of Reggio Emilia and public Institutions - Provincial Education Office, Assessorship to Economical Policies of the Province, CONI - in order to accomplish the common goal of "promoting health" starting from children and their families.

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Hospital as a promotor and partner of promoting healthy lifestyle in local community

Magorzata MISIUNA

National Institute of Cardiology realized from 1996 years a long term community based project on health promotion and prevention of cardiovascular disease, called "Health for the Warsaw-Praque". Programme is addressed to 273.000 inhabitants of right-bank of Warsaw. Its main aim is to create the health related behaviours or healthy lifestyle patterns and to offer the inhabitants the possibility for controlling the health status. We are going to achieve these aims through: health education, medical prevention, multi-sectoral cooperation and community involvement. The realisation of this project is based on the alliances and partnership with the medical institutions, schools, worksites and first of all with local governments. From the very beginning this collaboration brought several mutual initiatives improving health related behaviours, including organisation healthy mass campaigns, anti-tobacco competition, festivals, seminars and workshops for medical personnel, local government and health promotion leaders. The main aims of workshops for health promotion leaders was recruitment and training of decision makers and opinion leaders and other strategic persons to implementation healthy lifestyle in the community. During the last 6 year of realizing this project the most important initiatives were creation of the Health Promotion School Network, which contains nineteen primary and secondary schools and Health Schools for Adult. The programme is in progress. We estimate that, within the period 1996-2002 several thousands of people have controlled their health status and learned about health risks and benefited of healthy lifestyle. Due to our activities non-profit association of voluntary people involved in the programme was created. The local governments took over the part of these activities and developed also health promotion projects independently.

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To prevent musculoskeletal disorders

Kerstina OHLSSON, Istvan BALOGH, Staffan SKERFVING

Background: Disorders in the musculoskeletal system constitute a considerable problem in the society. These disorders are, to great extent, related to the work environment. Despite large, assumed preventive, efforts, success has not been achieved. One reason for this is that conclusive evaluations have not been performed, partly due to lack of suitable methods to assess changes in the workload.

Methods: To identify harmful work, we have developed and elaborated methods and instruments: I. Standardised physical examination to assess the degree of disorders / diagnoses. II. Electromyography (EMG) for measuring muscle activity, inclinometry and electrogoniometry for postures / movements. In an industry manufacturing wooden flooring, improvements had been made by gradual mechanisation. Hence, three different "generations" of lines were in use for sorting by quality. The standardised physical examination of neck and arms was performed on all 168 employees. The muscle activity in neck / shoulder and forearm muscles was assessed as well as postures / movements of neck, shoulders and wrists. The workload was registered for the three production lines during whole workdays. The workers rotated between different workstations at each line.

Results: The prevalence of disorders in neck, shoulders and elbows / hands was high, 31%, 12% and 6%, respectively. The muscle activity was significantly higher at the least automated line and the movements were more rapid. However, the most automated line implied more constrained postures and less variation. The differences between the workstations were much less.

Conclusions: The high prevalence of disorders was identified as well as the shortcomings of the improvements in a demanding work setting. Medical service organisations / hospitals with a responsibility for the health status in the society must

be able to identify harmful workplaces. The problems must be attended to and preventive actions should be taken in close collaboration with occupational health services, labour inspections and the regional social insurance offices.

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7. Tackling smoking: Counselling, therapy, smoke-free hospitals I

The "Baby No Smoke" Project

Sandra BOSI, Anna Maria FERRARI

Introduction: The "Baby No Smoke" program is designed to raise awareness of the damage caused by smoking and by second-hand smoke. Intended to reach pregnant women and their families, it was introduced in 2001 as a regional pilot program co-ordinated by the Lega contro i Tumori (Cancer Society) in Reggio Emilia in co-operation with Santa Maria Nuova hospital and the local unit of the National Health Service.

Target groups: Pregnant women and their spouses, and a group of 10 midwives trained as primary health care providers. Gynaecologists from the national health service, family paediatricians, and managers and administrative personnel from the health service provided support services.

Materials: An informative letter, posters, a chart for monitoring smoking habits, instructional material for the midwives, a self-help brochure, and a brochure on the damage caused by second-hand smoke.

Actions taken: The midwives were trained and supervised, informative letters were sent, and meetings were arranged to raise the awareness of mother and father. Empowerment measures: Subjects were counselled on quitting smoking, an informative visit was made during courses that prepare women for childbirth, follow-ups were made by paediatricians, and special interviews with families and pre-adolescents were made by paediatricians.

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An exploration of attitudes, beliefs and behaviours of nursing staff towards a smoke-free hospital policy and smoking cessation in relation to patient care

Bedelia COLLINS, Maria GIBBONS

Aim: The research question underpinning this project was to explore the attitudes, beliefs and behaviours of nursing staff towards a smoke-free hospital policy and smoking intervention in relation to patient care.

Objective: Through the use of both qualitative and quantitative paradigms the following issues were explored:

1. Staff nurses attitudes to a smokefree policy and the difficulties which they experience in implementing it at ward level.
2. Barriers identified by nurses to discussing patients smoking habit with them.
3. To identify recommendations for future practice that may support nurses in discussing in the implementation of a smoke-free policy and providing smoking cessation support.

Methodology: Data was collected through both qualitative and quantitative paradigms. The first phase of data collection was done through the use of surveys followed by phase two where interviews were used.

Findings: The main barriers to discussing patients smoking habit with them were: a) lack of time, b) patient is a smoker but does not present with a smoking related illness, c) fear of affecting good nurse patient relationship and for staff nurses who smoked fear of being hypocritical. When nurses were asked to identify the difficulties for patients who smoke in a smoke-free hospital, nurses noted an increase level of stress, withdrawal symptoms and denial of rights with particular concern expressed towards elderly.

The difficulties for nurses looking after a patient in a smoke-free policy were having to support patients who are already under a lot of stress. Nurses have to deal with patients who are increasingly agitated, aggressive and irritable secondary to withdrawal. Lack of clarity and awareness around the policy posed difficulties as patients were receiving conflicting messages from various health care workers. Over half of the nurses questioned felt that a smoke-free policy can motivate a client to quit smoking. The

Majority of the sample felt that Nicotine Replacement Therapy was effective in supporting a client in withdrawal. Recommendation were for future practice were identified from the data and supportive literature and research:

- a) Offering NRT to all patients on admission to prevent the development of withdrawal symptoms.
- b) Provide staff with training around Smoke-free policy awareness and smoking cessation by covering the following areas:
 - Brief Intervention in Smoking Cessation
 - Guidelines for administering NRT
 - Awareness on health risk associated with passive smoke
 - Reasons for a Smoke-free policy (health risks and the law)
 - Management of the difficult client.
- c) Positive incentives for patients and clients who quit smoking

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Project BASTA for smoking cessation in a care and research hospital – Psychological aspects

Alessandra IANNI, G. BELLELLI, G. BERTOLOTTI, M. NERI, R. PEDRETTI, S. BONI, R. TRAMARIN

INTRODUCTION. The Italian National Health Program for 2002-2004 has included anti-smoking interventions amongst the objectives aimed at promoting healthy lifestyles and behaviours. With AIM: permit an health gain for staff reducing/quitting smoking behaviour.

STUDY POPULATION. Smoker employees of our hospital adhering to the initiative: 13 (92%) of employees who expressed the desire to quit smoking agreed to participate in smoking cessation meetings.

PROTOCOL. Designed according to the "5 A's" approach: Ask, Advise, Assess, Assist, Arrange. Phases: 1) Identification of smokers motivated to quit (by ad hoc questionnaire). Evaluation of dependence (administration of the Fagerström questionnaire) and motivation (Treatment Self-Regulation Questionnaire - conceptual reference to the theory of self-determination; The Smoking Self-Efficacy Questionnaire SEQ-12). 2) Information and discussion on the general aspects of prevention of smoking-linked diseases and on the benefits derived from quitting smoking. 3) Organization of group meetings to reinforce motivation. 4) Measurement of expired CO. 5) Possibility to request pharmacological support for all subjects who resulted heavily dependent at the Fagerström test. 6) Individual interviews (psychologist/physician).

PRELIMINARY RESULTS.

- Baseline Stages of change: 6 employees who expressed the desire to quit smoking were in the contemplation phase and seven in the preparation;
- 12 (92%) of participants expressed personal difficulty in abstaining from smoking in critical emotional situations;
- after 3 meetings, i.e. 7 weeks after the start of the program, 5 (31%) of participants in the project had completely quit smoking and 46% had greatly reduced the habit.

CONCLUSIONS: The medium and long-term outcome of this intervention will be verified through individual follow-up check contacts and the re-administration of the questionnaires.

This research was partly supported by funds of Italian Health Ministry for current biomedical research.

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Smoking cessation - an important part of therapy

Leena JÄRVI, Maritta KILPELÄINEN, Päivi GRÖNROOS, Eeva NORDMAN

Smoking cessation is of outmost importance in successful treatment of patients with pulmonary, heart and circulation diseases. It is important even for patients with cancer of the upper respiratory tract. Smoking cessation succeeds best with a counsellor (a nurse) being acquainted with the cessation methods.

Methods: In 1994 a pilot program for smoking cessation was initiated for patients with laryngeal and oral carcinoma and in 1998 a smoking cessation unit was established at the Department of Pulmonary Diseases. The new activity was offered for current smokers in all departments of the University Central Hospital. 80 % of male patients and 72 % of female patients were willing to stop smoking. Altogether 127 patients were enrolled in the group discussions (5-10 patients) which were held 5 times

for each group. Most patients were referred to the unit from the Department of Pulmonary Diseases. The mean Fagerström score was 5.9. The observation time was at least 18 months.

Results: A. Seven months after the course a questionnaire was sent to all participants with questions concerning their smoking and use of nicotine replacement therapy (NRT). 46 % of the patients reported being non-smokers. 80 % of them had used NRT. B. One of the authors reviewed all the clinical reports of the patients and recorded the smoking state at 3, 6, 12, 18, and 24 months after the course. At end of the course 55,1 % of the patients were non-smokers, at six months after the course 34,6 %, at one year 29,9 % and after 18 months 22,0 %. Out of the 104 patients with a follow-up time of more than 24 months, 22,1 % were non-smokers.

Summary: Smoking cessation succeeded relatively well in this group who already had pulmonary troubles. 22 % of the patients were tobacco-free at 18 and 24 months. This result is more favourable than in many previous reports. Thus a special unit for smoking counselling is recommended.

189 Mary McMahon Smoking cessation: A partnership approach to service provision in Co Clare. The aim of this smoking cessation programme is to enable participants to positively change their smoking behaviour.

Objectives

1. To raise participants' awareness of the harmful effects of smoking on health.
2. To empower participants to make the behavioural changes necessary to stop smoking.
3. To help participants to positively change their knowledge and attitudes towards smoking.
4. To develop a partnership approach to smoking cessation.

Methodology

- Smoking cessation programme consists of one-hour sessions over a six weeks period.
- Groups generally consist of 10-12 participants
- Health promoters from the hospital and the community jointly facilitate the group.
- The programme enables participants to move through the stages of change (as per Prochaska & DiClemente 's model, 1986) to achieve their stated goal of smoking cessation.
- The development of life skills is an integral part of the programme.
- Experiential learning methods are used throughout the programme.

Conclusion

This programme commenced in December 2002. Early evaluation shows that a partnership approach to smoking cessation reaches a wider population than working independently. This year, the programme is being offered to specific target groups. More facilitators within the community and hospital setting will be trained to extend the programme. Currently, the programme is being modified for use within the workplace as part of a workplace health promotion package.

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Analysis of the activities of a tobacco centre in Paris

Anne-Laurence LE FAOU, Aude MARLIER-SUTTER, Olivier SCEMAMA, Ménard JOËL

Background: A national joint effort programme is under way to set up tobacco cessation units in hospitals. Grants were allocated to hospitals which aimed at developing a specific programme with standardised data and evaluation programme.

Objective: Georges Pompidou European Hospital has set up a tobacco cessation unit in 2001 to identify, treat and follow patients whose level of dependency justify its intervention.

Methods: Our programme consists in: (i) encouraging the staff to call the unit, so that it visits the patient during the hospital stay or to orient him/her to our outpatient services; (ii) evaluating these health promotion activities through systematic evaluation (standardised records, letters and phone calls to follow the patient).

Results In 2001, 354 patients were registered for a first contact : 61.3% were men; mean age was 45.6 (SD 12.8). Nearly 60% of women were hospitalised versus 75% of men. 35% of women had a high level of physical dependency (Fagerström test>6) versus 45% of men. More than 20% of women smoked more than 30 cigarettes per day versus 26.3% for men. More than 30% of the population suffered from lung diseases. One third of men had cardiovascular diseases versus 20% of women. Among women, 20% took oral contraception. Nicotine Replacement Therapy was prescribed for 85% of patients. All patients were oriented for their follow-up. Evaluation of smoking status at 6 month and one year will be presented and discussed.

Conclusion: This public health approach in a new university hospital is a way to improve the concepts and tools of health promotion in hospitals. Taking into consideration the fact that tobacco is responsible for a large part of the deaths and diseases in France, hospital stay is an opportunity to help people stop smoking (patients, families and visitors).

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Smoking cessation: A partnership approach to service provision in Co Clare

Mary McMAHON, Anne BUCKLEY

The aim of this smoking cessation programme is to enable participants to positively change their smoking behaviour.

Objectives

5. To raise participants' awareness of the harmful effects of smoking on health.
6. To empower participants to make the behavioural changes necessary to stop smoking.
7. To help participants to positively change their knowledge and attitudes towards smoking.
8. To develop a partnership approach to smoking cessation.

Methodology

- Smoking cessation programme consists of one-hour sessions over a six weeks period.
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Smoke free hospitals: A healthy workplace and a template for health promotion

Lucia OCCHIONERO, Gisella REVIGLIONE, Fulvio BEATRICE, Mario CARZANA

Since January 1998 5 Hospital Trusts and 12 Local Health Trusts of the Piedmont HPH Network are cooperating with the aim of reducing the negative impact of tobacco smoking on the health of the communities in which the adhering hospitals are located and promoting more healthy lifestyles. Smoking is illegal in hospital venues but prohibition in itself does not produce health gain, even if it results in a healthier workplace. Many health operators still smoke and this behaviour, besides damaging the smoker himself, has a negative impact on the lifestyle of people living in the same community. Health professionals from different institutions and with different roles within their institutions and in the community participated in building a network which produced educational services (courses, publications and web pages), disseminated relevant information through schools, offices and external agencies, and created non-smoke centers in which cessation programmes were implemented and counselling was offered to people determined to give up smoking. Monthly meetings of health operators involved in this activity and regular auditing were the tool for monitoring the implementation of the project. As a result, two well trained health operators in each institution began to train other health and social services operators in cascade so as to reach everybody in the trust. At present 7 non-smoke centers and 7 cessation groups are operating in the network and relevant information, counselling and help is available to everybody in the community. The decrease in the proportion of smokers among health operators and in the general population is under evaluation. Of course much more time is needed for assessing the health gain and the reduction in the smoke related deaths and diseases.

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Smoking habit, general knowledge and awareness of health risks of smoking in health care (HC) personnel employed in Units treating smoke-related illnesses (SRIs-U) vs Units treating non smoke-related illnesses (NSRIs-U) in Livorno General Hospital.

Nolita PULERÀ, Gabriella MATTEELLI, Mauro PINI, Annamaria SANTOLICANDRO

Aim: To investigate smoking habit, general knowledge, awareness of risks of smoking in HC personnel in Livorno General Hospital, in relation to their employment in SRIs-U vs NSRIs-U.

Material and method: 216 out of 298 delivered standardized, self-administered questionnaires (AIPO) were eligible for the study. If smokers, subjects were also submitted to a self-administered motivational questionnaire (MAC/T) based on the four stages of Prochaska, and giving a value of readiness to change (R index).

Results: current smokers were 35.2% out of the total, 29.5% males and 37.4% females. 30.3% of smokers were employed in SRIs-U (SRIs-U group) and 41.1% in NSRIs-U (NSRIs-U group) (no statistical difference). Awareness of health risks of smoking was present in SRIs-U group in 77% of the cases, but only in 55% in the NSRIs-U group. Smoke was considered more dangerous than air pollution in 54.8% of the cases in the SRIs-U group, and only 34.5% in NSRIs-U group. Smoking habit were registered in Patient's clinical records by HC personnel in 86% of the cases in SRIs-U, and in 28.9% of the cases in NSRIs-U. Anti-smoking counselling was considered an useful therapeutic approach in SRIs-U and NSRIs-U, in 97% and 40% of the cases, respectively. Moreover, smokers employed in NSRIs-U showed a lower motivation to quit and lower R index if compared with those employed in SRIs-U. All these data were statistically different in the two groups.

Conclusion: smoking habit is more diffused in HC personnel of Livorno General Hospital (35%) than in general population (25%). Smoking habit was more prevalent in the HC personnel employed in NSRIs-U than in those employed in SRIs-U. General knowledge, awareness of health risks of smoking and motivation to quit are more evident in HC personnel employed in SRIs-U than in NSRIs-U. Educational programmes targeting those groups of HC personnel showing lower awareness of health risks of smoking are needed.

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Hospital evolution: a smoke-free hospital

Giovanni TAVANTI, Claudia RUSSO, Andrea VANNUCCI

Preface. Epidemiological data from 1999 on staff smoking habits in the Santa Maria Annunziata hospital, Florence, showed that about 30% of health professionals were active smokers. This is in agreement with other epidemiological data from this period. The prevalence of smokers is often higher among health professionals than in the local population. The problem of smoking in hospital environments however involves not only staff members but also patients and visitors. The enforcement of laws prohibiting smoking and specific hospital regulations have helped control this phenomenon, but a real "evolution" requires a full awareness of the significance of this problem in public health terms. This process should primarily involve health professionals in their role as health promoters.

Project aim. The aim of the project is the promotion of this "evolution" process by education and the development of specific cultural abilities to help smokers give up their smoking habit.

The project involves two phases:

1. Fostering awareness among health professionals by providing a basic education in this field (epidemiological, ethical and health related issues).
2. Training in "counselling" smokers for health professionals, in particular for those working in departments treating smoke related diseases and in the obstetrics department.

Our aim is the elaboration of guidelines to identify all smokers and the creation of professional counselling services for all subjects who wish to stop smoking. This "evolution" process will develop as greater numbers of health professionals become involved. We anticipate that stopping to smoke will not only be made easier for patients but also that health professionals may be induced by self motivation to change their smoking habits.

Evaluation. At the end of the project the prevalence of smokers among health professionals will be assessed, as will the number of patients who, in this period, request treatment in the hospital's Antismoking Centre.

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Smoking behaviour among hospital staff still influences counselling on smoking

Ingrid WILLAING, Steen LADELUND

Background: Smoking among health professionals has previously been shown to influence their smoking related knowledge and counselling in clinical practice. The evidence on smoking as a risk factor has been constantly increasing in the last decade. This study was carried out in 2000 and investigates the associations between individual smoking behaviour among hospital staff and (a) smoking related knowledge (b) the staff's attitude towards counselling on smoking and (c) actual smoking-related counselling provided by the staff.

Methods: The study is based on a survey using self-administered questionnaires to all hospital staff in a large university hospital in Denmark. Altogether 82% (N=2,561) returned a completed questionnaire. Multivariate analyses were performed with smoking-related knowledge, attitude towards smoking-related counselling, smoking-related counselling practices and self-rated qualifications for counselling as main outcome measures. Analyses focused on a subsample consisting of health professionals in the clinical wards (n=1,412).

Results: Health professionals, who are current smokers, systematically underestimate the health consequences of smoking and differ significantly from non-smokers in the assessments of smoking as a risk factor. Non-smokers might overestimate smoking as a risk factor. Non-smokers significantly more often than current smokers counsel patients on smoking (ex-smokers OR=2.1; CI 1.4-3.1, never-smokers OR=2.1; CI: 1.4-3.0). Ex-smokers and smokers feel significantly more qualified for counselling on smoking than never-smokers (ex-smokers OR=1.8; CI: 1.3-2.5; smokers OR=1.4; CI: 1.0-1.9).

Conclusion: Individual smoking behaviour among hospital staff is still strongly associated with smoking-related knowledge and counselling practices. Lack of self-rated qualifications is a major barrier for professional counselling on smoking in a hospital framework.

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8. Improving hospital nutrition

Determination of the level of awareness on the existence and role of the Community Nutrition Service among Midland Health Board staff

Mary FINN, Elmary PURTILL, Niamh O'KEEFFE

Aims and Objectives: To determine the level of awareness/knowledge of the existence and role of the Community Nutrition Service in the Midland Health Board (MHB) among randomly chosen MHB staff. To identify how information about the Community Nutrition Service is currently being disseminated and to ascertain how best this information should be distributed in the future for maximum exposure.

Method

A sample of 93 MHB employees were recruited across all fields from the four counties within the MHB. A short telephone questionnaire was designed and administered.

Results

- 96% of the MHB employees are aware of the existence of the community dietitian, of which 63% heard through the community dietitians themselves.
- 56% reported having some awareness of the role of the community dietitian
- 70% of MHB employees use our service, mainly involving the community dietitian in GP clinics (34%), telephone queries (29%), care of the elderly (20%), and health promotion (20%).
- The main reasons stated for not using the services included: not required by their service (61%), unsure of the role of the dietitian (21%), and unsure of how to contact the dietitian (14%).

Conclusion

In order that the Community Nutrition and Dietetic service continues to grow and evolve it is necessary to increase awareness of the role of the community dietitian and the services provided by the department. Suggestions provided by those surveyed varied from leaflet production to local newspaper input. The first initiative will be a profile of the department in the Midland Health Board magazine.

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The introduction of an Undernutrition Risk Score (UNRS) to improve the nutritional management of patients on an orthopaedic ward.

Theresa FOLEY, Anita HADE, Fiona McMAHON, Geraldine TALTY

Rationale

Undernutrition has been associated with increased morbidity and longer hospital stays. Early identification of patients at risk of undernutrition allows prompt initiation of nutritional support. This subsequently improves patient outcome and reduces hospital costs.

Aim:

To identify malnourished patients and those who are at risk of undernutrition on admission to an orthopaedic ward.

Methods:

A multidisciplinary team decision was made to implement a UNRS as part of the Midland Health Board 's Catering Action Plan. This team included representatives from Dietetic, Nursing and Catering Departments.

A UNRS was sourced from the Nutrition and Dietetic Department of an acute tertiary hospital in Dublin.

Nursing staff were trained in the use of the UNRS.

The UNRS was then implemented as a standard nursing admission protocol, with patients being referred to the dietitian as appropriate.

Outcomes

The referral rate to the dietitian for nutritional assessment has increased by 500% since the implementation of the UNRS. 80% of this increase is a result of referrals from the UNRS.

Conclusion

The implementation of an Undernutrition Risk Score (UNRS) has proven to be successful in identifying malnourished patients and those who are at risk of undernutrition. Subsequently, this has improved the nutritional management of these patients.

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Protein-energy malnutrition prevalence in a internal medicine ward

Fabrizio GALLO, Cristina GIORDANO, Concetta MARCHELLO, Marina VACCARO

Protein-energy malnutrition is about 19 -41% in hospital inpatients and rise up to 30-60% in the elderly inpatients (Mc Whirter JP, Pennington CR. Incidence and recognition of malnutrition in hospital BMJ1994; 308:945-8); there is an association between malnutrition and increased morbidity and mortality. Because the importance of the subject we performed an evaluation of the nutritional status of the inpatients of Internal Medicine Department in Lavagna General Hospital. In October 2002 we measured the albumin and prealbumin concentration in different nutritional conditions in order to evaluate the difference between estimated needs and the real calorie intake in our patients. We considered 118 consecutive inpatients, 50 men and 68 women mean age 77 years, after 48 hours after the admission and a five days expectation to stay in hospital. We evaluated the food eaten considering three successive daily diet records drawn up by a dietician , and we compared it with the single patient calculated needs. Nowadays there is no a widely accepted golden standard to evaluate the nutritional condition and then we used different methods: -SGA (Subjective Global Assessment) -The score system proposed by N. Azad (CMAJ 1999 Sept.7) - Prealbumin dosage by nephelometry The results obtained with Azad method highlight that only the 36% of inpatients was properly nourished ; the 13% was severely malnourished, and the 51% was slightly malnourished . We found a statistically significant negative correlation between prealbumin concentration and Azad scores and we found a same trend also for the albumin nephelometric dosage. Our results show a Protein-energy malnutrition ascendancy in elderly inpatients consistent with the values one can find in literature, and prealbumin and albumin negative correlation for different nutritional conditions and in the end a great gap between calculated nutritional needs and real nourishment. The high prevalence and consequences of malnutrition, together with the demonstrated benefits of intervention, emphasize the need for routine nutrition assesment in the hospital wards. Owing to these results we are starting a multidisciplinary quality and MCE project in our Hospital on nutritional problems of the hospitalized patient, and we formed a hospital nutritional-support team that it provide quality control and polices the administration of nutritional support to avoid it inappropriate use.

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The Food and Health Project -Preliminary Evaluation of Community based Peer Led Nutrition Project

Cara GRAY

Aim

The Food and Health project aims to empower individuals by providing a peer led nutrition education program to community groups, which promotes healthy eating on a budget.

Objectives:

- To commence the formal evaluation of participant views on Food and Health course
- To collate findings and base further evaluation on results obtained
-

Methodology:

- Development of evaluation form, based on form used in Cook It ' programme
- Distribution and collection of completed forms from community groups
- Use of Microsoft excel in collation of results

Results:

Results showed a very positive view among participant toward the community course, with 92% indicating that the course had changed their ideas regarding healthy eating. This trend was also reflected in the answers regarding cooking and buying behaviours. The vast majority (81%) wanted to maintain these changes, with most individuals citing the wish to 'be more healthy ' as the main reason.

Conclusion:

The collation of these evaluation forms is a starting point for other evaluation to be carried out with participants. The forms give an overview of the participant attitude to the course. The results are very positive. However, it would be speculative to draw anything other than general picture of how the course was received. More detailed research is required to give more conclusive evidence of actual changes in attitude and behaviour.

This project is a joint initiative between the Midland Health Board and Athlone Community Taskforce

Health Promotion Agency, Northern Ireland (1994);Cook It ' Programme

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Charlotte JOHNSTON

Aim:

To pilot, as a quality initiative, the setting up and running of the nutrition component of teachers ' ‘summer school ' training sessions.

Objectives:

- To follow best practice in the setting up of the pilot quality initiative using a Continuous Quality Improvement approach.
- To carry out a needs assessment to determine trainees expectations and needs from training
- To ascertain nutrition knowledge levels of trainees prior to training.
- To carry out evaluation on training carried out, using both qualitative and quantitative methods

Methods:

- Development of pre-course questionnaire to ascertain teacher expectations from course and their needs and perspectives on nutrition; dissemination of same.
- Pre-training nutrition knowledge questionnaires administered
- Post training evaluation carried out immediately after training
- Collection and collation of all data received.

Results:

Pre-training assessment was carried out with regard to teacher needs and knowledge. Post-training assessment was conducted and all data collected and collated. Statistics were undertaken using Microsoft Excel

Conclusions:

Quality denotes an excellence in goods and services, especially to the degree they conform to requirements and satisfy customers' (American Society for Quality). This pilot quality initiative forges the way for all nutrition training to be carried out in a quality manner, with standards of service provision constantly improving in line with national and international best practice, whilst striving to ensure client satisfaction.

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"Healthy diet, healthy life"

Vanda LAURO, Simonetta BIANCHI, Laura FOCESI, Vittorino CALESTANI

Objective.

Evaluation of the health of hospital staff (health workers and kitchen staff) attending the training course on "Diet and Health"(the course was organised in order to widen knowledge of nutrition, to promote the state of health, to increase participants' training skill) . Method. The course was used to: 1.Analyse principal nutrients; 2.Elaborate through group games concepts of quantity, indispensable, useless, harmful foods; 3.Plan specific diets for pregnancy, overweight patients hypertension, gastric problems ...

Course participants were given the following:

- a)Two questionnaires (beginning / end) to evaluate knowledge gained;
- b)Three questionnaires (beginning/end of course and 6 months later) in order to evaluate variations in nutrition and in symptoms.

Results

Analysis of participants questionnaires (23 units) revealed: The most common complaints at the beginning of course were: headache, bloating, abdominal pain, heavy legs, heartburn, weight problems, plus a dozen or so more significant complaints; Six months after the course, improvement in participants' health (already evident in the questionnaires at the end of the course) was confirmed: a decrease in symptoms, above all in abdominal pains (from 30% to 4 %), bloating (from 57% to 26%), heavy legs (from 52% to 26%), genital inflammation (from 26 to 4%). It should be noted that headaches result the most common complaint amongst participants (from 61% to 52%): The symptom appears after 6 months for 1,5 days a month per person compared to the 3,2 declared at the beginning of the course. The intensity of the headache was reported to be considerably reduced (relationship between changes in diet and improvements of health will be discussed). Variations in diet declared between the beginning / end of course and 6 months after the end : a decrease above all in animal fats, animal proteins and simple sugars; an increase in particular in fibre, vegetable proteins and starch. A significant drop in the use of medications: from 10,5 consumption a month per person at the beginning of the course to 6,1 six months after the end.

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Hospital refreshing in order to promote health in the food field

Valeria MANICARDI, Daniela VASTA, Marika IEMMI, Carla BIGI

Working at the „HPH-Feeding” Program at the USL Administration of Reggio Emilia we have chosen to revise Hospital Refreshing, with the goal of making it homogeneous throughout the 5 Hospitals, imprinted to the principles of security and hygiene foreseen by the HACCP program, and to the nutritional principles for healthy feeding (OMS).

Target: the users/patients admitted to the Administration's hospitals; the relatives of the users admitted to the hospital wards.

Specific goals:

- supplying a menu adjusted to the principles of healthy feeding, respecting tastes, cultures and religions;
- making group refreshing in hospital a time of health education in the food field;
- making aware and training the staff of hospital kitchens and wards on the rôle of feeding.
- promoting also outside the hospital correct information in the food field.

Methodology: In 2000 a multidisciplinary working-group has been constituted (Nutritionist Doctor, Dieticians, Cooks, Hotel Service, Sanitary Directions). PROJECT STAGES: from 2000 to 2002

The different menus, preparation and preservation methods, procedures adopted have been compared; the instrumental equipments have been censused. Menu refixed; Meal request form; Presentation of the winter/summer menu in all the hospitals to kitchen personnel; HACCP Course for the staff assigned to the meals and kitchens. Adjustment of tenders for raw materials; instrumental adjustment of kitchens; trying the new summer/winter menus; trying ethnical dishes in some hospitals; arranging liking (quality perceived) questionnaires. Preparation of a Menu Bill to be hanged in each patient room, with the color/image codes and the directions in the language of the extra-European Community patients. Arranging an information-educational leaflet on Hospital refreshing and the principles of healthy feeding.

CONCLUSIONS: The new menus adopted have reached a very good liking by the users (questionnaires). The HACCP training courses have improved (and made more homogeneous) the operating formalities of the different kitchens.

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Identification of patients at risk of Malnutrition in a long stay unit

Niamh O'KEEFFE, Catherine O'KEEFFE, Grainne FLANAGAN, Mary DUNNE

Aim: Identify the impact on the Community Dietetic service with the implementation of a nutrition-screening tool in a long stay care.

Objectives:

- **Identify patients at risk of malnutrition in long stay unit.**
- Measure requirement of Dietetic intervention
- Monitor progress with Dietetic input
- Evaluate use of the tool in preventing further deterioration.

Methodology:

Nutritional Screening Tools were developed and incorporated into the Nursing Care Plans for each patient. Those identified as „at risk” were referred to the Dietitian. Assessment and weights were taken regularly in order to have early detection of those whose condition was deteriorating.

Result: On the first implementation of the tool, in one week, sixteen patients were identified and referred to the Dietetic service. Of these patients 12 Nutrition Risk Assessment Scores were analysed. One of the 12 patients fell in the 'moderate risk' category with the remaining 11 patients coming in the 'high risk' category. The average score for patients in the high-risk category was 11.

Conclusion: The introduction of a screening tool identified 11 patients at 'high-risk' of malnutrition. Prior to the use of tool patients may not have been identified or received Dietetic treatment. The use of the screening tool highlighted the importance of dietetic intervention with the aim to improve condition and prevent further malnutrition.

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Risk of malnutrition in long stay care: closing the gap among older people

Niamh O'KEEFFE, Grainne FLANAGAN, Catherine O'KEEFFE, Mary DUNNE

Aim: Introduce a nutrition-screening tool as standard in nursing care plans and identify patients with increased Dietetic needs.

Objectives

- Identify patients at risk of malnutrition in long stay unit
- Measure requirement of Dietetic intervention
- Monitor progress with Dietetic input
- Evaluate use of the tool in preventing further deterioration

Methods: Nutrition Screening Tool was developed and incorporated into the Nursing Care Plans for each patient. Those identified as „at risk” were referred to the Dietitian. Assessment and weights were taken regularly in order to have early detection of those whose condition was deteriorating.

Results: 16 patients were assessed using the Nutrition Screening Tool over 1 week. 12 patients were identified at risk of malnutrition. 1 of the 12 patients fell in the 'moderate risk' category with the remaining 11 patients coming in the 'high-risk category'. All 12 patients required Dietetic intervention

Conclusion: Prior to the use of the tool, patients may not have been identified nor received Dietetic treatment. The use of the screening tool highlighted the important need for early Dietetic intervention with the aim to improve condition and prevent further malnutrition.

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Patients' quality of live in hospital

Ida RAMPONI

We have thought this project with the purpose to improve the quality of the diet in hospital, thinking of the reorganization of the catering service, to meet with the patient's approval.

The distinguishing marks of this project are:

- haccp
- quality manual
- the definition of menu that can be shared of all the group

In the project there are different competence in the group: chef, dietitian and the managers to purchasing. The choice of the food in hospital is one of the first problem that, with the project we have thought to resolve.

The last objective of this project is the patient's quality of life in hospital.

The stages of this project are:

- a) education and training for the patients and the professional person
- b) patients' satisfaction measurement
- c) selection on "quality" indicators, as: the vegetables choice and, of all, the decrease of salami and cold pork meats.

Outcomes: the made of the stages of the project has showed that the patients don't know the food properties and so as meat they choose the same food every day.

the answers at the set of the questions say that the catering service is good and the food is very pleasant.

Indicators: set of questions given / n. Patients observed - n. Patients satisfied / n. Patients asked - % patients behaviour changed – % knowledge changed.

Catering: Management and control

Chiara RADICE, Luciano ANGELINI, Daria MORONI, Daniele ALBERIO

An external firm certified by ISO 9001/UNI EN ISO 9001 provides the Catering service inside Istituto Clinico Mater Domini. The service – an average 270 meals a-day for patients and personnel – includes delivery of trolleys in each department and a self service restaurant canteen.

General Aims

- Fulfilling Regione Lombardia Guide Lines concerning hospital catering service in the various aspects: Clinic, preventive medicine, healing, and hotelierie.
- Monitoring a correct contract management to ensure a better service for patients and personnel.

Specific Aims

- Guiding the general management in focusing structure and / or service failures
- Setting a contract to meet the desired goals of quality
- Keeping under control the danger of food intoxication and infection.

Description: In October and November 2002, the Sanitary Direction and the Contractor took various inspections to monitor the present runs, the risks connected, and to figure out possible changes in order to prevent them. On a map, various runs have been explored - the "clean" and "dirty" ways – for personnel, food, suppliers, waste and trolleys. According to the survey results, we have arranged a new plan of optimised runs. Starting January 2003, for four months, we are collecting random samples of food and checking the canteen surfaces to monitor possible contamination. The collected data will enable us to organise an

even stricter prevention both on personnel and customers. This project responds to the Management and Contractor's commitment for a higher quality of life inside Istituto Clinico Mater Domini.

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Nutritional information for subjects in developing age in a hospital dedicated to maternity and infant assistance

Antonio TRIARICO, Marilena BATTAGLIA, Chiara RADICE, Ilaria GORINI

The adoption of a correct alimentation from a paediatric age results in the psychophysical development of the child. In the Lombardy region (Italy) about 13,6% of school age children have problems concerning overweight/obesity. A period of time passed in hospital can represent a moment of attention dedicated to the child 's health and a possibility of giving an example to the family of a correct and healthy diet.

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9. Developing the quality of hospital services

HPH Balanced Scorecard-a possibility to integrate specific key themes of health promotion into hospital practise

Brigitte BERGMANN

The Balanced Scorecard can be used to implement strategies also in hospitals. A working group from 5 different institutions, all members of the regional HPH Network Berlin – Brandenburg, developed a Scorecard which addresses the specific key themes of health promotion. The scorecard is mainly meant to be included in a comprehensive Balanced Scorecard of a HPH. Using this scorecard could help HPH implementing the specific goals of health promotion integrated in ist own overall strategy. The scorecard could also be used to communicate health promotion strategies within the hospital. The scorecard lists proposals for different approaches to implement health promotion. It is meant to be adjusted to the specific needs of the HPH and not meant to be used in all its aspects. It is rather a collection of ideas how health promotion could become part of the day to day practice.

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Clinical Waste Management & Practices

Pauline FORDYCE, Stephanie O'GARA

Puopse:
To review Clinical Waste Management Practices in Beaumont Hospital.

Objective:
To initiate a comprehensive Clinical Waste Segregation System, to improve waste handling practices and to minimise volumes of waste produced.

Methods:
Clinical waste policy and procedures were written up and agreed. Documentation was issued and training programs were organised for all the wards & departments.

Pictorial posters indicating the type of segregation were posted in all wards. Clinical Waste Management was incorporated as part of the Induction Training for clinical staff.

Waste was segregated at source into Clinical, Cytotoxic and Anatomical Waste.

Auditing of Clinical Waste Management Practices took place at ward level.

The introduction of the European Communities (Safety Advisor For The Transport Of Dangerous Goods by Road & Rail) Regulation 2001, prompted Beaumont Hospital to appoint a Dangerous Goods Safety Advisor. One of the many duties of the Advisor is to advise the hospital on the correct transportation of dangerous goods.

Results: (Change in Practices & Learning Point

National figures produced in 2002 indicated that between all the Dublin Academic Teaching Hospita, (DATH), Group using Sterile Technologies Ireland Beaumont Hospital generates the second lowest amount of kilograms of Clinical Waste per bed.

The results of the Clinical Waste Management Audit were reviewed and it was identified that "moveable bins" were required in a number of areas so as to prevent sharp injuries and to ensure that Clinical Waste was disposed of in the correct bin.

Conclusion:

We consider the above to be a marvellous achievement from all our staff in such a large hospital.

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Controlling System in a Hospital

George GOLUKHOV, Sergey OSIPOV, Oksana SLOBINA, Igor KOLOMIETS

Improvement of managing a multitype hospital, which is a clinic of Russian State University, requires introduction of new methods of management and new technologies in organizing management processes which will, undoubtedly, have an effect on the quality of patients' care.

Existing inspection system (system of control) in Russian hospitals is not efficient, as control is exercised by specialists dealing with treatment and diagnostics. To change the existing system for the better a concept of "active management" was elaborated. Toward this end a group of physicians, familiar with fundamentals of management in a hospital, was organized and taught at the Institute of Management (2 series called "Modern methods of management in healthcare" of 2 weeks duration each). Administrative managers of this group established a twenty-four-hour monitoring of the hospital's activity. The managers were put under the hospital's president direct supervision and they reported on the results of controlling all spheres of the hospital's activity during 24 hours.

Owing to such continuous control, prevention of routine drawbacks was done on-the-fly while being on duty, in particular:

- A period of time necessary for patients' examination and hospitalization has been reduced;
- A plan of laboratory and instrumental examinations is formed optimally;
- Patients receive a timely and full-fledged consultation before discharge from the hospital concerning their further care and rehabilitation at home.

Along with this, analytical data on drawbacks is prepared. This data is examined at meetings of the hospital's Council and decisions on eliminating defects are made accordingly.

Succession in the work of administrators on duty affected the hospital staff's responsibility for their functional duties essentially. Parallel with these innovations a group of active management refused official methods of control and inspection service which creates a stress situation in the hospital and produces a negative reaction among the personnel.

Controlling, realized by a group of active managers, is based on the principles of fellowship, common responsibility with the whole staff and a wish to promote quality of medical care in an active way.

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Character Research in HPH Activity of Heart Surgery Hospital Debrecen, Hungary

Sandor HORVATH, Csilla KEMENY, Arpad PETERFFY

The Heart Surgery Hospital of Medical School of University Debrecen has joined with the WHO HPH mouvement in 1966. Our hospital has about 1600 inpatients and 4000 outpatients a year. The number of staff are 151 people (doctors 23, nurses and other 128). This workplace is a regional Heart Centre, it is biggest one in Hungary. It's mission plays a very important role in regional public health and health policy.

Objectives: add 1. To prove the evidences of our HPH programme's results on improving the health gain of patients and on strengthening of setting priorities and partnership. add 2. By the results of SWOT analysis to present positive and negative attitudes in the health related behavioural control.

Methodes: review, measuring QoL, SWOT analysis and reseache of caracter.

Resultes: add 1. The health gains of our HPH programmes appear in life expectancies, in QoL parametres, life changes, risk behaviour, self-health control and setting activity. One of the results of SWOT analysis: The patient's programmes based on civil and professional partnership are most succesful. Weaknest is to back to the erlier life style of patient and the staff's health promotion activity. add 2. The people living in Debrecen have a very special historical habit, named "CIVIS". The speciality come from calvinism, protestant, puritant and inseparable civil evaluation in Debrecen of the historical Hungary. The "CIVIS" fellow is hardly moral, hard working, sensible, more ratonalistic, then philosophic, but more traditional to conservatism.

Conclusions: add 1. Our HPH activity increases the health gain. It's hospital public effect: decrease of morbidity/mortality, modernisation of doctor-patient partnership, communicaton and participation. add 2. In the health related behavioural control is possible only between lines of positive and negative characters of local public.

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Recycling Project at Letterkenny General Hospital

Mary KELLY

Recycling project segregates certain waste products from the normal waste stream and processes them for recycling. The hospital currently generates 10 ton of domestic waste per week. All of this waste is sent to landfill at no consideration to the environment. 75% of this waste can be recycled. Aim of project is to remove paper, glass and cardboard from waste stream. This poster will describe methods used to reduce this waste. It will also describe staff and community involvement in the project.

Project has made significant progress. A reduction of 5 tonnes of domestic waste means that we are contributing to a "Greener Donegal".

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Friendly rubbish: children help an hospital

Cristina MAGLIO, Rita GAGNO, Roberto PREDONZANI, Roberto AMMIRATI

Introduction: The project was born in Saint Charles Hospital, at Bordighera, to persuade visitors, patients and employees to use a proper behaviour when they eliminate rubbish (waste paper, bottles, ...).

Object: We would realise a promotional campaign turn out the community; It's necessary to keep clean the hospital. For this reason we have been involving primary school students to realise with theme posters of good civil practice. We have been describing in several lessons the students that is differ collection is very important in our society to live in a clean world. We have been realising with children posters with slogans and sketches to display in Bordighera Hospital.

Target group : Visitors, patients, doctors and nurses, students and teachers of primary school The project started in 2002; first phase have identified the principal premises where posters have to display. In the second phase children have realized 70 posters (dimension: 100 x 70 cm.) with several claims and different comics (as speaking flowers, butterflies and other animals). The used equipments are felt-tip pens, temperas, water colours, collage. In May 2002 there was a presentation of this work during a show in the hospital. The Azienda Sanitaria Localae 1 Imperiese will print a book with the children's works.

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"Nothing in the dustbin only dust": A waste management initiative at St Loman's Hospital Mullingar

Ann MASTERSON, Julia SMYTH, Sean CARR

Background: This project evolved from the current world trend towards waste management and the observations of staff with regard to the amount of recyclable material being placed in skips for collection and removal to local landfill site.

Objective:

- to initiate an environment friendly „recycling programme”
- to increase awareness amongst staff with regard to waste management
- to seek the views and co-operation of staff
- to reduce the amount of overall waste required to be collected in skips
- to co-operate with Local Authority with regard to the amount of waste being brought to landfill site
- to find cost-effective alternatives to the materials being used

Methods:

- redeployment of staff member to Waste Management Project
- consultation/information sessions with staff with regard to Project
- involvement of all grades of staff in various initiatives
- identification of waste suitable for recycling
- provision of collection containers in order to segregate waste
- identification of storage/collection points
- arrangements for transport and collection schedules
- arrangements for disposal of collected waste
- liase with Local Authority with regard to disposal
- liase with MHB Maintenance Staff with regard to disposal

Results: All grades of staff co-operated in the project with a resultant reduction in the amount of waste being put in skips for transportation to landfill site. The following items are collected for recycling: cardboard boxes, glass, plastic containers, aluminium tins, batteries, newspapers. All paper waste is shredded and sent for recycling. Where possible envelopes are re-used for internal post. Electric hand dryers or cloth towels are used instead of paper towels. Glass or plastic cups are used instead of disposable cups. Used toner cartridges are collected and given to charitable organisation for fund-raising purposes.

Changes in Practice: A standardised approach to waste management to include all locations with Longford/Westmeath Mental Health Services: Staff awareness has increased to the level that they carry out recycling in their own homes. Any waste that can be recycled is not sent to landfill.

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Could health promotion standards be implemented into the daily activities of HPH? Results of pilot study in Lithuania

Irena MISEVICIENE, Juozas PUNDZIUS, Zemyna MILASAUSKIENE, Raimundas SAKALAUSKAS

Health promotion standards (HPS) as a means for health care quality improvement is a new phenomenon in the work organisation of Lithuanian hospitals. In the meantime HPS are not included into existing health care quality assessment systems. That's why the investigation of the possibilities of their implementation is extremely important.

Aim

To question the directors of Lithuanian HPH network hospitals and to evaluate their opinions on the acceptability of the HPS and their influence on the upgrade of patients' conveyance and empowerment for health literacy.

Methods

A two-stage survey of all the directors of the HPH hospitals was carried out. The first stage survey requests the chiefs to express their opinion on the prepared HPS, their content and possibilities of implementation. In the second stage a pilot test will be arranged according to the recommendations provided by the WHO coordinating centre.

Results

In the course of the first stage of the survey the majority of the HPH chiefs would approve of the creation and implementation of the HPS in hospitals. However, it is necessary to discuss the following questions: Are all of the standards acceptable to all of the

hospitals irrespective of their working profile? Can the standards be implemented without extra sponsorship? Is the health staff qualified enough to implement the HPS? Who should supervise the preparation of guidelines for staff to implement the HPH Standards? Are the patients on a sufficient health literacy level, so that the HPS can be implemented? In the course of the second stage of the survey (which will take place in February, 2003) it will be attempted to answer the questions that were asked in the first stage of the survey. The results of the pilot study will be introduced during the conference.

Conclusion

The directors of Lithuanian HPH network hospitals hold a positive view towards the creation and implementation of the HPS in hospitals. However they claim that their acceptability should be certified in the level of decisions makers, that is, at the Ministry of Health Care, and also corresponding guidelines and recommendations should be prepared and legislated.

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Effective disease management for promoting health

Danilo ORLANDINI, Annamaria PISI

The techniques of disease management have introduced the themes of management in health care, but sometimes have placed greater emphasis on the costs instead of outcomes. Quality Drivers (QD) are indicators of good quality health care defined with the methodology of the evidence based medicine, that takes into account the best applicable scientific evidence, the available resources and the values and the empowerment of patients. Empowerment education is used as an effective health education and prevention tool that promotes health in all people and settings; literature review demonstrates that powerlessness is linked to disease, and conversely, empowerment is linked to health.

Reggio Emilia Health Authority performs some practical interventions in the fields of care of chronic diseases (eg.: diabetes, hearth failure, oral anticoagulation treatment, chronic obstructive pulmonary disease-COPD , palliative care, dip dislocation, ...) in order to achieve the best clinical outcomes also by means of responsabilization and sharing with the patient.

Groups of specialists define best outcomes and tools in order to achieve them, using the techniques of the evidence based medicine; these tools always include the analysis of patient's "agenda", sharing of goals and empowerment education.

For example in the field of COPD, a QD is the evaluation of FEV1 (spirometry) but in the some way the education to smoking cessation, appropriate use of devices and non-farmacologic control of the symptoms.

Taking into account the values and the preferences of patient means also to share with them the possible degree of achievement of the goals, which guarantee effective and, at the same time, desired outcomes: the patient assumes an active role in the promotion of his/her own health.

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Towards EFQM Excellence Model application and new governance in Udine Hospital

Sandra VERNERO, Mirella CAMPAGNOLO, Gilberto BRAGONZI

The EFQM Excellence Model is based on the principles of continuous improvement and self assessment and is focused on performance, customers, people and society results. Udine „Santa Maria della Misericordia" Hospital, a member of EFQM since 2001, is collaborating with EFQM Health Sector Group to study and to promote the EFQM Model use in healthcare organisations within Europe. An Italian network of healthcare organisations applying EFQM Model and comparing best practices and self assessment of results is rising too. A conference was held on 7th March 2002 in Udine to introduce the EFQM Model in Italian healthcare settings for the first time. The first step for EFQM model application in Udine Hospital has been a top management self assessment, carried out in 2002. A new questionnaire according to EFQM criteria and subcriteria was framed and filled in by 42 leading officers. Four different „worlds" (namely: managerial, clinical, administrative and technical) were compared and integrated. After data analysis and a discussion workshop, strengths and areas for improvement were recognised, and an action plan was constructed. Priorities for 2003 will be staff participation in hospital decision making and development of internal communication channels.

Self assessment of clinical departments has been scheduled too, involving about 130 people. In order to identify stakeholders' perceptions and needs as well as to increase their empowerment and their participation in hospital decision making, a stakeholders' committee was established and focus groups with patients, relatives and staff were accomplished, preliminary to satisfaction surveys. Since our region borders other European countries, a collaboration with a group of foreign citizens living

and trained in the region was carried out to lower cultural boundaries and to improve communication between staff and users. Further integration with citizens came from participation in the WHO „Health City Project” with Udine city council.

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Recruitment, selection and retention practices of Occupational Therapy Managers in Ireland

Caroline WHELAN

Background: Occupational therapy managers need to recruit, select and retain therapists to ensure both the delivery of high quality services and the viability of their departments. The personnel shortage in the field of O.T. is a twofold one as the Bacon report outlined, both the number of O.T. personnel needed to deliver care and the number of patients needing care has increased whereas the number of occupational therapy professionals available to provide services has remained somewhat stable. At present, there is no research in Ireland on the area of recruitment, selection and retention of O.T. 's. In research in the U.S.A. and the U.K., recruitment and retention strategies can be cited but their utility and effectiveness have not been cited.

Aim: To conduct a study of recruitment, selection and retention practices of occupational therapy managers in Ireland

Methodology: A survey was designed to identify the recruitment, selection and retention strategies used by occupational therapy managers in Ireland and the perceived level of effectiveness of those strategies that were used. The surveys were mailed to all O.T. managers in Ireland (N=42), and the response rate was 95%.

Results: Ten of the 23 recruitment strategies listed on the survey were used by more than 70% of the respondents. The top three recruitment strategies were professional development opportunities, recruitment from abroad and newspaper advertising. Panel interviews and checking references remain the most popular methods of selection. Seventeen of the 23 retention strategies listed were used by more than 70% of the respondents. The top three retention strategies were professional autonomy, continuing education and flexible work hours.

Conclusions: Findings suggest that occupational therapy departments ' recruitment, selection and retention plans could be improved by expanding the number of strategies used and by incorporating techniques that appeal to a broader range of therapists.

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10. New (clinical) governance in the hospital

Clinical governance and risk analysis

Francesca BRIGANTI, Michele ZINI, Donata GUIDETTI, Maria RAVELLI

The problem of patient safety has been steadily increasing in recent years. Health care organisations all over the world have had to face the problem as it has become a major source of concern for patients, health care professionals, and public hospital administrators.

One of the clinical governance strategies adopted by S. Maria Nuova Hospital has led to the development of an experimental project on Risk Management. A Clinical Effectiveness Unit "CEU" has been nominated to run the project. We expect to identify adverse events and, most importantly, to produce GUIDELINES that will improve clinical performance, outcomes, and patient safety.

We will:

- review discharge records to identify cases at risk (occurrence screening)
- based on a protocol written up by the CEU, we will run a peer review of selected patients' records. We expect no more than 1/10th of the records to pass this second screening as Adverse Events will have no doubt occurred during hospitalization. Even if the patients were not negatively affected by the events, they are still considered as potential risks for patients

- Those responsible for division and hospital-wide quality assurance will set the priorities for how to intervene in the case of hospitalizations in which one or more adverse events occurred. Priorities will be set according to standards adopted by the CEU importance and number of events, availability of proven and effective solutions and guidelines, and staff involvement.
- Root Cause Analyses (based on Joint Commission standards) of the selected cases / events will be performed by the project team

Following identification of causes, the divisional and hospital-wide CEUs will offer technical support for the drawing up of guidelines that, if followed, will reduce or eliminate the organizational/structural/cultural causes thereby leading to the prevention/reduction of risks.

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New hospital governance: A European perspective

Kristof EECKLOO, Arthur VLEUGELS

The goal of any model of governance is to create a complex of checks and balances which enables a proper setting of objectives and an integrated support and supervision of their realisation at operational level. When applied to the hospital sector, there is a growing unanimity that health gain should be the key objective and performance criterion of good governance. Both in health care and health care organisations, the knowledge- and evidence-based approach has become omnipresent. There is less unanimity, however, about the actual configuration of the checks and balances that can implement these new dynamics at all governance levels (European, national, regional and institutional). The current challenge is indeed to search for a productive interaction and increased participation of all parties involved. It is clear that the latter will depend on contextual elements and therefore demand an extensive knowledge of the regulations, traditions and other characteristics of the specific health care setting.

In the present contribution the authors illustrate the need for European research on this subject. Not only because of the growing impact of the European dimension, but particularly because of the requisite degree of methodological coherence and in order to guarantee that full benefit is derived from the rich variety of approaches existing in Europe. The determinants of hospital governance are still mainly situated on the national level. The legal governance framework is intrinsically linked to the national social security system and the national, regional or local social policy. This has two consequences: 1) for structural governance problems there usually exist no reference data within one single legislative order and 2) innovative solutions from abroad are only useful when they are examined against the background of a wider complex of rules. Therefore, research should focus on the determinants of the tasks, composition and functioning of the governance entities of European hospitals. This will supply policymakers, academics and health care professionals with an instrument to assess their own national policy, their own research and their own governance environment from a European perspective.

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"The Patients' Conference" at Odense University Hospital, Denmark

Mona ENGDAL LARSEN, Anette FLY, Christensen ODENSE

On a sunny Sunday in May Odense University Hospital invited patients and their relatives to an open conference concerning the patients' experiences and expectations to the hospital. Three thousand people visited the hospital and participated in workshops, and during the day the visitors went in to a dialog with the staff concerning health, health promotion and patient orientation.

A new method for patient involvement: In the year 2000 Odense University Hospital agreed on a new policy for developing the hospital in the years 2000-2004. A part of the policy is focused on improving patient health and patient orientation. To do so Odense University Hospital developed a new method for patient involvement and invited everyone concerned to take part in a non-formal dialog with the staff and directors. As a hospital we need feed-back from our patients and their relatives to improve coherent clinical pathways and the patients' quality of life within the hospital.

Structure of the dialog: The patients were given the opportunity to state their opinions and at the same time the hospital needed to secure the outcome in an operational way for further development of the hospital.

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New Governance of the Health Sector in Piedmont

Ciriaco FERRO, Sergio MORGAGNI, Mario CARZANA, Ruggero TEPPA

In recent years, it became quite evident that producing the wellbeing of people is not solely the task of the health sector but rather the product of actions by different partners. However the governance of the whole matter is the mission of the health authorities.

Three relevant events had to be taken into consideration by the Aldermanships for Health and that for social welfare of the Piedmont Region when designing the health plan for the next five years:

- the national government decree on the essential levels of care
- the devolution which charges the Regions for all the activities related with health and education
- the requirement of allocating the scarce financial resources according to cost-effectiveness criteria, thus privileging health promotion and disease prevention and putting the community at the focal point of every action both inside and outside hospitals.

Adopting the HPH philosophy, a regional decree introduced health promotion within the operational task of all hospital. Funds will be granted to those hospitals which will implement projects for health promotion both among staff and patients and in the community. The new Piedmont Region Health Plan which is due in a few months, will reshape the local health trusts, will appoint the new directors general for promoting a higher integration between social care and medical actions and between hospitals and the communities in which they are located with the aim of producing better health in the near future. The guidelines of the new plan are described and discussed.

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An experimental instrument to improve New Governance in hospitals of AUSL 5 Pisa

Marcella FILIERI, Sergio CORTOPASSI, Monica CACELLI, Raffaele FAILLACE

AUSL 5 Health Care Company in Pisa is going to test a new model of Hospital named "Ethical Hospital" taking up with diabetic and cardiological clinical pathways and with maternity and childhood process.

"Ethical Hospital" is the place where patients can exert their rights to be healthy by means of:

- a) Proper and effective diagnosis and treatment;
- b) Improvement and empowerment of health in order to heighten patient's awareness of his state of health ;
- c) A new organisation able to make hospital accommodation, health care, diagnosis and treatment processes more patient oriented

So, top management has to develop a new strategy in order to guarantee patient and staff involvement in the decision-making process. Further instruments more suited to monitoring and evaluating the outcomes are necessary too. This paper describes Quality Plan(PAQ) which is the main instrument performed by AUSL to be applied in the coming out of the "Ethical Hospital". PAQ is a sort of statement containing the whole of subprojects related to the "Ethical Hospital" in order to bind together the three aspects of quality:

1. relationship quality (health promotion);
2. organisational quality (by considering the different needs of health care and treatment levels in hospital processes);
3. professional quality (clinical governance)

PAQ has a three years validity, it includes 13 projects (i.e. (Humanization, Intercultural Hospital, Risk Management) and allows to estimate on a yearly basis the achievement of the intermediate objectives, thanks to indicators previously arranged with professionalists and added to the Hospital budget schedules. Every year each project is divided into different phases and for each of them deadlines, responsibilities, partial indicators and monitoring methods will be defined.

For some HPH-related projects a verification through a score-system is planned. The internal verification will be conducted by an interprofessional group of 17 trained operators holding a specific Diploma. The first monitoring results will be disclosed to the customers during the annual AUSL Conference.

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Hospital-based ethics and democracy: Experience of the Espace éthique of Assistance Publique - Hôpitaux de Paris

Marc GUERRIER, Emmanuel HIRSCH, Virginie PONELLE

Assistance Publique – Hôpitaux de Paris holds 40 hospitals, in which 90 000 collaborators of over 100 different professions work for health. Within this institution, the Espace éthique AP-HP is a transversal organisation that contributes to teaching, research, and analysis of ethical stakes. This structure is a neutral place with no decisional power. It is a place of respect and rational deliberation that allows a careful examination of ethical problems. The combined reflections of professionals, associations, patients and their relatives, allows determination of common ethical values that can enlighten decision making in the field of health and hospital. Three examples among numerous initiatives lead by the Espace éthique show some significant specificity of its approaches. In 2000-2001, a workshop about ethical skills in bone marrow transplant for children led to a symposium and a publication. This work was initiated and directed by the mother of a young girl who died because of leukemia. Professionals and parents continue this research together today. A wider reflection has started in July 2001 about health care and medical research in the field of pediatric oncology. People involved as parents or professionals put together their competence so as to make main skills of progress emerge and be more efficiently shared. Doctors, nurses, families and other participants work together in a group raising practical and ethical matters concerning death chambers in hospitals. Such projects or workshops bring to the realisation of hospital training courses (for instance about ethics and practice of pediatrics palliative care). A public feature of these initiatives is also brought by articles and web publications. Thus, this kind of work is now considered as a reference by professionals and public representatives. An institutional structure as the Espace éthique may be a way to bring health care ethics reflection into democratic life.

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A project for the realisation of a national center for continuous education focused on the clinical governance policies

Maria RAVELLI, Barbara CURCIO RUBERTINI, Chiara BEGGI, Alessia SALSI

A general goal of this project is to set up a formally recognized national referral center for Continuing Medical Education with accredited attendance to courses. The Center will also be primarily directed to training and education in the health field with special emphasis on clinical governance and evidence-based medicine

Goals

The creation of a pluriennial program of CME accredited courses that will also serve as support to clinical governance, innovation in clinical practice. Similar to other parts of Europe (for example, in Oxford), we plan to train tutors who will in turn help teach residents / interns in our hospital about evidence-based medicine. ASMN Medical Library will offer courses in document delivery / transmission, accessing medical databases, guidelines on best clinical practice, evidence-based information.

Collaborations

We are currently working, and comparing our work, on the design, organization and management of our CME Center and support concerning clinical governance and evidence-based medicine with the CME Centers run by two University Teaching Hospitals: Washington University in St. Louis and Oxford University in England, and with the Italian Group for the Evidence Based Medicine (GIMBE).

Successes

Success is based on:

- the internal and external networks of support and collaboration which are already firmly in place and which we intend to continue expanding and developing in the future.
- the commitment and substantial support given by our executives, hospital departments and divisions, the Local Health Authorities and The Social and Cultural Community of Reggio Emilia
- the strong motivation on the part of the professional innovation projects' leaders and promoters who are part of ASMN clinical staff
- solid partnerships

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MONDAY, May 19th, 2003, 18.15 - 19.00

11. Patient safety I

Guidelines on fall prevention: a tool for evaluation and improvement of clinical practice leading to patient/staff empowerment

Angela BRANDI, Rossana MARILLI

Accidental falls among hospital patients can lead to severe consequences, not only for the patients themselves but also for their families, social services and, ultimately, can cost major financial losses. The incidence of inpatient falls within the Azienda Ospedaliera Careggi has not previously been studied. An analysis and evaluation of this phenomenon and subsequent improvement in this area was therefore not possible. Consequently a project focused on fall prevention, both in Hospital and at home was elaborated. In accordance with Health Promoting Hospitals Strategies the project emphasis on the issue of quality and suitability of health procedures leading to an optimal outcome. This, in turn, increased public awareness of the influence of the lifestyle on health. The issues addressed were not only those of the removal of architectural barriers, but also, and foremost, the elaboration of Evidence Based Practice guidelines which would lead to staff/patient empowerment. The project was therefore developed according to the typical strategies followed in the empowerment process: information/communication, education/training, hospital staff and patient/families active involvement in decision-making to achieve behavioral change. Initially a retrospective analysis of falls was carried out. Evidence Based Guidelines were then adapted to the specific hospital setting using the above data. The following instruments were created:

- a form for quantitative/qualitative monitoring of falls

- a validated scale to identify patients at risk of falling

- a form to evaluate the safety of hospital structures

- an informative brochure to prevent falls at home

These guidelines are now being tested on several pilot units prior to implementation.

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User representative, Hôpital Européen Georges Pompidou

Tim GREACEN

The author, a user representative in the Paris hospital system, rejects the distinction between patients and agents and proposes a healthcare information and training system based on the notion that users are public health agents. All users have personal and inter-personal health projects. The aim is to be able to assume responsibility for decision-making in these projects and to participate in decisions at all levels. Like all agents, to be good at it, users need access to appropriate information and training at the appropriate time. Two experiments on user empowerment in decision-making are described. The role of hospitals as health information centres is illustrated by current plans to create a health information centre at the Hôpital Européen Georges Pompidou in Paris. In a second example, the City of Health at the City of Science and Industry in central Paris shows how different stakeholders can collaborate in building a comprehensive health information centre using health information counsellors in a general public context.

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Can we improve blood transfusion management? Experience from a Greek public hospital

Nikolaos KARMAN, Sofia GRIVA, Despoina PERISTERAKI, Aspasia SOTIRAKOU

Objectives

To evaluate whether a series of interventions initiated by the Blood Bank staff could influence the hospital's blood transfusion patterns.

Methods

The research site was a 250-bed adult general public hospital located in Athens. During 2002 medical and nursing staff from the Blood Bank (B.B.) Department undertook the initiative to raise the issue of blood conservation necessity. The intervention included preparation and distribution of 2,000 copies of a 16-page booklet on E.U. Transfusion Therapy Recommendations, while several meetings were organised addressing the hospital's senior health professionals. After the meetings and on a monthly basis, a report was sent to each department showing blood consumption data. Additionally the B.B. nursing staff contributed to the effort by scrutinising more carefully all blood inquiries, before starting the relevant matching procedures. We accessed the B.B. and the Patient's Records statistics and compared data for 2001 and 2002 regarding: a) consumption of blood and its products, b) patients' Hematocrit value before transfusion, c) reported incidents of transfusion related reactions, d) admissions and e) mortality rates.

Results

On the overall, comparing the two years' figures, a reduction in blood consumption has been identified for 2002. Despite an 8.8% increase of admissions (1,187 more patients) in 2002, 132 less Packed Red Blood Cell units were consumed (3.8% reduction), 418 fewer Fresh Frozen Plasma units (12.8% reduction), mean Hematocrit value before Transfusion was reduced by 4.81% (26.77 vs 25.48), also fewer transfusion related incidents were reported (16 vs 18, 11.1%), whereas inhospital mortality rates for 2001 and 2002 were found comparable (2.55% vs 2.46%).

Conclusion

The well-designed, persistent and prolonged interventions on behalf of the Blood Bank staff can affect the physicians' blood transfusion patterns and thus reduce blood consumption without compromising patient care quality.

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Prevention and control of risk by antineoplastic drugs in the health care facilities.

Mario MARGONARI, Battista MAGNA, Antonio FANUZZI, Maurizio RONCHIN

Treatment of patients with antineoplastic drugs pose a major concern for health of hospital workers, since absorption can be possible in several working phases (drugs preparation and administration, waste disposal) and local and systemic health effects related to professional exposure has been reported in literature.

Preventive guidelines has been elaborated and disseminated trough public and private hospitals of Lombardy; a survey on the guidelines application has been carried out utilizing a questionnaire.

The collected information covered the following main areas:

- exposure and risk assessment,
- location of the drug preparation activities,
- working spaces and equipment,
- working procedures,
- use and compliance of personal protective equipment,
- information and training of personnel,
- device and biological fluid disposal.

Results: Information were required to 121 public and private hospitals; 97 structures (equal to 80%) have returned the questionnaire. Exposure and risk assessment has been carried out in 89% of the health care facilities; about half of these have applied the methodology proposed by the regional guidelines. Only 10 health care facilities haven't performed the assessment yet. An "antineoplastic dealing unit" has been instituted in 63% of the health care facilities; the 50% of the remaining have planned to locate a centralised point for the preparation activities. A vertical laminar flow cap has been adopted for the preparation activities in the 80% of the health care facilities, 17% have adopted different types of cap, while only 3% don't have this protective equipment. Working procedures has been elaborated in 91% of the health care facilities; in the 56% of cases a manual of procedures, that have to be regularly updated, has been prepared. Gloves are diffusely used in all the structures; devices for airways respiratory protection are used in 92% of the structures. Information and training of personnel has been provided in 83% of the structures; a four hours course (average) was performed for each workers.

Conclusions: The collected data allow to conclude that the general situation is now reassuring.

Mario MARGONARI

Hygienic conditions and safety of workplaces in the lithuanian hph network hospitals

Zemyna MILASAUSKIENE, Irena MISEVICIENE, Vidmantas JANUSKEVICIUS

Introduction. One of the aims of the Health Promoting Hospitals (HPH) project is to create healthy working conditions for all hospital staff. Effective and efficient work of a health care institution as well as the satisfaction and well being of medical personnel are closely related with the physical and social working conditions in the hospital.

Aim. To investigate the assessment of hygiene and safety status of the workplace in the Lithuanian HPH network hospitals.

Methods. Anonymous self – administered questionnaire was sent to all hospitals (n = 11) taking part in the Lithuanian HPH network. The response rate was 100 %. The chief physicians were asked to fill in the questionnaire and note, what was done in order to identify potential occupational hazards in their hospitals and what intervention measures were implemented to solve identified problems in the area of hygiene and safety.

Results. The analyses of results revealed that the hygienic assessment of the workplace was performed only in the high-risk departments, i. e. in radiology units, biochemical and microbiological laboratory, operating rooms, intensive care and neonatology units. In different Lithuanian HPH network hospitals the number of workplaces investigated from a hygiene standpoint ranged from 0.7 till 21.6. Chemical and physical risk factors dominated in the two thirds (72,3 %) of harmful workplaces, ergonomical risk factors constituted in one-third (27.7 %) of workplaces. The majority of the respondents pointed out that they were trying to eliminate the identified risk factors. If they could not eliminate the hazardous risk factors fully, they try to eliminate the most harmful risk factor as well as limit the work hours in the dangerous workplace. In all Lithuanian HPH network hospitals the majority of medical personnel (90.35 – 100%) undertaken the check of health every year. The respondents noted that if individual employees have health problems related with the harmful effect of workplace, measures are taken to improve working conditions or if this fails, employee is transferred to another work place in the hospital.

Conclusion. Despite the fact that hygienic and risk factors assessment as an organised measure in making the first steps in Lithuanian HPH network hospitals, data about the areas of increased occupational risk have been identified and intervention measures are being implemented.

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Clinical Risk Management in AUSL Modena

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Clinical Risk Management (CMR) is a systematic process of identifying, evaluating, and treating current and potential risks stemming from health care. It therefore is aimed at increasing patient safety, improving outcomes, and indirectly decreasing costs by reducing preventable adverse events.

The issue reached international prominence in the 1990 's with the publication of studies on the rates of medical error. Adding to this is the ever greater attention of patients and of the media to the issue of health care safety.

In 2002, the AUSL (local healthcare entity) of Modena made one of its declared goals the implementation of actions aimed at increasing patient safety. In particular, 3 tools were identified:

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Study of prevalence on the hospitals infections

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Because of the increase in number and turn over of patients, the Istituto Clinico Mater Domini Committee for hospital infections has set a relevation form to monitor the hospital infections trend.

General aim:

-Ensuring quality and homogeneity of controls inside the hospital, which must consider:

- every treatment and structure or organization characteristic involving a possible risk of infection for patients and personnel.
- actions aimed at diagnosis or treatment of such infections

Specific aims

- setting of a practical way (form) to evaluate and register infections among patients
- Description of most common infections inside the Clinic and their distribution
- Acquisition of sure data as to compare them with other studies on the subject.
- Identification of areas requiring a special study.
- Evaluation of reliability of prevention, on the basis of periodical monitoring of infections.

The survey started on March 2002, went on for three months and involved:

- The Department Doctor in pointing out those patients covering at least one of these three inputs: Fever over 38°, antibiotic therapy, and positive culture test. . . The Analysis Lab confirming and identifying the infection.
- The Sanitary Direction in evaluating the acquired data.

Among the 1909 ordinary patients, 1412 forms have been filled: 2,05% showed signs of infection; and the Lab analysis confirmed the infection for a 41% of such percentage.

The survey has been completed evaluating all tests that proved positive by the lab, apart from the fact that they were pointed out by the form, and controlling case histories.

The final prevailing index involved a 0,79% of patients.

This survey will be repeated periodically in order to monitor possible variations and evaluate new runs.

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Hospital infection: present situation, problems, possibilities to manage it

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The frequency of hospital infection (HI) reflects general hygienic state and quality of the extend favors of the hospital. HI causes huge material and moral losses, increases expenses of treatment, causes various complications up to disability and mortality of the patients.

Aims: to estimate the incidence of hospital acquired infection (HAI) and possibilities to manage it in Kaunas Regional Hospital.

Methods: Evaluated population - patients who were hospitalized in a period from 2000 till 2001 years, in surgery and intensive care departments. Statistic data analysis was per-for-med using SPSS. Results: 3437 patients were evaluated and in 137 patients (3,99%) HI development was found. In all, above mentioned departments the surgical wound infection (SWI) was recorded. SWI developed in 3,13% of patients, who underwent various surgical procedures. The rate of SWI depended from the cleanliness class of the operative wounds. SWI more often developed after urgent operations (4,63%), than after planned operations (1,08%). It was determined, that increased duration of operations more often caused the development of SWI. The age of patients also influenced the SWI development rate. The medium-term of patient treatment in a hospital with SWI was 25,74 days. Thus, these patients stayed in a hospital approximately 4 times longer, than the patients, who escaped from SWI. 38 patients were repeatedly hospitalized because of the later development of SWI. The incidence rate of HI was 3,99%. The incidence rate of SWI was 3,85/1000 patient days. The main conclusion could be made, that in country still does not exist enough effective HI registration system. Also, the data of this research showed, that the continuous and sustained registration of incidence of HI and active cooperation with medical staff enables to manage HI more effective, protect patients from infection and prevent the prevalence of infection.

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Patient information about their rights in the hospital in the Czech Republic

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The paper informs about the problem of informing patients about their rights and keeping the ethical code Patients' rights in medical institutions in the Czech Republic. This paper presentation presents the problems with informing patients about their rights in a hospital. It consists of theoretical and experimental parts, which include research results and the rate of keeping patients' rights from medical staff.

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Risks of nosocomial infections and solutions

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We would like to present our experiences with new method of elimination of the nosocomial infection. We started with new British model of the management of these infections. Our experiences includes 2 years period interval of the screening, including the special antimicrobial regimens in the treatment of nosocomial infections. We would like to compare the final results of the screening process among all the departments of our hospital.

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12. Heart, CVD

The multiprofessional clinic for heart failure: from patient to person

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Background: The increasing prevalence of Heart Failure (HF), a clinical condition with high morbidity and mortality, is a major topic both for the individual patient and for public health systems. According to the Ottawa objectives, HF can be a model for re-engineering health policies, particularly when promoting better relationships between hospital and primary care settings. Clinical outcomes can be significantly affected by the implementation of managed care models with the aim to improve patient's compliance. Best results are obtained when these models are nurse-directed, with the purpose to shift from a doctor-centered model to a patient-centered one. In this view, a help oriented communication is the cornerstone.

Methods: We are studying new HF management models: A) A nurse-managed follow-up program based on technical, relational and educational issues B) Multi-professional network with periodical meetings among healthcare providers and patients and their caregivers. C) Improving facilities for any potential individual need, both in the social and health fields.

Results: Among the 90 patients recruited in the HF medical clinic in a 4-month period, 45 (50%) entered the nurse-managed follow-up program and 30 (33%) were eligible for the multi-professional network model.

Conclusions: As this is a very preliminary experience it is possible to assess only a high patient satisfaction rate at the moment (96%). Further study is needed to establish if the nurse-centered group of patients can show better outcomes, versus the doctor-centered one, regarding lifestyle changes, prescription compliance, grade of anxiety and, maybe, morbidity, mortality and hospitalisation rates.

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Group counselling for secondary prevention of coronary artery disease: Healthy alliance with a local health authority

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Educational programs are essential to achieve dietary compliance and are recommended at both national and international level for the prevention of cardiovascular diseases. However it is often unclear how to translate nutritional recommendations into

practice, and maintain their effectiveness over a prolonged period of time in order to reach an effective health gain for patients. At this regard it is important to create a strong partnership between hospital with the Local Health Unit in order to support the necessary continuity of the intervention.

Our intervention, in line with the principles of Ottawa Charter, aims at the patients' empowerment, transferring skills and knowledge to individuals entering the program and making easier for them to self manage secondary prevention at home in the long term. At the same time, we want to create a supportive health alliance with the territorial health service for the co-production of health promotion strategies and with the participation of different professional skills.

Methods

Patients with coronary artery disease (CAD) admitted to our Rehabilitation Institute after an acute event were considered for the project. During their inpatient stay they were given both appropriate treatment of hypercholesterolemia (85% of Patients were treated with statins) and diabetes and educational support, including a specifically written book. Anthropometric data and lipid profiles were collected. All patients received also an individual dietary prescription together with a 5-day diary at discharge. After discharge, patients were followed up by nutritionists of the Local Health Unit at intervals of 3, 6 and 12 months. Each subject received both group counselling (where common problems were shared and discussed) and individual counselling. According to this analysis, individual dietary prescriptions were, if necessary, modified.

Results

At present, preliminary data are available on the first 20 patients with CAD (mean age 57 ± 4.56 years, range 44-63). After the 3-month follow-up, values of total cholesterol (190 ± 30 ; 174 ± 2.9 mg/dl), LDL (125 ± 27.8 ; 106.2 ± 17.5 mg/dl) and triglycerides (154.2 ± 51.9 ; 130.6 ± 42.6 mg/dl) were significantly ($p < 0.01$) decreased, while BMI (27.0 ± 4.1 ; 27.5 ± 4.3) and HDL (34.2 ± 9.7 ; 42.5 ± 11.2 mg/dl) were, on the contrary, increased compared to admission levels.

Even if only preliminary data are available, the intervention seems to be effective, considering also that the alimentary diaries of the participants show a good dietary compliance.

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An investigation into the number of cardiac patients who return to work prior to Phase 3 Cardiac Rehabilitation.

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Rationale: The aim of medical treatment is to increase the duration and or quality of life. Return to work has traditionally been used as a broad indicator of restoration of life function following treatment for coronary artery disease. Return to Work in this situation may include the patients pre-illness paid employment or resumption of their normal day-to-day duties undertaken prior to illness. Return to work levels are found to range from 17%-90% after CABG and 59%-98% following PTCA. It tends to be influenced by factors such as age, disease severity, treatment success, prevailing unemployment levels, pre treatment status, education level, psychological and workplace factors. The goals of Cardiac Rehabilitation include medical, psychological, social and health service goals. Taken together they reflect the patients quality of life. However with demographic changes in Ireland and an increase in the elderly population, perhaps more emphasis will have to be placed on ensuring that these patients enjoy a good quality of life, not necessarily involving a return to work.

Aim: To look at percentage of patients who return to previous employment post cardiac events such as MI, PTCA, CABG or valve surgery prior to Phase 3 Cardiac Rehabilitation.

Methods and Results: This study investigated a sample group of patients prior to Phase 3 Cardiac Rehabilitation and their return to work (RTW) status.

Patients (male 21, female 8) were invited to complete a questionnaire, to include demographic details, education, employment status and whether vocational counselling had been mentioned to them prior to completing the questionnaire. In addition details were sought regarding their employment prior to their cardiac event and whether they had returned to work or intended to return to work. When compared to other studies results were similar. Throughout the study, several areas relating to non-return to work were also explored in greater detail, including clinical, psychosocial and workplace factors. The issue of vocational counselling was also explored.

Conclusion: Return to work varies widely depending on the definition of return to work and the country where the study is performed. Prevalence rates of unemployment also vary, as do patterns of work and retirement. However with more emphasis being placed on Cardiac Rehabilitation and secondary prevention return to work issues deserve more attention. As a result, a vocational counsellor has been employed in the authors Cardiac Rehab Unit.

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An evaluation of an outpatient, multidisciplinary team approach to Phase 2 Cardiac Rehabilitation programme.

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Rationale: Cardiac Rehabilitation aims to restore an individual to their best physical, mental and social condition, in order to enable them to resume as normal a place as possible within their community. In order to provide a service encompassing so many factors, a multi-disciplinary team approach is required, with structured intervention at all levels (Phase 1,2,3 and 4) to cater for needs of patients at different stages of their recovery process. Phase 2 Cardiac Rehabilitation is identified as the immediate post discharge period (2-6 weeks). It is acknowledged as a very vulnerable time in terms of adjustment to change for the cardiac patient, yet many gaps have been identified in terms of service provision.

Approach: The Phase 2 programme in St. Columcilles hospital is offered over a 5-week period on a group level. Each week there is an hour and a half session tailored around a certain aspect of lifestyle modification, including risk factor management, handling stress, medications, return to work, diet and exercise. This is addressed by different members of the team each week. There is also opportunity for each patient to be seen on an individual basis by any member of the multi-disciplinary team if necessary. Partners are invited to attend.

Advantages: This approach can be beneficial for both the patient and the practitioner, in that it provides the patient with manageable amounts of information during their initial healing phase, in a safe and structured environment. It also enables the practitioner to assess the patients on a regular basis, identify any problems that may arise and refer onto other services if necessary. In addition the group session allows opportunity for peer support. Phase 2 can be a crucial for patients returning to work enabling them to establish a link with the Cardiac Rehab team. In addition, for those patients with a co-morbidity, the phase 2 programme provides them with a link to the unit, which they otherwise might miss due to inability to attend Phase 3. In such circumstances, during Phase 2, a home fitness programme is developed individually for those interested.

Evaluation: Feedback to date is very positive with a very high attendance rate. We are currently collating data in order to comprehensively evaluate the programme. Data being collected includes patient satisfaction questionnaire, impact on lifestyle and progression of patients to Phase 3 programme.

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Primary and Secondary Prevention of the Coronary Artery Diseases (CAD) in the HPH Hospitals

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The prevention of the CAD is one of the priority issues in the sanitary agenda of the industrialized countries. A life style suitable to fight coronary risk factors (CRF) is to be taught each individual member of the community. Therefore, the task to set up an educational, diagnostic and therapeutic route extending across each territorial jurisdiction lies on HPH hospitals and this fosters the result that each individual is made the main actor of his/her prevention activities. In Tuscany, the hospitals in Piombino and Portoferraio have organised a structured plan to develop in three stages lasting five years altogether and starting from the year 2003: - Instruction through courses and stages to all members of the sanitary staff in the two hospitals, plus all the general practitioners working in the two areas; they will be focused on the dissemination of correct food habits, suitable life style to prevent the CAD. These courses are aimed at getting appropriate and homogenous information both for admitted and not admitted patients. Surveys of cholesterolemia (chol.), triglyceridemia (trigl.), body weight and body-mass index in known ischemic patients or in patients with a coronary risk factor >20% [1st year]

- Further enlistment of patients with coronary risk and semi-annual control of CRF. Meetings directed towards the population sanitary information by means reinforced messages obtained through making either the patients themselves or the members of their family protagonists of the message [2nd, 3rd, 4th years] - Completion of the surveys already carried out and statistic elaboration of their outcome. "Consecutive" sample investigation of chol. and trigl. [5th year - 2007].

EXPECTED RESULTS: reduction of total chol., LDL and trigl. in the patients with coronary risk respectively = or < 200,100,200 mg/dl; reduction of the average overweight of at least 30%. In the general population such values are expected to be reduced to = or > 5% of those detected in similar investigations and homogenous samplings carried out in the same areas back in 1987 and 1997, at distance of 20 and 10 years respectively.

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Patient health promotion strategies in a Vascular Surgery Unit

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The Nuovo San Giovanni di Dio (NSGD) Hospital Vascular Surgery Unit, has contributed to the HPH scheme, under the responsibility of Dr. A. Appicciafuoco, Medical Director, and Dr. M. Cecchi, Consultant in Vascular Surgery. The project was coordinated by the Nursing Management Staff Officer. The Vascular Surgery Head Nurses were responsible for the implementation of improvements and the coordination of health staff involvement. All phases of patient management were reviewed: Pre-operative procedures and care, in-patient care and out-patient follow-up.

Methods

1. Identifying problems
2. Identifying solutions.
3. Problem solving
 - a) Elaboration of procedural changes
 - b) Allocation of time schedule
 - c) Implementation

The project was elaborated according to patients' demands assessed with patient satisfaction surveys. This allowed us to identify the difficulties encountered (reported by about 20% of all patients) in patient-staff relations and in access to health services. This led to the following changes in our health care delivery structure:

1. Staff Education
 - Training of new personnel dedicated to patient-staff "interaction"
 - Basic staff training in health promotion issues.

This has not only led to the acquisition of the principles of health promotion by the staff but has also improved individual personnel education and psychosocial skills.
2. Patient care
Procedures were reviewed with an aim to providing a uniform standard of care by all staff.
3. Patient Reception
A designated patient reception and waiting-room area was identified within the Unit by converting one of the wards and it was fully equipped to meet its purpose, including the provision of written literature and audiovisual education aids, to increase patients' knowledge of their medical conditions.
4. Weekly educational sessions
Specialists in vascular surgery address small groups of patients and relatives, discussing health promoting behaviour in this sector, a further way of achieving patient empowerment and control over their health.

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CHD Patient Information Review

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Introduction: Have a Heart Paisley (HaHP) www.haveaheart.org.uk is a Scottish National Demonstration project which aims to improve primary and secondary prevention and treatment of Coronary Heart Disease (CHD) in Paisley, Scotland. As part of this project, the Royal Alexandra Hospital's Cardiac Rehabilitation Department, Paisley Local Health Care Co-operative (Primary Care) and the local Health Promotion Unit have examined the patients journey and developed a CHD Patient Pathway. Within this pathway, patients are currently given a significant volume of information on their condition, treatment and lifestyle issues at the same time. It is felt that some patients may experience „information overload“ and not benefit from this experience. Staff were encouraged to undertake a Patient Information review on all lifestyle information that patients receive.

Method: A series of focus groups are currently underway to determine patients and Health Professionals opinions of current general lifestyle information including specific information on healthy eating, physical activity, smoking cessation and managing stress. To review the information a 'Quality of Health Information' tool will be used by all and the results between patients and professionals compared to establish a common resource.

Anticipated Results: The study findings will add to the new patient pathway and aim to develop a 'Gold Standard' of lifestyle information for people experiencing CHD that themselves and Health Professionals agree on. This will ensure that patients receive consistent and appropriate information when it is needed from any Health Professional involved in their care.

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Health promotion in heart failure by nurse led patient counselling and follow-up

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About 100 000-140 000 people suffer from chronic heart failure in Finland. It is the most common reason for hospitalisation among elderly people. Heart failure is a significant disease from the point of view of the national economy, since patients are repeatedly hospitalised. Despite the obvious increase in the patients' quality of life, health promotion is often not seen as a possibility in caring for patients with chronic diseases.

The main object of the study is to develop a new care and follow-up model for Heart Failure patients, which emphasises the nurses' work contribution in health promotion. A historical case-control study was chosen as a design.

The intensified patient education plan was developed through multidisciplinary co-operation and based upon Guidelines for the diagnosis and treatment of chronic heart failure (Remme & Swedberg 2001) which has been developed by European Society of Cardiology. The nurse led intensified patient education contains: heart failure as an illness and its symptoms, medication, healthy nourishment, physical education and rest and weight follow-up. The patient education is based on the idea of empowering patient counselling. Where the nurse is recognizing patients' competence, resources, and explanations of action as well as styles of coping and support networks. The patient's partner is also included in the programme. Close nurse-patient contact is maintained where possible to ensure the patients compliance.

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Experiment on Realizing the Programme "Arterial Hypertension Prevention and Treatment in Krasnoyarsk Region"

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The goal of the programme for 2001 was an initiation of the system of active detection of arterial hypertension and its risk factors among urban and rural population, organization of an epidemiological monitoring of arterial hypertension and also hygienic education of population on the issues of cardiovascular diseases prevention. The programme measures included: screening of adult and children rural population by traveling teams, organization of active detection of arterial hypertension and risk factors in departments (rooms) for medical prevention of out-patients' clinics; teaching methods of epidemiological studies in the sphere of cardiovascular diseases prevention to physicians and paramedical personnel, raising the level of knowledge concerning the issues of diagnostics, treatment, prevention, rehabilitation; hygienic education of population through mass media and organization of "schools for arterial hypertension and atherosclerosis prevention"; dataware for epidemiological monitoring of arterial hypertension and its risk factors; organization of stroke register in three territories of the region to study initial condition of morbidity and mortality from stroke and further evaluation of efficiency of the conducted programme while its realization during 6 – 7 years. 23405 inhabitants of rural areas (19,3% of whom were children) were examined during 2002 and standard examination records were filled in. 79012 of adult population was examined using standard epidemiological approaches in out-patients' clinics, 19985 children were examined in schools. Altogether 122405 people were involved in special examinations. It amounted to 5,3% of the population in the territories where the examination was conducted. Frequency of arterial hypertension cases was: among urban adult population it was 23,7%; among rural one it was 29,7%. Frequency of arterial hypertension cases among rural children was 7,0%, among urban ones it was 8,0%. Participation in the programme of one third of the region territories had an effect on regional arterial hypertension morbidity rates of medical aid appealability – an increase in common sickness rate by 16% was registered. Only in 22 out-patients' clinics which took part in the programme the number of the group pertaining to prophylaxis increased to 5 thousand people. Out of 22 clinics – participants of the programme in 14 of them schools for arterial hypertension and atherosclerosis prevention started functioning. Within the educational programme among the population 12 thematic TV programmes "Be healthy" were prepared, 3 social advertising video reels were issued, a video film on arterial hypertension prevention was shot, guidelines for patients (4 types), pamphlets and booklets (9 types) were produced and replicated. Software support for accumulating electronic database is generated, computer engineering for every "institution – participant" of the programme was purchased. The work continues in 2002.

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Chronic cardiac failure treatment at the cardiology department of carpi's hospital

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The project "continuing care of chronic cardiac failure treatment" carried out by the cardiology department of the Carpi Hospital (Local health service of Modena in Italy), aims to improve quality care and effectiveness and reduce hospitalisation for discharged patients with chronic cardiac failure through the creation of a partnership between the hospital cardiologist and the general practitioner with the involvement of the patients who are enlisted in a health education programme in order to understand their illness, how to manage it correctly, and prevent relapses. The team drew the following programme to create:

- 1) An arrangement of diagnostic and therapeutic guidelines for patients with chronic cardiac failure follow up agreed between hospital cardiologist and GPs.
- 2) An agreement about a pathway that consent appropriate hospital treatment for patients when necessary, otherwise, referral to other facilities such as out-patient services, family doctor care or home care.
- 3) A continuous and periodic evaluation of the patients health status by GPs and cardiologists in order to improve, or change patients therapy.
- 4) A continuous contact between the hospital cardiologist and the GPs for consultation about patient ECG and other clinical tests.
- 5) A hospital counselling service for the patients regarding the proper diet, life style and drug assumption to prevent relapses.
- 6) A home care service for patients with serious disability that provides a periodic and systematic follow-up on the patient's conditions as concerns important parameters as arterial pressure, pulse, dyspnea, edema.

CONCLUSION

- 1) Despite the expected increase of morbidity of Chronic Cardiac Failure, from year 2000 to year 2002 the number of hospital referrals decreased thanks to the integration between Hospital cardiologist and GPs.
- 2) The counselling set up with regard to drugs assumption and nutritional topics increased knowledge of patients suffering from chronic cardiac failure and their family, allowing to better handle their physical illness/disability and promoting their empowerment. Improvement was verified on all fronts: patients, family care, hospital contacts with the medical staff, out-patient facilities and home care treatment.

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Collaboration between Vilkauskis (Lithuania) and Portage (United States) Hospitals regarding coronary risk correction in women

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Cardiovascular mortality decreased since 1995 in Lithuania, but more rapidly among men than among women. Our aim was to compare coronary risk factors among Vilkauskis (Lithuania) and Portage (United States) women and to educate women about them.

Vilkauskis hospital organized Women's Health day in 2002: women (n = 29, average age 64 years) were filling out the questionnaire, received cholesterol screen, blood pressure check, dietician and cardiologist lectures. Total women checked in Portage were 335 (average age 65 years).

Women more often were unaware of their cholesterol level (84% vs. 31%, $p < 0.0001$) and blood pressure (21% vs. 7%, $p < 0.005$) in Vilkauskis than in Portage. Elevated cholesterol level (> 5.2 mmol/l) prevailed among risk factors in women of both communities (62% vs. 60%, $p > 0.05$). However, women smoked more often (33% vs. 10.5%, $p < 0.01$) in Portage than in Vilkauskis. These data were published in Vilkauskis region newspaper.

There has been noticed increasing interest of Vilkauskis women in their cholesterol level and women of both communities showed better choice of their food by filling out the questionnaire on their visits to Dr. D. Suliene (Portage) and Dr. E. Kalinauskiene (Vilkauskis).

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Disease Management Programme among Hypertensive Patients in Konstantopouleion General Hospital „Agia Olga”

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Aim: The reduction of blood pressure and the adaption of a healthy life style among hypertensive patients in a disease management programme which took place in „Agia Olga „ Hospital member of the Hellenic Network of Health Promoting Hospitals. **Material and Method:** The sample was 160 hypertensive patients divided in a random way into a control (80 patient) and an intervention group (80 patient). All patients completed a healthy questionnaire. The intervention group attended seminars to quite smoking, and were provided with personalized consaltive nutrition. They also had a 24hr telephone access to their doctors. The control group continued their monthly visits to the hospital. **Results:** Intervention Group: 44 patients (55%) participated in all stages, 45,5% were men, 61,4% were 61-80 years old and 43,2% were retired. At the beginning of the programme 5 persons were active smokers, 11 consumed alcohol, 26 maintained proper diet, 31 complied with medication. By the end of the programme 4 persons were active smokers, 8 consumed alcohol, 34 maintained proper diet, 40 complied with medication. The frequency of calling doctors for a sudden raise of blood pressure was about 4 each month of the programme. Control group: 38 patients (47,5%), 39,5% were men, 70,3% were 61-80 years old and 36,8 were retired. At the beginning of the programme 6 persons were active smokers, 9 consumed alcohol, 25 maintained proper diet, 24 complied with medication. By the end of the programme 7 persons were active smokers, 7 consumed alcohol, 21 maintained proper diet, 35 complied with medication. **Conclusions:** After statistical analysis of the results, the interventions had a positive influence as far as stop smoking, the consumption of alcohol and the maintenance of healthy diet were concerned. No important difference in the blood pressure was detected among the two groups.

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Coronary Heart Disease: Partnership working to improve the patients journey

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“Have a Heart Paisley (HaHP) www.haveaheart.org.uk” is a Scottish National demonstration project which aims to improve primary and secondary prevention and treatment of Coronary Heart Disease (CHD) in Paisley, Scotland. As part of this project, the Royal Alexandra Hospital 's Cardiac Rehabilitation Department, Paisley Local Health Care Co-operative (Primary Care) and the local Health Promotion Unit have examined the patients journey and developed a CHD Patient Pathway.

This new pathway aims to:

- Improve cross-sector communication between health professionals relevant to CHD management and cardiac rehabilitation.
- Improve long term access to cardiac rehabilitation and then relevant community based services.
- Improve relevant health education and support for lifestyle behavioural change and medication management. For example smoking cessation, physical activity and health eating services.
- Improve professionals & patients understanding of lifestyle behaviour change services, such as smoking cessation, physical activity & healthy eating.
- Improve the effectiveness of secondary prevention, CHD management and support for patients.

It will be sometime before any long-term success can be determined. However the pilot phase of the project is nearing completion and initial evaluation shows that the pathway is working well; patients feel more supported by the seamless care system and those patients who previously were lost in the system are now being identified and supported through their CHD journey.

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13. Improving quality of care I

Patient access, care and follow-up in a Rheumatology Unit

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The constitution of the HPH network is an important aspect of the Regional Health Plan, based on the principle that all citizens have the right to the best possible health status intended not only as absence of disease but as a state of general wellbeing. The Nuovo San Giovanni di Dio (NSGD) Hospital, Florence, represented by its Medical Director, Dr. A. Appicciafuoco, is taking part in the HPH initiatives in the field of "Patient reception and care – welcome and comfort: a personalized approach to health care delivery." Improvements in service quality are planned in response to patients' needs – a patient centred health model. In this context, the transfer of the Rheumatology Unit from the hospital structure Istituto Ortopedico Toscano to the NSGD Hospital complies with these objectives. The Unit created in this new setting is the result of an active collaboration between the Health Trust Medical Director, the NSGD Medical Director and his management staff, the Unit medical staff and, significantly, the patient organizations' representatives in the persons of the President and Vicepresident of the regional patients' association (Associazione Toscana Malati Reumatici Sezione Fiorentina). The new in-patient and out-patient facilities have been set up taking into account the needs of subjects with chronic musculoskeletal disease and the health and safety requirements of the various treatment procedures. In-patient facilities are adjacent to the Day Hospital site, both easily accessible, with specifically modified bathing/washing facilities. Services provided also include out-patient clinics, including an urgent referral service, specialist procedure clinics and a rheumatology consultation service. Our future objectives involve an education program to set up a network of specialist rheumatology trained health service operators to ensure:

- Continuous patient follow-up and care
- Links with the district health care system and the community
- Communication among health promotion operators

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Patient reception and care in the Radiology Division

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This project was presented to the public during the "Open NSGD (Nuovo Ospedale San Giovanni di Dio) Hospital 2002 Meeting". It focuses on patient reception, transfer and care in the Diagnostic division. It has led to the development of a new role for the Radiology Division Nursing Staff – active both in patient reception and as a link between ward staff and Radiology medical and technical personnel.

Methods: The project was elaborated by the Nursing Management Staff Officer and implemented by a designated member of the Radiology Division Nursing Staff. Professional and ethical training of the contracted GORLA company operators involved was carried out by the Head of Nursing Services.

Results

Improvements were obtained in the following areas:

1. Reduction of patient waiting time.
2. Improvement in the quality of patient waiting time.
3. Reduction of diagnostic tests' technical times.

Observations: Important observations which emerged were:

a) The significant level of anxiety experienced by patients undergoing diagnostic examinations, both because of the anticipation of possible physical discomfort and also in relation to the uncertainty of diagnostic procedure results. This underlined the importance of the concept of "patient reception". Accordingly the reception point was strategically sited near the entrance to the Radiology Division and nursing staff were trained specifically to receive and care for arriving patients.

b) The improvements in communication between ward and Radiology Division Staff resulted in increased efficiency. Each morning patients transfers are scheduled ahead with each department with personalized details on the modalities of transfer (patient physical handicaps, disease severity etc.). Patient lists are issued to GORLA staff who pick up the patients from the wards and then deliver them into the care of the "radiology reception nurse", who will then assist the patient for the duration of the diagnostic procedure.

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"Early Bird" Anticoagulation Clinic in Mid Western Regional Hospital Limerick

Jane CONWAY

Aim: Providing flexible care for anticoagulation patients.

Objectives:

- Patients can attend the clinic prior to the start of their workday.
- Patients can travel to the clinic outside of busy traffic hours.
- Extension of clinic by an hour to allow monitoring of therapy in a patient friendly environment.
- Reduce waiting time in the clinic.

Method: An initiative funded by the Health Services National Partnership with the Mid Western Health Board. The clinic starts at 7am every Friday and sees 160 patients weekly and 30 of the patients attend before 9am. (The clinic runs from 7am to 12:30 formerly 8am to 12:30). Refreshments are provided for clinic patients.

Results: The extended opening hours at the warfarin clinic have shortened patient waiting times. Patients can maintain a more normal working life by avoiding having to attend the clinic during working hours. A multidisciplinary team approach involving laboratory and clinic staff to providing patient comfort and care.

Conclusions: Greater flexibility for patients and their carers. The extended opening hours have been achieved through a new active partnership relationship in managing change in the hospital, through employee participation and consultation to deliver patient focused quality health services. There has been no formal evaluation as yet but informal verbal feedback from patients that attend the clinic has been very affirmative of the service provided.

HPH link: This clinic provides an opportunity for patients to attend the clinic at hours that are convenient for their lifestyle, family and work commitments thereby empowering them to live as normal a life as possible while continuing with their treatment regimes. It encompasses a partnership approach, empowering patients and staff in providing a convenient flexible patient centred service.

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Introduction of a "Rest Period" in the Intensive Care Unit

Mary DUNNE

Staff in the ICU are committed to providing a service which is based on "equity people centredness", quality and accountability as set out in the recent National Health Strategy. Promoting rest and sleep is an important area of nursing practice, with physical and emotional health dependant on the ability to fulfil these basic needs. Due to the intensive individualised care and monitoring that patients receive in the intensive care unit, the amount and continuity of sleep are affected, and patients often suffer from sleep deprivation. It is universally agreed to many commentators ' that sleep is related to healing. Impaired protein synthesis, cell division, and cellular immunity all affect the healing process and can thus contribute to increased morbidity and mortality.

Aims

- To introduce suitable rest period for patients, at a time convenient to all those delivering services to the ICU.
- That patient in ICU would receive maximum rest with minimal disturbance.
- No patient would miss out on any diagnostic or therapeutic intervention because of the rest period.

Methodology: Management commitment was sought. Letters were then sent to all relevant stakeholders informing them of the rationale for the initiative and seeking their co-operation and compliance. In consultation with the Catering Department it was agreed that lunch for those patients eating would be delivered at 12.30pm, half an hour earlier than usual. Laminated signs indicating rest period times were displayed appropriately. At the appointed time blinds are drawn, lights are turned off, and environmental noise and distractions reduced to a minimum. Where applicable analgesics are administered 30minutes before the rest period begins.

Results: Since its introduction, compliance for the rest period is very good. Patients, relatives, staff and multidisciplinary team members are responding very positively to it. Patients look forward to the rest period, relatives ' express having time for themselves and do not feel compelled to have to visit in the afternoons, and staff use the time and opportunity to write up reports.

Conclusions: This quality patient centred initiative has no cost. Co-operation of all stakeholders is crucial. The effectiveness of this initiative will be evaluated in the near future with the clinical audit team.

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An organizational model used as a guarantee for service quality

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ANALYSIS OF PERCEIVED REQUIREMENTS

In 1999 an internal study was carried out in all the wards and emergency departments to determine the average numbers of foreign patients present, particularly of those belonging to different cultures or from outside the European Union.

According to that study the Maternity Ward was the area that had the greatest need for cultural mediation. The other requirements which emerged were spread out and distributed among a wide range of wards.

PARTICIPATION OF HEALTH WORKERS

Following this study, during the year 2000, the Hospital Authority organized meetings with the personnel of the departments where the greatest presence of foreigners had been revealed, inviting experts from the association that supplies the mediation service to participate and illustrate the nature and value of the activities involved.

REQUEST PROCEDURES UNDERLINE RESPONSIBILITY

The departments requesting the presence of a cultural mediator must fill out an official request form in which they outline their requirements and estimate the time needed. This official procedure assures that the hospital staff recognize the responsibility they have to use the mediator correctly.

THE PUBLIC RELATIONS OFFICE AS A POINT OF REFERENCE WHICH ACCEPTS REQUESTS AND GUARANTEES CORRECT PRACTICE

The nursing staff present at the Public Relations Office of the Hospital Authority act as an important channel of communication between the departments and the service, identifying internal needs more clearly, rationalizing these needs and carrying out all the steps necessary to obtain the mediating service in the shortest time possible, thus saving time for the service staff while at the same time guaranteeing greater quality control over the service.

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Decision making preference among trauma patients in an emergency department.

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Trauma patients generally suffer from many lifestyle risks i.e. alcohol-, nicotine- and drug misuse (1). In young trauma patients the emergency department may be the only institutions where they get in contact with Governmental Health System. It remains unclear whether different lifestyle risks have an impact on the patients preference to be involved in medical decision. The aim of this study was to evaluate the Decision Making Preference Scale in emergent trauma patients with different lifestyle risks (hazardous alcohol use, smoking and drug abuse).

Methods: After ethical committee approval and written informed consent 857 trauma patients answered the Autonomy Preference Index (2). Hazardous alcohol use was defined as 8 and more points in the Alcohol Use Disorder Identification Test (AUDIT) (3). Patients were asked for their nicotine and drug use within the last 12 months.

Statistics: Kruskal-Wallis-Test

Results: The API-Score differed between patients groups of different lifestyle risks. There were increased API-scores in groups with combined lifestyle risks.

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High Observation in Clinical Practice

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Background: Special nurse observation is seen to be more custodial than therapeutic and can be very stressful for patient and nurse. It is also very restrictive and impinges on the dignity of the patient. Psychiatric nurses have emphasised the importance of focusing on ways of enabling people to be active participants in their own care. (Peternely, Taylor & Hartley 1993).

Objectives

1. To investigate an alternative to special nurse observation.
2. To improve a co-ordinated action plan to meet the needs of patients who require high levels of monitoring and supervision.
3. Identify the full use of potential therapeutic contact with patients.

Methodology: A retrospective study was undertaken looking at „special nursing hours” from statistics May 1998-February 02, before the introduction of high observation areas. Statistical analysis from 01-02 were also looked at. Staff meetings were held and patient's views were noted.

Results: High observation areas were introduced and a policy document implemented. A key-worker system and care planning was introduced simultaneously which provided continuity of care planning and a more structured reporting system. Policies and protocols were introduced in relation to the admission of patients into the high observation area. Staffing levels were agreed for the observation area. Roster systems were changed on a trial basis to ensure continuity of care and effective communications. Statistical outcomes and changes to practice will be presented at workshop presentation.

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Partnership of L Sacco Hospital (Italy) and Hopital de Bse de Tlangai (Republic of Congo)

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A partnership accord between "Azienda Ospedaliera Luigi Sacco" (AOLS) in Milan (Italy) and "Hopital de Base de Talangai" (HBT) in Brazzaville (Republic of Congo) has been started on January 2001. HBT serves the northern district of Brazzaville; it has 200 beds in 5 services (paediatrics, gynaecology and obstetrics, medicine, surgery, neonatology); it was restored by AGIP Congo after the Civil War of 1999. The goal of the partnership is to provide the bridging up to date of the Congolese medical, paramedical and administrative personnel and the rationalisation of hospital management. The program of the project has been decided and controlled by a committee of technicians belonging to the two hospitals, Agip Congo and the Congolese Ministry of Health. The co-operants of AOLS are sent in every Service of HBT for a period of four weeks. They work with HBT personnel and together they define the topics of theoretical lessons and the goals to reach. After six month the same volunteers return in the same services to check the achievement of the goals and to define a new program. Till this moment 15 Italian co-operants have worked in HBT for a total of 650 days of presence. They were: doctors, nurses, obstetricians, hospital managers. Five theoretical and practical courses (hospital management, echography, surgery, hospital hygiene), a new service of ultrasound diagnosis and a multimedia medical library have been realised; new surgical techniques for Congo have been introduced. The intervention has changed many behaviours of HBT workers, changed the way to manage HBT and elevated the Hygienic level of the hospital, that is actually identified in Congo as the model to achieve. This project is an example of low cost intervention capable to ameliorate the performances of health centres in developing countries. This project is supported by a grant of Lombardia Region.

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Realisation of a multimedia medical library in Brazzaville

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The Republic of Congo has a medicine and biology university, a school for nurses and for laboratory technicians, but no scientific libraries: they were destroyed during the civil wars in the last decades. Students, doctors, researchers are obliged to study on old texts: the price of scientific books and reviews is unreachable for the economic capability of the majority of people. The result is the complete lack of bridging up to date and worsening of health service. The "Azienda Ospedaliera Luigi Sacco" (AOLS) has signed a partnership accord with the "Hopital de Base de Talangai" (HBT) for the training of medical, paramedical and administrative personnel that comprehend the realisation of a library too. From November 2002 a multimedia library has been opened, with 4 computers on line with internet, 2 printers, 1 photocopier, more than 20 CD medical books, 50 paper scientific books and the subscription for a medical review of tropical diseases. The library is free of charges with exception for printing and photocopies. The use is on reservation. To avoid abuses of internet lines, every user must become member of the library. The librarian is responsible for its application. From the opening more than 100 users has become members, and

actually we must extend the opening time due to the number of requests. The choice of a multimedia instead of a traditional library was made thinking to the little spaces available, the costs of books and reviews, the possibility to be up to date. This experience has been possible for the presence of an internet provider in Brazzaville, but it could be repeated in other places with satellite provider too. We think this is an interesting and not too expensive way to support professional training in developing countries. This project is realised with a grant of Lombardia Region.

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14. Cultural Diversity I

Cultural mediation in a large hospital authority

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Comunicazione interna e relazioni con il pubblico Azienda Ospedaliera Firenze, °Direzioe Sanitaria Azienda Ospedaliera Careggi Firenze

During 2001, a cultural-linguistic mediating service was officially instituted within the Careggi Hospital Authority of Florence (Italy).

The service is characterized by differentiated models to fulfil a range of requirements presented by the varying hospital activities, with reference to the type of contact with foreign users, foreseeing: scheduled permanent presence, presence on call according to need, interpreting services by phone, translation of written texts.

Every language carries messages, values and beliefs that are elements constituting communication, to establish which it is necessary to decode ideas and behaviour as well as traditional words. The cultural-linguistic mediator, himself a foreigner who has undergone appropriate training, performs the role of intermediary, a bridge between the needs of the migrants and the answer offered by the public services, supplying language-interpreting services as well as cultural orientation, information and facilitation of access to the health organization.

Careggi Hospital Authority	Year 2001	Year 2002
Total number of hours of cultural-linguistic mediation	721	1946
Hours of scheduled presence	396.5	1260
Hours of on-call presence	223	524.5
Hours of interpreting by phone	2	1

The experimental trial of the service has revealed a series of problems which the Careggi Authority has begun to approach by elaborating a project called "The Intercultural Hospital: Access to Foreign Users and Cultural-linguistic Mediation in Health Organizations" with the following aims for the three years 2002-2004:

- To facilitate access to and better use of the services of the Hospital Authority of Careggi by foreign users.
- To improve the attitudes of the "emergency and reception services" in accordance with the Health Plan of the Region of Tuscany 2002-04, elaborating a project to reorganize some services which would take into account the multicultural characteristics of our present society.
- To define a project for on-going training with special attention to listening and communication skills together with directed action such as:
 - Undertaking informative campaigns among the users and staff, to spread "the culture of interculture" and the correct use of C-L mediation.
 - Setting out tools to inform and encourage the collaboration of medical, administrative and technical staff, and students at nursing school and at triennial schools.
 - Coordinating the administrative procedures of admission, discharge, birth registration etc. for foreigners, in accordance with the law in force and following operating procedures for communicating with Municipal Councils, Immigration Offices at the Police Department, the Police Headquarters and the Juvenile Courts, with the aim of assisting social integration.
 - Clarifying pathways to access 1. 194/78 and facilitating access to the preparation-for-childbirth courses for foreign women.
 - Supplying religious assistance for foreign citizens.
 - Translating information brochures and forms (e.g. Informed agreement)
 - Identifying hotel-comfort initiatives (e.g. modifying diets to respect the culture of origin).
 - Elaborating specific quality standards to be assimilated into the crediting process.
 - Participating in the organization of projects regarding international cooperation for health concerns, with such tools as interpreting, translating etc.
 - Identifying appropriate methods for guaranteeing the continuity of care outside the hospital.

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Investigation into workplace customer care programmes within the context of culture in an acute hospital

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Aim: The purpose of this study was to look at customer care training programmes and the impact of adequately training and preparing staff prior to launching new hospital policies. A training programme set up for training of staff prior to the launch of a formal system of comment and complaints was the training programmes chosen for the focus of this research.

Method: The research involved three consecutive phases using both quantitative and qualitative approaches. The research methods used were survey, interview and focus group. The emphasis was on getting a comprehensive view of customer care status in the hospital as perceived by frontline staff all the way to senior management.

Results: The research findings indicate that customer care training is a pertinent issue for hospital staff continuing professional development programmes (CPD) and that an understanding of the complexity of promoting 'patient centred care' within a hospital cannot be divorced from the culture that clings to traditional concepts of providing patient care. Communication within the organisation requires close consideration as inadequate communication practice can exacerbate interdepartmental cliques and territorialism. Pastoral care of staff including personal development and self esteem building is enhanced by needs assessed training combined with matching interpersonal skills required for superior customer care.

Conclusions: The study found that professional vulnerability caused by inadequate training is a contentious issue for staff and a matter for management attention. Inadequate training in customer care impacts negatively on the hospital and costs the organisation dearly in terms of poor public perception of care and unseemly media attention. Interdepartmental rivalry can be minimised by encouraging multidisciplinary training at every opportunity within the hospital. The results from the study helped to identify areas of concern for staff and management in relation to customer care and handling complaints. There is identified need for induction programmes and Continuing Professional Development Programmes. Successful pastoral care for staff and a holistic patient centred service could be developed by embracing a HPH ethos of empowerment which will be vital to ensure efficacy of client / patient care in the 21st century.

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Working Group on Ethnicity and Communication in the Academic Medical Center, Amsterdam

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Introduction: The Dutch society harbours many 'ethnic groups' that can be distinguished from the indigenous population by country of birth; nationality; language; culture; skin color; or ethnic identity. Among the largest groups are: Surinamese, Turks, Moroccans, Antilleans, Moluccans. Many members of these ethnic groups live in the larger cities. For example, within the environment of the AMC 61% of the population has a 'different' ethnic background. Among ethnic groups, the level of proficiency in the Dutch language is often low and the level of illiteracy high. When compared with the indigenous population, ethnic groups may suffer from different health problems. Furthermore, there are indications that several aspects of health status may be less favorable within ethnic groups. Moreover, patients' health beliefs and expectations concerning the health care system may be different as a result of ethnic and cultural background. On the other hand, health services are frequently not tailored to accommodate ethnic and cultural diversity.

Aim:

- To improve communication with 'ethnic' patients
- To create awareness on ethnic and cultural diversity
- To improve health care providers' knowledge on ethnic and cultural differences

Methods: A multidisciplinary Working Group on Ethnicity and Communication (WEC) was installed. Members of the WEC promote a multicultural approach of the care process; they create awareness; and they provide information, education and advice to health care departments and providers in the AMC.

Results: The WEC provided support to the development, implementation and evaluation of:

- patient information on the Internet
- interpreter services
- food and dietary guidelines
- a praying room
- symposia about ethnicity, communication and health

Moreover, the WEC participates in the European initiative 'Migrant-Friendly Hospitals' which is aimed at the development of models of good practice concerning ethnicity and quality of care.

Conclusion: Increasing ethnic and cultural diversity of the population constitutes a challenge to the AMC. Initiatives such as the installation of the WEC may improve communication with ethnic patients and create more awareness concerning the varying needs and expectations of patients with different ethnic and cultural backgrounds. As a result, overall service quality and patient orientation may improve also.

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A Cultural Awareness Week: An imaginative, fun and informative method of exploring cultural, religious, and ethnic differences within a paediatric health care setting

Ellis HAYES

Background: Irish health services must respond to a culturally diverse population, to eliminate health care disparities & provide optimum care. A significant proportion of care providers are from ethnically diverse backgrounds. As part of a cultural competence development plan, using participatory action research, a cultural awareness week was developed.

Aim: The week aimed to explore the needs of employees within a large paediatric referral hospital, to promote knowledge and understanding of cultural diversity, to foster teamwork and interprofessional collaboration, to develop partnerships with ethnic minorities and community organisations and to improve culturally competent care.

Method: Between February and August 2002, a co-operative inquiry group of interdisciplinary (N 30) & ancillary (N8) hospital staff was formed. The cycling and recycling through phases of action and reflection led to the development of a cultural awareness week. Hospital and community participants were invited to support it. Action themes focused on education; posters on diverse cultures (N26), stands from community organisations (N6), & daily education updates, breaking barriers; multilingual welcome signs (42 languages), children's entertainments (N2) and integration; intercultural afternoon with music, food and story telling by staff, an art exhibition by survivors of torture, & a multiethnic menu in hospital canteen. The week was evaluated using questionnaires.

Findings: The week highlighted the rich cultural diversity and facilitated cultural exchange. Approximately 70 employees attended daily education updates. Posters, proudly displayed by staff, families and community representatives, served as focus for inquiry and discussion. Awareness of the cultural challenges faced by immigrant workers and their families in adapting to the Irish cultural environment was enhanced. The need for health care organisations to develop models embracing cultural diversity for employees is essential. A similar need to develop strategies and models of good practice within the daily work environment was also recognised. Practical suggestions included the development of a cultural awareness week as an annual event, specific cultural induction programmes for new employees with information booklet on Irish and European culture, provision and implementation of anti-racial policy, provision of multilingual signs in critical areas (reception, outpatients A/E) and development of interpretation.

Conclusion: Knowledge of cultural diversity is vital at all levels of health care. Bringing people together across disciplines was crucial to the success of this model. Cultural awareness can be enhanced and cultural competence fostered by such actions at a minimal cost. Through this action, the need for a structured cultural competence programme within institutions like hospitals was clearly identified.

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Pro Fide – Pro Utilitate Hominum – developing a culturally diverse international network: Learning from the Order of St John as old players in the eleventh century foundations of the hospital movement

Michael JACKSON, Denise RICHARDSON

Health Promotion and Hospitals in the 11th Century

Many insights and strategies that constitute the 'core' of health promotion were being used in 11th century Jerusalem. Benedictine brothers with their special nursing role became the New Order of the Hospital of St. John of Jerusalem confirmed as Hospitaliers, with the special task was to care for the sick.

Developing an International Network

The international network of hospitals of the Order of St John, in the Holy Land, in Rhodes and in Malta, as well as in some towns and commanderies in Europe were "organised on a non hierarchical basis around a common issues or

concerns....pursued proactively and systematically, based on commitment and trust" were established for the care of pilgrims, travellers, the sick poor; the weary and exhausted, as well as the diseased and injured. In time they were open to all sick people. 'Old' Governance in Action Medical work of the network of hospitals was marked by an excellent knowledge of drugs and herbal medicines, importance of hygiene, tranquility for patients and isolation for infectious cases. Change and Development: Advocates for health and Partners in Healthy Alliances. This poster will illustrate and describe some of the changes, which took place in the 11th century, which laid the foundation from which the hospital movement developed. Historically the Order of St John has responded to the increasing dynamics and complexity of society and in accommodating these changes has emerged as St John Ambulance a modern, vigorous health care service with members in over 40 countries worldwide by developing strategies and services including: -Volunteers committed to training, caring and saving lives; Networks of caring services and courses for carers; Partnership working providing a range of First Aid courses for children, general public and workforce;-Development and co-ordination of policies. St John Ambulance service demonstrates that since 11th century it "has been a worldwide source of guidance and inspiration for health promotion development and is building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and reorienting their health services".

Health promotion Glossary WHO/HPR/HEP/98.1, Geneva: WHO

<http://www.sja.org.uk/stjohn/bout.asp>

The Jakarta Declaration. <http://www.WHO.CH/HEP>

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The patient 's record as a model for a new multicultural / multidisciplinary approach to the patient needs in Istituto Clinico Humanitas, a Joint Commission International accredited hospital

Ornella LEONCINI, Michele TEDESCHI, Maristella MUSSI, Norberto SILVESTRI

Patient's record is the core of any activity related to the patient. In patient records, in fact, any information related to the assessment, the needs, the treatments, the follow up of the patients are to be documented. Istituto Clinico Humanitas (ICH) developed a new integrated model of patient's record innovative from several points of view. First of all it represents a unitary patient 's record including a medical and a nursing section. High attention is given to patient assessment: The information collected includes not only the usual anamnesis, but also several data which might be needed to improve patient care and satisfaction. Patient's social environment, pain assessment, cultural barriers, special religious / cultural needs, education needs, psychological needs, are carefully registered and represent the basic information for doctors and nurses to create a friendly and dedicated environment for the patient. Educational needs are recorded in a special form which has to be fulfilled by every operator involved in the patient's educational process. High attention is also given to the patient 's family, with particular reference to education and information needs. Informed consent adopted in ICH guarantees the patient's participation to their care process. Treatment, consultations, medications, adverse reactions are carefully documented by each operator. The diagnostic and therapeutic programs are summarised in a plan of care form. An intensive training on the new patient's record, with all the operators involved in patient's care (i.e. doctors, nurses, psychiatrists, dieticians, psychologists, etc.) was carried out. The process that induced ICH to develop this new patient's record is focused to a higher and higher attention to the real patient needs and the humanisation of the assistance. The new patient's record adopted by ICH have been reviewed and approved by Joint Commission International that accredited ICH in January 2003.

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Facilitated access to hospital care for illegal immigrants in Reggio Emilia - Italy

Mara MANGHI, A. VENTURINI, M. GRECI, R. FORNACIARI

A Health Centre for foreign families was opened on 10th October 1998 in Reggio Emilia in collaboration with the diocesan charity Caritas. In this way, the law n. 40 6 III 1998 has been applied.

The center, not only guarantees emergency treatment, mother and child protection but also continuous health care and the provision of medicine.

At the Centre physicians, nurses, midwives and cultural mediators/translators work together. The cultural mediators -from China, Arab countries, Nigeria and east European countries -often assiste the foreigner in access to hospital service.. This type of access takes place mostly in prevalence in the following words: Obstetrician Gynaecological, Paediatric, Infectious Diseases and Pneumology.

It is also possible for Casualty Services to send people with no urgent pathologies (colour code: white) to the Foreign Centre.

FINAL CONSIDERATIONS

1.

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The comprehension of intercultural need in the process of health control acquisition

Patrizia SIROLI, Simonetta BIANCHI

Context: On the basis of the way of humanisation improvement and the perceived satisfaction from persons who turn to our hospital structures arrived a specific project named "Intercultural Welcome", in the net of HPH. Here is taken in consideration the methodologies used for the comprehension of intercultural need.

Objectives

- Epidemiological research of the health condition of immigrants; vocational training of Hospital staff about intercultural communication and cultural diversity;
- Activation of cultural mediation service;
- Suitable curative and diagnostic procedures.

Target: Immigrants who turn towards the hospital structures; involvement of family in the health process; associations and local community; hospital staff of vary areas dedicated both in assistance and front office.

Indicators: Specific indicators regarding the monitoring of the project.

Program: Elaboration of epidemiological data; questionnaire for the relevance of information; formalisation of the procedures; meetings with hospital staff.

Valuation of results: Simplification and standardisation of the procedures; improvement of satisfaction regarding immigrants and hospital staff; empowerment of health control; equal use of the hospital resources.

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Health care to migrants and cultural mediation

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Migration has been increasing during last years in Italy as in other European Community countries. In order to assure appropriate care and to address regional programs towards effective actions, the Azienda Ospedaliera S.Maria of Terni (a 650-bed general hospital) started a project pointed to health promotion and protection in migrants.

The specific objectives of the program are

- improved health care and services for foreigners
- information to patients about their rights
- education of health care workers and front-office personnel
- study of correlations between health status and housing

The programmed actions are the following

- Introduction of a cultural mediation service, in collaboration with Regione dell' Umbria, in order to help hospital personnel to communicate with foreign patients;
- Organisation of a one-day event to give to personnel information and guidelines on administrative aspects related to hospital admission and stay

- Development of a research project on "Housing conditions and health in migrants", carried on together with Local Health Authorities of Terni (ALS no.4) and Foligno (ASL no.3).

Points 1 and 2 have already been achieved in 2002. For what concerns point 3, the research project will be conducted through three phases:

1. Bibliographic research and questionnaire redaction. The questionnaire analyses the following aspects:
 - a) Identification data
 - b) Occupational data
 - c) Socio-economic status
 - d) Health problem, including the place where it arose
 2. Questionnaire administration
 3. Data analysis and presentation
- Preliminary results will be discussed.

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Inter-cultural Approach in HPH Net of Lombardy

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Introduction: The project concerning an Inter-cultural Hospital is intended to integrate the varied experiences of private and public hospital structures

Objectives: They are focused on promoting a methodological network strategy in the inter-cultural area, so as to grant an integrated approach in any possible application field, building a regional data bank on works already done and creating an open way to facilitate foreign citizens' access to services.

Target groups: Immigrants. Hospital personnel in contact with foreigners. Local ethnic organizations. Volunteer associations.

Methodology: The main achieved goal is to point out the critical and / or positive experiences of the single structures participating to the project of constructing new methodological paths. Any regional area's project is being evaluated, also concerning its transferability. The first aim is focused on the creation of a multilingual notice boarding set, a sort of explanation of Triage's colour legenda, set in First Aid Places.

Results: Differences and common points may be pointed out among the hospital structures taking part in this project. Plurilingual information material has been printed. Some hospitals have linguistic and cultural interpreters. Information brochures concerning pregnancy and maternity have been distributed. Several inter-cultural proposals have been put into practice by other hospitals (from information on birth frameworks to detailed explanations about immigrants' rights to First Aid basic services and infectious diseases).

Conclusions: The building of an online network regarding different experiences may be useful to get an integrated approach to any trouble deriving from the inter-cultural area. The pointing out of existing critical situations and their eventual positive solutions is significant in order to adapt methodology for the whole Lombardy area. The first goal is the transfer of First Aid notice boards, so to explain the Triage concept.

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Multicultural approach to the patients' needs in Istituto Clinico Humanitas, a Joint Commission International accredited hospital

Michele TEDESCHI, Ornella LEONCINI, Michele LAGIOIA, Norberto SILVESTRI

Europe is going to become more and more multicultural, and the health-care structures need, consequently, to integrate the new needs into their daily management. Istituto Clinico Humanitas (ICH) approached these issues in a multidisciplinary way, covering the cultural diversity needs through a wide range of innovations, as declared in its Mission and in its Guide to Services. Patient's record have been integrated with a full section covering the description of the special needs related to any

cultural / religious diversity, including i.e., special dietary needs or privacy requirements. These needs are investigated in all the patients visited in ICH, both as inpatients and outpatients. So far vegetarians with particular dietary needs relating to ethnic or religious reasons may indicate to the head nurse their necessities. In addition to a chapel for catholic messes, a list of relevant addresses and telephone numbers for other religions is also available, so as to allow the religious support to any patient. Moreover ICH established an interpreting service available to facilitate communication with foreign patients. These initiatives have been widely diffused in the hospital, and more than one thousand employs and external cooperators have been trained to these innovative cultural approaches. The process that induced ICH to implement these improvements is focused to a higher and higher attention to the real patient needs and the humanisation of the assistance. The multicultural approach adopted by ICH have been reviewed and approved by Joint Commission International that accredited ICH in January 2003. These and other ways to approach the multicultural needs will be presented.

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15. Health promoting mental health care II

The experience of an agency for the job training of mentally ill patients

Francesco CERATTI, Carmen MELLADO, Giovanni CINISELLI

The mental health department of Luigi Sacco Hospital has been cooperating for several years with ALA (Agenzia Lavoro ed Apprendimento) an agency that provides job training for mentally ill people and monitors the introduction of these people in the workplace. The most important task of ALA employees is making job skills assessments of the patients and evaluating the likelihood of their success (considering motivation, previous rehabilitation results, teamwork skills, acknowledgement of hierarchy, reliance on subsidies, compliance with prescribed treatment, etc). Sixtyeight of the patients referred to the agency by regional mental health services in recent years have been assessed not ready for this step of rehabilitation and have thus continued traditional care. More than one hundred have been enrolled in the ALA programs (over 30 are attending school based training programs assisted by ALA employees). Further forty patients have been awarded scholarships financed by the City of Milan to participate in internship programs at private or public organisations, cooperatives etc in order to get hired in 12/24 months. There are 32 patients supported by ALA who now have a regular job.

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Trainig the relatives of patients with hard degree of dementia

Ausra DEKSNYTE

Some time ago we were working with patients, who were ill with light and medium degree of dementia and their relatives. But we had nothing to do with patients, who were geting into the hospital with hard degree of illness. They can't contact with their relatives because of deep dementia. It is not possible to train them. Their relatives are suffering because of this.

It's known, that when one person become ill with mental diseases, 5 surrounding him persons /family members, neighbours, medical staff/ are suffering for him. Most of all they are feeling despair, fear, distrust of themselves and other people, loneliness. Often the relatives of such patient are depressive, they experiencing social disadaptation.

Because of that, we decided to organise the training /psychological support/ to relatives of the patients with hard degree of dementia.

The aim - to improve the psychological state for relatives of the patients with hard degree of dementia.

Methods: The individual training for relatives of the patient lasts about one hour in the week while the patient is hospitalised. We are continueing the consultations after hospitalisation, if they need this. We are talking with them about the outcome of disease and special care for the patients with terminal stadium of disease. The main attention is paying to the negative feelings of relatives and how to live with them. Often the relatives of the patient are well informed about these things, but they need to talk about this, to express their sadness. We are giving them the possibility to make this.

Results: Appreciable results it's possible to estimate after 6 months. The most part of relatives can name the positive and negative changers in their life after this time. Most of all they say, that they became more calm, it's easier for them to make decisious.

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A physical activity programme for Psychiatric patients - Body and Soul

Tricia KEOGH – HODGETT

Aim: To increase physical activity levels with psychiatric patients.

Objectives:

- * To provide information on the benefits of physical activity.
- * To assess patients' physical activity levels pre and post programme.
- * To offer flexibility and pulse taking measurements at the beginning and end of the programme.
- * To teach pulse taking.
- * To assess the importance of physical activity pre and post programme.
- * To evaluate the programme.
- * To establish a walking group.

Some of the content of the programme included: giving information on physical activity and discussing its benefits; completing personal records; physical activity sessions and measured / timed walks. Some outcomes were: patients were able to monitor their own pulse, and all patients except one, improved their flexibility measurements; on average 15 patients attended the 8 week programme each week. Evaluation was undertaken with the patients. Importance of physical activity was measured using a scale of 0(not at all important) to 10(very important) at weeks 1 and 8. Age range of patients was 16-19 up to 70+years. Diagnosis included Depression, Depression/anxiety, Schizophrenia, Psychosis, and Paranoid psychosis.

Some conclusions: It has been established that physical activity has positive effects on mental health among adults.(Biddle S. Exercise and Psychosocial Health Research Quarterly for Exercise and Sport 1995;66(4):292-297).From the patients' evaluation, the outcomes, improvements in suppleness, and actually getting the patients out walking, it appears that this Body and Soul programme helped improve patients' mental health and increased their participation in physical activity.

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Women's Support Group Project

Mary KERRIGAN

Rationale: Literature has shown that the relationship between peers is important rejecting or accepting one another knowing how psychiatric disability is experienced, the effects of stigma and mental health treatment (Wilson et al 1999). Consequently, peers are often in a better position to help each other. With this in mind it was decided to trial a Women Support Group at the Mental Health Centre, which would be initiated by staff following an approach used by Wilson, Flanagan & Rynders (1991). The members themselves would then facilitate it.

Aims: To develop a woman's support group using Wilson, Flanagan & Rynders (1991) model.

Objectives:

- To increase independence and encourage and individual sense of responsibility.
- To establish supportive relationships.
- To widen local social networks.
- To stimulate active participation.
- To promote integration within the community.

Methodology

- Flyers advertising the Support Group were sent to women.
- An initial meeting was set up in March 2002. The Community Mental Health Centre was the meeting venue. A brainstorming session identified their needs i.e. information on teenagers and alcohol to pampering themselves and self-esteem building.
- It was decided to meet once a fortnight and information and guest speaker on an agreed topic.

Results: The women support group was facilitated by the Nurse and Occupational Therapist for the first 8 sessions -and members were empowered to run the group themselves. An awareness was created on the need for therapeutic and social

angle to meetings. Women indicated that they felt less isolated and they had a place to come to talk to others about problems encountered.

Reference:

Wilson, MF, Flanagan, S & Rynders C.(1999) The friends program: a peer support group model for individual with a psychiatric disability. *Psychiatric Rehabilitation Journal*. 22(3)p.239-247.

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Mental health service delivery in primary care setting

Lorcan MARTIN, M. McHUGH, M. SHINE

Rationale: The traditional means of the delivery of care in the community to those with mental health difficulties at outpatient clinics, either in community mental health facilities or in hospital outpatient departments has a number of inherent difficulties including clients' distance from the clinic or a reluctance to attend due to the still-present stigma associated with mental illness. Additionally, there exists a group of clients whose symptomatology the primary care physician may not feel warrants referral to a clinic and placement on a waiting list.

Methodology: In this pilot project, a consultant psychiatrist and community mental health nurse made visits on alternate weeks to two group practices in the Athlone area. Clients were chosen for assessment by the primary care physicians and the full resources of the community mental health team made available to those seen.

Results: Data collected during the pilot period was analysed including examination of the clients seen in terms of a number of demographic variables, diagnosis, interventions carried out and rate of discharge. A cost analysis was completed taking into account the additional time, expenses, etc. of members of the multidisciplinary team in the running of the project given that no additional funding was made available formally for the project. These will be presented in addition to the results of an attitude to mental health survey.

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Introducing a lifestyle programme to clients with mental illness

Christina McDERMOTT, Orlagh WALSH, Patricia NUGENT

Background: There are growing concerns for the physical health of psychiatric patients, which is adversely affected by their lifestyle of smoking, lack of exercise, poor diet and frequent drug abuse.

Aim: to provide people with mental illness with the knowledge and tools to improve their diet, fitness and lifestyle. It is hoped that, in conjunction with their treatment, this may help to reduce weight gain and improve patient's quality of life.

Methodology: Introduction of the lifestyle programme "solutions for wellness" to a mixed group of 8 clients. The programme was run as a once a week teaching and interactive session for 12 weeks. The two modules covered were nutrition and exercise and included incorporating them into the day centre programme.

Results: Changes to lifestyle included

1. 7 out of 8 clients completed the programme. 4 clients lost 67 lbs. Collectively whilst 3 clients gained a combined weight of 10lbs.
2. All clients participating in a walking group and continuing this practice in their leisure time.
3. Introduction of fruit and low fat snacks as an alternative to biscuits and cakes in the centre.
4. Organisation of a sponsored walk to raise €380 for the Irish Heart Foundation.
5. Increased knowledge of the food pyramid and portion sizes.
6. Clients consuming more fruit and vegetables and identifying alternative ways of introducing them into their diet via vegetable soups and fruit milkshakes.
7. Sharing of low fat recipe ideas and producing their own recipe book.
8. Budgeting ideas and skills.

Conclusions: the "solutions for wellness" programme facilitated the group in lifestyle changes through shared learning, goal setting, reflection, ongoing support and motivation to succeed. Since completing the programme the walking group, weight management and dietary changes have continued.

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Mental health in a general hospital setting – A quality initiative

Johanna McDONALD –SKEENKIST, Louise JOHNSTON, Mary O'HANLON, E. MURPHY

Objective: A Psychiatric Consultation Liaison Nurse service was initiated to target individuals who presented to a Midlands Regional Hospital A&E department following a suicide attempt. This initiative aims to improve the quality of service offered to those who present to Midlands Regional Hospital with parasuicide or other mental health difficulties.

Further objectives of this project include: promoting equity by targeting all parasuicidal presentations; promoting positive mental health; offering evidence-based interventions; liaising with all stakeholders; using quality measures; targeting the identified high-risk suicide population; offering education, support, and advice and aims to reduce the rates of suicide.

Methods: 50 individuals between 16 and 65 with parasuicidal behaviour were assessed by the PCLN service since its inception in November 2001. Measuring systems adopted included a structured clinical interview, the Michigan Alcohol Screening, Beck Depression Inventory-II, Beck Suicide Scale, Beck Hopelessness Scale, Problem-solving Inventory, Symptom Checklist; 90-Revised. Individuals were risk managed into 4 care pathways: critical care, minimal input, low input, evidence based intervention.

Results: Over the first 6 months of this initiative: 9 were routed into the critical care pathway; 15 were routed into the minimal care pathway; 18 were routed into the standard care pathway; the evidence based care pathway is presently being piloted. The results of the assessment will be presented. The following changes in practice have taken place. A uniformed and standardised risk management approach to individuals with parasuicidal behaviour. All individuals with parasuicidal behaviour are followed-up:

- Mental Health Professionals provide an on-site 5-day service
- Rapid response
- Increased links with the primary care givers e.g. GPs
- Cognitive Behavioural Problem-Solving Intervention
- Clients that disengage are actively targeted
- Improving quality by auditing parasuicidal presentations
- Improving quality by empowering consumers
- Improving quality by collaboration and team work
- Promoting equity and accessibility.

Conclusion: The appointment of a Psychiatric Consultation Liaison Nurse service is a hospital with parasuicide or other mental health difficulties.

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Sociality and mental health: the shared construction of active experience spaces

Elisabetta NEGRI, Rosario GIANNINI

The Mental Health Department has the crucial task of constructing its own actions through a process of involving and sharing with both the affected individual and his or her family nucleus and social context; with this aim in mind, it searches for forms of collaboration with public institutions and social organisations, primarily represented by associations for the families of persons suffering from mental disorders.

The formal creation of the "Sociality Area" within the Mental Health Service of Reggio Emilia represented an obligatory transition in the consolidation of a series of rehabilitative and socialising activities cutting across all areas of the Service: Mental Health Centres, Semi-residences, Residences and Protected communities. The aim is to systemise, co-ordinate and implement the resources and expertise of the Service in order to respond to the socialisation needs of severe psychotic users, a true integration within the context of their own lives.

The following activities are carried out and are increasingly focused on the surrounding area, tending to be less closed inside the unit. Moreover, they respond to the requests of a growing number of users for whom they represent support for fragile areas of autonomy and/or chances to develop new expertise:

EXPRESSIVE ACTIVITIES. Multicoloured ceramics group, Drama workshop, Puppets, Music Group, Psychomotor Group. These activities often represent an opportunity to come into contact with the city through the users' active participation at exhibitions, fairs, markets and other events.

ACTIVITIES aimed at learning specific abilities that could be used as pre-working observation activities: Gardening Group, English language course, House Group, Computer Group.

LEISURE ACTIVITIES. Leisure Group, Cooking Group.

SPORTS ACTIVITIES. Football, swimming, basketball.

SELF-HELP GROUPS

The overall vision for the development of the Sociality Area aims to encourage membership of associations and give responsibility to users during both the ideation and realisation of activities, and, for the operators, to act as an interface with the surrounding area; it is in this light that the trend to create continuous relations with other resources in the social network (families, voluntary helpers, district centres, clubs, sports centres, associations...) should be seen.

The adoption of a management strategy for the activities in which the users become the protagonists by co-planning with the operators, but also with the social network, has always characterised the provision of this type of service and represents the real innovation achieved by the Area. The key premise for each of these activities has always been the involvement of users, starting right from the planning stage and working through to the final evaluation. The reflections that emerged from a series of interviews aimed at understanding, through a study carried out inside the Service, what improvements to make to activities, provide further stimuli used to calibrate the current procedure which, by nature, must be extremely flexible.

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Opening Mental Health Services to the citizens

Luigi TAGLIABUE

The field of mental health services in Italy has been deeply characterized by the closing down of psychiatric hospitals following the provisions of the 1978 National Act. Apart from the significant differences which still exist between the different Italian regions, one can reasonably state that there are some common elements to the various mental health services throughout the country, namely: reduced hospital admission rates; development of community services; link between mental health services and the social framework; development of rehabilitation projects for severe patients, with particular reference to living and working environments as well as social relations; cooperation with the service users and their families, promoting the development of integrated and autonomous forms of help. The Emilia-Romagna Region, where Reggio Emilia is located, has played an active role in the process of deep change which has affected the field of mental health in our country. In the early 70's, even before the closing down of psychiatric hospitals, the regional authorities already favoured the development of community service networks which could provide an immediate response to psychic problems, focusing at the same time on the social aspects which significantly affect the mental health of citizens. The network which is in place in our province is discussed in an attempt to more specifically identify those elements which characterise the relationship with the users, their family members, the other health care and social services, the citizenship and the public institutions. The main points concern the accessibility of the services, a shared approach to therapeutic and rehabilitation projects, the target of true user autonomy, participation in a collective approach based on the concept of mental health as a consequence of a social process which involves the services, the citizens and the institutions.

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16. Health promoting for patients with cancer

Hospital and cervical cancer screening: why and how

Alberto Giovanni BELLONI, Emanuela ANGHINONI (Presentation)

The coordination in the work of a pool of different professionals aiming to reduce cervical cancer incidence is the fundamental premise to obtain results and to offer an effective and qualified health assistance to the women submitted to screening. The

necessary tools are: the protocols of activity, the integrated management of the activity, the computer connection of the structures that offer the services, a uniform procedure in filing and a shared data bank of results and therapies. A woman needs to feel cared about and advised, and she will then follow the program of screening and submit herself to the assessments requested, when necessary. There are many requirements for the screening to be effective, but the first of them is the compliance of the target people; without this, no prevention could be carried out. In Mantova a network of men and structures allows a completely personal management of all women submitting themselves to the screening-programme. The first invitation to the test, the reminders, the pap-test, the assessment occur under arranged appointments and are for free. All steps of this activity are computer processed, thus allowing periodical quality controls on operators performance and the calculation of process indicators, according to what expected from the G.I.S.Ci. (Italian Group for Cervical Cancer Screening, web-site: www.gisci.it)

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Taking Action on Cancer: Development of a Resource on Cancer

Hazel BROWN, Sandra GLOVER

The Taking Action on Cancer Project is funded for three years by the New Opportunities Fund, and is a partnership with the Ulster Cancer Foundation, Belfast City Hospital, South and East Belfast Health and Social Services Trust and the Community.

Aim: To develop a practical, information and activity resource, which can be used with communities to develop an ethos of cancer awareness and prevention, leading to an increase in early detection and diagnosis of cancer.

Process: An interagency and community steering group was set up to ensure involvement of the community at the outset. A community consultation process was then carried out, to find out the communities views and attitudes on cancer, and what would be required by them of an appropriate resource. Working groups were then established to look at existing resources and develop a draft resource. This resource is at present being piloted in two areas of greater need. An outreach health facility has also been organised using both community and hospital staff, so that members of the community, particularly men, can discuss any health concerns in a non threatening environment. Key workers in the community will then be trained so that they can use the resource within their communities.

Outcomes: A Community Consultation Report has been produced. Once the draft resource has been piloted, the final resource will be published. The outreach clinics are in operation at present, and will be evaluated.

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Domiciliary care: A care paths for oncological Patients

Rosanna CARBOGNANI, Cristina PEDRONI, Adriana COSTI, Piero MAGNANI

The domiciliary care setting can be re-examined and reinterpreted as a „virtual „ environment in which to posit the integration of all the resources in a given territory in response to the demand for a unified approach to the process of treatment, giving concrete form to the Health Pact. With reference also to the WHO 's objectives for the 21st century, a multidisciplinary working party debating day-to-day critical factors agreed that it was not possible to confront head-on the problems that a patient may encounter on her/his care path, and in particular those more specifically concerning the Palliative Care phase, without addressing as a whole the care path for an oncology patient. The same group of experts also identified the moment when the patient is informed of the diagnosis as a critical stage insofar as, if it is not handled properly from the point of view of relations with caregivers, this may impair the rest of the care path. The group then went on to outline an approach aimed at the reinterpretation of the care path for oncological patients. Since they also stressed that culture was a pivotal issue, in support of the development of health professionals able to offer an increasingly qualified service, the experts also scheduled sessions designed to create and develop a network of services offered to the individual. The road to excellence in care paths for oncological patients is inextricably linked to the development of a network of domiciliary care.

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From patients' view point

Anna CINQUINI

The present research focuses on the communication time of oncological diagnosis in hospital with reference to patients' point of view.

The main results are as follows.

1. The difficulties in diagnosis communication are caused by several items: kind of disease (34.7% of the answers), patient (28.1%), and doctor (26.8%).
2. Doctors make use of a clear and understandable language according to the 75.5% of patients' answers.
3. Patients were also asked whether doctors pay attention to patients' understanding: 25.6% of answers underline a lack of attention; according to 32.6% the attention to patients' words is taken into consideration. In 30.2% attention depends on doctors' temper.
4. Another question was whether doctors' communication is adequate to the context and to patients' characteristics. According to 53%, doctors try to adjust their language; in 41.2% they try to adapt communication as far as both language and behaviour are concerned.
5. As regards patients' emotions during diagnosis communication, in 42% of answers unpleasant emotions were mentioned (hopelessness, anguish, fear); in 49% pleasant emotions were felt (peace, trust).
6. About an ideal doctors' behaviour, 53.6% think the best doctors' behaviour is establishing a good relationship with the patients.

These results were shown to doctors for a focus group and for a set-up of new proposals aimed to improve doctor-patients communication:

- > as communication methodology represents the main problem, a pertinent framework has been conceived for doctors as useful support during the talk and as check tool;
- > a specific space for communication has been proposed as far as both room and time are concerned;
- > research conclusions are now available for young doctors in such a way that the knowledge acquired by the experienced ones, as well as the research of small but efficient communication strategies become common property.

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Quality management in gynaecological cancer

Klaus-D. HÜLLEMANN, Brigitte HÜLLEMANN

Background

6 specific aims to improve the quality of care: Provide care that is safe, effective, timely, efficient, equitable, and patient-centered. Patient-centered care has received the least attention from both the scientific community and the practising clinicians. Patient-centered care gives patients opportunities to be involved in medical decision making, and guides care providers in attending to their patients' physical and emotional needs, and maintaining or improving their quality of life. Health status is the impact of disease on patient function as reported by the patient. Does quality management in health care evaluate patient-centered care?

Methods – Quality Management (QM)

Three areas of QM will be described: documented quality, experienced quality by the patient and externally evaluated quality, e.g. peer review procedure, which will be described in detail.

Details of the Total Quality Management (TQM) in the field of cancer patients: Is the program of our hospital patient-centered? – We compare the needs for information of patients with gynaecological cancers with the results of the externally evaluated quality of our hospital. The needs for information of patients with gynaecological cancers are documented by the European (15 European countries + Israel) CAWAC Study (Caring about Women and Cancer).

Results and conclusion

The use of quality standards and the implementation of quality management systems is constantly growing. QM can give a feedback about the degree and the quality patient-centered care has received from the practising clinicians. QM cannot give an answer to the question if the principles from clinical trials are relevant to clinical practise. But QM can evaluate the implementation of guidelines. The results confirm that our program fits to cancer patients' most pressing questions.

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Caring about women and cancer (CAWAC-Study), quality management

Brigitte HÜLLEMANN, Klaus-D. HÜLLEMANN

Background: The perspectives and experiences of patients with gynaecological cancers are documented by the CAWAC-Study, in which 15 European countries and Israel participated.

Methods: From a randomised hospital selection female patients, aged from 18 onwards and diagnosed with breast or other gynaecological cancer, and being aware of their diagnosis, had to complete anonymous, open questionnaires by themselves. The questionnaires, including 70 closed questions and covered different domains, should be sent to an international market research company ("Wirthin Worldwide"), where data were collected and analysed using SPSS (Statistic Package for Social Science) for windows 7.5.

Results: The results cover the following areas: Anguish and anxieties; information at diagnosis; involvement in treatment decisions; patient's satisfaction with treatment; relationships with non-family-members and lifestyle; relationships with family-members and partners; self respect and sexuality; patients' need for support; patient's source of support. The experienced quality by the patients of our hospital will be presented.

Conclusion: The results confirm that our program fits to cancer patients most pressing questions.

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SPARC -Supporting a positive attitude in recovery from cancer

Mary KELLY, Mary McMENAMIN

The need to take a closer look at women, their lives and health following completion of breast cancer treatment was identified in the health promotion service plan. For women who had journeyed through a diagnosis of breast cancer, surgery and chemotherapy there was a sense that a health promoting programme was needed to enable women to achieve some sense of completion and closure around the major life readjustment they had undergone. Planning for the programme include consultation with women who had travelled this journey. Informed by the consultation SPARC programme was designed to meet women's needs. A pilot programme was run and evaluated. SPARC is a six session aftercare programme. Design consisted of six two hour sessions covering the following topics: Positive body image, Relaxation therapy, Aromatherapy, Reflexology, Reiki, Self-care, Beauty and hair care, Nutrition and loss. Evaluation confirmed the value of the programme. Recommendations from evaluation allowed us to make adjustments and bid for funding for programme. Programme is now part of the breast care service.

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Basic Cancer Research Like an Important Topic for Patient's Education

Roberto MAZZA, Ivan POZZATI (Presentation), Ivo SPAGNOLI, Luciana MURRU

Since 1997 National Cancer Institute of Milan Italy (INT), started the "ULYSSE'S program", based upon providing information and support for patients suffering from cancer, their relatives and significant others. The project was based on J. Johnson's "I can cope" that was developed in Europe by Gertrud Grahn (University of Lund – Sweden). The INT Direction and Management gave the responsibility on the program to the Institutional Communication Area (URP). We are working in three directions:

- ITACA, a twelve hours program for a small group of cancer patients,
- Educational Afternoons, lectures for patients and citizens about most relevant oncological topics
- "Ulysse's Manuals", cancer information booklets.

Many participants asked us to introduce in our educational project more information about clinical trials and about cancer research. The first topic was developed to offer good information working on the EORTC booklet model ("What are cancer clinical trials all about?"), while for cancer basic research we introduce in ITACA project a lecture with an investigator of the INT department of Experimental Oncology. In INT are working more than 200 investigators and technicians in basic and translational research. The meeting "investigator/patients" introduce the aims and methodology of cancer research and the main fields of today's research and it was very useful to understand what does basic cancer research mean for patients. More than one hundred cancer patients participate in two meetings and the participant's evaluation was very good for the topic and for its relevance for patient education. In our booklet "clinical trials" we add a new chapter about cancer basic research like something important for patient

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Telling yourself by pictures

Poppi NICOLETTA

Starting a health care way and in particular an oncological way means a deep meditation about self body (that will be cut, touched, ...) and self concept. All experiences about our body need an individual emotional formulation filtered by our values and sense of life. Particularly an experience like breast cancer needs an attribution of sense inside our way of life. Social sciences provide some methods to tell one-self: autobiography, self-narration, pictures, photos taken byself. With pictures we may communicate ideas, emotions, representations with language: this is analogical, free and easy communication.

PROJECT OBJECTIVES 1. To facilitate ill representation and self perception by camera. 2. To propose an evaluation of hospital experience by photos. This method is acknowledged in visual sociology and permit to consider and evaluate some different aspects. ACT 1. When the woman is admitted in hospital, the sanitary operator gives her a camera and a short brochure that explain the project "With a photo ... you help us to improve our service". 2. These photos will be used by our health care organisation to understand the women evaluations about their hospital experiences and to improve ist capacities to understand women needs in this context.

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Information and prevention campaign of colo-rectal cancer

Maria Caterina PARODI, Giuliano REBOA

Colorectal cancer (CRC) is one of the most common tumors in Western countries. In Italy 28,000 new cases are diagnosed every year and 18,000 deaths result from the disease. Ninety percent of clinically diagnosed cases usually occur in individuals over the age of 55. Evidence has shown that early detection at an asymptomatic stage by screening can improve survival. Tumor stage is an important determinant of prognosis. In fact, 5-year survival is 90% when CRC is limited to the intestinal wall, but falls to 35-60% when lymph nodes are involved, and is less than 10% (about 5%) in metastatic disease. The 2003 aim of the prevention program is represented by the extensive information of public opinion, particularly using medical practitioners, patient associations, families, mass media and institutions, with the aim to identify high risk subjects for CRC, and to increase the screening demand, that is to increase the prevention. Information is the first step of a prevention campaign. The key message of the campaign will be „the appearance often deceives colorectal cancer prevention can save yours life". Screening allows on the one hand to early diagnose the CRC with a consequent mortality reduction and on the other hand to identify and endoscopically treat precancerous lesions (polyps) with a consequent reduction of the CRC new cases, too. Screening for CRC is cost-effective.

The information and prevention campaign will use every mean of communication, that is:

- to hold a press conference
- to inform and to bring up to date mass circulation press and radio- television press, through video, scientific papers, slogan and so on
- to make active a green telephone number for people having basic informations about CRC prevention and indications of reference centers for prevention and screening programs
- to produce leaflets, booklets on CRC and to distribute them in every place of people aggregation, organizing info-points, too
- to organize a scientific meeting involving authorities, institutions, medical and scientific associations and the press, to focus the state of the research and of the screening programs of CRC in the world.

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Information, technology and art in the fight against cancer

Carmen PRANDI, Luciano ARMAROLI

Actions to Improve

- Information: creation of an information packet for patients, setting up an information area with foldouts, brochures, and magazines
- Amenities: armchairs and small sofas for patient comfort. Unit walls with naïf murals in soft blues and pinks. Patient waiting room supplied with refreshments, newspapers, and fresh flowers.
- Technology: high level unit investing in the latest advanced technology equipment

Beneficiaries:

Patients / Users

Actors:

Professionals (nurses, technicians, doctors); volunteer groups

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Change in the Quality of Life of Patients with Non-small Cell Carcinoma of Lung in I-II Stages after Surgical Treatment

Emma RIABOVA, Sergey AMINODOV

A study of change in the quality of life of patients with non-small cell carcinoma of lung in I – II stages after surgical treatment was carried out. This study is a part of a large scientific research devoted to studying the quality of life among patients with carcinoma of lung, which takes place for the first time in Russia in the structure of cancer pathology. The problem of changing parameters of the quality of life among cancer patients in Russia is not adequately explored. There is no knowledge about changing parameters of the quality of life among patients with carcinoma of lung in initial stages and consequently there are no correct approaches to the correction of these parameters.

The study was conducted by means of a questionnaire EORTC QLQ-C30. The quality of life of the patients was analyzed in two phases: before the treatment and in 4 – 5 weeks after the surgery. After surgical treatment rise in emotional functioning (5 points), to a greater extent after pneumonectomy (11 points), is reported; abatement of breathlessness (9 points) to the same extent after all types of intervention is marked. Physical state (11 points) improved to a medium extent, to a greater extent it improved after sublobar resections and pneumonectomy. Fatigability abated (11 points), to a greater extent after pneumonectomy (18 points). Pain abated on average by 17 points, to a greater extent after pneumonectomy (23 points). Sleep disturbance decreased by 15 points, this index was better among patients after sublobar resections. Appetite increased by 20 points, more among the patients after sublobar resections and pneumonectomy (25 points). Obstipation fell by 12 points, the function of bowels improved after lobectomy and pneumonectomy. The quality of life after surgical treatment decreased according to the following criteria. Cognitive functioning decreased (6 points), more after pneumonectomy (19 points). Role functioning decreased (by 12 points), a more apparent decrease was registered after sublobar resections and lobectomy. Also a decrease in social function by 12 points was marked, after pneumonectomy this index of the quality of life decreased by 27 points. No changes in the quality of life were registered as for the following criteria: general well-being, diarrhea. Some difficulties on purchasing medicines were marked to a greater extent among patients after sublobar resections. Thus, on conducting surgical treatment on patients with non-small cell carcinoma of lung in I – II stages criteria of the quality of life change to a variable extent, which requires different approaches to their correction.

Based upon the obtained data, it's necessary to pay serious attention to psychological preparation of patients to surgical treatment by means of working with a psychologist in a preoperational period. It's especially important while planning pneumonectomy. It's also required to pay a more rapt attention to the problem of anesthesia in postoperative period after pneumonectomy.

Our study will allow finding ways for a more perfect, comprehensive and qualified care to patients with non-cell carcinoma of lung who undergo a radical surgery. Evaluation of quality of life of every patient will give an opportunity to make a therapeutic approach and a prognosis for a disease more individual based on objective criteria of the quality of life.

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Patient education for prostate cancer patients: new opportunities for hospitals

Adriaan VISSER, Bert VOERMAN, Maarten FISHER

There is a growing need among prostate cancer patients for education and social support. There are still now only few specific educational facilities. Hospitals may play an important role in the improvement of the education for prostate cancer patients. We evaluated the interest of prostate cancer patients in visiting educational meetings and the effects of the participating in a support group.

***An educational meeting has been held in cooperation with the Comprehensive Cancer Center Rotterdam and the Prostate Cancer Patient Foundation (SCP). Half of 96 visitors filled in a questionnaire. They express a strong need for education about treatment options and effects, sexuality, and incontinence. The meeting was very positively evaluated. About half of the visitors expressed need for further group support and a quarter wished individual counseling

***A social support group for prostate cancer patients (n=8) and their spouses has been started (six meetings and a follow-up meeting). The participants filled out a questionnaire before the first meeting and a few weeks before the follow-up meeting (quality of life, prostate complaints, sexual functioning, distress, expression of emotions, impact of the event have prostate complaints, coping style, social support, marital satisfaction). A sample of the patients (n=32) and spouses (n=18) only visiting the educational meeting functioned as a control group.

***The results show that the participating patients in the group reported more fatigue and vigor than the control group. This differences disappeared due to changes in the intervention group. Other well-being characteristics also improved in the social support group, however, not statistically significant. The participants express the need of more information about prostate cancer as well the coping with cancer related problems. The results will be compared with an ongoing study among 320 prostate cancer patients and 20 partner.

***The conclusion has been drawn that education meetings in hospitals should be combined with support groups for prostate cancer patients and their spouses.

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Complementary Medicine in Hospitals: Massage for Cancer Patients

Adriaan VISSER, Alexandra SCHOOLMEESTERS, Nicole SCHELL

People with life threatening diseases often try to find complementary care beside the regular standard medical care. It is a mean to strengthen their grip on their life and to cope with the negative consequences of their disease and their treatment. The Lorenz Hospital in Zeist developed a first massage project for cancer patients at the day clinic where they receive chemotherapy. Thirteen patients participated in the project. They filled in a standardized questionnaire about their quality of life, emotional well-being, body image and meaning in life. The data were collected before the massage (and the start of the chemotherapy) and after five massages (within three months). The comparison of the pre- and after-measures shows that the patients after the massage experience less social restrictions in their daily life, less depressive feelings, less angry feelings, less strain, more meaning in life, and a better body image.

In a second project at two departments of the Erasmus MC–Daniel den Hoed Cancer Center, facial-massage-relaxation was offered to the cancer patients in the palliative phase. In a quasi-experimental effect study patients were selected for a control (N=15) and an experimental group (N=11), that received the facial massage. The measures were used as in the first mentioned study. In this small group of palliative cancer patients, facial-massage-relaxation does not have an impact on the quality of life, however, the evaluation of the facial massage was positive. The study will be continued to include more patients.

It may be concluded that massage for cancer patient during their treatment at the day clinic does more influence positively their quality of life than for patients on a palliative patients.

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17. Health promoting pain management

Hospital without Pain in Cremona

Simonetta BIANCHI, Donatella GIANNUNZIO, Leonardo GALLI

In the Azienda Istituti Ospitalieri in Cremona which is constituted by two hospitals Presidio Cremona and Presidio Oglio Po exists a long history about the struggle against pain.

Since 1983 an independent Pain Unit was created and in 1986 in Cremona a "no-profit Association" "Cremonese Association for Pain Therapy" was founded to finance the home care of terminal patients.

Since that time a collaboration has always gone on between hospital and benefactors to care people suffering from pain and other symptoms caused by terminal illness.

With this background the Azienda was one of the first in Lombardy to start the project "For a hospital without Pain"

In fact in the year 2001 an interdisciplinary group of pain therapist, anesthesiologists, neurosurgeon and phisiatrician started meetings to create an organization to evidence and treat pain in hospital.

At the end of the year 2001 a campaign was realized in the two hospitals to explain the problem to the population and to evaluate the prevalence of pain in all the wards and the culture of the personnel about pain and therapies (morphine etc).

In 2002 three congresses were organized about postoperative pain and pain therapies.

Besides a protocol was prepared for postoperative pain after an inquire on the satisfaction of patients and an instrument was chosen to evaluate pain regularly in all patients like other parameters (blood pressure, fever and so on.)

In November there was a program "Hospital without Pain" on the local TV.

For 2003 we are preparing courses to improve knowledge and culture on the topics of pain(causes, diagnosis, and especially treatment with all drugs and particularly opioids).

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An Active Role for Patients in Pain Management

Margaret BOLAND

The poster will provide background information on a booklet entitled 'Coping with Pain: a guide for patients' that was written to empower patients and encourage them to play an active role in managing their pain. The aim of the booklet will be displayed. The rationale for the booklet will be outlined and some information on the process of producing the booklet, including the patient consultation process, will be included. The contents of the booklet will be summarised. Patient feedback will be displayed and copies of the booklet will be available at the conference.

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Move To Wellness

Denise CHURCH, Angela HUGHES

A significant number of people in Ireland suffer from debilitating back pain. For many People, back pain is short lived however, for others physiotherapy treatment is required to return to their previous level of functioning. These Clients are often referred to physiotherapy services in their local hospitals ' out-client department.

Moreover, there are a number of Clients who are more complex in their presentation and do not respond as well to treatment. Their pain is ongoing becoming chronic. Their treatment involves large amounts of therapist time, which may yield little improvement. These clients become more distressed and disabled not only by their pain and movement limitations but also by the deconditioning due to lack of activity, and the isolation of not being able to participate in day to day work and social activities. This client group is the primary focus of this study. This new treatment, the Move To Wellness Programme, consists of six, two-hour group classes, which combined movement lessons, relaxation training, discussions and group support. The project

aimed to assess the effectiveness and feasibility of providing this new treatment regime for Clients with chronic neck and back pain to enable them to return to a functional life and reduce re-referral for the same diagnosis.

The objective of the study was to evaluate the impact of this new treatment regime on the participant 's ability to undertake normal daily activities, to manage their pain, to take care of their physical and emotional health and participate in and gain benefit from normal social activities. Also to examine the impact this programme would have on waiting list time in making more effective use of hospital resources.

Our results show that the intervention had a positive impact on all of the above areas, with significant gains noted in the areas of participants view of their own health, their ability to cope with pain, and the amount of pain medication required to participate in daily activities. We found that the levels of anxiety and depression were high among this population and we feel that in order to treat these clients effectively, a more holistic approach that included specific interventions to address these issues would be beneficial. Overall the Move to Wellness group is an effective method of treating chronic pain clients and contributes positively to the course of their recovery.

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An Acute Pain System (APS) model: a system based on the post graduate school requirements

Francesco GIUNTA, Adriana PAOLICCHI, Rocco DAMONE

Anaesthesiologist training provides for 1500 treatments for patients with acute and chronic pain. Therefore, in Pisa University Hospital, anaesthesia and critical medicine residents have to spend a sixth month period for acute and chronic pain control. A large part of these medical facilities concerns postoperative pain treatment. Then an APS is created for general and obstetric surgery, day and other surgery and serves about 5000 patients / year. This is based on 12 hours day shifts for training doctors and 12 hours night shifts managed by doctors and nurses from Low Dependence Care Units. An "experienced anaesthetist" supervises their antalgic protocols and manages the relationships with surgery wards, and clinical audits.

Tasks of the APS training doctors

Patient care in Recovery Room soon after surgery, periodical controls in wards during the first 48 postoperative hours to treat and quantify pain, to monitor vital signs, to verify patients' general conditions and to change antalgic treatments in order to achieve our fixed target (VAS = 3). Data are registered with specific forms, then collected and put in electronic data banks and finally analysed for clinical audits by APS group.

Aims: To guarantee acute pain care in all postoperative patients in the hospital. Provide assistance for postoperative discharged patients in association with domiciliary treatments run by General Practitioner. Growing other APS groups for neighbouring country hospitals.

Quality Indicators: Maximum Vas allowed, clinical audits, patient information and customer satisfaction

Expected Results: We would like to make medical doctors, nurses and patients aware of the fact that it should be an "ethical commandment" to cure pain, instead of passively bearing or eliminating it. Educational Training Programs about acute pain treatment for doctors and nurses are needed to gain these aims.

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"Pain-free Hospital" Project in the Emilia-Romagna Region

Elena MARRI, Kyriakoula PETROPULACOS

The "Pain-free Hospital" Project goes beyond the hospital environment and is applied within the broader context of services entailing palliative care and pain therapy which the Emilia-Romagna Regional Administration has implemented and intends to develop. Broadly speaking, the issue of palliation and pain therapy, like other far-reaching health policies, is located within the general context of health planning based on the definition by the Territorial Health Conference of specific Health Plans used in the Emilia-Romagna Region as a means for the formulation of health policy built around the needs of the individual. The „Pain-free Hospital" Project has set the objective of establishing a network of health workers, doctors and nurses to effectively deal at all levels of health care with the problems arising from the presence of pain and the need to treat it; this potentially involves virtually every branch of medicine and surgery. The Committee of experts (consisting of doctors and nurses) is in charge of an ad hoc pain observatory that operates in health services in general and hospital facilities in particular. Other tasks include

coordinating the ongoing training of doctors and nurses, promoting measures designed to ensure the availability of analgesic drugs, especially opiates, providing periodical assessment of the quality and quantity of pain-reducing drug consumption, and stimulating the application of alternative protocols for different types of pain. In order to accomplish the project, the hospitals involved were advised to set up their own „Pain-free Hospital” Committees and procedures were especially instituted to implement the scheme. On 28th May 2002 a survey was conducted primarily to determine the perception of pain and suffering among patients admitted to the region 's hospitals. The first regional course „Towards Pain-free Medicine” is scheduled to take place in February 2003. It is aimed at hospital managers and members of the „Pain-free Hospital” Committee, and intended to trigger a knock-on effect whereby the scheme snowballs and numerous such training events are held, using a model that can be applied in the different health care structures participating in the regional project.

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"The pitch project": pitching a tent for marketing pain relief in Hospital

Francesco NICOSIA

Introduction: Italy is still absent by WHO in the list of countries which use opiates for chronic and continuous cancer pain . Those considerations were the trigger for the Italian Government to promote the law for facilitation of morphine use in cancer pain. The government project was called "Pain free Hospitals" and was launched in the year 200-2001. However one law is not sufficient to improve one culture. What is needed is constant information, and initiatives which market the presence of good hospital organization together with the will of improving hospitals quality of life and patients satisfaction. However studies have demonstrated that doctors as well as nurses do not have sufficient knowledge on techniques, drugs, dosages and facilities for pain treatment. Method: We considered that pain in Hospital is mainly present in 4 settings: Parturition (P), post-surgical intervention (I), post-trauma (T), cancer (C), in Hospital (H). The acronymus PITCH was the result, which turned on the idea of pitching a tent in the City for pain therapy promotion and information. Results: A tent was built, covered with posters, by 10 doctors, 15 nurses and 15 previous patients volunteers who met people and showed facilities for pain relief in those different hospital settings. Five thousand copies of a brochure on the opportunities for the hospital to provide pain relief were distributed to the population. Comment: The initiative lasted 7 days, was supported by CARISPE Bank Foundation and La Spezia Hospital Director, and was extremely successful in agreement with the HPH concept that Hospitals should be partners in health alliances and improve patients participation in decision making.

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Back classes for patients with chronic back pain

Colum O'NEILL, Shay ENGLISHBY, Agnes CORRIGAN

Objectives

- To provide information on the anatomy of the spine.
- To educate patients on prevention of back pain.
- To promote awareness and importance of good posture.
- To improve lifting techniques.
- To establish a suitable regime of exercises that can be continued in the home setting.
- To run the class within the present constraints of the Physiotherapy budget.

Method

All patients assessed individually before referral to the "Back School". Patients are taught exercises in a group setting, with individual attention to ensure each patient can perform the exercises properly. Patients are reviewed by the referring physiotherapist once the course is finished. Discharge letters are completed by the referring physiotherapist and sent to referring Doctor / Consultant. Patients are to be reviewed approximately six months after completion of the class.

Results

Overall attendance rate for the six weeks is 90%. The average back class scores, before the back classes commenced for the back quiz was 52%. The average back quiz score after the back classes was 60%. There was an overall improvement in knowledge by 80%. 100% of the class felt they had benefited from the back class. 100% of the class felt benefit from individual exercises and will continue with the exercises at home.

Comments from patients

"I have a better understanding about my back", "I have more skills to deal with my back pain", "Makes you think more when sitting / standing" etc.

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Postoperative pain in Tuscany: A questionnaire

Vincenzo PIACENTINO, Luca ARENA, Colonna LUCIO, Paolicchi ADRIANA

During 2002 the anaesthetist of the Hospital Without Pain Study Group, a committee appointed by Regione Toscana HPH project, promoted a research among the nurses of surgical wards of Tuscany Hospitals. The personnel were asked to complete a questionnaire which addressed the following aspects:

1. interest and awareness of postoperative pain
2. knowledge of how to measure pain (pain scales)
3. knowledge of the effects of drugs used to treat pain
4. most frequently used ways to administer analgesics
5. percentage of nurses who attended (or applied for) refresher course on postoperative pain

A total of 1.242 questionnaires were completed and returned to the group, which could work out the following results:

1. 77% of the responding nurses were aware of the problem and felt that postoperative pain is adequately treated in Surgical wards.
2. Nonetheless only 27% did know pain scales.
3. More than 30% are afraid of addiction if morphine is chosen for treatment of postoperative pain.
4. 45% prefer to administer analgesics on demand and only 8% prefer PCA.
5. 65% have never attended a course on postoperative pain.

As a result the participating hospitals have organised a refresher course on postoperative pain for the medical and nursing staff of surgical wards.

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Committee for a pain-free hospital

Sandro SALZANO, Cristina GHERADI, Stefano BERTOCCO, Luca SIRCANA

Most of us working in health care agree that pain, in whatever form it takes, is a largely unresolved problem in our hospitals. Several international surveys have identified pain as one of the major problems affecting inpatients. Adequate attention is not paid to pain management, it is often ignored and poorly addressed in a high percentage of cases.

In the wake of urgings on the part of the WHO and based on recommendations by Italy 's Ministry of Health, the Hospital of Santa Maria Nuova has joined other health care organisations in constituting a Committee for a Pain-Free Hospital. Professionals of different backgrounds, both medical and nursing as well as others, have joined together to identify, promote, and propose a „moral“ challenge to all health care personnel to achieve the title of „Pain-free Hospital“ in the shortest amount of time possible.

The committee's first few meetings were spent identifying the most important points to include in a questionnaire that will be distributed throughout the hospital in order to gather information on what to include in pain management training. The first sessions, training staff in the rudiments of pain management, will be followed by more specialized training in areas such as post-operative pain management.

We envisage this as a modest beginning to achieving our goal of total pain management. We also trust in and welcome the involvement of all health care personnel in giving opinions and offering innovative ideas aimed at promoting a response to the needs of our patients. The office for the Committee for a Pain-free Hospital - COSD (Comitato per l'ospedale senza dolore) is in the Direzione Sanitaria (Hospital Administration) We welcome all suggestions and proposals that will help us intervene positively in achieving our goals.

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18. Health promoting in long-stay care

Sonas – a valuable tool in communication for the elderly

Deirdre BAYLAN, Siobhain REILLY, Beverly CAROLAN

Introduction: Sonas is a multisensory system which provides stimulation for the five senses, hearing, sight, taste, touch and smell. Devised by Sr M. Treadgold, Sonas is Gaelic for "well being" and aPc represents "activating potential for communication". It is designed to activate older people at all levels of dependency. Many older people in residential care are considered at risk of becoming cut off from the rhythms of life, particularly those suffering from illnesses that impact on communicative ability and memory.

Philosophy: Sonas aPc acknowledges unmet communications needs. The approach is designed to activate potential for communication, to promote interaction, to prevent social isolation, to uphold personal dignity and to enhance quality of life (Treadgold 1996).

Programme format: 1/ Gentle Exercise; 2/ Song; 3/ Massage; 4/ Rhythmical Section; 5/ Taste and Smell Section; 6/ Cued Speech; 7/ Poetry Recitation; 8/ Individual Participation; 9/ Closing Song

Benefit to the client: 1/ Relaxed and informal atmosphere; 2/ Enjoyable experience; 3/ Increased evidence of verbal and non verbal communication; 4/ Reduced tension; 5/ Increased confidence. Kitwood 96, discussed behavioural signs of well being as a result of repeated Sonas group attendance:

1/ Demonstrating pleasure. 2/ Bodily relaxation. 3/ Assertiveness. 4/ Expression of a range of emotions. 5/ Humour. 6/ Creative self expression. 7/ Helpfulness. 8/ Affection. 9/ self respect. 10/ Acceptance of others.

Conclusion: Multisensory approaches such as Sonas bring song, smell, poetry, human warmth in to the lives of people who may be cut off from their environment, themselves and others. Sonas can improve how people function at tangible levels, in cognition, activities of daily living, behaviour and communication (Connors 2000).

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Project for rehabilitation from dysphagia

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How and why this project started

This project was started in response to a request by the aphasiologist to change the menu supplied to patients afflicted with dysphagia. She had realised that the therapeutic course of this particular type of patient had not been adequately evaluated either before or after admission to hospital, particularly in terms of the type of meal served and the patient's relationships to the various health care providers involved in patient management.

Goals: The purpose of this project was to review and subsequently improve the care of patients with dysphagia, during their hospital stay and afterwards, with the ultimate goal of promoting good health. Active patient involvement is essential for recovery of deglutition and represents the most important step in the course of therapy, which was enhanced with procedures and methods that contributed to its success. Co-ordinating the efforts of hospital and local health care services was also important.

Methodology

An interprofessional, multidisciplinary task force was created. In various meetings, the group:

- redefined the treatment program for the dysphagic patient to increase his chances for recovering deglutition;
- determined the stages when diagnostic, informative, educational and rehabilitative procedures should be implemented;
- developed a patient management protocol extending from hospital admission to release, which was agreed upon by the health care professionals taking care of the patient;
- established times, methods and parameters for monitoring application of the protocol.

In particular:

- The Recovery and Rehabilitation Service examined the needs of the patient, redesigned the course of treatment, and assured the required follow-up at home after hospitalisation;

- The kitchen and dietetic service drew up various "standard" diets and specified their methods of production. A homogeniser was purchased so that the same dishes served to normal in-patients could be specially processed for easy swallowing by patients with dysphagia. Ingredients considered to be particularly suited to these dishes were identified, and the consistency of the food was monitored from the time it left the kitchen until the moment the dish was served to the patient;
- The district staff drew up an informative brochure to be issued to the patient upon release from hospital, which indicates how the diet should be prepared and the correct posture to be assumed during meals.
- Training courses were given to the nursing staff in the hospital ward and in the Home Nursing Service.

The project accomplished the following results:

1. Formulation of a protocol for managing the dysphagic patient both during and after his hospital stay (attachment 1);
2. Greater co-ordination of the services offered by the HNS and the hospital;
3. The supply of personalised assistance to the patient in the form of an informative brochure;
4. Determination of the correct diet and its correct methods of preparation.

The results included the involvement and co-ordination of services provided by professional staff both at the hospital (physiotherapists, kitchen staff, nurses on the medical ward, dietician, etc.) and in the area (home nursing staff, primary physician, staff in nursing homes and gerontology wards, etc.). An aphasiology clinic was opened to evaluate patients after their release from hospital. Numerical data on project results are listed in an attachment (attachment 2)

Final considerations: Special thanks go out to the Recovery and Rehabilitation Service and the Office of Lodging Logistics at Castelnovo – Monti Hospital. Their efforts made it possible to complete this project, which shed light on a type of patient who is often disregarded because of the small number of cases that occur. Direct communication between aphasiologist, kitchen staff and family members enabled us to make continuous improvements in the service we offered and to come up with a special menu through a joint effort by the aphasiologist and the dietician. We were able to monitor closely the cases existing in our hospital, and we carefully assessed the work done by personnel on the ward and in the surrounding area who can deal with this particular pathology, both during and after the hospital stay.

The limits of this project were:

1. The need for continuous monitoring to assure application of the established protocols;
2. The need for constant attention in preparing the special diet in the kitchen, which requires a specialised worker.

Future plans: The nursing homes and gerontology wards in our area have already been informed of the project, thanks to meetings held at these places with the aphasiologist. Next year (2003), an effort will be made to extend the plan to hospitals in Correggio and Montecchio that are run by the Reggio Emilia unit of the National Health Service. The last stage provides for meetings with the GPs in the mountain district.

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Development of a Nutrition & Feeding Policy in Long Stay Care ‘

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Aim: To standardise & improve nutrition & feeding practice for older persons requiring feeding assistance in Long Stay Care.

Objectives: Identify patients at risk of malnutrition; Implement routine nutritional assessments; Monitor calorie intake; Examine feeding practice at ward level; Examine choice & variety of modified textured diets.

Methods: Pre & post 1 week food diaries kept for 8 patients on 'Modified textured' diets requiring feeding assistance, recording total calories intake using Wisp diet analysis package. Feeding times, feeding practice, catering practice and assessment procedures monitored.

Variable Introduced:

- Screening Tool and weight assessments
- Separate meals times for dependant feeders
- Standardised feeding utensils
- 'Little & Often' approach with snack provision
- Standard 'Modified textured' menus
- Improved presentation of 'modified textured' foods
- Speech & Language Therapist, Dietitian and Physiotherapist training on swallowing to staff

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Standards of Care for The Older Person in Extended Care Units

Kathleen HARTE, Patricia McCORMACK, Helena KIRKPATRICK, Angela HUGHES

Old age is seen as part of a developmental process in the continuum of life which is positive and which adds new dimensions to the individual's experience. It is a time when new learning, personal development and full health are possible and should be actively sought and promoted. Each older person should be viewed as a unique individual, respected and cared for as such by members of the nursing and caring professions. In January 2001, in James Connolly Memorial Hospital (JCMH), a steering committee was established to formulate standards of care. In December 2001, the Irish National Health Strategy document promoted the development of standards for long term residential care of older people.

Transition to an Extended Care Unit is a very significant event in the life of a resident and their family and it is our desire to make that transition and experience a positive one.

Our reason for formulating these standards, 26 in total, was to articulate in writing our actual care and desired improvements so that a better quality of care could be implemented at an individual level and collectively to the overall group of residents.

Agreed standards were chosen and formulated. Nurses in the Extended Care Units, Nursing Administrators, Consultant Geriatricians and other Staff who had specific interest reviewed the standards, and recommended changes were made. In summary, these beliefs and standards reflect a commitment to providing a sensitive and personalised nursing service. An audit tool is currently being designed in conjunction with the standards, and all standards will be audited before December 2005.

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Oral Health

John LEE, Orlaith O'BRIEN, Cheryl EARLEY, Jean BUTLER

Aim: To develop a multi-disciplinary team approach to good oral hygiene practices in an acute / Long Stay hospital setting in partnership with the community Dental Health Team.

Objectives:

- To audit and document current practice in oral hygiene in Acute and long stay settings- Baseline data.
- To develop standardise and implement researched guidelines for oral health using evidence based practice.
- To identify and develop an assessment tool / questionnaire to measure pre - and post oral health interventions.
- To develop a training programme for nurse professionals to deliver patient education on oral hygiene.
- To develop an evaluation process to assess the effectiveness of the overall initiative.
- To pilot the programme over a two-week period in both settings.
- To develop a model of practice for oral hygiene for the settings.

Methodology: A partnership arrangement was developed between the Dental Department, an acute setting and a long stay institution. Pilot sites were identified and agreement sought by staff to participate. Aim and objectives, methodology were clarified. The project team adopted a national questionnaire to assess the effectiveness of interventions. Advice sought from the quality facilitator in relation to data collection for baseline information and the evaluation of the overall project. A one day training programme facilitated by the Dental Health Department on good oral health practices was put in place for key staff in participating sites. An awareness session on the project was organised through the Divisional Nurse Manager Structure. Data collection was analysed using Microsoft Excel and SPSS.

Result:

1. The baseline data collection showed that staff were very interested and placed a high value on the importance of good oral hygiene practices.
2. Guidelines have been developed for the two settings in consultation with the Dental Department.
3. Key staff are trained to create an awareness of oral health with all staff in the settings. (Ref. National Adult Oral Health Survey 2000/01).

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The Network of the Gerontologic Town-Hospital in the XXVth district of Paris: A project for improved coordination of care for dependent elderly people

Lucile MERCIER

Background Network: The gerontologic Town-hospital network of Paris XVth was created in an informal way since 1992. Since its opening, the Vaugirard hospital – Gabriel Pallez aims at establishing a continuous partnership with all health workers of the district; its objective is to contribute to the home care of dependent elderly persons. In this way, the Hospital Vaugirard – Gabriel Pallez has created a network.

An innovative project

- The network was founded in February 2002 by a convention between these two promoters, the Assistance Publique–Hôpitaux de Paris (AP-HP) in the name of the Vaugirard hospital–Gabriel Pallez, and the gerontological association which comprises general practitioners, nurses and kinesiotherapists of XVth district.
- Its mission is to ensure a better organisation of care for the dependent elderly persons in the XVth district, thanks to improved coordination between the experts, hospital, and all the other partners of the cared-for at home. This action coordinated between the actors aims at preventing breaks in the patient management, to avoid useless hospitalisations and repetitive examinations, and to support the cared-for at home and / or the return to home.
- A Quality Charter is stating these main objectives and the specific actions involving the partners of the Network.

2003, a strategic year in the Network development

- The promoters have as a project to formalise the legal personality of the Network by the creation of an association.
- The patient file which will be accessible by the different workers is a new concept in AP-HP. It will be implemented by the Information System Direction. The main aim is to facilitate the communication between health workers to achieve a better home elderly patient.
- In France, such a project must be approved by a Network Regional Committee.

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Pre-emptive screening – safety and suitability of mobility aids used by nursing and residential home clients. A pilot study

Vicki QUINN, Toni McKENNA, Seamus DOHERTY

Objective: Reduce the risk of injury to mobility aid dependent nursing and residential home clients, via an open access Physiotherapy Assistant led screening clinic.

Materials and Methods: Fifty-three residents, ten male (18.8%) and forty-three female (81.2%), were assessed by the Physiotherapy Assistant in four nursing / residential homes. Clients were assessed rising from a chair and during walking to establish whether their walking aid was used safely and to consider its suitability for their current level of mobility. When the Physiotherapy Assistant had concerns over an individual's safety a Senior Physiotherapist was called upon to complete a thorough follow-up assessment.

Results

Twenty-nine (54.7%) residents required safety adaptations to their current mobility aid. Modifications included ferrule replacement (24.5%), height adjustment of the mobility aid (7.5%) or provision of a replacement mobility aid (16.9%). Where a client's mobility had deteriorated a more stable walking aid was provided. Changes were as follows: walking stick use decreased from 28% to 16.9% while use of wheeled walking frames increased from 11.3% to 30%. A total of 44 residents (82.9%) were provided with information and education on the correct use of their mobility aid.

Conclusion

Regular checks on both safety and suitability of mobility aids provided to nursing and residential home clients and their ability to use them are required as significant changes in need and provision were established during the pilot. This reinforces the proposal to modify Physiotherapy practice for mobility aid assessments in our locality. It is apparent that Physiotherapy can help many individuals long before they reach their deterioration threshold – usually the trigger for referral. The Physiotherapy service will endeavour to modify practice for nursing and residential home clients and also for all those dependent on mobility aids. Further, there are plans to assess the impact of this proactive intervention strategy on the incidence of fractured neck of femur in residential and nursing home clients in the forthcoming year.

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19. Tackling smoking: Counselling, therapy, smoke-free hospitals II

Identification of Smoker

Kate BRICKLEY

There are currently no IT systems in place in the acute settings in the MHB to identify smokers and to show trends in smoking rates. Collecting information manually is currently done on an ad hoc approach. The current IT system in place in MHB is IMS PAS System (Irish Management Systems Patient Administration System)

Aim: To capture smoking status of clients over a 24hour period through routine admissions, Outpatients and X-Ray-

Methodology: March 2001 meeting with administration and Management Services locally. Consultation took place with IMS and the Department of Health nationally. Two extra fields on demographic details was requested ie smoker yes /no and consent to be contacted yes / no. Advice sought from the Data Protection Officer.

Results: Progress was slow due to other more urgent requests ie Euro changeover ,ERSI request to HIPE for additional information etc. An information session was developed for administration staff on the rationale for the new information and the proposed wording to be used.

Conclusions: Reports will be available Daily Weekly and Monthly also showing numbers of smokers, age, gender, location, and consent to be contacted at a later date. Communication with all relevant stakeholders is crucial. The IT SYSTEM in the three acute sites is now set to collect the data the communication strategy needs to be developed.

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Establishing and evaluating a smoking cessation clinic for diabetic patients as part of the smoke free hospital initiative

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Background: In November 2000,an incremental approach to establishing a Smoke Free Hospital, was adopted by a multidisciplinary team, from which the need for a smoking cessation service for patients, was identified. In consultation with a Consultant Optician, it was decided to operate this initiative in conjunction with the diabetes eye clinic, as a pilot study.

Aim: To implement and evaluate a smoking cessation service, for patients.

Objectives:

- Establish and monitor a referral pathway for patients attending the clinic.
- To create a positive attitude by adopting a non-judgemental, supportive, and a flexible approach in assisting patients to quit.
- Effective identification of smoking status and exposure to passive smoke.
- To support and empower patients, who are ready to quit smoking, and provide encouragement, for those who are contemplating quitting.
- To encourage hospital colleagues to take a proactive role with their smoking patients.
- To provide help that is simple to understand, relatively easy to comply with, and offers something to every smoker.

Methodology: Trained Smoking Cessation Facilitators were identified among staff and through consultation with management, were selected and released to provide the cessation service. Each patient 's smoking status was determined by administering a questionnaire to all patients attending. Patients were given the option to attend the facilitator and encouraged to avail of community cessation service. The facilitator saw patients referred to her from the diabetes eye clinic, inpatients and other Outpatient departments. Smoking habits and motivation to quit were assessed and individual's position on the cycle of change identified, thus enabling targeting of appropriate intervention. Clinical Audit facilitated the collection and analysis of data, and a database was set up to monitor attendance at community cessation service and follow-up.

Results: Evaluation of the study was carried out at 6-month intervals, the final evaluation will take place in May 2003,this study was carried out, with a view to transferring to other settings and to encourage other service providers to follow. Follow up

analysis indicated that 46% had been contacted in the community, and that 92% of smokers attended the S.C.F. predominantly contemplators with high nicotine dependency.

Recommendations:

Consultant involvement and management commitment is crucial to this initiative

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European Network of Smoke-Free Hospitals

Francois CHIEZE

European Network of Smoke-Free Hospitals is a European partnership of 14 members (13 EU member countries and one EU candidate member, Romania). "European Network of Smoke Free Hospitals " is fundamental for the promotion of smoking prevention.

Aims: The aim of this European network is to develop a common smoke-free policy within European hospitals. Hospitals have important obligations in the struggle to reduce the use of tobacco and its deleterious health effects. These obligations include not only a smoke-free environment to protect non-smokers but also the provision of active support for smokers, patients as well as all categories of personnel, in their quitting process. Making a safe environment for all, in the work place and public areas is the responsibility of everyone and needs active participation by everybody. Implementing a "European Network of Smoke- Free Hospitals" represents an ambitious objective, which needs the active participation of all European hospital partners together or individually.

Methods: The hospitals pledge to adopt a European smoke-free hospital code, available in 11 languages. This common code, providing a set of basic guidelines, is the first engagement of hospitals, who which to adhere to the European network of smoke-free hospitals and it provides the opportunity to implement recommendations for smoke-free hospitals. A self audit questionnaire is also available in order to classify hospitals, as well as members, into three different levels: bronze, silver or gold level. An implementation guideline and a Health Care Workers educational material is available on CD Rom or in the web site of the ENSH, <http://ensh.aphp.fr> in several European languages.

Actions: In 2003, many actions are in process, as the edification of an European rooster, the validation of 13 common questions of a European Health Care Workers survey . This action aims at providing a vision of the tobacco consumption within hospitals doing the survey and by the centralisation of the data, it allows a European vision of the tobacco consumption within the hospitals. Other actions are also foreseen as an inter-nation smoke-free hospital audit, a comparison of national hospital smoke-free policies, actions foreseen for the 31 of May Smoke-free hospitals are a European strategy for prevention and health education that is developing in the large field of European co-operation for smoking prevention. More than half of the smoke-free hospitals participating in the European network of smoke- free hospitals are also health promoting hospitals.

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A smoking cessation service based on a partnership approach between the hospital setting and the community.

Bedelia COLLINS, Geraldine HANNA

Aim: To develop a partnership approach between all smoking cessation services within the Mid Western Health Board. This partnership includes all Health Promoting Hospitals, all Heart Health Teams the Health promotion Department and community facilitators.

Objective:

- To provide smoking cessation services to all persons within the Mid Western Health Board irrespective of geographical location.
- To identify one lo-call number for the smoking cessation service within the whole of the Mid Western Health Board
- To develop a service that supports those who are delivering smoking cessation intervention.

Method:

- A discussion paper drawn up by the Smoking cessation Service in the MWRH and the Health Promotion Department highlighted the need for bridges to be built between the hospital and community services. This paper was then presented to the MWHB Smoking Action Group and the following steps were taken.
- Within the MWHB is 5 HPH hospitals, 1 part – time community smoking cessation facilitator and 1 Heart Health Team (3 more to come on line) all of which offer a smoking cessation service. It was agreed that all smoking cessation services join up as part of one team.
- The Smoking Cessation Service was co-ordinated from the MWRH where one of the hospital and community smoking cessation facilitator are based together. The database is updated from here and annual reports on service will be produced.
- One lo-call number was identified for the whole health board which is diverted from one smoking cessation facilitator to another in rotation
- The MWHB intranet is used for the purpose of a private discussion forum accessible only to facilitators, containing rosters for helpline, details of clinics and groups ran in each area. It also provides a facility whereby clients can be booked into groups, clinics etc.
- In areas which remain isolated from any of the above centres stop smoking support groups are set up and ran by the community smoking cessation facilitator.

Conclusion: This programme is in its infancy and a through evaluation of its success or otherwise is difficult to assess as yet the approach is well received by facilitators within the hospital and community setting.

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An investigation into the attitudes of Young Irish Women towards their smoking

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The purpose of this study was to investigate the attitude of young Irish women around the issues of smoking. The exploration of this is situated in their perception of the barriers that prevent attempts at smoking cessation.

The research involved two consecutive phases using both quantitative and qualitative approaches. Phase one involved the distribution of surveys. The young women initially completed the surveys and then had the option to participate further in the study. Phase two involved interviews with selected participants. The data collected from this multi-method approach served to illuminate the research question.

The research findings indicate that there is a high level of dissatisfaction amongst these young women in relation to their smoking. Factors such as alcohol consumption stress nicotine addiction and weight control influence their continuing smoking. While many young women want to achieve smoking cessation, their perception of the barriers, prevent them from attempting cessation. This study found that the majority of young women who had attempted cessation had done so without seeking assistance from smoking cessation support services.

Despite strong emotional expressions of dissatisfaction toward their smoking and a high level of awareness of the adverse health effects of smoking, young Irish women continue to smoke. Drinking alcohol was identified by the respondents as being a major barrier to attempted smoking cessation and a primary reason for recidivism. Although these young women express a desire to stop smoking, the factors that affect their smoking are more powerful than the desire to stop.

Greater awareness of the problem of young Irish women smokers needs to be highlighted and addressed. Health promotion in every workplace needs to be established with effective smoking cessation support aiming to espouse the philosophy of "making the healthier choice the easier choice".

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Health promotion in a smoke-free hospital: an educational program for the health workers of the Careggi Hospital, Meyer Hospital, ASL 10, Firenze

Sandra NUTINI, Chiara NERI, Salvatore CARDELLICCHIO, Daniela MANZI, N. MONTERISI, C. RUSSO, G. FUSI

A previous epidemiological survey carried out during 1998 at the Careggi Hospital showed: 1) a high percentage of smokers among the health workers (41%), 2) no clinical action was routinely undertaken by health workers in order to promote smoke cessation in smokers, 3) the majority of health workers did not receive a specific training on smoking related problems and the majority of them were not completely aware of the dangers linked to the smoking habit. In November 2002 an educational

program for the health workers of the Careggi Hospital, Meyer Hospital and ASL 10 of Firenze (part of the HPH network of Tuscany Region) was started. The aims of the educational program were: 1) to acquire specific abilities in order to favour smoking cessation 2) to promote a free smoking hospital according to law. The duration of the program was established in 8 hours in one day with a number of participants ranging from 20 to 25 persons per day. The program included theoretic topics (Epidemiology, smoking related disease, passive smoking, smoking and pregnancy, advantages in quitting, economical aspects, diagnosis of smoking habit, methods for smoking cessation, counselling, guide lines, legislative aspects, how to promote a free smoking hospital) and practical sessions in small groups. A pre and post multiple choice questionnaire with 16 items was employed to evaluate the efficacy of the program. Up to now 86 health workers attended the program. The rate of correct answers increased from 54% (pre-test) to 90% (post-test). The quality of the educational program was judged as good/very good by 88% of the participants; 74% of the participants declared that the educational program would have changed their attitude towards the smoking habit in the daily activity

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Perception of smoking related problems and smoking habit in the hospitals of the HPH network of the Tuscany Region, Italy: An epidemiological survey

Sandra NUTINI, Renato COLOMBAI, Enrico DESIDERI, Chiara NERI, L. CARROZZI, I. IANDELLI

In May 2002 the Task Force „Smoke-Free“ of the HPH network of the Tuscany Region carried out a survey by two questionnaires aimed to evaluate: 1) the perception of smoking related problems in the hospital by patients and visitors, and 2) the smoking habit among health workers (HW). 6.380 questionnaires were administered to patients and visitors in 14 health districts and hospitals by „ad hoc“ trained personnel. Each questionnaire contained 22 items. Of 6380 questionnaires administered, 1026 were not included in the analysis because all the questions requested were unanswered or the questionnaires were not able to be processed by the optical reader. Five-thousand-three hundred-fifty-four questionnaires (84% of the total) were processed for the analysis; among these 52% were addressed to patients and 48% to visitors. Current smokers represented 27% of the total subjects interviewed. Eighty-seven per cent of the subjects declared to have noted signs regarding non-smoking in the hospital, moreover the system of signs was clear for 84% of the subjects. 58% of the subjects reported to have seen people smoking in the hospital. According to the 96% of the subjects interviewed the health workers must refrain to smoke while in the hospital. Ninety-three per cent of the subjects suggested to carry out anti smoking actions in the hospital: institution of antismoking centres (93%) and increasing surveillance by the application of fines (91%). The 2870 self administered questionnaires, aimed to evaluate the smoking habit among health workers, revealed that 32.6% of the subjects were current smokers.

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A free smoking cessation program for the health workers of Careggi hospital, Firenze

Sandra NUTINI, Salvatore CARDELLICCHIO, Rosamaria PIPERIO, Iacopo IANDELLI, G. FUSI

A previous epidemiological survey carried out during 1998 inside the Careggi Hospital showed a high percentage of smokers among the health workers (41%). In order to promote smoking cessation a free program was offered to all the health workers since December 1999. This project co-ordinated by the Antismoking Centre of Careggi Hospital joined successively in the Project „Free smoking Careggi“ in collaboration with the HPH network of the Tuscany Region. From December 1999 to December 2002, 125 smokers were treated by the Antismoking Centre. All smokers underwent a first medical visit in which pharmacological therapy (nicotine replacement therapy or bupropion SR) was prescribed by a Pneumologist specialised in the treatment of tobacco dependence. Successive visits were performed after 1, 2, 4, 8 and 12 weeks. Individual or group counselling was also offered to all participants. At the present 116 smokers have completed a 6 months regular follow up. Of these 12 (10%) were doctors, 75 (65%) were nurses, 23 (20%) employees, 6 (5%) others. The main characteristic of smokers were as following: male / female 47/ 69; mean age 42.7 ± 7.5 years; number of cigarettes by day: <10 (7%); 10 -20 (58%); >20 (35%); Fagerstrom Tolerance Questionnaire score: low 46 %, medium 34%, high 20%. The rates of continuous abstinence from the first visits were 50 % (58/116) at three months and 43% (50/116) at six months. Self reported abstinence was confirmed by expired monoxide concentration measurements.

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Cold laser therapy for smoking cessation in the hospital setting

Mary SMYTH, Ann O'RIORDAN, Angela HUGHES

Rationale

The Hospital Policy on Smoking was launched in 1994 in conjunction with the development of a Smoking Cessation Service, providing support for patients, staff and the local community while quitting smoking. Many improvements have been made and in 2002 James Connolly Memorial Hospital (JCM) achieved the Silver Award from the European Network of Smoke free Hospitals. We now plan to introduce a new element to the service, Cold Laser Therapy for Quitting Smoking. This is being pioneered in Scotland in a variety of different settings and has proved to be a successful aid for quitting, particularly for people who have tried to quit on numerous occasions using a variety of aids.

Aim

To investigate the effectiveness of Cold-Laser Therapy in assisting smoking cessation in three identified vulnerable groups i.e. Patients with Diabetes, Myocardial Infarction / Angina, and Staff (who have tried to quit on more than one occasion)

Objectives

1. To provide cold-laser therapy as a smoking cessation service option within JCM Hospital.
2. To make cold-laser therapy a smoking cessation option for the three designated groups within JCM Hospital.
3. To evaluate the effectiveness of both the smoking cessation service and cold-laser therapy in the three designated groups after 12 months.

Methodology

1. Provide training.
2. Develop and implement a suitable referral system.
3. Development and implementation of a data collection and follow-up system.
4. All referrals to be contacted or seen within 3 weeks of referral data.
5. All clients for cold-laser therapy must be self-referred, sign the necessary consent form and be willing to pay the treatment cost of €8364.95 which covers cost of individualised treatment.
6. All smoking cessation treatments or options recorded, undertaken as required and all appropriate backup support given.
7. All referrals will be followed up in the same manner.
8. Follow up will be at 3 weeks, 3 months and 12 months.

Evaluation

1. Comparison of pre and post intervention data: a) Self-reported smoking status, b) Carbon monoxide testing, c) Baseline data
2. Follow up data at 3 weeks, 3 months and 12 months: a) Self-reported smoking status, b) Carbon monoxide testing, if feasible.

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20. Arts and design in the hospital

Art Exhibition benefits oncology patients: An initiative from caring hospital staff

Eileen AMBROSE

Aim: To provide improved facilities for patients in the new oncology centre in the mid-western regional hospital limerick.

Method: An art exhibition entitled „impressions” was organised by a group of hospital staff. A cheese and wine reception was held in the hospital and the paintings exhibited. The Chief Executive Officer of the Mid Western Health Board attended and spoke on the night, and local artist Barbara Hartigan officially opened the exhibition. The exhibition involved the work of 28 staff members and 59 paintings were exhibited and sold. The staff members ranged from Doctors, nursing, paramedical and clerical staff and provided interdepartmental collegiality in supporting such a deserving cause.

Results: All 59 paintings were sold and 10,000 have been generated from the paintings sold and a very successful raffle held on the night. Local businesses supported the endeavour with spot prizes and hospital staff attended the exhibition in very large numbers and supported the art sale and raffle generously.

Conclusions: The new Oncology Centre has benefited enormously from the dedicated endeavours of a talented and hard working group of hospital staff. The organising staff benefited from the success of their endeavour in raised self esteem and other staff will feel encouraged to pursue potential hidden talent. The team effort in working together for a common cause benefited in promoting interdepartmental relations. The support of senior and middle management by their presence at the exhibition was very inspiring for all staff in the hospital but most of all for the dedicated efforts of the organising staff and talented artists. The Oncology Centre will benefit with improved facilities to provide comfort and pleasant surroundings for patients undergoing treatment. Eileen Ambrose concluded the speeches on the night by thanking everyone and said that the money would be used in a holistic way to help the patients of the Oncology centre.

Acknowledgments to the other members of the committee: Eileen Ambrose, Anne Malone, Betty Ryan, Ann O 'Donnell, Paul Hayes, Sean McDermott, and Helen Cunneen

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Health Promotion Information Boards

Denise COMERFORD

St. Vincents University Hospital (SVUH) is a full member of the Irish Health Promoting Hospital Network. The hospital employed a Health Promotion Co-ordinator in 1997. Health promotion boards were placed at several locations in the hospital in order to give clear, concise, correct health promotion information to staff, patients and our community and are changed on a monthly basis. Topics developed include:

- Action for a healthy lifestyle
- Smoking - the facts
- Walk for health
- Food Safety
- Alcohol- Know your drink
- Cancer Awareness- Early detection
- Merry Christmas Everybody and Be Safe

These topics have been developed with the help of the specialists from various departments within the hospital and with the support from the Regional Health Promotion Department.

They have been well received and the original designs are being developed into a high quality laminate poster format with the assistance of a graphic design team. These are displayed around the hospital and distributed to other hospitals and GP's in the area.

This has been a successful HPH initiative, with good feedback from staff and visitors. Samples of these posters will be displayed and available.

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Oh I do want to be beside the seaside; A Quality Initiative at St Vincent's Hospital Mountmellick

Christine DALTON, Jim BLANC

Background: Responding to a client 's comment about never having been to the seaside, it was recognised that due to geographical location, there were many other clients in the midlands region, who had never had this experience also.

Aim: To bring the seaside experience to clients in residential care.

Objectives: To identify a suitable site in the care setting. To collect all relevant seaside materials in order to create a sense of reality for clients

Methodology: A wave machine was hired to create special effects. The sound of the sea, including seagulls and an ice-cream van were recorded on tape. Sea spray was created with an electric fan and water. Old-fashioned deck-chairs were located. Sticks of rock and ice cream were provided.

Results: Clients and staff thoroughly enjoyed this novel and very realistic seaside experience, which was artificially created. Other theme days have been organised, as a result of the success of this event.

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Music in hospitals: An experience in Italy and in France

Victor FLUSSER

Music in the hospital is helps to humanise the hospital, brings pleasure, enjoyment and emotional opening into the hospitalisation experience, induces a dynamic and positive perspective for the future for the patients, creates a space for the relationship and dialogue between musicians, healthcare professionals, patients and their families, establishes a partnership between healthcare professionals and musicians.

Music in the hospital is not an intrusion of jugglers searching for an alternative audience, nor is it an "act of charity" by "warm-hearted" musicians.

It aims to humanize the hospital, to improve the quality of life in hospitals, to transform one's inner representation of the hospital, to bring culture into the hospital, thus supporting cultural democracy

Specific goals are the improvement of the interaction between all the people in the hospital, the improvement of the overall quality of life, healthcare and work in the hospital, the improvement of the psychological environment, the improvement of communication, the improvement of the sound environment, the alleviation of the emotional experience of being hospitalized and being ill, the alleviation of the suffering at specific moments of hospitalization, the opening of hospital doors, thus creating a larger continuum between hospitals and everyday life, and bringing culture to a wider audience and participating in projects aimed at cultural democratization

Evaluation criteria are: mutual integration and concern, interaction of behaviors, changes of behaviors even when not in the presence of the musicians, improvement of communication, recognition of the professionalism of musicians, changes introduced in one's inner image of the hospital

Professional training of musicians for hospitals includes musical skills, inter-relational skills, organizational skills, and knowledge of the hospital environment.

Permanent training for healthcare agents includes listening to the environment, Song repertoire, musical interaction, partnership with the musicians

Network The "European Association for Music in the Hospital"; The European Summer University: "Music as a way of humanizing the hospital"; The project's partners

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Healing arts project

Mary KILLEEN McCARTHY

Rationale: Inspired by the success of the Waterford project the idea to form a committee to explore the possibility of setting up of a healing arts project, as a health promotion initiative came from a conversation between the HPH Co-ordinator and a nurse manager who is also an artist, in the hospital restaurant in June 02.

Aims: To introduce art to the hospital setting so that clients, staff and visitors might enjoy its healing properties. To enhance the aesthetic potential of the hospital.

Objectives: To introduce a project to the hospital setting which could involve the team co-operation of staff and include the local community for the common good.

Methodology: A multidisciplinary committee including a representative of the users of the service and a representative from the local community was formed in September 02. Staff members were invited to offer their paintings for exhibition and possibly for sale, a percentage of the proceeds of which would be directed to "Friends of the Hospital" fund to buy necessary equipment. Fourteen staff produced sixty paintings including watercolours, oils acrylics, pencil sketches, Chinese brush painting and tapestries. Finished products included landscapes, seascapes, flower studies, animals, birds and abstracts. The lead up to the event was an endeavour in true teamwork. The committee set to work like a hive of bees, enlisting help of other staff members

as the day drew near. Committee members scoured the town in search of prizes for the raffle, distributing invitations, and rounding up a local celebrity to open the event. On Friday Nov. 1st '02 the staff restaurant was transformed into an exhibition hall. Five hours of hard work produces a spectacular sight. A cheese and wine opening was attended by a large number of local people and staff, the atmosphere was amazing enhancing the hospital/community links. The event was a resounding success. The artwork decorated the walls of the main corridor in the hospital for one month, the healing effect of which was felt by staff patients and visitors alike.

HPH Link: This project was co-ordinated by the HPH co-ordinator, inspired by another health promotion art project elsewhere. The committee are in the process of purchasing some good quality prints from the National Gallery to decorate the now blank walls and uplift the spirits of all who spend time in the Hospital. A photographic exhibition is planned for Nov. '02, and all disciplines of staff will be invited to participate.

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Artwork "Healing Walls"

Rea NURMI

My artworks, murals are on hospital walls. They are at Yale University Hospital in US, University Childrens Hospital in Bratislava Slovakia, F.N. Motol in Prague, several hospitals and in an assisted living facility for the elderly in Helsinki Finland. The intension is to bring color and light to areas and facilities where it is most needed. The work is often in the windowless areas. I bring the seashore or blooming gardens to patients and medical personnel as well as visitors.

The material is regular wallpaint in bright colours. The healing artwork best adapting to this environment is not too bold or loud. It should stimulate the mind and generate pleasant memories or visions for the future.

I like to bring hope and positive thinking through beauty.

In some occasions I have created "windows of opportunities" where the work is literally a size of a window instead of a wall-size work in a hospital facility.

In addition to murals I exhibit art and also teach drawing to children and adults in a hospital setting.

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TUESDAY, May 20th, 2003, 13.30 - 14.30

21. Patient safety II

Integrated management of clinical risk for patient safety in hospital and health care facilities

Antonio CHIARENZA, Sara BARUZZO, Pietro RAGNI

The „Integrated Management of Clinical Risk” project aims at testing a new approach targeted towards preventing and reducing the real and potential risks for patients by means of a coordinated process of identification, reporting, record-keeping and analysis of accidents which also includes final coordination of all the safety data so as to promote a better problem-solving strategy. The principle which underlies this approach is that the problems relating to patient safety can neither be solved by throwing the blame on someone nor by removing the immediate cause of the error, but rather by learning from doing, i.e. from those events which have represented a real or potential risk for the patient. The logic at the basis of this initiative is that, because of their inherent complexity, it is reasonable that in health care facilities something may go wrong. However, as an adverse event occurs, the response cannot be that of blaming the culprit but rather that of learning from the past mistakes in order to reduce the risk that they occur again. Indeed, in the majority of cases the reason for an accident occurring to a patient lies in the management and organization systems which underlie the health care activities. For this reason blame cannot and should not be thrown on the individual health care professionals. Identifying and solving the problems of a system is therefore key to reduce the future risk of damages to patients and to ensure improved safety and quality of health care services. For this purpose the new approach is based on a system for in-depth analysis of the causes (Root Cause Analysis) which have given rise to the adverse event for the patient during the treatment period; once the risk areas have been identified and the underlying causes have been analyzed it will be possible to develop prevention strategies as well as strategies aimed at organizational, management or clinical improvement.

OVERALL AIM:

Improve patient safety by means of a system which is targeted towards reducing and preventing the risk of accidents, reducing the severity of their consequences to a minimum and increasing the quality of the health care services.

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Integrated approach to risk management in healthcare facilities

Renata CINOTTI, Vania BASINI, Patrizio Di DENIA

The Emilia-Romagna Regional Sanitary Plan 1999-2001 placed risk management among characterising elements of the 'clinical governance' approach. Both reference data about the magnitude of adverse patient incidents and systematic instruments investigating occurrences don't exist in our Region and in Italy. There are informative sources related to specific issues, and other potential sources are not used for this aim (i.e. claims and complaints); moreover it's necessary to shift from the management of separate problematic areas in which risks occur (patients, visitors, staff, economic consequences) to an „integrated management system". The biennial Program co-financed by the Italian Health Minister and Emilia-Romagna Region „Risk Management in healthcare facilities: Integrated approach to definition, treatment and use of information" has been active since February 2002. The aim of the program is to promote an integrated approach to risk (patient safety, environmental safety, staff safety), developing shared reference for risk identification, information treatment and their use to design improvement processes. A Regional Co-ordinating Group is established, composed by members drawn from the Local Health Units engaged in experimental activities and the Regional Health Agency. The Co-ordination Group has the task to guarantee the co-ordination and the coherence of the experimental activities developed, Local Health Units themselves are experimental centres for specific tools.

They are experimenting:

- Incident and near-miss reporting
- Clinical audit according to Wimmera Hospital's criteria
- Searching administrative data base (hospital discharge data base)
- Searching claim-complaint data base
- Developing tools for structural risk evaluation and management
- Developing legal support for searching activities and improving clinical documentation and clinical paper (i.e. informed consent)

The whole Regional healthcare system is also asked to contribute the result of such experimental activities with the purpose to increase people's (workers and patients) consciousness and self-protection.

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Prevention of accidents occurring to patients and visitors – azienda ospedaliera pisana

Elisabetta GOLGINI, Luca FAVILLI, Stefano GAFFI, Valerio BIAGIOTTI

AIM OF THE PROJECT

To evaluate incidence and typology of accidents occurring to the patients and to the visitors inside the hospital, to identify useful elements for the prevention and to realize adequate and efficient interventions.

MATERIALS AND METHODS

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Multi-Factorial Qualitative Decision-Making Modeling for Back Surgery

Michael HAGAN, Paul McCORMIC

Back disability and / or impairment affects 16 million Americans annually. Presently there are many interventions available as treatment. Results of clinical trials are controversial regarding which patient population is most likely to benefit from a surgical intervention. Although randomized double blind studies are considered by many to be the gold standard regarding clinical research, other methodologies might be better suited in this case.

Whether or not to perform a surgical intervention for the correction of morbidity associated with back problems is a complex decision. The complexity arises, in part, from a variety of factors that would be very difficult if not impossible to control for in a traditional study. Aside from clinical parameters there are comorbidities, patient preferences, types of interventions available, socioeconomic issues, access, latent variables, as well as the solutions at the decision-maker's disposal. Since many of these variables are qualitative, we have initiated examination of decision-making under these uncertainties through two models: Bayesian belief network (BBN) and Qualitative influence diagrams (QID). Our framework relates closely these two methodologies so that QID can be considered enhanced BBN.

BBN provides formalism for encoding a joint probability distribution on our predetermined set of statistical variables. This qualitative BBN abstracts from numerical probabilities by encoding qualitative probabilistic relationships among its variables.

QID are representations of the variables and especially their interrelationships involved in the decision process. However, instead of conditional probabilities it will use qualitative influences and synergies and instead of utilities it will specify qualitative preferential relationships.

The goals of this research are:

- (1) to improve the process of selecting those patients who are most likely to benefit from surgical treatment
- (2) the determination of the timing of surgical intervention
- (3) improve patient satisfaction with their decision

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The use of system-theoretical model to prevent problems with care in HPH

Maria HALLMAN-KEISKOSKI

According to international research, about 10% of patients have problems with their care (injury, malpractice, patient complaint), of which about half could have been prevented. Finland's progressive patient legislation allows patients to express their dissatisfaction and seek financial compensation, but it does not require preventive activities. The HPH-programme for 2001-2006 obligates the Central Finland Health Care District to look for ways to prevent problems with care.

Professor James Reason's system-theoretical approach to human errors is one of the most respected theories used to analyse and reduce the risk of human error. The goal is to find latent errors in the system and prevent them from causing accidents. The theory was used in England by the Clinical Risk Unit to develop a process of investigation and analysis of adverse events in health care. A collaborative research group between the Clinical Risk Unit and Association of Litigation and Risk Management (ALARM) adapted the research methods to produce a protocol.

The protocol helps to systematically investigate medical incidents from patient records and interviews with staff. Factors influencing clinical practice are grouped into seven categories in order to find important Care Management Problems and identify general contributory factors. The final report will provide a summary analysis, emphasize positive features of care and give recommendations for action. The investigation reduces blaming and promotes organisational change to prevent future injuries.

In Spring 2003 the protocol will be used to prevent problems with care in the emergency department of Central Finland Health Care District. The investigation will include patient stories analysed with the narrative method. It is part of a larger project to test the system-theoretical approach and joint conversation in preventing and settling treatment problems.

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A "Safety Agreement" for Chronic Patients

Renzo MARCOLONGO, Giuliana BELLEGGIA, Sonia BELIA, Elisa ROSSATO

Many chronic diseases may be complicated by a number of hazards that put at risk patients ' autonomy and quality of life. In addition, many chronic patients have to self-manage their therapy preventing its possible adverse effects, such as drug toxicity.

The correct implementation of such a task and the prevention of disease related hazards involve the active and aware participation of patients. Consequently, chronic patients must learn and put into practice adequate safe health behaviour.

The Clinical Immunology Unit of Padua University Hospital devised two specific Therapeutic Patient Education (TPE) programmes, one for patients suffering from systemic lupus erythematosus (SLE) and another one for patients with multiple myeloma (MM) respectively. Both the programmes fulfilled a specific „safety agreement „, preliminarily discussed and decided with patients, that involved the learning of particular knowledge about disease, treatment and their complication, and the implementation of well-defined safety behaviours. To date, 16 SLE patients and 15 MM patients took part to the TPE programmes.

Our results suggest that the preliminary discussion and approval of a „safety agreement „ between patients and their doctors may increase patients ' knowledge and awareness about disease and treatment related complications, encouraging the adoption of safer health behaviour.

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Quality Initiative, Patient Identification

Brid McGOLDRICK, Kate BRICKLEY

Rationale: Patient Identification promotes patient safety and safety in the administration of medications. A need was identified to introduce identification bands St Joseph Hospital Longford. This quality initiative was developed at using the Plan Do Check Act Quality Model.

Aim: To identify a suitable patient identification system for residents and implement the changes in consultation with staff using the PDCA Quality Model.

Objectives:

- Identify what identification-bands are available
- Set up staff meetings to introduce new standards
- Draft policy and procedure to be put in place.
- Monitor and evaluate the process.

Methodology: A team was put in place including Nurses, Attendants, Representative Hollister, Patients, Etc. Different arm bands were tried and tested. A draft policy and procedure was put in place. Problems Identified were:

- Bands are disintegrating in bath
- Safety catch abrasive for elderly patient
- Bands -Smudged (need to use ball point black pen only).
- Three patient refusing to wear bands.
- Two out of three patients requesting leg bands. These patients go on outings daily. They requested a leg band to maintain dignity.
- Patients pulled bands off easily
- When patients were transferred inter-hospital, bands not changed to reflect new unit.

Measures were put in place to address these issues.

Results:

- Patient admitted to St Joseph 's have identification band placed on wrist. This includes patients admitted for respite.
- Information on the band includes Christian Name & Surname, Date of Birth, Ward, Hospital and Religion.
- This will be checked against patient medical record information. Information can be verified by patient or if patient is unable to do so, information can be verified by next of kin or person who has knowledge of above (i.e. Social Worker, Public Health Nurse)
- Once patient has been identified as having allergy identification, a green band is attached to patient wrist this will alert Nurse or physician to check patients drug Kardex prior to medication administration.

Inter / intra hospital transfers. Patients who are relocated due to inter/intra hospital transfers must have band checked and if necessary replaced to ensure correct location.

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Quality of mobilisation: less risks for the operator more autonomy for the patient

Giovanni MORINI

The local health authority structures (AUSL) of Reggio Emilia (Region of Emilia-Romagna, Italy) include 5 hospitals, 8 nursing homes and 1 hospice. The AUSL of Reggio Emilia has tackled the problem operator safety at the same time as the quality of patient care. There is a high risk correlated to moving hospitalised patients, especially in those structures that treat patients who are not self-sufficient: a risk that concerns both hospitalised patients and operators. The consequences of accidental falls and the onset of bedsores can dramatically jeopardise the possibilities of recovery and the quality of life of these patients. An overall project has been implemented to promote the health of patients hospitalised in our structures and to protect the health of operators. The project includes a wide range of activities: staff training (over 1000 operators have been trained); the purchase of lifting equipment and minor aids, the purchase of beds, trolleys, shower trolleys, all at adjustable heights (about 400 articles have been bought); the development of a quantitative risk assessment method. These activities were implemented in 1999 and are still in progress. Over 400,000 were invested for the two-year period 2001-2002.

Trained personnel are able to use these aids correctly and provide education by promoting the empowerment of patients with reduced motor capacities, thus increasing their autonomy in changing position in bed and moving to an upright position.

The beds that have been purchased are articulated at various heights and can be adjusted electrically using switches within the patient's reach. By adjusting the height of the bed as appropriate, the patient finds it easier to move autonomously from a lying position to standing and vice versa.

The electric lifting equipment allows patients to stand up and walk with a suitable aid, while operators can provide assistance without strain.

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Using hip protectors to reduce the incidence of hip fractures

Maira SUGDEN, Nicky HAYES

This presentation will focus on the work currently underway in two separate trusts to reduce the risk of inpatient hip fracture for those older patients identified as at risk of hip fracture. The use of the STRATIFY risk assessment tool to identify older patients at risk of falls and subsequent fracture will be discussed. The project applies additional set of criteria for patients who are at risk of subsequent hip fracture; typically this is confused patients who have poor safety awareness, also older patients who are known to have osteoporosis. The risk reduction programme will be outlined including patient assessment, use of hip protectors, patient, staff and family education in the use of hip protectors, project management, research and evaluation in the use of hip protectors in hospital to reduce the incidence of hip fractures. We will discuss the role of the nurse in promoting compliance and issues relating to the use of hip protectors in acute hospitals.

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22. Patient satisfaction

II trimester prenatal genetic biochemical screening for Down Syndrome and open neural tube defects 'Tritest': perceived quality and satisfaction by our service users

Rossana COLLA, Claudia ARTONI, Elvira TEODORI, Vanni ZAMBONI, Alessandro BOSONI, Giuseppe ROSSI

The Tritest is based on measurements of levels of AFP, uE3 and HCG on maternal serum during the II trimester of pregnancy. These measurements, used in conjunction with a woman's age, provide an estimate of an individual's risk of having a pregnancy with Down syndrome (DS). Prenatal screening for DS has traditionally been limited to offer invasive testing to women

aged 35 years old or older. With Tritest it is possible to offer a non-invasive test to all women. By identifying the women at highest risk (8.3% of the 700 women screened) and offering them amniocentesis, 100% DS fetuses has detected.

For such a delicate ethic subject it 's necessary an overall and directly patients management to assure quality and satisfaction; so we have predisposed:

- a clear form, compiled by obstetrics, containing all pregnant woman 's data and explanations of Tritest (informed consent)
- the Physician (P) responsible for management of Tritest, who helpfully supplies information, uses his personal experience and scientific knowledge to get a true consent and to lower anxiety
- a free all working days admission (call reservation directly with P)
- a reception when women come to the blood sample drawing center
- a quick medical report
- the P phones positive Tritest and helps women to interpret medical reports

Expressions of perceived quality and satisfaction by our service users are:

- that pregnant women pass the word on to other pregnant women
- that more than 60% of our service users live out of our Health Authority
- usually women come back for the second pregnancy
- pregnant women face with tranquillity their experience at the blood sample drawing center, because they have a safe reference in the P
- that after the childbirth, voluntarily and at own expense, more than 50% pregnant women send us the „follow up pregnancy form „ delivered them with medical report
- messages of thanks

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Innovations in patient satisfaction surveys

Debora FORMISANO, Lidia SCALABRINI, Loredana CERULLO, Francesca ZUELLI

In 2001 we ran an innovative patient satisfaction survey in which a wide range of services offered through our hospital was included: Inpatient wards, day hospital, all diagnostic services, ambulatory outpatient and emergency services. Questionnaires were specifically designed per service.

We surveyed respondents' perception of quality regarding:

- staff reception and responsiveness
- organization
- information
- hotel services and amenities

Respondents could choose from one of the following answers:

Very poor, poor, unsatisfactory, satisfactory, good, very good

Questionnaires were handed out according to the type of service: upon discharge, halfway through the course of treatment, or upon admission. The survey covered two sample months allowing less frequently accessed wards / services to reach a sufficient number of respondents to ensure the reliability of the data collected. We wanted to launch an ongoing in-house survey system to monitor perceived quality in order to collect useful and reliable data to help identify areas which needed improvement in the different services. Internal quality review boards examine the data and recommend actions for improvement.

Short term objectives:

- Create a hospital-wide quality assurance culture that will include
 - measuring and evaluating every aspect of quality –perceived
 - quality (patient-centered), organizational, clinical, and so on.
- Create a user-friendly quality information system that will allow professionals to access quality measures and indicators and help them to effectively interpret data.

Finally, our survey will not be used as an end in itself but will add data to the Regional Health Agency 's (Azienda Sanitaria Regionale dell' Emilia-Romagna) quality databank for all health care organisations operating in the Region of Emilia-Romagna. This means that Santa Maria Nuova will contribute to the „Constitution of an Integrated network of regional observatories of perceived quality”.

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Patient satisfaction survey at the ante-natal clinic

Anna GLEESON

Objectives

- To determine current satisfaction with the antenatal clinic.
- To identify areas of improvement/change.
- To make staff aware of the clients needs.

Method

- A survey was given to all women attending clinic for the first time ie booking clinic, with 25 women completing the questionnaire.
- A follow-up survey was given to women who were more than 36 weeks pregnant, and had attended clinic at least on 4 previous occasions, 65 completed the questionnaire.
- This occurred over a period of 1 week.

Results

- Booking Visit: 100% were satisfied with their first visit.
- 100% felt the staff were friendly and approachable.
- 40% smoked cigarettes
- 100% of those were informed on how smoking damages both mothers' and babies' health, 90% were given advice on how to cut down their smoking.
- 60% of doctors introduced him / herself by name.
- 56% spent between 2 and 2½ hrs in clinic for their first visit
- 12% spent between 2½ and 3 hrs! 8% had special needs which were not catered for.
- Follow-up Visit: 95% felt staff were friendly and approachable.
- 86% were given a clear explanation of their care.
- 75% were seen within 1 hour.
- 56% would like to see educational videos instead of TV.
- 22% found the waiting area uncomfortable.
- 92% were given enough time to ask questions.

Conclusion

Overall, there was general satisfaction with clinic care. A few areas must be looked at more closely, i.e. waiting times for first visits, seating in the waiting area, staff introducing themselves and more educational videos.

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Patients' Quality of Life in the Hospital

Yuri ORLOV, Evgenia PEGANOVA, Alexander NIKISHIN

At Community Health Department No. 2 of Penza city (300 beds), a case study was conducted from September-October 2002, aiming at revealing the level of patient satisfaction with the quality of medical care and the interaction with the healthcare subsystem. A questionnaire with 36 questions about patients' opinion about quality of treatment-and-diagnostic measures, medicine provision, quality of nutrition, sanitary conditions of life in a ward, was developed. There was a unit containing questions concerning patient satisfaction with interaction with medical staff. The questionnaire also contained questions about patients' opinion of the necessity of introducing additional types of services, and questions about patients' legal awareness. Similar studies are carried out regularly in hospitals of the Russian Federation. The peculiarity of our study was that a questionnaire included questions concerning patients' knowledge of their rights while being treated in a hospital, as protection of rights in all spheres of life is a priority of our state policy nowadays. The total number of patients was 33, 23 of whom were men and 10 were women. 72,7% of the respondents are people over 60 years old. Prevalence of the patients over 60 is explained by necessity to study this age category of patients' opinion of quality of medical care in view of unfavorable demographic rates ("ageing" of the population). Among the hospital patients, the part of them over 60 is considerable and has a tendency to growing.

Outcomes

1. Most patients (80,6%) responded that their health status improved after treatment in the in-patient department. Nobody mentioned health deterioration.
2. Evaluation of the quantity of diagnostic and medical procedures and measures is connected with a change in the state of health. If health status didn't improve, patients associate it with lack of treatment procedures and measures.
3. There is lack of legal awareness among the patients. Only 53,1% think they have certain rights. 43,8% found difficulty in answering to this question and 6,3% think they don't have any rights. Patients having higher education proved to have better awareness. Only some patients name concrete patients' rights in hospital.
4. Patient-physician-interaction is of great importance. Only 39,4% of respondents are addressed by first name and patronymic. Most patients are addressed by last name and by the word "patient". It has a certain psychological

significance, as the most part of the respondents are people over 60. A form of address has a special meaning for them. Patients of this age group are recommended to be addressed by first name and patronymic.

5. Patients highly appreciate physicians and nurses' attitude towards patients. Almost all respondents (93,5%) mentioned that physicians listen to their patients very attentively. Physicians don't change during treatment.
6. Nurses' work is highly appreciated. The level of satisfaction with conditions of life in a ward is high (81,8%).
7. The level of satisfaction with nutrition quality is high (75,8%).
8. Medicine supply: Most patients didn't spend their own money on examination and treatment in hospital.
9. Physicians are patient's main sources of information about their disease (84,8%).
10. The hospital work's evaluation is high on the whole, 87,8% of the respondents would choose this hospital again.

Conclusions

The results of the study show:

1. A high level of patients' satisfaction with the quality of a treatment and diagnostic process in the hospital.
2. A low level of patients' legal awareness.
3. Patients' dissatisfaction with a way of address to them from the direction of medical staff.
4. A number of administrative measures on eliminating the revealed drawbacks were taken by the administration of the hospital:
5. The results of the study were discussed at the meeting of the hospital Council, some recommendation on caring patients and on ways of addressing patients and visitors were elaborated for the medical staff.
6. Some posters on the following topics were worked out and designed:
 - Patients' rights and duties while receiving treatment in the hospital (standards on hospitals' accreditation in the USA and Canada were taken as a basis).
 - Rules on patients' admission, behavior, and discharge in the hospital.
 - Information for visitors.

On admission to the hospital, patients are acquainted with these rules and rights in an admission office. This study is directly connected with health promotion as it allowed improving the quality of diagnostics and treatment in the hospital; it extended patients' opportunities for getting the necessary treatment and examination by means of using their own rights.

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Changes in patient satisfaction with health care services at Kaunas Red Cross Hospital

Juozas Skirmantas PAUKSTYS, Lolita SILEIKIENE

Implementation of modern tools of management into hospital work is supposed to achieve better quality of health care services, as well as to increase patient satisfaction with it. In 2001 Kaunas Red Cross Hospital has implemented and certified quality management system according to the International Standard ISO 9001:2000. Continual improvement of the quality management system is orientated towards improvement of patient satisfaction with health care services. Patient satisfaction is used as one of the quality indicators of the hospital work. Regular evaluation of quality indicators is used for early identification of the problems, for applying corrective and preventive measures in time.

Aim: The aim of the study is to evaluate quality of health care services by examining dynamics of patient satisfaction with health care at the hospital from 2000 to 2001.

Methods: A questionnaire concerning health care services was created and used in patient opinion surveys carried out every year. In 2001 two patient surveys have been done every half of the year. A random sample of patients at 6 departments of the hospital has been examined during the surveys.

Results: In 2000 69.3% of the participants (n=89) 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. In 2001 the results of both surveys did not reveal significant differences among the answers of the patients concerning satisfaction with health care services at the hospital: 91% (n=149) of the patients in the first and 92.6% (n=138) in the second survey ($p>0.05$) evaluated it as being good and very good.

Conclusion: Patient satisfaction with health care services has improved during the year of implementation of quality management system at the hospital.

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Patients' quality of live in the hospital

Eduardo SEVERINI, Agata ARDINI, Liliana BEDOGNI, BORGHI, BRUNETTI, MARTIGNONI, Ida RAMPONI

We have started this project with the purpose to improve the quality of the diet in hospital, thinking of the reorganisation of the catering service, to increase patient satisfaction. The distinguishing marks of this project are:

- HACCP
- Quality manual
- The definition of menu that can be shared of all the group

There are different competencies represented in the project group: chief, dietitian and the purchasing managers. The choice of the food in hospital is one of the first problems that we wanted to resolve in this project. The final objective is the patient's quality of life in the hospital.

The stages of this project are:

- a) education and training for patients and professionals;
- b) patients' satisfaction measurement
- c) selection of "quality" indicators, as: the vegetables choice, the fish choice and, above all, the decrease of salami and cold pork meats.

Outcomes: The project showed that patients don't know the food properties, and therefore choose the same food every day. Catering service's quality is judged as good, and the food as very pleasant.

Indicators: set of questions given / n. Patients observed / n. Patients satisfied / n. Patients asked / n. Behavioural changes - n %.

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A Comprehensive Approach in Hospital Management

Konstantin SHIPACHEV, Galina ARTAMONOVA

Patient satisfaction is an important goal of hospital management. In improving health care system it's essential to find out what a patient expects from medical care rendered to him. In order to improve quality of medical care it's necessary to analyse conditions under which this care is rendered to a patient and the factors affecting this care. Administrative decisions aimed at improving efficiency of work in medical institutions are worked out on the basis of results of a sociological survey among patients and experts' objective appraisal. A patient's opinion and results of the examination form a hospital's rating concerning quality of care. From a patient's point of view quality of medical care is determined by accessibility of care, medical staff's qualification and professionalism, material and technical conditions, toilet facilities, nutrition, medicine supply, medical personnel's courtesy, adequacy of medical care. Assessments of a hospital made by patients are a level of their satisfaction. Accessibility of medical care, in patients' opinion, is connected with an operating mode and organization of reception of patients by physicians, an opportunity to get doctors' advice and hospitalization if necessary. Qualification and professionalism of medical staff is judged by patients from utility of their advice for treatment, dietary pattern, healthy life style, if they take decisions on the issues of diagnostics and treatment by themselves, how they manage manipulation and treatment technique. Patients believe that physicians and nurses' skill level is good; in most cases they are polite and attentive. Reduction in the level of satisfaction is connected with the following: management of nutrition, material, technical and medicine supply (availability of tools, diagnostic and treatment opportunities of a hospital), toilet conditions. In multitype hospitals indices characterizing quality of medical care are different. A situation analysis of hospitals' activities allowed emphasizing priority guidelines on improving conditions of rendering medical care. The first one is connected with reducing a hospital's expenses by means of managing flows of patients, turning to new treatment technologies and methods, increasing the role of primary health care and public assistance services, creating stimuli for shortening a hospital stay period, organizing continuity while passing patients to other levels of medical care. The second guideline is perfection of intrahospital management processes at the expense of raising a general level of staff's managerial skill, supplying with modern information systems, introducing methods of continuous promotion of quality of medical care, fixing calculation measurement data of a hospital's activity. A repeated survey among patients showed an increase in the level of their satisfaction with medical care. A number of patients' complaints about poor quality of medical care diminished by 2 times. A number of complaints caused by deontology violations decreased. A hospital's rating is assessed at least once a year. Information of the rating is available to users of medical care, bodies of healthcare management and medical insurance, mass media. A comprehensive approach allows achieving the results aimed at increasing a patient's satisfaction with medical care rendered to him.

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Improving hotellerie quality in hospital

Lorella STERNINI, Masioli MARIELLA

Goals

1. Improve customer 's satisfaction
2. To involve customers and cytizens in definition of standards of hotellerie quality

Objects

- To define a system for the improvement of comfort in hospital based on a wide net of links among physichians, nurses and operators.
- To assess the hotellerie quality of our hospital in collaboration with customers and cytizens 'leaders.

Phases of the project:

1. definition of the different hotellerie quality aspects that characterized the dimension of comfort:
 - Structure and furniture
 - Accessibility
 - Privacy
 - Hygiene
 - Catering
2. definition of teams composed by professionals from all hospital departments
3. definition of a task force composed by „direzione sanitaria, amministrativa, infermieristica „, to promouve the project and support the teams

Results and perspectives

The assessment of the different hotellerie quality aspects has showed the most important problem that the teams should approach. This phase has been followed by

- looking for causes of the problem
- planning a solution
- realizing what teams had planned

Next step will be to involve the customers and cytizens ' leaders in the assessment of effectiveness of the solutions elaborated by the teams.

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23. Improving quality of care

The web community – promoting appropriate clinical practice

Barbara CURCIO RUBERTINI, Franco PRANDI, Euro GRASSI

Objectives

- Promote the use of evidence-based medicine and the exchange of information on the application of research findings to clinical practice in the community
- Create a “Web Community” in the Province of Reggio Emilia to network resources and information on clinical governance among members of the medical and scientific communities (Hospitals, General Practices)
- Create “Innovation laboratories” for collaboration in clinical studies and exchange of results among doctors and give them the opportunity of participating in the same education programs, and to share knowledge and information regarding their patients and individual cases
- Test a model for integrating / sharing available resources – regional and local scientific libraries and databases – in order to support regional and local clinical governance policies – scientific library specialised in EBM and clinical epidemiology and a regional library specialized in Public Health and population epidemiology

Expected results

- Evaluation of the effectiveness and appropriateness of clinical pathways;
- Evaluation of clinical guidelines currently in use and the implementation of best practice guidelines based on EBM;
- quality improvement of continuing medical education and encouraging physicians to improve clinical governance skills.

Transferability Clinical governance policies, Information Technology programs, the spreading of an “EBM” culture and best practice methods have all been put into practice in Health Care in Italy today in some form or another based on the priorities set by the Ministry of Health, the European Commission, and the WHO. Health care organizations in Reggio Emilia have joined under the banner of Clinical Governance and bear witness to what real collaboration and shared motivation can do for the development of a tangibly operational professional community for the Third Millennium; a community united in the common

goals of improving the quality of its practice and, taking advantage of the support offered by advanced information technology, knowledge management, and networking, to improve the overall impact of care in terms of health outcomes for patients.

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New Treatment Methods and Health Correction in Pskov Region

Vladimir GNATOVSKY, Elena GNATOVSKAYA

A priority guideline in improving medical care is a transfer from the system based on disease treatment only to the system where compulsory disease prevention will prevail. One of the directions in this work is a method of Biological Feedback (BF). This method is especially widely used in pediatrics. Among the first BF rooms, in which we developed BF method, there was a vision correction room, a program called "Visikor". The essence of the method is that a patient is taught methods of keen-free vision, i.e. watching the screen without tensing oculomotor muscles. Muscles being in a tense state deform an eyeball, work of lens is impaired, which results in chronic fatigue of eyes and, as usual, in acuity of vision impairment. A séance lasts for 40 – 50 minutes. After 3 -5 séances a child is taught correct vision and training methods. Among children with vision pathology, who attended BF vision correction room, positive dynamics was observed with 92%. The best efficiency of treatment is registered with children having functional deviations in the state of health. For a more full-fledged treatment of these children a cardio-pulmonology program was used simultaneously with a vision program. This program promotes diaphragmatic and relaxation breathing, which results in a full emotional stress relief, self-control mechanisms become engaged. The séances are conducted in the form of a game which a child follows on a monitor screen. Children fulfill tasks of a room methodologist with pleasure, controlling their actions by themselves. At our suggestion, for a fuller coverage of children who need health correction the Administration of the region decided to purchase a considerable number of BF rooms – "Health room for schools" – in order to mount them in all computer classes of schools and Lyceums. Besides the above mentioned, the following BF rooms for children and adults function: "Musculoskeletal", "Logotherapeutic", "Urological", "Obstetric-gynecologic", "Psychoemotional" and "Narcological". The use of BF method, as well as other non-medical methods of improving population's health gives more notable results only in combination with other components, such as, rational nutrition, active mode of life, physical training and going in for sports, giving bad habits up. The coordinator on introducing and developing BF methods is Medical Center of Information and Analytics of Pskov region.

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Strategy for prevention and health promotion

Else-Marie LOENVIG, Elsa LUND-LARSEN, Bent SCHWARZ

The University Hospital of Odense in Denmark has 1,206 beds and an annual budget of 413 million Euros and is considered to be one of the largest hospitals in Northern Europe. Realizing that treatment does not increase public health has led the hospital to work out a strategy for prevention and health promotion focusing on healthy life style for patients. The overall objective of the strategy is to minimize the negative health influence of specific risk factors in order to make prevention and health promotion an integrated part of the treatment.

Evidence for supporting the introduction of systematic prevention and health promotion in hospitals is cited in the strategy. The strategy also deals with intervention measures to minimize the negative effect of four selected risk factors; tobacco, alcohol, nutrition and physical activity. The interventions are expected to take place in specific settings called patient schools. Patient schools have proven to increase patient orientation and patient health and also seems to deal with cultural diversity. Generic prevention is planned to be centrally organized within the hospital, while the specific prevention of illnesses is to be anchored in departments that specialize in chronic illnesses.

The strategy and a process plan have been approved by the top management. The approved process aims to increase participation and involvement of politicians, hospital management and staff. During the spring of 2003 the strategy and process plan will be debated in the hospital departments and on the county board. The strategy is intended to be a framework of the local strategies that are planned to be finished in the departments by the end of 2003.

The final prevention concept is planned to be tested in a project.

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Visualization of one card

Marco MARCHELLI, Maura Catia BONVENTO

GLD is an application developed in Visual Basic 5,0 (Enterprise Edition - 32 bit) that uses database a Microsoft Access 97 (SR2). The application is been born from the necessity of informatizzare the management of the cards of the lesions from decubitus, in the attempt to improve, to velocizzare the compilation and to concur of the consultazione; nonché to carry out the recording and the press. Moreover the possibility to visualize the photo concurs the immediate appraisal on the evolution of the wound also when operating that they carry out the medication is various. The application concurs also the modification and the cancellation of the cards. GLD, in version 3.2.0 object of the present document, is realized for uses of type STAND HALO, that is I use that single machine previews the installation of the application on one. In truth the application is in a position to working correctly also in modality of type CLIENT/SERVER, using a complete installation and an initialization on the serveur machine and a complete installation with an initialization modified on blot some client. As far as the different modality of installation and initialization on the serveur machine and that one client it is sent back to the relati to you paragraphs.

TO WORK WITH GLD 3.2.0

Vediamo hour as GLD 3.2.0 is used, which is that is the operations necessary in order to obtain R-al.meglio the services of the application. Two main modalities exist in order to be connected to GLD 3.2.0, variable in function of the profile customer. The admitted profiles customer are ADMINISTRATOR and CUSTOMER. Inparticular the services to disposition of the profile CUSTOMER are:

- a) login;
- b) visualization of the list of the cards;
- c) visualization of one card selected from the list;
- d) insertion of one new card;
- e) modernization of one existing card;
- f) cancellation of one existing card;
- g) management della/e localizzazione/i;
- h) visualization della/emedicazione/i esistente/i;
- i) insertion of one new medication;
- j) modernization of one existing medication;
- k) cancellation of none existing medication;
- l) visualization della/e fotografia/e of the lesion;
- m) it prints of an existing card and, to choice, of all its it
- n) encloses to you: localizations, medications and photographs.
- o) The profile ADMINISTRATOR, instead, has the following services:
- p) login;
- q) visualization of the administrators and the customers qualifies to you;
- r) insertion of a new administrator; q) modernization of an existing
- s) administrator
- t) cancellation of an existing administrator;
- u) insertion
- v) of a new customer; t) modernization of an existing customer
- w) cancellation of an existing customer;
- x) management of the options.

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The Triage Protocol in emergency rooms – our five years' experience

Silvana OFFEDDU, Renzo GUTTADAURO, Chiara CATTANEO, Vito ALOISIO

The increasing number of patients who come to emergency rooms causes problems in managing waiting lists in such a way as to ensure timely treatment. For this purpose, triage protocols have been developed. In accordance with the criteria listed in these protocols, a colour code for the gravity of his or her illness is assigned to each patient. Each colour has a maximum waiting time. So it is very important to assign the correct colour code to each patient to minimize both the risk of the patient losing his or her life and the risk of his or her suffering consequences from his illness.

Most triage protocols are based on anamnestic data collected by a nurse using a questionnaire. In 1997, however, we developed a triage protocol based not only on anamnestic data but also on vital parameters (blood pressure, pulse rate,

breathing rate, body temperature). Furthermore, in particular clinical situations, laboratory and instrumental parameters are also collected under the supervision of the doctors responsible for the emergency room. This pluriparametric protocol enables triage nurses to assign the colour code more accurately and with more objectivity. In 2002 we reviewed our 1997 triage protocol, taking into account the experience acquired during the previous five years. Two new documents have been added to the protocol:

- a procedure, the product of a group study, intended to assign each patient to a specific medical branch (for example, surgery or internal medicine) appropriate for his medical condition;
- a form for each patient that enables us to compare the triage code to the final diagnosis. We intend to compare data collected in this way with data from our previous protocol reviews in order to evaluate the effectiveness of the protocol.

The next target is to write a new triage protocol for pediatric patients.

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HPH project 'Prevention of decubitus diseases' Azienda Ospedaliera Pisana

Romano PANIZZI, Anna M. BOVICELLI, Rocco DAMONE, Elisabetta GOLGINI

Introduction: The Azienda Ospedaliera Pisana joint the HPH project on safety with the aim to take care of the health of all the person who have contacts with the hospital (patients, visitors, workers). Considering that our hospital receives a progressively more elderly population with chronic-degenerative and invalidating pathologies, we introduced in the HPH project on safety a specific sub-project on prevention of decubitus injuries.

Aim: To provide uniform and effective measures with respect to the prevention and care of the injuries from decubitus. The aim can be obtained by three specific phases: 1. identification of the high risk departments 2. quantitative analysis of the problem 3. possible solutions.

Methods: After the first phase we carried out a "risk card" for the risk analysis (modified from Norton) of developing decubitus ulcers and for the consequent request of anti-decubitus beddings. The risk is quantified with the Norton's score, a mechanical bedding is requested when the score is < 12. For ICU a continuous low-pressure bedding (Duo Hill Rom) is requested, while for the other departments an alternate-pressure cycle 3.1 (Talley 4 plus Sanitaria Scaligera). Together with the introduction of these devices we tried to improve the performance of the operating personnel with a training course with the aim to standardize procedures, language and parameters to employ.

Results: The project started one year ago. During this period we performed three prevalence analysis, the last one showed a reduction of about 30% of the prevalence in our hospital.

Conclusions: The preliminary results of the first year of the project are undoubtedly positive, we decided to go on monitoring the problem, with the production of guidelines and considering the future possible extension of our project to the "Area Vasta" North-West of Tuscany.

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The development of a clinical audit training package for clinical audit project leaders and clinical audit facilitators in the Irish health services

Majella ROBINSON, T. DUFFY

Following the establishment of the Clinical Audit Department in the Midland Health Board it became apparent that there were no Clinical Audit training courses available in Ireland. A partnership was formed between the Irish Society for Quality in Healthcare and the Midland Health Board with the purpose of combining knowledge and skills to produce the course needed in the Irish setting.

Aim of the Course: Deliver a course that would skill clinical audit facilitators / clinical audit project leaders in the methods, theory and practice of the clinical audit process.

Learning Outcome: By the end of the course Clinical Audit Facilitators/project leaders should be able to:

- Clearly define and understand the theory and principles of Clinical Audit and how it fits with other quality improvement initiatives e.g. CQI, Clinical Governance.

- Demonstrate practical knowledge of the tools and techniques for implementing Clinical Audit
- Apply the theory of Clinical Audit to practice in a range of clinical services
- Manage and lead a clinical audit project to completion

Methods: The three-day course was developed and piloted on a multidisciplinary group of nine participants in the Midland Health Board in June 2002. Each of the participants is required to complete an action learning log in order to evaluate the effectiveness of the course. A fourth course day 'Learning Set Day' is scheduled for September in order to offer further support to the participants, discuss issues arising, gaps in knowledge and complete the evaluation of the course.

Results: Participants provided extensive quantitative and qualitative feedback on the course over the three days. Modifications based on their feedback have now been built in the course structure and content. The feedback/course review also highlighted the need for a basic one-day introductory course in Clinical Audit for individuals who wish to gain a basic understanding of the Clinical Audit process.

Conclusion: By working in partnership with the ISQSH, the Midland Health Board and the course participants, a Clinical Audit Training Package comprising of a one-day introductory course and three-day course for Clinical Audit Facilitators/project leaders has been developed and is now available in the Irish health services. Details of the course available from director@isqh.net or majella.robinson@mhb.ie

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A medical-nursing form for care of patients in the dialysis unit

Ugo TEATINI, Silvana OFFEDDU, Renzo GUTTADAURO, Chiara CATTANEO, R. BARBBARA, L. BASILICO

Clinical documentation is important not only to provide information required by law and to forestall malpractice lawsuits but also to ensure proper clinical procedures and thus reduce the risk of injury to a patient. The usual practice has commonly been that clinical information provided by doctors is separate from information provided by nurses and they don't read each other's documents. This is part of a communication failure between doctors and nurses. This is a deficiency that needs to be remedied. Clinical documentation is especially important in dialysis units because patients with impaired kidney function need great attention. In recent years we have paid great attention to developing the nursing component of clinical documentation and integrating it with the physician's component. In 2002 we produced a new form for patient care in the dialysis unit intended to collect and integrate information from both doctors and nurses. With this new form we hope to achieve the following goals:

- to integrate medical and nursing information in order to improve communication between doctors and nurses and to increase team dynamics;
- to collect in an integrated and coordinated way all clinical information about every patient;
- to provide a complete picture of the clinical progress of each patient over a period of one year;
- to personalize assistance;
- to keep track of each treatment (when and how it was done and who did it)
- to improve access to information;
- to make it easier to file documents.

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24. Cultural diversity II

Cultural diversity in hospitals: the ethnic care consultant (ECC's)

Jorien C.H. BAKX, Maria DREWES, Paulien VAN HAASTRECHT

Working with ECC's in hospitals is relatively new in the Netherlands. In one example concerning an experiment on a gynaecology / obstetric ward in a hospital in the multicultural city of the Hague, the role of these ECC's in the communication process has been evaluated. Three consultants coming from different cultural backgrounds were involved in playing an intermediate role in the communication process: a Turkish, a Moroccan and a Surinamese care consultant. During the two years of the experiment the Turkish and Moroccan consultants were frequently asked to assist in the communication process. Their

contribution was highly appreciated by patients as well as doctors. The hospital has now employed these consultants. The hospitals has developed a manual for the implementation of this working method.

Discussion

Our experience with the consultants in supporting the communication process has shown that this method can have an added value for hospitals with a multicultural population. This way of working can improve the quality of care. However the use of the ECC's demands an adaptation in the regular working methods of all involved participants. For care providers it has shown that it takes time to get used to collaborating with the ECC. Care providers need a good insight into the independent role of the ECC in the patient doctor communication and have to experience its added value to really accept the method. The experiment has shown that after a certain period of time the consultant gains a permanent place in patient education. At the same time indigenous patients sometimes feel discriminated because no special support is offered to them. For other patients like those representing the so called lower social economic classes this method might also be useful.

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Intercultural approach in a Pediatric Heart Surgery Unit

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Inter-cultural hospital = a hospital for everyone. Bench marking and a computerized form of communication in multiethnic society

Giovanna V. DALLARI, Patrizia PRETI, Alessandra AMICI

Italy's present society is more and more multicultural and imposes to accept also completely different cultures from ours. In the range of health protection process, these cultures sometimes lead to interpersonal attitudes and relations which do not allow a full understanding and compliance with the health service regulations as they are often rigid and incomprehensible to Italians as well. Analysis of the needs of the new citizens living in our Region, who belong to over 147 ethnic groups, gives the opportunity to think about the needs of every patient or foreign colleague in order to start up a reorganization aimed at meeting the requirements of everyone. In 1999, the "Inter-cultural Hospital" regional team (HPH Emilia Romagna) was started up by sharing experience and instruments of support of various health centres. Cultural differences, considered as a problem at the beginning, have become the main urge to develop comparison as an essential procedure. Benchmarking, inter-professional and inter-institutional local network, training and mediation are the main characteristics and strong points of the team.

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Evaluation of the Bedfordshire (UK) "Tool Box" which supports organisations in becoming culturally competent

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Opening the door: Applying cultural sensitivity to enhance patient care and build staff relations Ted MAVOR

Canada is building its mosaic. In some communities, recent immigrants comprise 15% of the population. Studies note that miscommunication between health care providers and patients, and among the health care team, can lead to incorrect diagnosis, poor treatment and increased susceptibility to malpractice complaints. How can health care facilities promote a holistic and culturally appropriate approach to care?

This presentation will highlight an example of understanding culturally sensitive care in a Canadian context. Grand River Hospital, Kitchener, Ontario, Canada through health promotion strategies is addressing the needs of an increasing diverse patient / staff population. From the lessons learned, you can see how we are attempting to: -) improve diagnosis / treatment; -) improve "customer service"; -) better serve the community

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Culture Shock in the Hospital: A chance!

Catherine MURIEL, Chantal DESCHAMPS, Olivier BOUCHAUD

Located in the poorest area of France, Avicenne Hospital cares for a very deprived population, 50% of which are of foreign origin (82 different nationalities). The precariousness of the health and social situation and the plurality of cultures thus are a main characteristic of the everyday-life of this hospital. As a result, the hospital has to deal with manifold and serious problems : communication, social and psychological distresses, ethics etc.

On the other hand, the shock resulting from this mixing of cultures forces hospital staff to deepen understanding of concepts like "the other" and "the difference" and underlines the importance to share experiences in a global dimension - and thus the culture shock lends an extraordinary power to the Avicenne Hospital.

In response to these challenges, the following services/ models were initiated and developed:

- an ethno-psychiatry out-patient unit dedicated to children originating from all parts of the world,
- a tropical diseases department including a "travel clinic" mainly dedicated to migrants returning to their country of origin or pilgrims to Mecca,
- a HIV/AIDS clinic,
- a free of charge unit to take care illegal and vulnerable people
- a think tank on migration (Euro-migrants),
- a coordination team to gather social actors, representatives of institutions, associations and hospital employees to fight against poverty
- alliances with NGOs such as Community associations, the Salvation Army, etc in order to create and manage opportunities to accommodate and care for sick homeless people – a department for "network development and mediation in health"

The presentation will show the particularities of health promotion actions when it is directed to a culturally diverse population. In this University Hospital located in the poorest suburb of the Paris area, the respect of the other's being different, the search for brotherhood and solidarity are not empty words - it is a great opportunity !

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Cultural Diversity: One Hospital's Experience

Nancy O'NEILL, Sheelagh O'BRIEN

The National Maternity Hospital, Dublin, is Europe's largest maternity hospital. In the past number of years there has been a significant shift in the ethnic profile of both staff and patients, from an almost exclusive Irish staff and patient ethnic profile to a multi-cultural one. The Occupational Health Department set out to examine the implications of these changes on its services.

Issues identified on the impact of foreign-national patients as it pertains to the health of the health care worker: A significant rise in late booking for ante-natal care with subsequent need for emergency screening for blood borne pathogens. Changes in infectious diseases profile, with increased levels of Hepatitis C, HBsAg, HIV and tuberculosis. Non-health issues include: language barriers, religious beliefs and spiritual values.

Issues arising for foreign-national staff: A significant proportion were found to be non-immune to Rubella, Hepatitis B and Varicella, loss of pre-existing support structures at home, Language barriers, loneliness, food difficulties and climatic changes.

Interventions: Rapid access of virology results by electronic reporting system. Education of staff re tuberculosis and other infectious diseases. A Varicella vaccination programme has now been implemented. Training courses for all department managers regarding inter-cultural relationships in health care services are provided. The Occupational Health team provides emotional support by facilitating open and easy access to the department. An international coffee morning was hosted and staff from different countries brought samples of traditional foods. The hospital barbeque and Christmas concert are held yearly, with many foreign-national staff attending and participating. All foreign-national staff are encouraged to join their respective trade unions.

Conclusion: Cultural diversity is a highly complex issue and the National Maternity Hospital is committed to this daily challenge. Foreign-national staff are well integrated with local staff. Cultural learning is a life long process that can lead to increased job satisfaction for the health care provider and improve individual care for the culturally diverse client.

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Volunteer interpreter - guys strategy in dealing with cultural diversity

Adebayo OLADIMEJI

Over a decade ago I was approached by the hospital to become a volunteer interpreter for Nigerian patients that seek health care delivery in the hospital. I accepted willingly to play my little part in this role. My experience is presented with a view to share my rummy knowledge with others.

I have had the opportunity of interpreting for Nigerian patients in Yoruba language since 1988. Earlier on I learnt that the role involves providing advice and support, and listening to the patients. The patients needed an interpreter were the older generation, male and female, who lacked knowledge of the English language.

Perhaps we should understand the reason for the presence of such immigrants. They have had to come to England as a result of political and economic upheaval in their country of origin. In some cases their children encouraged them to join their grand children in London. Some times these people help with babysitting for the family while their adult children go to work or college. Usually when they arrived in the hospital their adult children were not with them.

Our first encounter was always to establish how best the hospital can cure the illness, then organise family support by contacting the children on their behalf. The immediate offer of help instilled confidence in them and so were also co-operative in readily giving information about themselves and their circumstances. We had to listen carefully to their stories. After such background knowledge further advice and information were usually given.

Some patients even experience culture-shock, one patient expressed the wish to return to her relations in Nigeria to show them that she could after-all get better. These patients have expressed appreciation for accommodation that the evident cultural diversity is enjoying as shown in the hospital population environments.

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The comprehension of intercultural need in the process of health control acquisition

Patrizia SIRONI, Simonetta BIANCHI

Context

We are following, at Cremona's Hospital (north of Italy) a specific project named "Intercultural Welcome", according to the HPH net. This presentation regards the methodology we are using to understand the intercultural need. The aim of this project is the improvement of humanisation and satisfaction of people in need of hospital care.

Objectives

1)epidemiological research of the health condition of migrants; 2) training of Hospital staff about intercultural communication and cultural diversity; 3) service of cultural mediation; 4)guidelines regarding diagnosis and therapy.

Target

Migrants who need hospital care; families in the health process; associations and local communities;hospital staff for the assistance and the front office. Program: elaboration of epidemiological data; customer satisfaction (inquires and questionnaires); training and workshop for hospital staff; re-orienting care structures.

Results

Adjustment of new procedures; improvement of the ability to take care of migrants; improvement of hospital staff's satisfaction; empowerment of health control; equal use of the human and economic resources.

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A multicultural web-age to promote health literacy on migrant communities

Luis TORRECILLAS ROJAS, Antonio SALCEDA de ALBA, Carmen FERNANDEZ GUERRA

Hospital "Punta de Europa" (HPE) is a public general hospital integrated in the European project, coordinated at LBISHM, "Migrant Friendly Hospitals" MFH) – mfh-eu.net – which aims at improving health literacy in migrant communities as well as in ethnic minorities. Even before the needs assessment stage, it was obvious to us that one of the main difficulties to the migrant populations came from limitations (or even lack) on access to information about available resources. So, as one more among the different measures that are to be taken at our health area to improve the access of migrant communities to our health services, we are developing a web page. The provisional name to this our local web page is MFH-España.

As it is addressed to the main different migrant populations in our coverage area, it will be –it is actually under development- a multilanguage platform. The provisional name to this local web page is MFH-España.

As it is addressed to the main different migrant populations in our coverage area, it will be a multilanguage platform: Spanish, Arabic, French, English. And is thought to increase the literacy of the immigrant populations on health and social issues, and to increase the involvement of the main stakeholders (migrants and their social networks, health system staff and management groups, local politicians), in the European MFH project, and more concretely in our local MFH project. To spread models of good practice already functioning in our health system, develop and maintain a communication tool addressed to the staff of our entire health system, migrants, in transit or resident in our coverage area, the population (and potential migrants) at countries of origin, mass media, and finally a way to increase the visibility for the MFH project, at local, national and international levels.

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The presence of foreign citizens in the emergency department. The experience of fatebenefratelli hospital in Milan, Italy

Mauro VENEGONI, Antonio VILLA, Paolo CAZZANIGA

Background: The increasing immigration has brought about many problems in the Emergency Department, due to differences in language, behaviour, and traditions. The Fatebenefratelli Hospital, for his geographic position (in the centre of Milan, near the Central Station, and near boroughs with a high presence of immigrants, is particularly affected by the problem (13,6% of 118,000 admissions in the Emergency Room is represented by foreigners of 150 countries). Some projects have been adopted to enhance the meeting between hospital and foreign citizens.

Projects

1. To monitor the flow of foreign citizens admitted to the Emergency Room
2. To prepare a poster in five languages (English, French, Spanish, Arab, Chinese) with useful information for non Italian speaking citizens
3. To translate the triage procedures in the five languages named above.
4. To prepare a sheet to collect historic and clinical data in 17 languages.
5. To evaluate the utility of this sheet (measured as difference between triage initial diagnosis and final discharge diagnosis).

6. To search for, among the hospital employees, people speaking foreign language

Results

1. Data about foreign citizens admitted in the Emergency Room were collected.
2. The poster has been prepared: a second edition is now in press.
3. The sheet to collect historic and clinical data has been prepared and now is regularly used in the Emergency Room.
4. The validation has been done and the results have been published.
5. The search has been performed.

Conclusions: The projects, undertaken with no supplementary cost, have permitted a better approach to foreign citizens admitted and better working conditions for both physicians and nurses in the hospital Emergency Room.

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25. Mothers, parents, babies

'Direct link with midwives' for all future mothers - azienda ospedaliera pisana

Laura FEDELE, Laura NOSIGLIA, Patricia Di LULLO, Federica PANCETTI

INTRODUCTION

The idea of this new service comes from the women's needs to have informations about birth assistance from midwives working where they will deliver. In addition, midwives were willing to offer a better assistance. Midwives aims were: to "approach the hospital to women", to unite the emotions of child-birth with appropriate technique, to promote and to support the breast-feeding, to give correct informations and to personalize the birth event.

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Care of the newborn and his family: A project of the 'Pisan Association of the Newborn's Friends (A.P.A.N.) in S. Chiara hospital - Pisa

Cristina GALAVOTTI, Massimo FANTONI, Rosanna CARDIA, Andrea FERRARI

The Neonatology Department of our hospital, which is a third level structure (with intensive and sub-intensive care unit for prematures (< 32 weeks) and/or weight < 1250 gr.), takes care of premature with or without congenital pathologies. Moreover the ICU takes in newborns with congenital pathologies (37 to 42 weeks of gestation) from the districts of Pisa, Livorno, Lucca and Massa-Carrara. At the beginning of 2000 the prematures or newborns with congenital pathologies were treated only for the clinical disease, with no care for the "social aspect" of the problem. We contacted the child and parents only at the end of a very often long hospitalization. The mothers not resident in Pisa were lodged in a not very comfortable room inside the department.

APAN Association, born in 2000, presented the project to the Azienda Ospedaliera Pisana, to the Municipality and to the Province of Pisa that financed it. Such project allowed the opening of the Lodging-House called "L'isola che c'è" that can accommodate nine mothers with the child sheltered in the hospital. In 2001 56 women were accommodated with an hospitality of 116 days. A team composed of a Social Assistant, a Psychologist, a Social Operator and volunteers for support / orientation / information work inside the lodging-house, performing individual or familiar talks, consultancies, groups of self-help. "L'isola che c'è" can be well-defined as a self-managed structure: the mothers carry what they need by themselves, managing autonomously the cleaning and preparing the meals. During the day the mothers of the children sheltered in the department (even if not lodged in the house) can stay into a common area of the structure.

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An investigation of the attitudes and behaviour of pregnant smokers

Maria GIBBONS

This is part of a masters' dissertation with the aim to investigate the attitudes and behaviour of pregnant smokers.

Research objectives:

- To determine if the pregnant smokers actually consider their smoking as a risk factor.
- Why do some smokers quit during pregnancy and others do not?
- Can health professionals through consistent information and advice change how smokers perceive their behaviour?
- What form of health promotion or education is most appropriate in pregnancy?

Data collection will involve a multi-method approach incorporating both quantitative and qualitative research methods. The use of both methods will ensure a greater quantity and quality of data. The sample will be a convenience one selected from a group of pregnant women at similar gestational age on a given day at the ante-natal clinic. The sample while being near at hand and likely to respond will not be generalisable, however the project will still provide valuable insights into attitudes and behaviours of pregnant smokers. An initial survey will determine various attitudes to smoking and also the level of knowledge in relation to the risk factors. Semi-structured interview will be carried out to investigate more fully the emerging data from the survey. This triangulation of data increases the validity of the findings. The opportunity of face-to-face interaction will allow for the fullest possible comprehension of individuals' world. It allows for observation of verbal and non-verbal indicators, which in a sensitive area such as smoking during pregnancy, is very useful to highlight areas for further investigation. The methodology and findings sections will be completed in May 2003.

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Quality Improvements in the Current Midland Health Board 18-hour Breastfeeding and Lactation Management Course

Mary HEGARTY, Nuala MOLUMBY, Mary HEALY, Angela DUNNE

The Midland Health Board 's Breastfeeding Policy and Action Plan (2000-2005) states that regular and consistent training should be provided to staff. Actions to promote policy implementation included all health professionals who advise on breastfeeding being required to attend appropriate training. An 18-hour breastfeeding and lactation management course is provided for midwives, public health nurse, practice nurses and paediatric nurses by a trained team within the MHB. This initiative was developed to improve information to service users and to improve breast feeding rates within the Board.

Objectives:

To identify the gaps in the delivery of the course; training needs, knowledge, skills, resources/supports in order to build on the strengths of the course and make further quality improvements to it.

Methods: Qualitative research (4 focus groups) was carried out with staff who had participated on the course over the past five years. Transcripts were analysed by identifying key themes. The findings were then presented to the trainers, health promotion staff, Nursing practice development and relevant nursing line managers.

Results: Course participants were satisfied with course content; theory, breastfeeding promotion. Areas for improvement were identified - Course structure, timing, and practical on the ward demonstrations and problem solving. Specific Practice guidelines and on-going support in the workplace were also identified as needs.

Conclusions: Trainers are taking the recommendations on board and are presently revising the course structure to include practical on the maternity ward sessions. Guidelines have been drafted and disseminated for feedback from staff. Structured evaluation will be a built-in feature of all future courses. Trainers have identified specific training requirements, including personal development needs, which will deliver a more effective and responsive programme.

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Epidemiologic characteristics and birth outcome of immigrant women

Aim: To compare maternal characteristics and perinatal outcomes of immigrants versus local pregnant women delivered between 1999 and 2002 with the objective to estimate the various modalities of delivery.

Material and methods: A retrospective analysis of 572 immigrant mothers (21% of all deliveries) was conducted. All foreign nationalities were included in this study. Maternal ethnicity and age, and perinatal outcomes were recorded and compared between immigrants and local population. **RESULTS:** In the 1999-2002 period, 572 immigrant women were delivered, with a growing, even if not significantly, proportion (17% to 23%) on all deliveries. Ethnicity: East-Europeans/Rom (41%), Asians (18%), Magreb (17%), Latin-Americans (12%), Europeans (7%), Africans (5%). Maternal age ($29\pm 4,8$ years; $33\pm 3,2$, respectively); $p<0.0001$) and cesarean section (CS) rate were significantly lower in immigrant mothers compared to Italians (28% vs 39%; $p<0.004$). The lowest incidence of CS was observed in the Latin-Americans (13%), the highest in the Africans (88%), mainly related to the prevalence of HIV infection in this ethnic group. Preterm delivery occurred in 14% of immigrants compared to 9% of the natives ($p<0.05$). Birth weights below 2,500 grams were recorded in 10% of infants of immigrant mothers (73% in East-Europeans/Rom) and in 9% of local population ($p=NS$). Apgar score <7 occurred in 0,9% of the study group newborns and in the 0,2% of the native ($p=NS$). **CONCLUSIONS:** The information obtained from the study has allowed us to identify the ethnic group with a smaller prevalence of TC. The percentage of immigrant mothers had been increasing in the period 1999-2002. This has allowed us to institute a specific obstetrical outpatients' department for pregnant immigrant women, with one staff increased also to the presence of one midwife, of one social worker and integrated from professional figures which psychologist and dietologist. All that has remarkably contributed to improve the treatment and the cure of the pregnant received immigrant extras in our clinical one. Immigrant mothers were significantly younger than natives. CS rate was lower in immigrant mothers than in the local population but HIV infection carried a severe impact in Africans. No severe perinatal outcome occurred among immigrant-mother newborns.

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A group experience of medical operators to encourage breast-feeding

Paola Delia MARINI, Monica DI MARTINO

Every mother has the right to breast feed her child. This is an essential part of ensuring the best possible health, nutrition and treatment for any child. A group of operators was set up within the Local Health Authority USL3 Pistoia in Italy in 1998 to help promote this basic right. The group is made up of Hospital and family planning Midwives, Gynaecologists, Paediatricians and Nurses. Its aim is to increase the number of children who are exclusively breastfed until the age of 6 months and those who continue partially until the mother or child wishes to do so. There have been 4 areas of methodological intervention: 1) Making the general public more aware of the issue through published material such as posters, leaflets and illustrated booklets. 2) Taking part in the World Breast Feeding Week which includes conferences and meetings with experts, photographic and film exhibitions and theatrical events. 3) Further support to new mothers and their families not only in pre-natal courses and during the mothers' stay in hospital, but also in post-natal courses and at home too. 4) Further operator training sessions. Current results have shown an increase in exclusively breast-fed babies until the age of 6 months and also in those who continue breastfeeding partially until the mother or child wish to do so.

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Health promoting hospital: a project to promote breast-feeding in the hospital

Antonella MASTRETTI, Marisa ARPESELLA, Giovanni ALPEGGIANI, Roberta TORNESE

Introduction: Breast-feeding promotion can be defined as one of the most important target inside a global health programme. Recent significant data point out the specific advantages of breast-feeding, nevertheless breast-feeding diffusion at the moment can not be defined completely and satisfactory. Women's decision to choose breast-feeding or bottle-feeding can be determined and influenced by different reasons. A research conducted in the territory of Pavia from March 1997 to February 1998 pointed out that 50% of new mothers when discharged from hospital choose breast-feeding but only five weeks later their choice found to be reduced to 35%. This fact draws the attention towards the necessity to improve the new-mothers knowledge of breast-feeding advantages and a more significant involvement of the hospital staff in teaching mothers.

Objectives:

- To enlarge breast-feeding promotion.
- To carry out researches among puerperas discharged from the Hospital "Città di Pavia" about their feeding choice.
- To know the reasons why breast-feeding is early interrupted.

Methods: All new mothers in the hospital "Città di Pavia" will be checked. This project will be led on different levels involving the new mothers and the hospital staff to promote the breast-feeding choice and to offer more information at the moment of birth, supporting the mothers in hospital as well as at home in the following months. Besides in order to know the breast-feeding prevalence and why the mothers could eventually have chosen not to breast-feed a mail questionnaire will be sent to mothers discharged from the hospital "Città di Pavia" during the recall period (i.e. June-December 2002)

Conclusion: In conclusion we hope that a better awareness of hospital staff involved in child-birth can facilitate an effective support to new mothers so that the new mother/ child relationship could be a very good one and could positively influence their future feeding choice.

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A Qualitative Investigation of Attendance, Non-Attendance and Attrition at a Parenting Programme

Sheila NEVIN, Carmel DOLAN, Martha WALSH, Lena MURPHY

Rationale: Despite the use of strategies to encourage attendance at parenting programmes run by the Child Guidance Service they have continued to experience a high rate of dropout and non-attendance. The present study seeks to examine the factors that may be contributing to this poor outcome.

Aim: To identify the factors of high drop out rates and non attendance at parenting programmes

Objectives

- To develop a conceptual framework using findings from previous research in the area of barriers to treatment participation developed prior to data collection.
- To implement the recommendations from the findings.
- To re-audit following implementation of the recommendations.

Methodology: A qualitative research approach was adopted. Data were collected using a semi-structured interview schedule. Data analysis used a content analysis procedure. Data were organised into grids and then into a flow charts showing factors that related to attendance, non-attendance and attrition.

Results: Four factors, namely, home difficulties, practical arrangements/obstacles; attitude to the treatment; apprehensions, worries, fears re attending the treatment sessions and dates, time and venue, emerged from the researchers hypotheses. The results also indicated that the main factors distinguishing parents who attended the entire programme from those who attended parts of the programme or who were unable to attend because of difficulties arranging a child minder, lack of transportation and the timing of the programme being unsuitable. Strategies to enhance attendance at the parenting programmes were recommended and put in place in the light of the findings.

Recommendations: Current research suggests that a number of strategies may help to enhance attendance at the Parenting Programme. These can be summarised as follows:

- Comprehensive assessment of the child and family before parenting intervention is offered
- Substantial information for parents to inform them adequately about what to expect from the Parenting Programme
- Child focused groups run concurrently with the Parenting Programme
- Support regarding child minding and travel arrangements when deemed necessary
- Addition support for single parents as well as those who lack social support
- Evening and/or weekend Parenting Programmes.

The significance of the current study will be greatly enhanced when the research is repeated following implementation of some of these strategies.

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Introducing Evidence Based Guidelines for the Midwifery Conference

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Carmel Bradshaw and Margaret Hughes Quigley are both in the Midwifery Unit at St.Munchins Maternity Unit, Limerick. Carmel Bradshaw is employed as a midwifery tutor and Margaret Hughes-Quigley as a midwifery manager. Both have a strong interest in evidence based practice and management of change, encompassed by the Multidisciplinary Clinical Guidelines Group.

A Clinical risk management initiative in 2000/2001 clearly identified the need for evidence-based guidelines in a busy teaching hospital, which provides maternity care to a large population. Management of care was often dictated by individual clinicians preferences. New staff and those in training posts often had difficulty in deciding/prescribing care, due to a lack of formal, consensually agreed guidelines. A number of working parties developed evidence based guidelines, which have been implemented. The need for a multidisciplinary approach was identified in August of 2001 and the first meeting of same was held in October of that year. The group consists of various grades representative of the obstetric team, the paediatric team and the midwifery staff. Terms and conditions were agreed with a strong focus on the consultative process required for the development of clinical guidelines, and the need to involve other professions, e.g. anaesthetists, physiotherapists when appropriate. A consistent format is used for each guideline. The format includes a rationale for the present practice, a rationale for change in practice (if that is the case) and practice guidelines. Relevant literature is critiqued and used to support the guidelines and is referenced accordingly. Following consultation with the staff, the draft guideline is amended accordingly and finally submitted to the Director of Midwifery, lead obstetrician and lead paediatrician for agreement and signatures. The guideline is then published and launched by the Multidisciplinary Clinical guidelines Group. To date seventeen guidelines have been produced. Guidelines recently launched include care of the umbilical cord, the use of ultrasound in pregnancy and screening for haemoglobinopathies. Work is ongoing on several other subjects e.g. pregnancy induced hypertension, management of Group B streptococcus, care of the perineum in postnatal period, prevention of thromboembolic disorders in pregnancy etc. The group reviews each guideline on a regular basis. Choice of topic to be reviewed is led by clinical staff. Audits are planned to assess the implementation of the guidelines in the clinical area, particularly where a change of practice has been recommended.

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Supporting families experiencing perinatal death

Cathy QUINN

A one-day training day on „Supporting Families Experiencing Perinatal Death” was commenced by the Counselling Department, in the Regional Maternity Hospital, Limerick, Ireland on Thursday October 10th 2003 and was repeated each Thursday until December 5th.

Mission Statement for the Counselling Department:

We aim to develop and sustain a nurturing and supportive environment for bereaved parents and their families, which is sensitive and responsive to their needs. Professional counselling is offered to bereaved parents on an individual basis and this service is provided with equity, warmth, empathy, and genuineness.

Philosophy of the training day acknowledges: the experience of grief in response to loss is a painful human emotion. The spans of emotions experienced are part of the healing process. Couples should be treated with empathy and understanding, irrespective of when, why and how their loss was experienced. Respect will be given to all cultural and religious beliefs. Feelings expressed will be heard non-judgementally. Staff caring for those experiencing grief also need guidance and support.

Course Aim: The aim of the training day is to enhance Midwives existing knowledge, understanding, skills and sensitivity in caring for and supporting bereaved couples and their families who experience perinatal death. The training day included: Lectures, Skills practice, Video critique, Small group discussion, Role Plays, Lecture handouts.

Learning Outcome: Upon completion of this training day midwives will have learned:

- To provide care for bereaved parents that is responsive to their individual needs and feelings:
- To provide information for parents in a clear, sensitive, factual, and honest way
- To provide care for bereaved families with respect and dignity
- To acknowledge the baby's death and to validate the feelings of the Bereaved family
- To allow bereaved parents time
- To facilitate parents in entering a normal grieving process
- To take time to value and nurture their own lives and to support each other in time of crisis

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The role of the nurse in humanization of neonatal medical care

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Humane Neonatal CareInitiat (HNCI author prof A.Levin) was started in the end of the 70-s and it aims to protect the childrens rights in the hospital.The infant care system worced out and practised in Tallinn Children"s Hospital enables mothers to spend 24hours a day together with their newborn(premature)babies,breastfeeding and nursing,supporting them. In the 21st century the medical care must achieve the principle , that a sick child belongs first of all to its family.In future the childrens care system should join all three components(family+medical care+medical personnel)into one

Mothers of premature and sick newborns suffer from deep stress.as the whole burden of dealing with it lies on the nurse.

The nurse develops into a significtant and responsible figure in the children"s medical care system:she will bear the main burden in working with mothers and families.

In in NICU the nurse in working with the child,mother will have the role of a quest. The neonatal care being under humanization,the workload of the nurse will grow,because she must work not only with the child,but also with mother(family).Although the nurses psychical burden increases,her physical work decreases as a result of mother"s adaptation to her child. Nevertheless,the whole responsibiliti lies on the nurse.

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Neonatal Screening and genetic counselling in Cystic Fibrosis: the Tuscan experience

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Cystic Fibrosis (CF) is the most common lethal autosomic recessive genetic disorder among Caucasians. Its incidence varies between and within different countries. In most of Western Europe it ranges between 1:2000 and 1:5000.

The natural history of CF is well defined, and a resolutive therapy has not been found yet, but the lifespan has steadily increased from a mean of 1-2 years in the 1940 's to more than 30 years in countries where a well developed treatment program is established. There is evidence that early diagnosis and management of CF patients in specialised centres improves survival. According to the Italian CF registry, mean age at diagnosis in Italy is 4.6 years, 75% of patients being diagnosed by the age of 6.

Since 1982, CF Tuscan Regional Center at Meyer Hospital has performed a neonatal screening program. In 1992 a protocol based on a two-step Immunoreactive Trypsin dosing, coupled with meconium lactase activity measurement, was adopted. The babies who result positive to screening are evaluated by the Regional CF Center for diagnostic confirmation by sweat test.

Since 1992, 305,488 Tuscan newborns (99%) were tested. Seventy-two had positive sweat test confirming the diagnosis of CF. Median time from birth to confirmation of diagnosis was 45 days. Two children were diagnosed by symptoms. All patients are currently followed by the Regional Center. Genetic counselling was performed in parents of diagnosed children, and CF carrier test was offered to other relatives and to the extended family. Thus, couples at risk have been identified and given advice.

CF neonatal screening is a good example in the field of preventive medicine. In our experience it has provided a very early diagnosis and initiation of treatment to infants with this disease. Moreover, early diagnosis and genetic counselling has allowed informed reproductive decision, preventing birth of new affected babies.

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Prevention of postnatal depression: A health promotion issue

Margaret SHERIDAN

Postnatal Depression (PND) is a serious, common but preventable disorder that occurs in the weeks following childbirth, but fifty percent of cases are not diagnosed.

Background: Research conducted in the Rotunda Hospital in Dublin in 2000 found that 13.4% of women suffered from PND by six weeks postpartum. The research found that women who subsequently developed PND could be identified prior to discharge from hospital by eliciting a history of depression, combined with a positive score on the Edinburgh Postnatal Depression Scale (EPDS). This is a self-report ten-item scale designed by Cox et al (1987). Women were given the Edinburgh Postnatal Depression Scale to complete prior to discharge. High scores when linked with a history of depression predicted the development of postnatal depression in 77% of cases.

Action: Consequently routine screening using the EPDS was introduced to the Rotunda Hospital in early 2001. The EPDS is acceptable to both mothers and staff. Eighty-one percent of EPDS were returned over the past six months. It is introduced as part of routine discharge by midwives on postnatal wards and is accompanied by a discussion on symptoms, prevention and services available for PND. Women who do not understand English are not asked to complete the questionnaire but PND is discussed with them. Women in the high-risk category are monitored or referred as appropriate. An information booklet is given to mothers, with advice to read it with their partners; they can then plan preventive strategies together. The public health nurses are informed of the scores on written liaison sheets. Plans are underway to routinely inform GP's.

Benefits: The introduction of routine screening and support has benefits for mothers, their relationships, maternal attachment and the children's social, emotional and cognitive development.

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Health promotion during the Puerperium

Antonio TRIARICO, Chiara RADICE, Chiara CENTOMO, Anna Maddalena LADINI

GENERAL OBJECTIVES The promotion of the physical, psychic and social condition of the puerpera helps her return home in the best possible way. **SPECIFIC**

OBJECTIVES · Regarding the patients: inform the parents about eventual problems of the puerperium and how to deal with them; provide the woman with the necessary information to be able to adopt the correct behaviour in dealing with any problems which might arise during the puerperium.

· Regarding the staff: form a group of health workers based on the theme of health promotion in hospital environments; create a link between the Hospital Services and the Territorial Services. · establishment of specific formation periods (individual or group meetings, keeping in touch by telephone). · link between the Hospital Services and the Territorial Services in order to follow up the assistance of the puerperium and the infant after leaving hospital; the predisposition of an evaluation system. · „Hospital in Varese. The results of a questionnaire distributed during the first three months of activity resulted in 96% of puerpere confirming the usefulness of an advice service after leaving hospital.

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Health education for pregnant women

Virginija VANAGIENE, Inga SHIPACHEV, Inga MARENGOLCAITE

Objective: The aim of this study was to evaluate the knowledge of the pregnant women about their and their babies' health care, prevention of diseases during pregnancy and breastfeeding.

Methods: We used original questionnaire, which consisted of 40 questions. We examined 103 pregnant women in Kaunas Medical University Clinics, department of Obstetrics and Gynaecology.

Results: There were examined 103 pregnant women. 1 (0,9 %) of them was in the age group under 18 year, 44 (42,7 %) – 19 to 25 years, 33 (32,0 %) – 26 to 32 years and 25 (24,4 %) – 33 to 39 years. 5 (4,9 %) women had only elementary education, 49 (47,6 %) secondary education, 6 (5,8 %) college education, 16 (15,5 %) unfinished university education, 29 (28,1%) women – university education. 42 women stated, that they were pregnant for the first time, 35 women – for the second time and the rest 25 – for the third or more time. 56 women responded, that they would labour for the first time, 32 – for the second time, 15 women responded, that they would labour for the third or more time. 76 (74 %) women thought, that unbalanced diet may severely harm their foetus. 100 % of responders answered, that it was important to treat anaemia for the pregnant women. All women decided to breastfeed their babies: 75 (72,8 %) women decided to do it by themselves, 5 (4,85 %) – were encouraged by their physicians, 24 (23,3 %) – by the popular literature, 7 (6,8 %) – lectures in pregnant women school. 17 (16,5 %) women thought, that during breastfeeding supplementary feeding of the baby was necessary. 38 (37 %) women answered, that the special breast care is necessary for every women, 49 (47,6 %) thought, that it was important to wash nipples before every breastfeeding.

Conclusions:

1. The major part of the women was in the age group of 19 to 25 years.

2. All women thought, that breastfeeding was very important for their babies and they decided to breastfeed their babies.
3. Results show that women understood how important was the care of their and their babies' health.

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26. Diabetes, HIV, COPD and other chronic conditions

A program of prevention of discrimination of the HIV positive patient in the hospital

Sergio ARDIS, Antonella VINCENTI, Lucia CORRIERI PULITI, Moreno MARUCCI

Introduction: The discrimination of HIV positive patients is defined „inhuman and degrading” by the High Commission for Human Rights of UN. The local ethical committee of the Lucca hospital knew several episodes of discrimination happening to HIV positive patients. Two accurate studies were conducted and demonstrated the responsibility of the physicians in discriminating HIV positive people. Such phenomenon is so widespread that a program of prevention has become necessary and it will be included in the program of humanization of the hospital inside the Health Promoting Hospital project.

Methods: A committee was constituted to develop planned activities and to act as a permanent observatory of such discrimination. For the following five years training courses for the staff members will be carried out and informative materials will be elaborated for HIV positive patients in order to make them aware of their legal rights. Moreover this information will be largely diffuse in order to reach every member of the social community where HIV positive persons are integrated. Other regional or national hospitals are thought to be involved in this experience.

Conclusions: Today it is important not only to guarantee good medical care for the patients affected by AIDS, but it is also necessary to offer them a good quality of life. Active promoting campaigns against the discrimination of HIV positive persons must be carried out by all health personnel. It is mandatory that medical staff should not become itself discriminatory towards these patients as still frequently occurs in a lot of hospitals.

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Visceral leishmaniasis in Shköder, Albania

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Leishmaniasis is a world widespread anthroponosis. In the Mediterranean area dogs and small rodents are the disease's main reservoir. Females of some species of sand-flies are the vector of the protozoon to humans.

In human beings, visceral leishmaniasis (VL) is the generalized and most common form of infection, which leads to death if not adequately treated.

According to WHO, 12 million people are affected by leishmaniasis in 88 countries –mostly developing countries- with 1,5-2 million new cases overall every year.

In 1999, during a cooperation program between Meyer Pediatric Hospital of Florence, Italy and the Pediatric Hospital of Shköder, Albania for the Kosovo crisis, an epidemiological survey was carried out on VL incidence in children.

We examined the clinical records of patients aged 0 to 14 years admitted in 1997 and 1998 to the Pediatric Hospital of Shköder, selecting the cases in which the diagnosis was confirmed with the identification of the protozoon by bone marrow aspiration.

Overall 78 cases of VL were identified (43 females and 35 males), 38 of which in 1997 and 40 in 1998. Mean age of affected children was 2.6 years (min 0.3 - max 11.6 years).

Upon admittance, all presented with asthenia, anorexia, worsening of general conditions, 1-2 months lasting fever.

Fifty-five children (70.5%) had splenomegaly, hepatomegaly, lymphadenopathy, anemia with leukopenia.

None of the children had AIDS. A single 15 days course of meglumine antimonate (Glucantime) 20 mg/kg/die ev led to complete recovery in 70.5% of cases. Two courses were necessary in the remaining 29.5%. Since the Province of Shköder has 57,596 children inhabitants, the incidence of VL in children was 67.7/100,000.

This incidence is not only considerably higher than that of the whole Mediterranean area but is also higher than the whole Albanian incidence, which is about 2/100,000 per year.

Among the possible explanations of such an high incidence of VL there are:

- 1 geographical factors, since Shköder is located in a marshy area,
- 2 economic factors, as Shköder was one of the poorest areas of Albania,
- 3 poor health conditions, with high malnutrition rates and insufficient waste disposal systems.

In the last 5 years, a general improvement both of health and social conditions in the Province has had positive effects on VL incidence.

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Promotion of continence and management of incontinence

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Rationale: Currently there is only one Continence Nurse Specialist in the Mid-West Region covering a population of 320,000 people.

Aims: To enable the provision of a high standard Continence Management Service that is appropriate and responsive to the needs of the population of the Mid-West region.

Objectives

- To develop, co-ordinate and run a 'Promotion of Continence and the Management of Incontinence Course' which will meet the needs of all service users within the region.
- To develop a core group of specialist staff across all disciplines who can provide training on an ongoing basis.
- To improve quality of life for clients with incontinence and to give them more autonomy.
- To improve awareness of continence issues from a client perspective and to improve the expertise of practitioners through the provision of knowledge and the practical application of new skills.

Methodology: Over the five-day course participants will be given an opportunity to learn through the application of theoretical, clinical, practical and research based knowledge delivered by recognised experts in the field of continence promotion and the management of incontinence. Participants will also be asked to complete a project in their area of interest to demonstrate understanding and knowledge of continence promotion and management of incontinence and their ability to apply theory to practice. Three courses will be run throughout the year, the first one will commence in April 2003.

Conclusion: The outcome of the programme is to improve the service provided in the area of incontinence for clients within the region. Increase professional knowledge and expertise in the whole area of continence and the management of incontinence among all disciplines. Develop a client centred, settings approach to the management of incontinence. Provide the practitioner with the necessary skills and knowledge to effectively assess, treat and evaluate all aspects of incontinence.

Link with Health Promotion: To introduce the concept of Health Promotion by improving awareness of continence promotion and the management of incontinence.

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Living with chronic lung disease – a multi-disciplinary approach

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Introduction: Chronic obstructive pulmonary disease (COPD) is characterised by airflow obstruction due to chronic bronchitis or emphysema usually caused by cigarette smoking. In Ireland over 200,000 people suffer from this chronic debilitating disease with disabling symptoms which can only be minimally improved pharmacologically.

Objectives

1. To establish an 8 week evening multi-disciplinary education class for COPD patients, family, carers and health professionals, titled 'Living with Chronic Lung Disease'.
2. To provide the patients and carers with strategies and information on how to cope with the disease and the daily symptoms.
3. To evaluate the programme.

Methods: 9 health care professionals prepared and delivered an hour evening lecture in Beaumont Hospital.

- Week 1, Respiratory Consultant: What is COPD?
- Week 2, Respiratory Nurse: Inhalers / Nebulisers / Oxygen
- Week 3, Physiotherapist: Breathlessness, Exercise

- Week 4, Dietitian: Nutrition
- Week 5, Pharmacist: Medications
- Week 6, Smoking Cessation Officer: Social Worker
- Week 7, Occupational Therapist: Energy Conservation / Appliances
- Week 8, Relaxation Expert: Stress / Relaxation methods

A satisfaction survey was administered at the end of the lecture series.

Results: 56 people in total attended the lecture series. The satisfaction survey portrayed very positive feedback with attendees reporting specific lifestyle changes and increased coping abilities.

Conclusion: A multi-disciplinary education programme empowers patients with chronic lung disease with knowledge and skills to adapt a more positive life style.

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Hospital and territory in the assistance to HIV/AIDS people in multi- problematic situations

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Goals: Sacco social service has co-operated with „Cooperativa Farsi Prossimo“, at a European project promoted by Milan City Council and co-financed by the European commission in collaboration with 15 European cities: Antwerp, Athens, Barcelona, Berlin, Birmingham, Bordeaux, Dublin, Frankfurt, Helsinki, Lisbon, Liverpool, Madrid, Paris, Southampton and Vienna. This project aimed to study the epidemiological situation of HIV/AIDS people in correlation with some side problems such as drug addiction, psychiatric and criminal problems, immigration and homelessness. The aim of the study was to construct a European network mapping the multi-problematic situations reported in the cities.

Methods: This project was carried out through the organisation of thematic seminars, visits to the services of partner cities and with semi-structured interviews. The Social Service of the Sacco Hospital analysed the social-sanitary assistance requests coming from the three divisions of infectious diseases present in the Hospital, both for hospitalised and non-hospitalised people. The applicants features, together with their sanitary situation, social characteristics and the proposed interventions were studied.

Results: 315 people in charge to the hospital social service were examined out of 3511 hospitalised patients in the 3 infectious diseases units in the years 2001 and 2002. The requests changed in relation to the clinical and epidemiological changes of HIV positive hospitalised patients. The use of combined therapies improved the life conditions of the observed patients modifying their assistance requests. The institutional replies improved even though the interventions for foreign patients seem to be still lacking. The data collected during the study are now in the process of being analysed and the results emerged from the focused problems will be presented during the seminars along with the reported European experiences. The data related to the study are being processed.

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Royal Alexandra Hospital World Aids Day Campaign

Claire GOODHEIR, Susan JENNINGS

Introduction: As part of Scotland's Health at Work Award scheme (SHAW), the Royal Alexandra Hospital Health Promotion group undertook a World Aids Day 2002 Campaign for their 2500 staff. This year's campaign focused on „Tackling Prejudice „ of HIV and AIDS.

Aims and Objectives

- To promote awareness of HIV and AIDS amongst hospital staff
- Highlight discrimination
- Challenge prejudices
- Improve knowledge regarding HIV and AIDS.

Method: The target audience was all hospital employees with an emphasis on non-clinical staff. It was decided that an innovative way to address this sensitive issue amongst staff was to develop a drama production which was performed during staff breaks in the Hospital Dining Room to ensure that as many staff as possible could participate. A local Theatre Production

Company, PACE produced and performed the play. During and after the production Workers specialising in HIV were present to answer any questions that the performance may have raised for the audience. There was also an information stand with appropriate resources and information available for all staff to visit throughout the week of the performance.

Results: The audience described the performance as a powerful and hard-hitting drama and staff commented that they enjoyed the performance and it made them reflect on their own lives and how they would deal with a family member being diagnosed with HIV or AIDS. Given that the overall aim of WAD 2002 was to tackle prejudice, the organisers and the participants evaluation indicated that this was achieved and was an interesting method of delivery.

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Diabetes-specialised postgraduate nursing course – better health care

Tamas HALMOS, Laszlo KAUTZKY, Eszter SZOTYORI

The HPH movement is an active contributor to a better health care. Recently it had been embedded in the National Health Care Programme. Since diabetes, especially type 2, leads to severe cardiovascular morbidity and causes frequent mortality, this has become a public health challenge. The concept of the metabolic syndrome, which affects roughly 25% of the adult population, gives even a broader understanding of type 2 diabetes. In over 65-year-olds, more than 10% are diabetic and / or are carrying features of this disease, medical doctors are unable to deal sufficiently with such a great number of patients. The Hungarian Diabetes Association realised the need for well-trained diabetes specialised nurses. In 1994 we could start a special training form for licensed nurses. The course lasts 12 months, 32 nurses are accepted each year. Theoretical subjects – like pathophysiology, dietetic information, adult and pediatric diabetes, complications (diabetic foot, retinopathy, nephropathy etc.) are presented. In addition, informatics, ethics, psychology are also included. Apart from theory, nurses have to attend different wards, outpatient clinics for practice. By the end of the course they have to undergo written and oral, theoretical and practical exams. In 2002 we have started the 8th course, so we have now over 200 well trained diabetes nurses all over the country. These specialists are now independently working at different hospital wards, outpatient clinics, and in primary care as well, but under supervision of medical doctors. Feedback, using questionnaires – both from patients and doctors – attests positive satisfaction to their work. Diabetes nurses have regular postgraduate conferences, where up-to-date preventive and treatment questions are presented. This course is part of our national HPH programme to achieve better health care and, hopefully, even prevention.

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The Preston HIV Support Team – one year on: Advocates and partners in healthy alliances

Michael Anthony HAWKINS

Health alliances are two or more agencies working together to 'enable people to increase control over, and improve their health and wellbeing, which cannot be achieved by agencies working on their own. (Simnett 1995). Preston HIV Support Team (PHIVST - NGO) have been working for a year in partnership with Preston Primary Care Trust (PCT), their HIV medical service providers and Lancashire Social services - commissioners of the services PHIVST provide.

Benefit to those infected/affected by HIV: PHIVST works in partnership with statutory agencies to deliver services to those infected/affected by HIV.

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Rapid change in quality of life using insulin pump in brittle diabetes

Laszlo KAUTZKY, Tamás HALMOS

The use of insulin pump is the gold standard of diabetes treatment nowadays. More than 300 000 patient are treated by insulin pumps all over the world. We would like to present evidence of amelioration concerning the important metabolic parameters and quality of life. Patients: 25 (15 male, 10 female) type 1 brittle diabetic patients, age: 36,4 years, diabetes duration:12,6 years were treated. Methods: after a 3 days in-hospital training, we followed the patients for several months, and we made a comparison of their parameters (fasting blood glucose, monthly glucose profile, blood glucose variability / SD /, Hb1ac,etc. and quality of life using a linear analog 10 grade scale, beetween the values of the last prepump month and that of the 4,3 month long pump treatment period. All patients used Disetronic H-tron pumps. Self contol was made by glucometer. Evaluation: 1425 patientdays, 9110 blood glucose values. Statistical analysis: Wilcoxon and Student one sample method.

Results

After average 4,3 months pump treatment the fasting blood glucose, monthly glucose profil, the SD values, Hgba1c%, daily insulin need, number of hypos and hyperglycemic events significantly reduced. No ketosis and technical failures occurred. Patient satisfaction, feeling of safety, fitness, quality of life, working capacity increased, anxiety, sleeping disturbances remarkably decreased.

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Multidisciplinary Educational Epidemiological Program on Allergy

Paola MINALE, Franca FAVARETO, Costantino TROISE, Carla TAZZER

Allergic diseases have been recognised as a priority for Public Health: in developed countries one child in four is allergic today. The role of the most important risk factors for allergic diseases, such as genetic conditions, exposure to air pollution and allergens, has been partially studied, but the effect of air pollution on human health needs long-term studies. Epidemiological data should be continuously updated by monitoring of incidence and prevalence at local level. The partnership among specialists, patients and their families is necessary to empower their health consciousness and improve their quality of life. We propose a multidisciplinary educational-epidemiological model of intervention to address the problem. Our goal was to raise public awareness, to provide education, and to advance scientific knowledge about allergic diseases.

Participants

schoolchildren 10-14 years old from urban, suburban, rural areas; allergysts, paediatricians, school 's MD; schools health care givers; teachers. An educational protocol about allergic diseases and risk factors was prepared. School MD, paediatricians, health care givers, Science teachers and children 's family were trained according to this protocol. Written material was given. An educational intervention at school using conference, backed by leaflets and videos was performed. All students learned how to recognise pollens and allergens and produced a CD-ROM with practical tips about allergy and their own drawings and photos. They filled a questionnaire (ISAAC) with their parents, supported by counselling of school MD and paediatricians. A sample of children were skin prick tested for the our most representative allergens. All data has been recorded and statistical analysis is actually going on. The alliance among Hospitals, health care professionals, care givers, patients and families was useful in spreading health informations. A multidisciplinary co-operation model is necessary for successfully coping with the increase of allergic diseases.

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The 'Cornflower' project

Liliana RABITTI, Fernanda ROVESTI, Giulia STORCHI, Giuseppina CHIERICI

The "Cornflower" project regards young diabetic patients who are under intensive home treatment. The project is based on the self-help principle which is founded on sharing action of people who have a trouble and who want to share to the other people (the group) their knowledge, their experience of life, their competence and their emotions.

The group is open and people freely attend according to their need. The people of this group have an active role, responsible for the well- being of the individual and the community.

The group who started to work together last May 2002, is now preparing a document, a little newspaper in which they report their experience and the results of the meetings to which they participate regularly twice a month. People who hated the idea of illness participate to this kind of experience: they are responsible of their own health and they are beginning to promote the new

concept of living their problem as a condition of own life. They are also opening a web site to collect and share the story of other people who want to approach this experience or to make their own available.

We will present the result of the first 8 months of the work of our young diabetic patients taking part of this self- help group; it 's the first experience in diabetes therapeutic education in our country.

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A Novel Approach to Weight Management

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Background: Cardiac Rehabilitation is usually considered in four phases. This project is centered on phase 4, which is the long-term maintenance period. It particularly focuses on weight management. The ethos of the project encourages empowerment of the individual.

Objectives:

- To encourage post cardiac rehabilitation clients to maintain health enhancing behaviors
- To increase maintenance of healthy weight by a holistic approach of reviewing participants
- lifestyle and formulating an individual plan tailored to the participant 's needs and capabilities
- To achieve and maintain a healthy weight
- To increase maintenance by establishing a program, which is, local, accessible volunteer led by the Midland Cardiac Support Group.

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Results of the cooperation between the Regional Center for Juvenile Diabetes of Florence (Italy) and Gomel (Belarus).

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A cooperation program between the Tuscan Regional Government and the Regional Authority of Gomel intended to provide care to diabetic children followed by the local Centers ended in 2002.

The goals of the program were:

1. to improve the quality of life of diabetic children of Gomel.
2. to optimize their HbA1c levels.
3. to allow care providers of the two Centers to share experiences in pediatric diabetology.

With this purpose diagnostic devices and supplies were provided to Gomel diabetic children – such as glucometers reactive strips, insulin pens, therapy logbooks translated in byelorussian – and laboratory equipment (DCA2000). Furthermore, in cooperation with the Italian Charity "Associazione Pubbliche Assistenze" (ANPAS), two refresher courses for physicians from Gomel and six summer camps for 20 diabetic children were organised yearly. For the implementation of the program, 150,000 Euros were awarded by ANPAS, by other Tuscan Charities and by the Health International cooperation bureau of the Tuscan Regional Government. Overall, 118 diabetic children were hosted during six years. Upon arrival, children were tested for HbA1c and markers for coeliac disease and thyroiditis – which are often associated with type 1 diabetes mellitus – were investigated.

Results

the mean HbA1c of children involved in the program decreased from 10.3% to 7.9%. This contributed to encourage Gomel's health authorities to provide the same level of care and the same diagnostic supplies to all the newly diagnosed diabetic children. Two Scientific symposia were also organized in Gomel in 1998 and 2000 and two papers were issued.

Conclusions

The cooperation between the two Juvenile diabetes Centers effected an improvement of the quality of life of diabetic children, a decrease of chronic complication risk and a mutual exchange of knowledge.

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27. Patient education, information and counselling

Setting patient information standards in haematology and oncology

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Aim: To devise information standards that ensured the information given to patients was guided by the principles of equity, people-centredness, quality and accountability.

Objectives

- To assess patient information needs and involve patients in the planning and evaluation process.
- To review the literature to ensure evidence based practice is delivered and that the information system can provide feedback to health providers and consumers on the quality of care delivered and received.
- To devise evidence based information standards and to implement these as part of total patient centered care.

Methodology

- A quantitative approach was taken towards addressing patient needs and level of satisfaction with the current service.
- Focus groups of staff were set up to review current practice and the literature.
- Consultation took place with the multidisciplinary team.
- Information standards were drafted and implemented at ward level by the key stakeholders.

Recommendations

- A patient satisfaction survey will be conducted annually.
- Staff will be audited in relation to the information they give to patients.
- As part of their orientation staff will spend time becoming familiar with the standards.
- Patient care plans will incorporate the use of standards.

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Information resources for patients on the homepage of the Tartu University Clinics

Kylli ALL, Tiina FREIMANN

This project forms part of the large-scale health promotion project in the Tartu University Clinics to be implemented as a project for the Network of Health Promoting Hospitals. It is also facilitated by the Open Estonia Foundation and Tartu University Clinics.

Aim

The information resources on the Homepage of the Clinicum will be developed with the aim to provide users of the services of the Clinics and population systematic information on user services as well as medical and health education information for the population.

Outcome

Within the project, information resources for patients and for the population have been created (www.kliinikum.ee/) that will be continuously supplemented and updated.

Essence of the project

On the basis of the information resources it is possible to obtain information about the services of the Clinics and, their accessibility, as well as to acquire knowledge of health and diseases. A client or a patient can get a wide range of systematized information from the homepage, divided into pages as:

- Applying to doctor's reception. The page includes suggestions about applying to family doctor's or a doctor specialist's reception.
- Information about private services. The page includes information about private services in the hospital.
- Information about hospital treatment. The page introduces clinics and wards; suggestions are made for those, who will come to the hospital for treatment; the procedures and operations are introduced.
- Information about diseases. There are sub pages as: symptoms and course of the disease, origin of a disease, treatment principles and other information.

- Advices for recovering period. From this page one can get a counselling for the purpose of best managing after the procedure / surgery or disease.
- Useful to know. Different useful information about clientele services, medicine and health promoting is given.
- Question and answers.

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A hospital- based education program may improve alimenatry habit changes in coronary patients at home

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Background

We hypothesised that a hospital educational program (EP) for in-patients with coronary artery disease (CAD) could be useful to improve changing alimentary habits of the patients at their home.

Methods

One hundred and seventy with CAD (130 men + 40 women, 61 ± 12 yrs), 11 ± 6 days after an acute coronary event were enrolled in this the study. The patients were submitted to the EP consisting of:

- 1) procedures at admission: a) an intensive information / educational course on secondary prevention of CAD (4 hrs a week of lessons + hand book + detailed information on diet); b) serum lipid determination; c) diet prescription with FAT 20% energy \pm hypolipemic;
- 2) procedures at discharge from hospital: a) learning test on secondary prevention; b) prescription at home of the same diet as in hospital; c) follow up appointments at 1-3-6-12 months after discharge with serum lipid results.

Results

Sixty-six patients (38.8 %) did not attend the educational course. Of the remaining, 13 (12.5%) did not present after the 3-month follow up. The analysis was therefore conducted on 91 patients (53.5% of the enrolled population).

At discharge from hospital, most patients had achieved the target LDL-CHOL < 115 mg/dl, which further improved by the 12-month follow-up (95.4 ± 16.2 mg/dl; $p < 0.02$). At 12 months HDL-CHOL was 46 ± 12 mg/dl vs 35 ± 9.4 mg/dl at discharge ($p < 0.001$) and T-CHOL was 170 ± 18 mg/dl vs 185 ± 25 mg/dl at admission ($p < 0.005$). TRIG remained statistically unchanged. Seven CAD patients (7.7%) did not reach the target LDL-CHOL < 115 mg/dl.

Conclusion

An in-hospital EP can be very useful for patients with CAD to improve their nutritional results over time and establish new dietary habits. However we realised that much must be done to educate health care professionals in order to improve patient's adherence to the EP.

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Therapeutic education increases disease knowledge and health literacy of multiple myeloma patients

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Multiple myeloma (MM) is a malignant plasma cell disorder affecting adult or elderly people, that usually exhibits a slow clinical evolution.

Many MM patients have to take long-term oral chemotherapy to maintain the disease under control. In addition, they must learn and put in to practice adequate health behaviour to prevent disease or treatment related complications and to preserve a good quality of life. This situation requires that they receive adequate knowledge about disease, treatment and lifestyle. However, since many MM patients, besides alarming prejudice about malignancy and chemotherapy, have a low level of health literacy and a partial or total lack of information about disease and treatment, their active engagement in the management of the disease may become difficult.

The Clinical Immunology Unit of Padua University Hospital devised a specific Therapeutic Patient Education (TPE) programme with the aim to promote the empowerment of MM patients. The programme consists of five structured teaching sessions carried

out by an immunologist and a psychologist with the collaboration of other healthcare personnel. Educational content concerns disease and treatment knowledge and some basic self-management skills.

Fifteen MM patients, aged from 54 to 82 years (mean 69,87, S.D. 7,249), coming to clinical Immunology Unit day-hospital and taking long-term, home chemotherapy, were enrolled in the educational programme.

Knowledge learning results, expressed in terms of percentage of right answers before (43,69%) and after (78,46%) TPE, showed a significant difference ($T=-5,969$; $p=.000$).

This experience suggests that TPE, increasing patients' knowledge about disease and treatment, may improve their health literacy level and represents a good empowerment strategy.

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Therapeutic education of the patient being treated cronically with digitalis, diuretics, oral anticoagulant drugs

Giovanni CAPPELLARI, Claudio CARDAIOLI, Roberta CITTADELLA, Paola PAULETTI

Introduction: We will sum up the experience made By U.O.C. of Internal Medicine Unit-Feltre Hospital from July 15 to 30 August 2002 with a therapeutic education approach to hospitalized patients and being treated with digitalis, diuretics, and/or oral anticoagulant drugs. The choice of these sort of medicines was due to :: 1. The fact that these are very common and widespread drugs 2. The fact that they often offer a strict border between a toxic and a therapeutic dose. .

Methods and instruments: 37 patients being treated as above all following the previous treatments have been taken into account to carry on the educational project. 2 out of 37 were treated with oral anticoagulants 2. 4 with digitalis 3. 19 with diuretics 4. 6 with digitalis and diuretic 5. 4 with oral anticoagulants and diuretic 6. 2 with diuretic oral anticoagulant and digitalis.

The project has been developed in 3 steps:

- 1) Giving an inquiry of educational diagnosis that had to verify social, personal data's, psycho-sensorial status, knowledge of health status or disease, knowledge of the previous therapies and therapeutic drugs;
- 2) Giving a leaflet on the drug taken by the patient, containing on the front-page: a picture of the drug box; dosage of the drug; timetable to take the rug; on the back side; brief list of indications, side effects and precautions;
- 3) Another easy inquiry contains questions to know the learning level of the patient and the effectiveness of the methods and instruments used.

Conclusions: The final analysis has revealed an improvement of the patients knowledge level about drugs. The next and ideal step of this educational therapeutic journey should be the home assistance , through the co-operation with family doctors and country nurses to verify the adhesion of the patients to the therapy.

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A guided route on self-protection and safeguard regarding the health necessities of the citizens

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Health promotion is a process that permits the population to increase the control of factors that determines the health with the objective to promote and sustain it. There is no doubt that the following exist: the necessity to implement and facilitate the programs, and the persons who promote the changes to turn to all the authors of the health system, citizens, institutions, medical staff, and organisations of volunteers in order to develop alliance that would involve the whole collaborating community, responsible for this cultural development. For the past years, the relationship between the citizen / service-user and the health professionals was significantly developed: from the paternalistic model to the setting of the road to recognition regarding the assisted person's determined awareness on everything regarding his health. The supremacy of the physician over the patient is getting weaker and diminishing under the patient's autonomy on ethic principles, pushed to carry out the juridical principle of informed-consent, meaning having been informed of all risk there is to be encountered during or after the surgery or cure. To be expressed, it is moreover necessary for such autonomy to give precise, clear, sufficiently articulated and easily comprehensible information to the patient. In the process of communication, it is worthy to consider ulterior element regarding the co-ordination among the plurality of the professionals of various titles who intervene for the care of the sick.

Objective of the project: The objectives actually pursued are synthesised as follows: Data collection on the point of view of the patient, of the professional, of the Associations of Volunteers according to the perception of the concept that each of them have on health education and who should protect them. Improvement of the informative aspects, to enable the patient who is subject to a scheduled surgical operation to exercise his right to choose. Simplification of the procedures for the access to the operative link between GPs and hospital doctors and thus aim to improve the continuity of the patient care. Development of awareness on health culture.

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Responding to service user needs -Developing a Patient Information Booklet for ICU relatives/clients across three Acute Settings-

Regina CLEARY

Background: The Midland Health Board participated in the National Patient Perception of the Quality of Care Survey in 2000. The results indicated that only 7.3% respondents received printed information about hospital routine and 55% were told nothing thereafter. One in eight felt their family/friends did not receive enough information about their condition/treatment. As a result the three Acute Hospital sites developed a patient information booklet, which contains information in relation to hospital routines and discharge procedures and provide explanation and reassurance to family/friends. The booklet will be given to relatives/friends at the earliest opportunity allowing staff to deal with the patient.

Aim: To develop a patient information booklet for ICU relatives/clients for 3 Acute Settings.

Methodology: A draft booklet was developed and circulated to the multidisciplinary team of ICU specialists across the three sites A copy was piloted with relatives and changes made accordingly. The booklet was designed to appropriate reading level with an additional CECA insert. The booklet provides information, which is easy to read, and includes the most commonly asked questions by relatives and friends.

Results: The booklet is currently in the printing process. This initial pilot indicated that the booklet was very much welcomed by service users. The initiative was developed at the centre in the delivery of care, supporting, and empowering individuals to be fully informed.

The booklet contains information under the following headings: The Intensive Care Environment at the three Acute sites Portlaoise, Mullingar and Tullamore, Alarms, Telephones, Telephone Enquiries, Staff in the Intensive Care Unit, Investigations, Nutrition, Visiting, Facilities for Relatives, Hospital Shops, Pastoral Care / Chaplaincy Service, Personal Belongings, Smoke-Free Environment, Help us deliver a Quality Service (Comments Enquiries Complaints and Appeal „CECA „) and A Glossary of Terms.

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Brief Intervention Training Programme for Healthcare Professionals in Hospital Setting

Bedelia COLLINS, Maria GIBBONS

Background: Due to the nature of the hospital setting healthcare workers are in a position to provide brief opportunistic advice and support for behavioural change to their clients. Based on the premise of empowerment in health promotion the authors believe that provision of brief intervention training would provide health care professionals with the opportunity to empower and enable clients to take control of their lifestyle.

Aim: To provide brief intervention training to health care professionals who are in a position to support client behavioural change.

Objectives:

1. To demonstrate the concepts and processes of the 'Stages of Change Model'(Prochaska & Diclemente 1984).
2. To relate these concepts to behavioural change, including a) Smoking, b) Nutrition, c) Physical Activity, d) Sexual Health, e) Alcohol.
3. To evaluate the effectiveness of the training as perceived by the health professionals.

Methodology:

1. Management support obtained for the programme.
2. Request for training were then received from various departments, group size was limited to 16 participants.
3. The group were multidisciplinary consisting of Clinical Nurse specialist, Staff nurses, Clinical Nutritionist, Physiotherapists.
4. The contents of the course was based on Wren and Thomas Brief Intervention In Health Promotion Training Pack and was delivered over four days.

Evaluation: 1.) Evaluation form was completed by each participant at the end of training. 2.) Questionnaire is currently being drafted which will be then followed by a focus group based on the findings. It is planned to hold this focus group over the next four week.

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A Self-Management And Empowerment Program For Patient Receiving Oral Anticoagulation

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Many studies show the value of self-management for the patients receiving oral anticoagulation therapy. Patients on self management are well controlled and need less variations of the dose of therapy. A goal of the Reggio Emilia Health Authority is the active participation of the patients in the care, and this is a part of the comprehensive project in order to recommit the management of the chronic diseases to the general practitioner, and in order to give again the management of the health program to the patient itself. In order to obtain and maintain these goals in the long term we perform a program for therapeutic education and empowerment in patients with chronic diseases. The ambulatory for the oral anticoagulation therapy works in the Unit of clinical pathology of the Castelnovo Monti 's Hospital and the project of self management is performed into this ambulatory.

The project is divided in two phases:

Phase 1: the patients participate to self-help groups that are driven by a tutor trained at the IPCEM (Institute of postgraduation in communication and health education) of the university of Paris.

Phase 2: measurement of INR will be carried out to the general practitioner without access to the hospital. Technical support on education and counseling to the groups is supplied from the general practitioners and the specialists. The groups are constituted of 10 patients and discuss the problems of the quality of the daily life and the impact that the oral anticoagulation therapy has on their activities and relationships. Relatives are involved in particular moments of the life of the groups. These educational processes will have to put in condition these patients to self-manage the activities of the daily life.

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POPPI-project: Towards Empowering Counselling in the Central Hospital of Central Finland

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Patient participation and empowerment are important principles for health counselling that have been studied and developed recently. Empowering patient counselling is based on principles of health promotion and recognizing patients' competence, resources and explanations as well as coping and support networks. The key issue of empowering counselling in hospital is networking, partnership and reciprocal conversation in a confidential relationship. This means that patients have an opportunity to plan what to do next, and how to go on and to construct their own solutions to health issues. In Spring 2002 the nursing staff and the leaders in the conservative units of Central Hospital of Central Finland expressed the need to develop their patient counselling practices towards empowerment and evidence based approach. The POPPI-project was started in collaboration with Jyväskylä Polytechnic Continuing Education Unit to respond to that need. The project realizes the "Health Promoting Hospital"-programme for years 2001-2006, especially from the point of view of promoting the health of the patients, staff and population and from the point of view of a health-promoting nursing culture. During the action research project the nursing staff will acquire new empowering counselling skills by training program, which is based on experiential learning model and videotaped counselling situations. New information technology skills are learned to enhance evidence based counselling. New counselling practices, counselling pathways in health promotion networks and quality systems in the area of patient counselling will be developed in the units during the project. The project began in 2002, implementation phase is in 2003, evaluation and dissemination phase will be in 2004. The project involves about 260 nurses and 23 conservative units of the Central Hospital of Central Finland. In the presentation the early results of the project and the suggestions for the future are described.

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Nurses' attitude towards patients' health education

Zemyna MILASAUŠKIENE

Nurses play an important role in providing education in healthy living and helping patients to change their behaviour. It is known that the information received from a respected source can be sufficiently compelling to produce changes. Therefore, nurses should have a good knowledge in health promotion and the advice given by them should be appropriate to the patient's individual level of risk. Aim of this study was to evaluate the attitude of nurses towards patients' education in the hospital.

Methods

The study was carried out in the endocrinology and cardiology clinics of Kaunas Medicine University Hospital. A standard questionnaire (n = 75) was distributed to the head nurses of the above mentioned clinics in order to be completed by their staff nurses. The nurses were asked to answer the question concerning patient education. The response rate was 76.4%. Results of this study indicated that the majority (84.5-92.3%) of the nurses believe that patients' health education can improve patient satisfaction with health care, communication and quality of care. Despite the fact that most (86.6%) nurses had a positive attitude towards patients' health education in the hospital, only two-thirds (66.9%) assessed their knowledge on health promotion as appropriate. Nearly half (46.5%) noted the lack of educational knowledge and communication skills with patients. The analyses of results showed that nurses' self-assessment of knowledge was related with nurses' age and work experience. Older nurses and those who had long-time work experience evaluated their knowledge of patient education more positively. Two-thirds (69.5%) of nurses preferred patients' health education in groups to individual teaching of patients.

Conclusions

The majority of nurses have a positive attitude towards patients' education programmes in hospital. In order to improve the quality of the educational programme, health promotion and education should be integrated into the undergraduate and postgraduate nurses' training.

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Patient education in diabetes: An interdisciplinary and intersectorial co-operation.

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Background: Patient education in diabetes should be based upon models that improve metabolic control while favourably influencing lifestyle and quality of life. By adopting the pattern previously reported by the Department of Internal Medicine, University of Turin (Trento et al. Diabetes Care 24, 995, 2001), in the Health Authority 19 (ASL 19) of Asti, the introduction of group visits, delivered as routine diabetes care, has been proposed.

Objective: To set up care pathways within ASL 19, to ease the task of carrying out patient education in diabetes through a multidisciplinary and coordinated approach.

Method: On October 2000 a collaboration between two health structures was started; the first a Diabetology Department and the other, belonging to the ASL 19 Direction, the Health Promotion Office. They both have shared objectives and work methods; individualised educational strategies suitable for diabetic patients; as well they joined human resources with specific training and committed themselves to obtain work visibility and confirmation within ASL 19.

Results: The experimentation of group visits by planning common interventions with the participation of two structures, primarily clinical the first and educational the other, has led (as first outcome) to a professional growth of operators coming from structures with different professional competences but, above all, the recognition of their work by ASL 19 Direction, that allocated its own operators and formally deliberated the collaboration protocol. All participating patients (91% of invited) attended almost 2/3 of meetings; 98,2% showed satisfaction with the new welfare practice.

Conclusions: The formal document of ASL 19 has allowed the application of group visits, delivered as routine diabetes care, establishing moreover the permanent co-operation between the two involved structures.

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Therapeutic education promotes the reorganisation of patients' health knowledge

Elisa ROSSATO, Leopoldo BONADIMAN (presentation), Carla PETTENUZZO, Renzo MARCOLONGO

Today many people with chronic diseases ask complete information about disease and treatment in order to share therapeutic decision and responsibility with their doctor. Consequently, doctors and other healthcare professionals, besides ordinary support, are often requested to provide patients with adequate information. Indeed, regular and reliable exchange of information between healthcare personnel and patients is essential in establishing an empathic and reassuring therapeutic partnership. By contrast, incomplete incorrect or misleading information exchange may cause bad or even fatal consequences on patients' health, producing anxiety and deteriorating human relationships. In recent years, the Clinical Immunology unit of Padua University Hospital together with the Community Health Service (CHS) started two experimental therapeutic patient education (TPE) programmes addressed to patients suffering from systemic lupus erythematosus (SLE) and bronchial asthma. During a series of structured teaching sessions small groups of patients received information about disease and treatment and learned some basic self-management skills from healthcare personnel. In 2002, eighteen SLE patients of the Clinical Immunology Unit and eleven asthmatic patients of a general practitioner of Padua CSH have been enrolled in the TPE programmes. Before and after education, the knowledge of SLE patients about disease, treatment, diet and physical activity was evaluated by a multiple choice questionnaire, whereas asthmatic patients' knowledge and beliefs about disease and treatment were evaluated by mean of a semantic card. The results of SLE patient questionnaire, expressed as percentage of right answers before and after TPE, showed an increase of knowledge level from average 60.5% to average 74%; on the other side, the analysis of semantic cards of asthmatic patients revealed a more structured and complete reorganisation of knowledge about health, disease and treatment. We conclude that TPE, helping the increase and reorganisation of patients' knowledge about health, disease and treatment, may improve their health literacy.

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28. Integrated and continuous care

A protocol for the referral of clients to the Clare Community Drug Service.

Anne BUCKLEY, Angela LARKIN, Mary FITZPATRICK

Aim

To introduce a link between Ennis General Hospital and the Clare Community Drug Service to meet the needs of clients who attend the hospital with alcohol or drug related problems.

Objectives

- To create a link with the Community Drug team who are trained specialists in dealing with drug and alcohol related problems.
- To Offer help, support, education and counselling to clients with drug or alcohol problems.
- To reduce the number of clients attending the A&E dept. with drug or alcohol related problems.

Methodology

1. Seek approval from Hospital Management to develop a new protocol for the Hospital.
2. Carry out a document research i.e. review of A&E register over 2 years to identify numbers of clients who present with drug or alcohol related problems.
3. Carry out a Community based structured questionnaire with teenagers acquiring information and knowledge on Alcohol and drug use.
4. Ascertain current level of service and needs of clients and identify service gaps via focus groups.
5. Hold Information meetings between the the Clare Community Drug Team and Hospital staff.
6. Arrange local workshops involving the multidisciplinary team to inform members of the new link system and to axchange information and agree protocol.

Conclusion

This project has enhanced the status of the hospital by developing a new service for clients. Early evaluation has shown a reduction in numbers of habitual alcohol abusers attending A&E.

Link with Health Promotion

To introduce the HP concept by creating an awareness of alcohol and drug abuse and to effect a change in life style behaviour. To promote a partnership approach to meeting the needs of clients.

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Evaluation of the Community Rehabilitation Unit, Midland Health Board.

Anna DE SUIN

The Midland Health Board established its first Community Rehabilitation Unit (CRU) in Tullamore in 1999. An excellent definition of a CRU is given by Spence (1997). Community Rehabilitation Units aim to bridge the gap between hospital and community (and) provide preparation for independent living; of people in the transition from hospital to community '5. Objectives To critically evaluate the Community Rehabilitation Unit (CRU) currently operating in the Tullamore and Birr regions of the Midland Health Board.

Methodology

The study aims to evaluate the CRU from three aspects:

- questionnaires to obtain views of all stakeholders involved with or affected by the unit (excluding patients)
- an analysis of patient records
- an analysis of the number of interventions carried out by the CRU team in the specified time period.

Stakeholders identified are General Practitioners, Public Health Nurses, Ward Sisters, Consultants, Physiotherapists, Occupational Therapists, Speech and Language Therapists, and the crew of the CRU. Stakeholders were first contacted by post, with a follow up call to administer the questionnaire.

Results

The majority of clients, a total of 58 people (47%) improved 1-4 points on the Barthel index during their time with the CRU. The next largest category of people (25%) had no change in their Barthel index score. A further 12% of clients improved 5-9 points. Only one client regressed on the Barthel index.

Community Staff reported that overall the CRU lead to a reduction in their workload. Respondents were also asked whether they thought the CRU had positive benefits for their patients. All 13 people responded that the CRU had positive benefits for their patients.

Conclusions

Many areas were highlighted for improvements e.g. communication between the CRU team and the community services. An action plan for changes has been drawn up and implementation has started. The CRU has been extended to the other community care area. Further research is planned to capture the views of clients.

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The partnership between hospital and territory health services

Daniela GERVINO, Giorgio BALZARRO, Ida GROSSI, Mario MINOLA

Introduction: Since long the continuity between hospital and territory health services is among the leading subjects of the debate over healthcare organisations. In the last few decades an increasing complexity in modelling healthcare systems arose: starting from a bipolar model, based on hospital and general practitioners, we arrived to a more fragmented network, due to the spread of territory health services and following the achievement of a complete management autonomy by the hospitals. The proliferation of health services provider led to scarcely communicating medical paths and increased the dialog difficulties among different institutions. To promote coordinated diagnostic and therapeutic approaches between hospital and territory health services, in 2001 the general and health managers of Azienda Ospedaliera „Maggiore della Carità „ and Azienda Sanitaria Locale of Novara, instituted a permanent technical board, including health managers, specialist physicians and general practitioners.

Goals

- To define and apply common diagnostic and therapeutic schedules.
- To enhance the role of the general practitioners, which are able to orientate the demand of health services.

Methods

Since October 2001, the technical board met monthly, with the participation of the different specialist involved. The following medical paths, linked to an higher a priori patient risk were defined: diagnostic schedule for patients with disease of the

peripheral vascular system, diagnostic-therapeutic schedule for patients with chronic obstructive lung disease and hypertension. The medical paths developed were spread to the users (hospital physicians and general practitioners) during interactive meetings.

Indicators

To evaluate the impact of the defined medical paths for patients with disease of the peripheral vascular system the following indicators were identified:

- number of color Doppler echography.
- waiting time for color Doppler echography.

Both organizational processes and impact on healthcare system were taken into account.

Results

Medical paths and organisational processes were differentiated between patients with phlebitis and arteriopathy. This, in turn, led to a shortening of waiting list and a drop of improper requests.

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Home when fit – Examining the nurse's role in discharge planning and implementing the recommendations

Ann GUINAN

Background: Health care systems are coming under increasing pressure to provide high quality services in an efficient cost-effective manner. Timely discharge planning and early assessment using multidisciplinary involvement with family and patient identifies problems and through effective communication a satisfactory transfer of care between hospital and community can take place. This can prevent premature or avoidable hospital readmission

Aim: To examine the role of nurses in discharge planning and implement the recommendations on a pilot ward.

Objectives:

- To identify current practice and a suitable method of collection of data
- To explore how safe effective and timely discharge planning can be achieved using current best practices
- To develop an awareness of the importance of early discharge planning among nursing staff
- To improve documentation incorporating discharge planning into the initial assessment
- To improve communication between all stakeholders in particular the service users
- To implement any other recommendations from the study

Methodology: A quantitative research study was conducted over a two-month period commencing February 2001 on a medical ward. A twelve-item questionnaire was developed and distributed to 25 randomly selected staff members with a 76% response rate. When the study was complete an education programme was developed on the rationale for early discharge planning involving picking up on the information collected.

Results: Discharge planning has been placed higher on the nurse's agenda on the medical ward. A discharge plan/assessment tool has been put in place. This quality initiative is currently being extended to all locations within the hospital through an education programme with Divisional Nurse Managers

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Integrated Care: Can a "virtual" hospital satisfy parts of public health needs? The experiences of a hospital in the Milan metropolitan area

Valentino LEMBO, Angelo ANTONINI

Introduction: Health issues have increased constantly over the last years. Public infrastructure is often insufficient to cover citizen needs. Indeed, waiting lists are often too long to assure timely intervention and satisfy public needs.

Objective: To improve demand management and health offers, through innovative technological means broadly diffused and accessible to everybody. To assure a timely answer at patient home, and in turn reduce the need of unnecessary

hospitalisation. To induce appropriate access to hospital structure, optimise resource utilisation and ultimately reduce health costs.

Target Groups: Since 1999 there is an internet-based second opinion service at the web-address www.ospedalevirtuale.it. Once connected, patients or caregivers access information on the offered services and profile of specialists for the selected illness. After filling out a questionnaire, users receive a custom designed answer on illness status and therapy. Currently there are 40 telematic ambulatories on 11 different specialties. 40% of patients originate from out Lombardy. Over 50 physicians work at this free service.

Results: Currently we receive around 500 questionnaires a month that are answered within a week. The monthly number of visited pages overcomes 20.000. This innovative project has determined: a great visibility on the territory; a progressive involvement of the hospital medical personnel; a reduction of almost 20% of follow-up outpatient accesses; a channel of communication with some family doctors

Conclusions: The „ospedale virtuale” has been perceived positively by the public and among hospital operators. We are working together with health authorities of Regione Lombardia to develop indicators that will assess social and economic impact of this service and its role within the public health system. Finally, we are introducing new services (real-time chat and videoconferencing) and expanding to other hospitals of excellence as part of a project financed by the European Union (VIRTUS TEN-Telecom Programme C27286).

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Telemedicine. A cross- border co-operation in health. Leg-ulcer management a nurse led initiative.

Jean NOONAN, Anne ROONEY, Janet COLLINS

Objectives

Improve patient care reflected in social, political and financial benefits. Promote guidelines within wound management as a tool to facilitate research based care. Maintain and enhance cross border networking between nursing staff to achieve the objectives. Dundalk, Monaghan and Craigavon hospital involvement. To set up a project which addressed the needs of both communities with a focus on dermatology.

Method used

This project was a follow-up to the cross border acute project. Dermatology clinics based in Dundalk, Monaghan and Craigavon Area Hospitals. Financial support made available through C.B.A.P.(Cross border Acute Project) Consent and support from management. Training provided (clinical, practical, theoretical, and use of telemedicine equipment.). University of Ulster to audit and monitor the project. Patient selection criteria identified. Weekly clinics commenced. Consultation via computer linked camera allowed expert advice on a programme of care.

Results

- Improved care for patients.
- Nurse led service proved more cost effective.
- Access to expert advice in leg ulcer management at local level.
- Standardised care, policies and procedures.
- Waiting lists reduced.

Further cross border initiatives planned in the near future

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How to manage comprehensive medical care process with a patient centred approach

Sabina NUTI, Marcella FILIERI

In the health sector, no single function is able to provide a high quality service to customers, but only multifunctional teams can be responsible for a total value delivery process. In fact to be able really to focus each activity on the customer's needs, it is necessary to manage the organisation emphasising the process approach, caring more about coordination and connections between different units rather than specific efficiency results of each individual unit. Often a team-based organization takes place to the traditional and functional one, having as main task the delivery of processes throughout the organization. This is

particularly true in long and complex health care processes that need to be controlled not only at the end, looking at final results, but also during the delivering of the service. It's enough that only one phase of the delivering service process is not correctly conducted considering customer's needs that all the service registers a loss. This happens because it is the same patient that goes through all the service phases and he needs to have every step of the process to be perfectly connected and coordinate to be pleased of the total service delivered. This means that in order to assure quality service it's necessary to work on the relationship between the departments involved in the process by creating cross-functional teams that can govern the critical links from phase to phase. The result in fact doesn't often depend on the type of treatment but on the degree of continuity that can be assured by the multi-professional teams. These teams need measures and management tools to support their mission and to verify their capacity to respond to customer demands. This paper presents the experience in the maternity and childhood process carried out by the multi professional team working in Ausl 5 Health care company in Pisa, taking up with the analysis of customer's needs.

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A priority score for ruling the access to outpatient services

Clemente PONZETTI, Massimo LEPORATI, Mauro BRUSA

Within the regional project on Hospitals and Communities, special attention has been paid to outpatient activities with the aim of providing equity and cost-effectiveness. A board of hospital specialists, community specialists, family doctors and country operators laid down a set of shared priorities for guiding family doctors in planning their requests of out-patient services according to the health problem to be solved. Three levels of waiting lists were believed to be appropriate:

- H level waiting time less than 7 days
- R level waiting time between 7 and 15 days
- T level waiting time more than 15 days

The evaluation made by family doctors was compared with that made by specialists, and full agreement was found in 80% of cases. Later on it was found to be preferable to classify all the requests in two levels: H level - less than 15 days, R level - more than 15 days. At the beginning, the score system had been adopted for the most relevant cardiologic activities, and later on it was extended to urological, oculistic and ecographic services. The good compliance of both patients and doctors prompted us to extend this score system to other specialistic fields.

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HPH project for artificial nutritional support:1999-2002 report

Federico RUGGERI

In these years, the role of Home Artificial Nutrition (HAN) has gained great importance in clinical practice, for covering the nutritional needs of patients who can not eat (orally or enterally) and for reducing the length of hospitalization and its cost, when it is not strictly required. At home, the nutritional support can be equally efficient, improving the life expectancy and also the quality of patients' life. Our group was born with the objective of promoting health and well-being in patients undergoing treatment and to ease the therapeutic activity of implicated professionals. We have developed some suggestions for the home practice of enteral and parenteral nutrition, as composition of the nutrition team, criteria for selection of patients, methods of self-training, routes of access, follow-up, treatment of complications, materials. We treated 261 patients in Home Enteral and Parenteral Nutrition (1999-2002). It was mainly used in patients with cancer (36%) or brain pathologies (35%). In enteral nutrition, the most commonly access route is the nasogastric tube, although there is an observed increase in the application of percutaneous gastrostomy (31%). In parenteral nutrition, we treated mainly cancer and mesenteric ischemia: the majority of patients had central non-tunnelled or peripheral vein cath (72%), 28% of this group had tunnelled cath.

There was an observed complication index of 0,56 episodes/patient-year and our index of rehospitalization was 0,27 hospitalization/ patient-year. These values are like those found in many other studies. Anyway, it is necessary to underline that better education and greater awareness are necessary to improve the quality of care and the clinical outcome in this group of home-treated patients.

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Telestroke project: Interhospital telematic project for the early cure and continuous assistance of stroke patients

Paolo TANGANELLI, Giovanni REGESTA, Eliano DELFINO, Paolo E. CAPRA

Stroke is a leading public health problem: It is the third most common cause of death and the leading cause of long-term disability among adults. Stroke is also a frequent reason for chronic institutional care and is second only to Alzheimer 's disease as a cause of dementia. Despite its importance, stroke has until recently been the neglected stepchild of public health initiatives, partly because it has been for a long time considered as an untreatable pathological condition. Against this dramatic, passive attitude several organisations have launched the Brain Attack Initiative in 1993, underlining that time is essential for effective intervention in acute stroke. During these past few years many authored international practice guidelines (eg SPREAD guidelines in Italy), have been put forward for the adequate management and treatment of persons with cerebrovascular disease both during the acute and during the post-acute phase. Furthermore, the application of telemedicine for stroke may enhance and expedite acute stroke care as well as maximise the number of patients given effective acute stroke treatment (Levine and Gorman, 1999).

According to this view, the purpose of the Telestroke project is to realise an integrated model for the early diagnosis and cure of acute stroke, for the cure and care of post-stroke patients and for the assistance to their caregivers. This project involves the Neurological Department, ASL 3 Genovese, including a hospital unit and ambulatory services distributed over the whole community (about 500,000 inhabitants) under the competence of the ASL and the Neurological Department, S.Martino Regional Hospital. Its core principle is the redefinition of the role of the hospitals, integrating hospitalisation with district services and with the related social agencies. The name "Telestroke" itself underlines the main role played by the telematic connections throughout all medical and social services concerned with the disease in order to create a sort of large supporting network not only for the early diagnosis and cure in the acute phase but also for the continuous assistance to the affected patients.

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29. Improving working conditions, safety, health and well-being for the hospital staff II

Induction training programme, phase 2 and phase 3 for the medical secretary

Martina BANNON, Edwina DORAN

Background: This report is designed to cover Phase 2 and Phase 3 of the Induction Training Programme for the Medical Secretary in the Outpatient Department of Midland Regional Hospital, Tullamore.

Aim: To provide a formal concise Induction Training Programme for the medical secretary.

Objectives:

- To induct the medical secretary to their department / work area.
- To inform the secretary of the key locations/facilities.
- To inform of the relevant policies and procedures in place and where these may be obtained.
- To inform the secretary of the conditions of employment.
- To provide a step by step procedure outlining the main functions and requirements of the job and the procedure to be followed in order to carry those functions out correctly.

Methodology: The Induction Training Programme is covered in 3 phases. Phase 1 Corporate Induction Programme and is covered by the Human Resource Department. Phase 2: Local Induction Programme and in this instance is Induction to the Outpatient Department, and is covered in this report. It is outlined in 2 checklists. Checklist 1: is the Local induction and is carried out on day 1 with the employee and line manager. Checklist 2: is carried out at the end of week one, also by the line manager. Phase 3: on the job training which outlines the main steps to be performed by the secretary for the correct and effective function of the job.

Results: A formal package is in place which may be given to the medical secretary when he/she takes up employment, which outlines all the information and details needed to settle in quickly and happily into both the department and the job. It also outlines a step by step procedure to help her carry out the daily requirements of the job in an effective and efficient manner.

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Addressing back care problems among hospital staff

Therese BROWN, Mary LAFFERTY, Jean JOHNS

A 1992 survey found that nationally 10% of nurses take time off work because of back pain. The main causes of back pain are poor lifting techniques and poor posture leading to chronic illness in many sufferers. In 1998 a back-care sub group was established in Altnagelvin Hospital as part of the HPH initiative. Its purpose was to reduce levels of back injury and promote safe working practices by putting in place structures and services to address manual handling issues.

Four objectives were set:

1. Development of a manual handling policy
2. Promotion of safe manual handling
3. Provision a fast track clinic for staff
4. Employment of an ergonomic assessor

Within 6 months the manual handling policy for the hospital was drafted, consulted on and agreed. Promotional events and media were used to launch and publicise the policy and raise awareness of manual handling inside and outside the workplace. A fast track clinic where staff could receive physiotherapy for back problems ran for 6 months as a pilot. Evaluation demonstrated that staff who had accessed the service found it to be essential and valuable. Forty-five percent of those surveyed advised that attending the clinic enabled them to remain at work and 13% advised that the clinic facilitated a quick return to work. Following positive feedback from users a business case was prepared and funding secured from October 2002 for 2 years, for a post of Ergonomic Assessor, with 50% time allocated to staff treatment. This paper will describe the process used to develop this initiative and assess its early impact by qualitative feedback and comparison of sickness levels in the hospital due to musculo-skeletal disorders, for 6 months prior to, and 6 months following the appointment of the Ergonomic Assessor.

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Promoting Heart Health for staff within an acute hospital setting.

Sophie CHARLES, Jacinta CAULFIELD, Roisin BRENNAN

In 2001, 21% of all deaths of all ages in the Republic of Ireland were due to Coronary Heart Disease. For those aged 65 years and under, death rate from Coronary Heart Disease is the highest within the European Union, running at almost double that of the E.U. average (46 deaths per 100,000 population compared to the E.U. average of 25).

Aim: To raise awareness of heart disease amongst staff in an acute hospital setting, with a particular focus on fitness and risk factor management.

Method: It was decided to run this initiative during Irish Heart Week 2002. Management support and commitment was secured and staff were well informed of upcoming activities prior to commencing. Services offered included

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Walk to Better Health-The Development of Slí na Sláinte in Mountmellick)

Mary DUNNE, Catherine O'KEEFFE, June BOLGER

Aim: To develop a safe, accessible walking route, for Hospital staff and the wider community of Mountmellick and to promote increased physical activity through regular walking exercise, to achieve better health for all.

Objectives:

- To identify a suitable walking route, which is clearly planned and measured in kilometers.
- To develop a promotional leaflet, describing the route.
- To publicly launch the initiative and to encourage and promote use of the Slí.

Method: The Irish Heart Foundation facilitated the project by providing a co-ordinator, to deal with all aspects of the route development. A committee was formed, representing the MHB Health Promotion Dept., Laois Co. Council, Mountmellick Community groups and staff at St. Vincent 's Hospital. A project co-ordinator was appointed. Funding for the development was obtained from the MHB, Health Promotion Dept. Laois Co. Council agreed to pay for installation of the signage along with providing public liability insurance and routine route maintenance. A route was proposed and agreed by the committee. Information leaflets were designed, detailing the route map and key features and road names. Appropriate signage was purchased and erected and following a Slí inspection, the Irish Heart Foundation granted approval for the route. The walk was formally and publicly launched in July 2002.

Results: A safe, inexpensive, health promoting, natural amenity, has been developed. Partnerships have been created, between Hospital / local Community / Health Board and local Authorities. People of all ages are now being encouraged to walk, for leisure and health.

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Manual Handling Awareness day

Shea ENGLISHBY, Sean DUNNE, Paul CHESHIRE

Objectives

- To update staff on the current moving and lifting techniques.
- To introduce new equipment to appropriate staff and ensure confidence and competence in it's use.
- To promote safe lifting and handling among staff who are involved in patient care.
- To prevent injury to staff or patients during handling or moving procedures.
- To encourage the use of lifting aids.

Method

- Multidisciplinary committee formed to organise the initiative .
- Medical representatives attended to demonstrate new aids and answer questions.
- Health and safety officers spoke with staff on any safety issues.
- Comment box set up to facilitate feedback and suggestions.
- Display board in the foyer of the hospital gave information on safe lifting principles and the prevention of back injuries to patients and members of the general public.
- Appropriate literature made available.
- Information sessions lasted one hour to facilitate maximum attendance.

Results

- Sixty staff attended.
- Staff more aware of the hazards of unsafe lifting practices.
- Staff who attended deemed competent and confident in the use of aids and more willing to access them.
- Instructors carry out ongoing evaluation at ward level to assess the effectiveness from both a patient and staff perspective.
- Positive feedback has ensured that this initiative will be ongoing

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Special Olympics - Healthy Athlete Programme for Hospital Staff

Lynda Jane GIBBONS, Rose BYRNE

This is a great honour for Ireland as it marks the first occasion that the Games will take place outside the United States. From June 16-19, Ireland will host all those attending the games, including 7,000 athletes with Learning Disabilities from over 160 international delegation. The athletes will compete in 18 official and 3 demonstration sports in 22 different venues throughout Dublin and Belfast. Our Lady's Hospital (OLH) in Navan and the Louth County Hospital (LCH) in Dundalk as a joint hospital initiative have decided to implement the Healthy Athlete Programme in the two hospitals so as to inform Health Care Professionals about the needs and care of people with Learning Disabilities. Both Navan and Dundalk are host towns during the Olympics to Belgium and Greece. The A/E Departments within the two hospitals will have admission cards translated to the two languages. This will hopefully insure easy and effective access to the hospital for both the athletes and their families. The programme for staff will also cover a variety of topics including what is learning disabilities, sport and people with learning disabilities, the athlete's oath, the athlete in the special olympics, opening eyes, special smiles, healthy hearing, funfitness, podiatry and health promotion. The Healthcare Professionals within the hospital will then have the information and knowledge regarding Learning Disabilities and the Special Olympics so as to provide an effective service to the athletes that will be taking part in this unique celebration of sporting achievement. The Athlete's Oath "Let me win. But if I cannot win, let me be brave in the attempt".

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The Wellness Program

Barbara LYNCH, Michelle McGETTIGAN, Catherine WOODS

Rationale: The management of stress levels was identified as an action point in the „Staff Turnover and Retention 2000 survey“ carried out by Royal College of Surgeons Ireland (RCSI) on behalf of the management of Beaumont Hospital.

Aim: To examine the efficacy of a stress management intervention to effect change in employee well being, quality of work life and physical health.

Participants and methods: Participants were recruited from staff at Beaumont Hospital (N=120; 87% female). They were then randomly assigned into either a control or an experimental group. The experimental group took part in a stress management intervention. The control group received standard Health Board print materials on stress management and were put on a waiting list. A wellness programme, that involved theoretical components, experiential learning, participation in a Yoga class and a willingness to carry out homework was developed by the authors. Participants attended the programme for 3 days, over a 3 week period. A 40 page workbook, a relaxation tape and stress bookmarks were developed as part of the intervention. Skills taught comprise of relaxation techniques and 12 aspects of self care (e.g. exercise, diet, cognitive skills, social support).

Evaluation: Outcome measures include psychological well-being, perceived stress and job satisfaction. Physical well-being is assessed through a range of physiological assessments e.g. blood pressure, cortisol levels and a short validated self-report measure.

Preliminary results: Almost 400 people applied to take part in the Beaumont Wellness Programme. From this number 120 were selected. Expectations of the course as listed by participants included: „I expected to learn about stress management.“ „Become a relaxed person, better outlook on my health, better person at work and home.“ Were your expectations met: 99% said Yes. Comments: „They certainly were and more.“ „The workbook is my new bible.“ „I can definitely identify those (stressful) things now and am more aware.“

Conclusion: Delivery to the Intervention group was completed in November 2002; a total of 42 employees completed the programme. Delivery to the Control group is underway. The scientific results of the impact of this intervention, due for publication in April 2003, will be a source of information for all health care professionals. Beaumont Hospital envisages that this programme will afford employees tools to reduce stress resulting in vicarious benefits of increased staff morale, intent to employ best practice techniques and provide optimum quality of care for patients.

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Staff Health Awareness Days

Elizabeth McARDLE, Lynn McDONNELL

Rationale: The effects of ill health at the workplace have a major impact on cost / budget. Raising health awareness reduces sick leave, boosts staff morale and improves the profile of the mental health services as a health promoting employer, thus having an impact on recruitment and retention of staff.

Aim: Form a multi-disciplinary committee of staff members with a shared vision of improving the health awareness / status of staff.

Objective: Raise staff morale and sense of well being; Enhance public perception of mental health services; Advocate behaviour change where appropriate.

Method: A multi-disciplinary committee was formed to plan implement and evaluate health promotional projects following collaboration with work colleagues. Staff health awareness days were planned: Health profiling on individual appointment basis; Health Promotional literature was displayed and distributed; An evaluation form was completed

Participation: Hospital Management, Stress Management team, Critical Incident Debriefing, Dietician, Smoking cessation Counsellor, Occupational Health Department

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Personal Safety

Evelyn O'DONOHUE, Pauline FORDYCE

The Personal Safety Program is broken into two categories: "Crisis Prevention" and "Hospital Watch".

CRISIS PREVENTION

Purpose: To encourage staff to report violent and aggressive incidents and provide staff with techniques for managing these incidents.

Objective: To decrease the amount of violent and aggressive incident. To devise a policy. To provide staff with skills to safely cope in a violent and aggressive incident.

Method: Working Group set up. Sourced the most appropriate Crisis Prevention Training Program for staff. A draft policy is currently being reviewed. Quarterly statistics are now being maintained.

Results: 60 staff have now been trained to date. 4 members of staff completed the Instructor course in Non-Violent Crisis Prevention.

Evaluation: Risk Management Forms. Training Evaluation Forms.

Conclusion: Training schedule plan agreed for 2003. Post Training Evaluation Sheets to be sent to members of staff on completion of training.

HOSPITAL WATCH

Purpose: To promote Crime Prevention Awareness Among staff, patients and visitors.

Objective: To develop a partnership between Beaumont Hospital and the Local Garda Station. To provide a safe and secure environment and promote Crime Prevention Awareness for staff, patients and visitors.

Method: Hospital Watch Committee was set up. A Hospital Watch Launch Day was held, informing staff of the aims and functions of the committee. Extra Garda Patrols. Two Liaison Garda appointed.

Results: 50% reduction in Crime Related Incidents.

Evaluation: Security Incident Report Forms.

Conclusion: The Hospital Watch Committee will continue to make staff aware of the Hospital Watch initiatives with the aim of reducing Crime Related Incidents.

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30. HPH networks and overall HPH approaches

The challenge of developing an integrated approach to regional development of the HPH concept in the Midland Health Board, Ireland

Kate BRICKLEY

Aim: To develop a Regional Network for HPH which fosters partnerships and builds upon common agendas, which centre on a whole systems approach as set out in the National Health Strategy „Quality and Fairness – A Health System for You”.

Methodology: A Regional committee representative of partners and network members of the HPH meets quarterly to disseminate information and prioritise areas for development.

- The Regional Co-ordinator facilitates regional development of the Network, while also focusing on the three Acute Hospitals in the region. Areas of mutual interest have been identified and prioritised for project development.
- A National Mental Health Interest Group facilitated by the Regional Network has been developed. A regional co-ordinator for Mental Health Services is in place.
- Two co-ordinators for Elderly Care have had core projects prioritised for development, with links to the Director of Services for Older Persons in the Midland Health Board.

Additionally the development of individual projects of interest to member hospitals are supported and developed. These initiatives are linked to appropriate regional strategies.

Outcomes: Interest in the Network continues to grow in the Midland Health Board with regional membership increased by 52% in 2002. The Regional Network is one of only two Regional Networks in Ireland and is chaired by the Assistant CEO of the Midland Health Board. Over 65 projects have been documented to date. A Regional web-site is being developed which will create a hyper-link to the National HPH web-site. Thirteen hospitals are now fully registered and four locations are registered as Associate Members. The Regional Network provides a communication system which facilitates hospitals in becoming active participants in promoting health / well being, while supporting organisational development.

Conclusion: A major contributing factor to the success of the Regional Network is the Midland Health Board 's high level of commitment to promoting health and organisational development; staff willingness to participate; and the partnerships created through alliances, both within the Board and with external agencies. Moving forward in a constantly changing climate is a continuing challenge which requires the application of additional innovative strategies. The Regional Network has proven successful in facilitating and supporting an integrated approach to the development of health promotion and organisational change, which is the ethos of the Health Promoting Hospitals concept.

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Health Promoting Hospitals in Ireland - statement or reality?

Kathleen FRAZER, Anna CLARKE, Leslie DALY

The Vienna recommendations (WHO 1997) state that hospitals play a central role in the healthcare system. Its fundamental principles of a Health Promoting Hospital include orientation towards quality improvement, the well-being of patients, being people centred – providing the best health services to facilitate the healing process and to contribute to the empowerment of patients. How are hospital management facing this challenge of empowering patients and have their hospitals adapted their focus to be patient centred?

The Irish Health Promoting Hospital Network commissioned a study to outline the health promoting activities ongoing in hospitals in Ireland. A national survey of health promoting activities in hospitals was undertaken. The main focus of the study was specifically examining the health promoting activities relating to smoking, nutrition, exercise and other health promoting services.

Results were obtained highlighting how hospitals have progressed with regard to no smoking both in policy formation and in practical terms. Information on health promoting initiatives e.g. baby friendly initiatives, quality awards and services and activities that are available for patients were obtained. The results of the national survey, which had a response rate of 88.46% (n=69 hospitals), outlined a range of health promoting services and activities that hospitals are currently providing.

The overwhelming desire is to ensure that hospital management are aware of these ongoing health promoting activities. The study highlights that health promotion is not an add-on service but that it is integral to patient focussed care. Hospital management must incorporate health promoting services and evaluate these activities concurrently. The challenge of providing patient centred care is not to be underestimated. The restraint on hospital budgets and the demands of society for improved care must result in management working in partnership with patients to realise value for money patient focussed care.

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New Directions in Patient Oriented Approach in Health Promoting Hospitals of Estonian Network

Tiiu HÄRM, Helle MÄELTSEMEES, Sirje VAASK, Kai SAKS

Baby friendly hospital initiative: East-Tallinn Central Hospital Women's Clinic started the BFHI in January 2003 to implement the best practice standards: the Ten Steps to Successful Breastfeeding and the Seven Point Plan for Protection, Promotion and Support of Breastfeeding in community. The first year's study purpose is to work out the policy and strategy of breastfeeding and train all women's clinic staff (150 persons) in skills necessary to implement the policy. The delivery centre for families in the private hospital Fertilitas in Tallinn started BFHI in 1994. Its purpose was to offer different alternatives for delivery based on the following principles: family closeness, propagation of active deliveries and delivery in vertical body position, propagation of water-delivery, preparation for delivery, breastfeeding. In 2000, the hospital was awarded an international certificate "Baby Friendly Hospital" by UNICEF. Tallinn Children's Hospital is implementing the Humane Neonatal Care Initiative, which is based on the principles of nature- and child friendliness.

Improved nutrition through hospitals: The minister of Social Affairs approved the dietary principles for hospitals in November 2002 and they have been put into practice in 2003. The planned action includes education of related personnel in different aspects of nutrition, including patient's expectations for food and psychosocial conditions related to the provider. The objective is also to introduce "5 a day" principles in hospitals and to increase proportion of fruits and vegetables in meals.

Implementation of interrai tools in Estonian health care: A pilot study. Individual care planning, dynamic follow-up but also quality management in health care require standardized instruments for evaluating needs, strengths and preferences of elderly patients. InterRAI tools (resident assessment instruments) were chosen by the group of experts for adapting and piloting in six centres of Estonia. Two-month piloting resulted in conclusion that InterRAI assessment tools were informative and were suggested for routine use in Estonian health care.

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Starting as you mean to go on: Laying the foundations for hospitable settings through healthy living and working

Lamiece HASSAN, Soumen SENGUPTA, Kevin PATON, Robin BUNTON

As a member of the International Network of Health Promoting Hospitals, South Tyneside Health Care Trust is committed to promoting the health and well-being of patients, visitors, staff and the wider community. As part of this process the Trust, in partnership with the Universities of Sunderland and Teesside, has secured financial backing from the UK Government's Teaching Company Scheme (TCS) to initiate the development of an innovative Healthy Living and Working Strategy. This project is one of a select number of pioneering NHS TCS projects in the UK, and the first project in the North East of England to have been successful in securing funding from this government programme.

The purpose of the strategy will be to provide a comprehensive and systematic framework for action to promote healthy living and working lifestyles and behaviours amongst staff, patients and visitors. The project seeks to create a novel whole systems approach to co-ordinating and integrating health policies and policies that impact on health within a hospital.

A preliminary paper presented at the 2002 International HPH Conference outlined the concepts underpinning the Healthy Living and Working Strategy model. The purpose of this presentation is to build on the conception of the initial strategy by reviewing the progress made in initiating the adaptation and improvement of aspects of the hospital setting that impact on health. The aim is to look at how participation of stakeholders (staff, patients and citizens) in decision-making might influence the development of the strategy within the Trust, and to explore the supporting concepts of enablement / empowerment. By linking theory and practice, this presentation will outline how the development of the Healthy Living and Working Strategy contributes to the Trust's role as an advocate for health development within its local health economy.

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The Swedish Network of Health Promoting Hospitals

Margareta KRISTENSON, Preben BENDTSEN, Anita JERNBERGER, Mats HELLSTRAND

In December 2002, the Swedish government presented a proposition for a new national goal for public health. This was based on a process that was started in December 1995, when a committee was set up with the task of setting national goals for promoting health, and strategies for achieving these goals. In October 2000 the committee presented its report to the government and in December 2002 the government presented the proposition to Parliament.

The main goal reads:

"To create the social preconditions for good health, on equal terms, for the entire population". Eleven target areas were defined. These areas include social conditions, work environment, and lifestyle. One target, number six, focuses on health services and is entitled:

"A health service that does more to promote health."

More specifically the proposition suggests that:

Health services should, to a greater extent, use their specific competence and authority to promote health when meeting patients and relatives, and more systematically include relevant health promoting and disease preventing aspects in their day-to-day work.

A health promoting and disease preventing approach should permeate the entire health service and form a natural part of all treatment and care.

Focusing on health gain and outcomes is seen as one important strategy for achieving the stated target.

It is also pointed out that health services have a responsibility in promoting good health among their own personnel

The Swedish Network of Health Promoting Hospitals has participated in and contributed actively to the process behind the proposition and is referred to as an important initiative. An acceptance of this proposition will not only give important support to the ongoing work in the Swedish HPH network, but also promote the overall development of health services, and of health, in our country.

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The hospitals of the canton Valais on the way to HPH: Implementation and first results

Elisabeth MARTY-TSCHUMY, Jean-Pierre GERVASOINI

In 2001, the directors of the Valais hospitals decided to arrange the work setting and the reception place that the hospital represents for its employees, its patients and their relatives in a health promoting way. A pilot group composed of representatives of all hospitals reflects on health promotion and follows projects that are undertaken in collaboration between several hospitals.

The project direction was transferred in 2002 from the former Gehval Association (Groupement des établissements hospitaliers valaisans) to the now responding Valais health care network (Réseau Santé Valais), associate member of the Swiss network of health promoting hospitals.

The general aim is to implement and integrate the mission of health promoting hospitals in each hospital in order to achieve sustainable changes. Within this common project, each participating hospital develops and supports the vision of a "health promoting hospital". Specific training is given to all employees within each establishment; clearly defined work groups will be given responsibility for each health promotion activity. This structure is ideal for supporting and realising the health promotion projects. By the end of 2003, the philosophy of health promoting hospitals should be widely spread in the Valais and every hospital should be a health-promoting establishment. The training workshops were initiated in August 2001. The German-speaking hospitals followed a workshop proposed by the HPH network, and the French-speaking hospitals defined a training component that was necessary for the implementation of the project (the essentials of health promotion, project management, smoke-free hospitals, social marketing). Each pilot group meeting allows the participants to exchange and intensify their experiences and knowledge on the implementation of a health-promoting organisation. Each representative of a hospital can make use of professional external coaching to assist him in his special setting to develop his organisation. The Swiss Foundation for Health Promotion supports this project financially and finances in particular the training, coaching and evaluation components of the project. The preliminary results and experience of this implementation phase will be presented. The participating hospitals have developed a Charta. They have already begun to sensitise their employees. In the organisation, an internal audit is conducted to clarify needs, and a qualitative evaluation of the project is planned for late spring. The health promoting philosophy should in the future be an essential part of a hospital's corporate image and at the core of its very mission. Canton Valais, 272 000 inhabitants, Switzerland

The hospitals of the RSV (réseau santé Valais, the Valais health care network):

nine hospital sites, 1400 acute and chronic beds, 4300 employees

A network in the network: a winning strategy

Marina PALESTRA, Marina BONFATI, Vittorio CARRERI, Lucia SCRABBI

The Region Lombardia took part in the International Network of Health Promoting Hospitals, constituting, in 1998, the „Rete Regionale Lombardia degli Ospedali per la promozione della salute „ (Region Lombardia Network of Health Promoting Hospitals), and defining 5 priority projecting areas, among which „Hospital no smoking „. In 2000 only 3 Local Health Structures took part in this project, that aims at eliminating smoke inside hospitals; in 2001 the Structures became 8, in late 2002 they were more than 20.

In Lombardia, the „Hospital no smoking „ group had the possibility of working in very good conditions, as, since 1995, the Region was promoting smoking prevention, approving the first drafts of the Guidelines for tobacco prevention, and in 2000 the „Working Group for Tobacco Prevention „ was created, combining activities and initiatives of 4 smaller working groups:

1. „School, youth and smoke „: the Group aims at carrying out programs for tobacco prevention in schools, according to the approved international guidelines (CDC and WHO).

2. „Smoke and general practitioners „: the Group promotes the smoking cessation activities carried out by general practitioners (gps). On purpose a survey has been performed among them for evaluating how they encourage or help their patients to quit smoking.

3. „Cessation centres „: this Group defines the guidelines for the constitution of the smoking cessation centers. The purpose is to reach the best efficacy in ruling and organizing the anti-smoking activities within such structures.

4. „Smoke-free hospitals „: this Group acts promoting initiatives in order to create and to keep hospitals smoke free.

This last group, working in continuous collaboration and integration with the „Hospital no smoking „ group, has obtained significant results, as for both numbers of health structures involved and work characteristics, that is benchmarking, methodology sharing and study about new communication strategies.

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Health promotion in Rapla County Hospital

Mari PÖLD

Rapla county is located in North-West Estonia. The area of the territory of medical service of Rapla County Hospital is 2980,1 sq km and there live 40 000 inhabitants.

Purpose:

The strengthening the role of the hospital in the preventing diseases and the health promoting thanks which the health of the inhabitants grows better.

Rapla County Hospital joined up with The Network of Health Promoting Hospitals in May 2000. The followig actions are done:

- The idea and purposes of HPH are introduced to the doctors and nurses of the hospital.
- The council of HPH is formed and the schedule of activities for year 2000-2003 are composed.

The HPH projects and activities in hospital:

- Health promotion schooling: for the council of HPH, for the personnel of hospital, for some groups of patients.
- Health saving hospital environment: tobacco free hospital, dangerless employment for personnel, healthy food for patients and personnel, hospital hygiene, arts in the service health.
- The hospital and the population of the locality: collaboration with Diabetes Union; taking part in the work of Trauma Prevention project, Drug Prevention project, Heart Diseases Prevention project; family schooling for pregnant and in other health promotion actions of the locality.
- Feedback and estimating of the questioning patients.

Conclusion:

The patients active participation in his medical treatment will guarantee his responsibility for holding his health.

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The 21st century is the age of the international HPH network – borderless HPH network and academies as partners for health promotion lifelong learning

Denise RICHARDSON, Thomas LYNCH

"Academic institutions have the potential to understand and address the complex issues; capacity and responsibility in promoting holistic human and social development; the special role in implementing health strategies, such as HPH and "Health for All" . Intellectual and academic importance of undergraduate and postgraduate programmes in Health Promotion in the Faculty of Health is in providing an opportunity for students/practitioners to explore critically and in depth the skills,

methodologies, ideologies, theoretical frameworks and research sources that contribute to an understanding of health, disease, health promotion. The HPH conferences have become an efficient medium for stimulating information flows, educating people quickly and creating extensive international 'talking and listening circles'. Building networks is about building knowledge and data bases initiated by face to face relationships and connections maintained over many years without. The conference therefore provides opportunities for dia

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