12th International Conference on Health Promoting Hospitals (HPH)

Moscow, Russian Federation
May 26-28, 2004

"Investing in health for the future: Positioning health promotion in health care provision & supporting effective implementation"

Conference Handbook
www.univie.ac.at/hph/moscow2004

Contents

Letter of Welcome from WHO

On behalf of WHO, we have the pleasure of welcoming you to the 12th International Conference on Health Promoting Hospitals (HPH) and to the city of Moscow.

For more than 10 years, the HPH movement has been promoting the notion that “Health Promotion is the best investment any hospital or other health care setting can make”. The title of this year’s Conference: *Investing in health for the future: positioning health promotion in health care provision & supporting effective implementation*, is renewing our commitment to patients, staff and community to meeting the new challenges of the 21st Century.

The primary focus of the conference will be on closing the gap between vision and reality in order to move forward to an effective implementation of the HPH ideas. Main topics of the conference will be: (1) how to provide input to the development or adaptation of health systems through the use of health promotion concepts, models, experiences and networks, and, (2) how to improve strategies for implementation and quality development at the hospital organizational level. Further issues addressed are: (1) positioning health promotion in health care provision; (2) effective implementation and quality development of HPH; (3) improving the quality of HPH by improving continuity of care; and (4) investing in health for the future: promoting the health of children and youth.

The conference provides you with the possibility of attending interesting workshops, exchanging ideas and know-how, discussing new projects, taking advantage of opportunities for professional development, and meeting and networking with colleagues from around the world.

Organizing the HPH conference is a big team effort and we very much appreciate and give thanks to all concerned for their cooperation and dedication to making this conference a successful event.

The conference venue is in the heart of Moscow. A beautiful city, rich with historical buildings and neighbourhoods, with a special and appealing atmosphere. We hope all of you will find the time to walk around and enjoy your evenings in one of the numerous restaurants or pubs.

We look forward to seeing old friends at the conference and to meeting new ones!

Milagros Garcia-Barbero and Oliver Gröne
WHO European Office for Integrated Health Care Services

Letter of Welcome by Local Host

On behalf of the Mayor of Moscow, Russian National Network of Health Promoting Hospitals (HPH) and Regional Public Foundation “XXI Century Hospital” – the organizer of the 12th International Conference on HPH - we have the pleasure of welcoming you to the city of Moscow.

For the last 10 years HPH ideas and goals have become uniting factors of a united Europe. Participation of Russian hospitals in this movement opened new horizons in improving medical care quality, in widening mutual confidence between staff and patients, in raising staff’s professional responsibility and in promoting psychological climate in hospitals. Participation of a large amount of hospitals practically from all countries of Europe gave an opportunity to enrich all members of this movement with new ideas, projects and views on healthcare of the 21st century. We have become witnesses of forming common views, mutual understanding and harmony about main trends in developing modern system of healthcare.

We believe that further development of the International Network of Health Promoting Hospitals will give a new impulse to healthcare improvement and widening its possibilities.

We highly appreciate the opportunity to hold the 12th International Conference on HPH in Moscow given to us by the WHO European Office for Integrated Health Care Services and we are really thankful to WHO Collaborating Centre for Health Promotion in Hospitals and Health Care for enormous assistance rendered to us while preparing this conference. We are glad to welcome all the participants and their accompanying persons at this meeting which, we believe, will support solution of healthcare problems as well as mutual understanding, friendship and cooperation between people and communities all over the world.

The Local Organizing Committee has done its best to prepare all conditions for effective and successful work for all the participants and to offer a wide cultural programme which we hope will give everybody an opportunity to get to know and admire Moscow.

Dear friends, welcome to Moscow! We look forward to meeting you. A peaceful and friendly climate will accompany you during your stay in the capital of Russia!

Sincerely yours,
George Golukhov
National Coordinator of the Russian HPH Network

General Information about HPH

HPH combines a vision, a concept and a set of strategies for implementing health promotion with networking activities for hospital development to improve health gain. In 1986, the re-orientation of health care settings was formulated as one of the major action areas of health promotion in the. WHO initiated conceptual discussions around HPH in 1988, and in 1989 the first pilot health promoting hospital project was set up at the Rudolfstiftung Hospital in Vienna, Austria. Two years later, the International Network of Health Promoting Hospitals was initiated by WHO with LBISHM designated as its first co-ordinating centre. **The Budapest Declaration on Health Promoting Hospitals** was launched in 1991 as the first policy document of the network, and a European pilot project with 20 participating hospitals from 11 countries was conducted from 1993-1997.

The following hospitals participated in the project:
Austria: Rudolfstiftung Hospital, Vienna
Czech Republic: City Hospital, Prague
France: Vaugirard Hospital, Paris
Germany: City Hospital, Chemnitz; Alten Eichen Hospital, Hamburg; St. Bernward Hospital, Hildesheim; St. Irmingard Hospital, Prien; Philipps Hospital, Riedstadt
Greece: Areteion Hospital, Athens
Hungary: Koranyi Hospital, Budapest
Ireland: James Connolly Hospital, Dublin
Italy: Vittore Buzzi Children's Hospital, Milan; University Hospital, Padova
Poland: Upper-Silesian Rehabilitation Centre Repty, Ustron; Children's Memorial Health Institute, Warsaw
Sweden: University Hospital, Linköping
UK-England: Preston Acute Hospital NHS Trust, Preston
UK-Northern Ireland: Altnagelvin Area Hospital, Londonderry
UK-Scotland: Stobhill NHS Trust, Glasgow
UK-Wales: Prince Philip Hospital, Llanelli

At the end of the pilot project, a new policy document of the network was launched: the Vienna Recommendations on Health Promoting Hospitals (WHO 1997). In 1995, national / regional networks of HPH started to develop in 24 countries so far, partly supported by the European Commission (DG SANCO). The International Network consists now of more than 600 member hospitals in 34 national / regional networks:

Austria, Belgium - French Community, Bulgaria, Canada, Denmark, England, Estonia, Finland, France, Germany, Germany-Brandenburg, Greece, Hungary, Ireland, Israel, Italy, Italy-Emilia Romagna, Italy-Liguria, **Italy-Piemonte, Italy-Tuscany, Italy-Trentino, Italy-Veneto, Kazakhstan, Lithuania, Netherlands, Northern Ireland, Norway, Poland, Portugal, Russia, Slovakia, Sweden, Switzerland, Wales**

Many more hospitals are regularly participating in the annual international HPH conferences which have been organised since 1993 in Warsaw, Padova, Linköping, Londonderry, Vienna, Darmstadt, Swansea, Athens, Copenhagen, Bratislava, and - in 2003 - in Florence. A semi-annual HPH-Newsletter has also been issued since 1993 (available on the web at **www.hph-hc.cc**).
The network is coordinated by the **WHO European Office for Integrated Health Care Services** in Barcelona and scientifically supported by the **WHO Collaborating Centre for Health Promotion in Hospitals and Health Care Services** in Vienna.

Useful information about the conference

Secretariat at the Congress Site
The secretariat will be open at:
1) Hotel "Rossia' (Hall of the Western Wing) on May 25 – 28, 2004 from 8.00 a.m. to 8.00. p.m.
2) Hall of Church Councils, Cathedral of Christ the Saviour on May 27, 28 from 8.00 a.m. to 6.00 p.m.

Registration fees on site

Regular visitors	€ 470,00
Member of HPH	€ 430,00
Central and Easter European Countries (CEE)	€ 300,00
HPH-Members from CEE Countries (CEE)	€ 220,00
Conference dinner	€ 35,00

The conference fee includes: entry to the scientific sessions, congress kit and abstract book, certificate of attendance, welcome cocktail, lunches, coffee breaks and farewell cocktail.
Coffee breaks and lunches

Coffee breaks and lunches are included in the registration fee and will be served on site at the times specified in the program.

Welcome Cocktail
The Welcome Cocktail will be held on Wednesday, May 26, at 7.00 p.m. at a New stage of the Russian State Academic Bolshoi Theatre (Teatralnaya Ploschad, 1, Moscow). Participants should present invitation cards.

Gala Dinner
The Gala Dinner will be held on Thursday, May 27, at 7.00 pm at the State Central Hall "Rossia" (Varvarka Str., 6, Moscow). Participants should present invitation cards.

Farewell Cocktail
The Farewell Cocktail will be held on Friday, May 28, at 5.45 pm for all participants at the Hall of Church Councils, Cathedral of Christ the Saviour.

Language
English is the official language of the conference.
Simultaneous translation into Russian is provided during plenary sessions.

Certificate of Attendance
The certificate of attendance is issued to all registered participants.

Changes
The organisers reserve the right to change the program in case of technical or scientific necessities.

Conference Organizers and Partners

The 12th International Conference on HPH is the annual conference of the WHO International Network of Health Promoting Hospitals.

ORGANISERS

- World Health Organization – Regional Office for Europe
- WHO Network of Health Promoting Hospitals (HPH)
- XXIst Century Hospital Fondation
- HPH Network of the Russion Federation
- WHO Collaborating Centre for Health Promotion in Hospitals and Health Care at the
- Ludwig Boltzmann-Institute for the Sociology of Heatlh and Medicine

CO-ORGANISERS

- Standing Committee of the Hospitals of the European Union (HOPE)
- Standing Committee of the Nurses of the European Union (PCN)
- International Union for Health Promotion and Education (IUHPE)
- International Alliance of Patients´ Organisations
- European Association of Hospital Managers (EAHM)
- Permanent Working Group of European Junior Doctors (PWG)
- European Network on Workplace Health Promotion (WHP)

SCIENTIFIC COMMITTEE

● Hartmut BERGER (Task force on Health Promoting Psychiatric Hospitals, Riedstadt) ● Elimar BRANDT (German National HPH Network, Berlin) ● Zora BRUCHACOVA (Slovak National HPH Network, Bratislava) ● Pierre BUTTET (French National HPH Network, Vanves Cedex) ● John K. DAVIES (President, International Union for Health Promotion and Education Europe – IUHPE, London) ● Manuel DELGADO (President, European Association of Hospital Managers, Lisbon) ● Christina DIETSCHER (Austrian National HPH Network, Vienna) ● Jacques DUMONT (Belgian HPH Network of the French Community, Brussels) ● Carlo FAVARETTI (Italian National and Trentino Regional HPH Network, Trento) ● Mila GARCIA-BARBERO (Head, WHO-European Office for Integrated Health Care Services, Barcelona) ● Johanna GEYER (Austrian Federal Ministry of Health and Women, Vienna) ● George GOLUKHOV (Vice-Chair of Scientific Committee; President, XXIst Century Hospital Foundation, Moscow) ● Oliver GRÖNE (WHO-European Office for Integrated Health Care Services, Barcelona) ● Tiiu HAERM (Estonian National HPH Network, Tallinn) ● Maria HALLMAN KEISKOSKI (Finnish National HPH Network, Jyväskylä) ● Hubert HARTL (Austrian Federal Ministry of Health and Women, Vienna) ● Nickolai F. IZMEROV (Department of Preventive Medicine, Russian Academy of Medical Sciences, Moscow) ● Jerzy B. KARSKI (Polish National HPH Network, Warsaw) ● László KAUTZKY (Hungarian National HPH Network, Budapest) ● Ann KERR (Health Education Board, Edinburgh) ● Karl KRAJIC (WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, Vienna) ● Margareta KRISTENSON (Swedish National HPH Network, Linköping) ● Karl KUHN (European Network of Workplace Health Promotion) ● Mariella MARTINI (Emilia Romagna Regional HPH Network, Reggio Emilia) ● Maurizio de MARTINO (Task Force on Health Promotion for Children in the Hospital, Florence) ● Raymond McCARTNEY (Northern Irish Regional HPH Network, Londonderry) ● Irena MISEVICIENÉ (Lithuanian National HPH Network, Kaunas) ● Paolo MORELLO MARCHESE (Tuscany Regional HPH Network, Florence ● Lillian MØLLER (Danish National HPH Network, Copenhagen) ● Peter NOWAK (Austrian National HPH Network, Vienna) ● Rafael G. OGANOV (Director, Russian National Centre of Preventive Medicine, Moscow) ● Ann O'RIORDAN (Irish National HPH Network, Dublin) ● Sergei OSIPOV (XXIst Century Hospital Foundation, Moscow) ● Jürgen M. PELIKAN (Chair Scientific Committee; WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, Vienna) ● Viv SPELLER (Health Development Agency, London) ● Per-Gunnar SVENSSON (President, International Hospital Federation – IHF, London) ● Nina TIAINEN (President, Permanent Working Group of European Junior Doctors – PWG, Helsinki) ● Yannis TOUNTAS (Greek National HPH Network, Athens) ● Nils UNDRITZ (Swiss National HPH Network, Suhr) ● Paul de RAEVE (Standing Committee of the Nurses of the European Union – PCN) ● Gerard VINCENT (President, Standing Committee of the Hospitals of the European Union – HOPE) ● Albert van der ZEIJDEN (President, International Alliance of Patient Organisations – IAPO, Utrecht)

LOCAL ORGANISING COMMITTEE

George GOLUKHOV ● (National Coordinator, HPH Russian Federation) ● Sergey OSIPOV (Foundation "XXI Century Hospital") ● Valentina KASPAROVA (Foundation "XXI Century Hospital") ● Emma RYABOVA (Regional Oncologic Dispensary, Ivanovo) ● Galina ARTAMONOVA (Medical State Academy, Kemerovo) ● Olga KUTUMOVA (Centre for Medical Prevention of Healthcare Department, Krasnoyarsk) ● Elena KHAFIZOVA (Ministry of Health, Tatarstan) ● Vladimir GNATOVSYI (Medical Centre of Information and Analytics, Pskov)

ORGANISING SECRETARIAT

Roslizing, Foundation “XXIst Century Hospital”
Staraya Ploshchad 10/4, pod. 3
103070 Moscow
Russian Federation
www.hospital21.ru
Phone / Fax: +7 095 206 26 17
21centuryhosp@aport2000.ru>>

SPONSORS

- Ingosstrakh Insurance Company (General sponsor)
- Main Administration for Service to the Diplomatic Corps
- Russian Chamber of Commerce and Industry
- Kaffa Industries
- Soyuzplodoimport Federal State Enterprise

INFORMATION SPONSORS

- Magazine “Health” Publishing House (General sponsor)
- Itar-Tass: Russian News Agency
- Russian Federation Government Edition “Rossyiskaya Gazete”
- State Broadcasting Company “Radio of Russia”
- State Broadcasting Company “The Voice of Russia”

Scope and Purpose

2004 is the year of the first round of the enlargement of the European Union towards Eastern Europe. But the WHO European Region goes far beyond European Union borders, with Moscow being located rather in its geographical centre. So the HPH network has gladly accepted the invitation by the XXIst Century Hospital Foundation to host the 12th International Conference on HPH in the capital of the Russian Federation.
The ongoing transformation in the European region offers new opportunities, but also major challenges for health in Europe. The focus of the conference will be on two preconditions for using HPH to successfully cope with this development: Developing health systems by using health promotion concepts, models, experiences and networks will be the one, improving strategies for implementation and quality development of HPH on the hospital organisational level will be the second main issue.

The Scientific Committee also highlights two specific issues:
- Health Promoting Hospitals as partners in the health care chain / network and in healthy alliances**;** and
- Investing in health for the future by promoting the health of children and youth**.**

Main Topics

Positioning HPH in health care / health systems / health policy development
The development of HPH is necessarily influenced by conditions of health systems and health policy. But HPH has also a huge potential to contribute to the development of health systems:
- How and what can HPH contribute to the development of health care systems and increase the health gain of the population? And how can health care systems enhance the local implementation of HPH and the delivery of better health promotion in hospitals (e.g. by integrating health promotion into financial frameworks)?
- How can HPH position itself in today's increasingly market-orientated health care systems?
- How can HPH contribute to make services better accessible for the poor, marginalized and disadvantaged groups?
- Which indicators can HPH contribute to systematic health reporting and monitoring of health system performance?

Effective implementation and quality development of HPH by strategies, standards and staff and patient education
Effective local implementation strategies are the other important precondition for more and better health for patients, staff, and community populations in and by Health Promoting Hospitals.
- How can hospital (quality) management support the local implementation of HPH (e.g. by integrating HPH in the hospital's mission statement, by developing action plans, by systematic involvement of staff)?
- What measures and instruments can support the successful implementation of health promotion into daily hospital routines (HPH strategies, standards, and staff education)?
- Which indicators can be used and developed for measuring / monitoring processes and outcomes of measures, models and strategies within the framework of HPH?

Specific Topics

Improving continuity of care & cooperation of HPH in healthy alliances
- Developing the quality of hospital services by improving continuity of care is one HPH strategy to achieve better health gain for patients. How can concepts, strategies and models of HPH be applied in order to enhance continuity of care in cooperation with other health care providers?
- Another contribution to improve the health of patients, but also of staff and the regional community population, is the strategic reorientation of hospitals. This refers to decisions about (new) HPH services, e.g. in cooperation with partners in healthy alliances. Questions are: Under which conditions are such alliances useful, and how can they be successfully organised? What models and experiences do exist?

Investing in health for the future: Promoting the health of children and adolescents
The concept of Health Promoting Hospitals focuses also on the middle and long term health outcomes of hospital interventions. In this context, health promotion for children and youth is a most important investment in health for the future.
- How can the health of children and youth in the hospitals be better promoted?
- What concepts, models, evidence and experiences do exist and can be applied to the hospital?

Program Elemtents

Conference topics will be presented and discussed in keynote lectures and panels, paper sessions, workshops, and a poster session.

Target Groups

The conference provides a forum for exchange and further development of knowledge and experiences for the following target groups:
- Health care professionals from the medical, nursing and therapeutic fields;
- Hospital and health care managers;
- Representatives from patient organisations and other NGOs;
- Representatives from health policy and health administration;
- Public health actors and experts;
- Health and health promotion scientists and practitioners; and
- Health care consultants.

Programme Overview

Wednesday, May 26, 2004

09.00 - 17.00

10th Workshop of National / Regional Network Co-Ordinators
(participation by invitation only)

Venue: President hotel, Yakimanka Street 24. 119134 Moscow

10.00-13.00

Pre conference Workshop I:

The use of standards for health promotion in hospitals and the self-assessment tool for improving care

Venue: President Hotel, Yakimanka Street 24. 119134 Moscow

Facilitators:
Anne FRØLICH (Copenhagen, DK)
Svend Juul JØRGENSEN (Copenhagen, DK)
Hanne TØNNESEN (Copenhagen, DK)

14.00 - 17.00

Pre Conference Workshop II:

Workshop for newcomers to HPH

Venue: President Hotel, Yakimanka Street 24. 119134 Moscow

Facilitators:
Alberto APPICCIAFUOCO (Florence, IT)
Orlaith O'BRIEN (Tullamore, IE, workshop coordinator)
Izolda SHEREPANOVA (Moscow, RU)

8.00 to 20.00

Early Registration

Venue: Hotel Rossia (Hall of the Western Wing)

19.00

Welcome Reception at the Bolshoi Theatre (including ballet performance)

Venue: Bolshoi Theatre

Thursday, May 27, 2004

08.00

Registration

Venue: Cathedral of Christ the Saviour

09.00 - 09.30

Conference opening

Venue: Plenary Hall, Cathedral of Christ the Saviour

George S. POLTAVCHENKO (Representative of the President of the Russian Federation, Moscow, RU)
Yuryi L. SHEVCHENKO (Minister of Health of the Russian Federation, Moscow, RU)
Mila GARCIA BARBERO (WHO Regional Office for Integrated Health Care Services, Barcelona, ES)
Jürgen M. PELIKAN (WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, Vienna, AT)

Chair: George GOLUKHOV (President, XXIst Century Hospital Foundation, Vice-chair Scientific Committee; Chair Local Organizing Committee, Moscow, RU)

09.30 - 11.00

Plenary 1 – Keynote and panel: Positioning health promotion in health care, health systems and health policy development

Venue: Plenary Hall

What can hospitals contribute to population health?
Martin McKEE (London School of Hygiene and Tropical Medicine, UK)

What can hospitals contribute to health care development?
Mila GARCIA-BARBERO (WHO Regional Office for Integrated Health Care, Barcelona, ES)

Panellists:
Susan FRAMPTON (Planetree, US)
Hubert K. HARTL (Federal Ministry of Health, AT)
Aki LINDEN (Turku University Hospital, FI)

Chair: Margareta KRISTENSON (University of Linköping, SE)

11.00 - 11.30

Coffee, tea, refreshments

11.30 - 13.00

Parallel Sessions I:

For contributions in parallel paper sessions, please see chapter "Parallel paper and poster session programme"

I-1: Workhsop: Migrant Friendly Hospitals
Venue: Parallel Session Room 1
Chair: Antonio CHIARENZA (Reggio Emilia, IT)

I-2: Workshop: Mental Health Issues
Venue: Parallel Session Room 2
Chairs: Hartmut BERGER (Riedstadt, DE)

I-3: Parallel Session: Developing indicators and evaluation methodologies for HPH
Venue: Parallel Session Room 3
Chair: Irena MISEVICIENE (Kaunas, LT)

I-4: Parallel Session: Health promotion in health care in transition
Venue: Parallel Session Room 4
Chair: David V. NEBERIDZE (Moscow, RU)

I-5: Parallel Session: Promoitng health in patients with chronic diseases: Diabetes, coronary risks, COPD
Venue: Parallel Session Room 5
Chair: Tiiu HÄRM (Tallin, EE)

I-6: Parallel Session: Promoting the health of mothers, parents, babies
Venue: Parallel Session Room 6
Chair: Zora BRUCHACOVA (Bratislava, SK)

13.00 - 14.30

Lunch Break

14.30-15.00
Video presentation: Journey into Tuscany
Alberto ZANOBINI (Florence, IT), Ferdinando VICENTINI ORGNIANI (IT), Craig BELL (IT)

14.30 - 16.00

Guided parallel poster session

Venue: Cathedral of Christ the Saviour, Hall of church Councils

For poster contributions in detail, please see chapter "Parallel paper and poster session programme"

Posters will be presented on:

1. Improving health promoting patient orientation: Implementation patients´rights, developing the hospital setting and improving treatment of patients
   Chair: Ursula F. TRUMMER (Vienna, AT)

2. Patient information, education and counselling: tools for HPH
   Chair: Ann KERR (Edinburgh, UK-SCOT)

3. Health promotion for patients with chronic diseases I: Diabetes, cancer, COPD
   Chair: Zora BRUCHACOVA (Bratislava, SK)

4. Health promotion for patients with chronic diseases II: heart and vascular problems, back pain and others
   Chair: Irena MISEVICIENE (Kaunas, LT)

5. Promoting the health of children and adolescents I: Children's rights and empowerment strategies
   Chair: Katalin MAJER (Florence, IT)

6. Promoting the health of children and adolescents II: Strategies for specific health problems
   Chair: Maria José CALDÉS PINILLA (Florence, IT)

7. Promoting the health of mothers, parents, babies I
   Chair: Anna CLARKE (Dublin, IE)

8. Promoting the health of mothers, parents, babies II
   Chair: Izolda CHEREPANOVA (Moscow, RU)

9. Health promotion for the elderly
   Chair: Kate BRICKLEY (Tullamore, IE)

10. Improving health promotion by developing integrated / continouos care I
    Chair: Klaus-Diethart HÜLLEMANN (Prien, DE)

11. Improving health promotion by developing integrated / continouos care II
    Chair: Yannis TOUNTAS (Athens, GR)

12. Health promotion in mental health care services
    Chair: Rainer PAUL (Wiesbaden, DE)

13. Migrant Friendly Hospitals
    Chair: Karl KRAJIC (Vienna, AT)

14. Developing pain-free hospitals
    Chair: Simone TASSO (Castelfranco Veneto, IT)

15. Developing quality of care and managing risks in Health Promoting Hospitals
    Chair: Raymond McCARTNEY (Londonderry, UK-IE)

16. Improving and measuring patient satisfaction
    Chair: John DAVIES (Brighton, UK-ENG)

17. Promoting the health of hospital staff I: Issues of psychosocial health and wellbeing at work
    Chair: Peter NOWAK (Vienna, AT)

18. Promoting the health of hospital staff II: Promoting physical activity and coping with occupational risks
    Chair: Orlaith O'BRIEN (Tullamore, IE)

19. Promoting health through personnel development
    Chair: Margareta KRISTENSON (Linköping, SE)

20. Developing health promoting hospital organisations
    Chair: Karl PURZNER (Vienna, AT)

21. Quality development in Health Promoting Hospitals
    Chair: Rabbia KHAN (London, UK-ENG)

22. Developing HPH networks
    Chair: Ann O'RIORDAN (Dublin, IE)

23. Arts in Health Promoting Hospitals
Chair: Christina DIETSCHER (Vienna, AT)

24. Promoting health through nutrition
Chair: Federica GAZZOTTI (Reggio Emilia, IT)

25. Supporting smoking cessation and developing smoke-free hospitals II
Chair: Lillian MØLLER (Copenhagen, DK)

26. Promoting community health: community health education and environmental management
Chair: Tiiu HÄRM (Tallinn, EE)

16.00 - 16.30
Coffee, tea, refreshments

16.30 - 18.00
Plenary 2 – Lectures and panel: Effective implementation and quality development of HPH

Venue: Plenary Hall

Evidence based implementation for quality and health promotion in hospitals
Jos KLEIJNEN (NHS Centre for Review and Dissemination, York, UK)

Effective implementation of quality issues in hospitals
Lone DE NEERGAARD (Copenhagen Hospital Corporation, DK)

Panellists
Svend Juul JØRGENSEN (Copenhagen, DK)
Jürgen M. PELIKAN (WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, Vienna, AT)
Alfons SCHROER (EU Liasion Office ENWHP, Essen, DE)

Chair: Viv Speller (Health Development Agency, London, UK)

19.00
Conference Dinner

Venue: Central State Concert Hall "Russia"

Friday, May 28, 2004

09.00 - 10.30
Plenary 3 – Lectures and panel: Improving continuity of care in Health Promoting Hospitals

Venue: Plenary Hall

What does the concept of integrated care mean for hospitals?
Cor SPREEUWENBERG (University of Maastricht, NL)

Models of good practice for managing integrated delivery of care
Helmut HILDEBRANDT (Hildebrandt Health Consult, Hamburg, DE)

Panellists:
Ann O´RIORDAN (Irish National Network of HPH, Dublin, IE)
Emma RYABOVA (Russian Network of HPH, Moscow, RU)
Albert v. d. ZEIJDEN (International Alliance of Patients´ Organisations, Utrecht, NL)

Chair: Oliver GRÖNE (WHO European Office for Integrated Health Care Services, Barcelona, ES)

10.30 - 11.00
Coffee, tea, refreshments

11.00 - 12.30

Parallel Sessions II

For contributions in parallel paper sessions, please see chapter "Parallel paper and poster session programme"

II-1: Workshop: Health promotion for children and adolescents in hospitals: Kick-off for the newley founded HPH task force
Venue: Parallel Session Room 1
Chair: Oliver GRÖNE (WHO Barcelona, ES), Paolo MORELLO MARCHESE (Florence, IT)

II-2: Workshop: The Planetree model of patient orientation in health care delivery
Venue: Parallel Session Room 2
Chair: Susan B. FRAMPTON (Planetree, US)

II-3: Parallel Session: Supporting smoking cessation and developing smoke-free hospitals
Venue: Parallel Session Room 3
Chair: Simone TASSO (Castelfranco Veneto, IT)

II-4: Parallel Session: Developing health promotion quality in hospital organisations
Venue: Parallel Session Room 4
Chair: Yannis TOUNTAS (Athens, GR)

II-5: Parallel Session: Improving health promoting patient orientation by developing care and communication processes
Venue: Parallel Session Room 5
Chair: Klaus-Diethart HÜLLEMANN (Prien, DE)

II-6: Parallel Session: Patient information, education and counselling as tools for Health Promoting Hospitals
Venue: Parallel Session Room 6
Chair: Jorien BAKX (Woerden, NL)

12.30 - 14.00

Lunch Break

14.00 - 15.30

Parallel sessions III

For contributions in parallel paper sessions, please see chapter "Parallel paper and poster session programme"

III-1: Workshop: Pain-Free Hospitals
Venue: Parallel Session Room 1
Chair: Simone TASSO (Castelfranco Veneto, IT)

III-2: Parallel Session: How to apply quality tools to Health Promoting Hospitals: Strategies, standards, Balances Score Card, DRG´s
Venue: Parallel Session Room 2
Chair: Mila GARCIA-BARBERO (WHO European Centre for Integrated Health Care Services, Barcelona, ES)

III-3: Parallel Session: Health promotion for hospital staff
Venue: Parallel Session Room 3
Chair: Galina MASLENNIKOVA (Moscow, RU)

III-4: Parallel Session: Developing Health Promoting Hospitals by networks
Venue: Parallel Session Room 4
Chair: Ann O'RIORDAN (Dublin, IE)

III-5: Parallel Session: Promoting health through integrated care: Models and examples
Venue: Parallel Session Room 5
Chair: Victor S. SHERASHOV (Moscow, RU)

III-6: Parallel Session: Alliances for health: Regional strategies
Venue: Parallel Session Room 6
Chair: Nana V. POGOSOVA (Moscow, RU)

15.30 - 16.00

Coffee, tea, refreshments

16.00 - 17.30

Plenary 4 – lectures and panel: Investing in health for the future: Promoting the health of children and youth

Venue: Plenary Hall

Health Promoting Hospitals for children and adolescents: Opportunities, challenges and indicators
Concha COLOMER (University of Valencia, ES)

Cooperation between HPH and schools: The Russian experience with health promotion for children and youth
Sergey OSIPOV (Russian Network of HPH, Moscow, RU)

Panellists:
Marai José CALDÉS PINILLA (Tuscany HPH Network, Florence, IT)
Giuliana FILIPPAZZI BRANDAZZI (European Association of Children in the Hospitals, Milan, IT)
James ROBINSON (Edinburgh, UK-SCOT)

Chair: Carlo FAVARETTI (Trento, IT)

17.30 - 17.45

Formal closing of the conference

Venue: Conference Hall

- Announcement of the International HPH Conference 2005
- Formal Closing

17.45

Farewell Cocktail

Venue: cathedral of Christ the Saviour, Hall of Church Councils

Parallel Paper and Poster Session Programme

Parallel Sessions I – Thursday, May 27, 11.30-13.00

Session I-1: Workshop: Migrant Friendly Hospital

Chair: Antonio CHIARENZA (Reggio Emilia)

The Migrant-Friendly Hospitals in the Emilia-Romagna Region
Antonio CHIARENZA (IT), Alice BERTOZZI (IT), Cristiana VENTURA (IT), Andrea GIGLIOBIANCO (IT)

The multicultural Hospital = A Hospital for everyone, benchmarking, intercultural mediation and web site: three useful instruments to ameliorate communication, health services reengineering and health promotion in multiethnic society
Giovanna Vittoria DALLARI (IT), Stefani RICCI (IT), Cecilia FUENTES (IT)

The MFH project in James Connolly Memorial Hospital (JCMH), Dublin
Angela HUGHES (IE), Fiona McDAID (IE)

Evolution towards a migrant friendly hospital
Elvira MENDEZ (ES), Fatima CHOVE (ES), Cristina INIESTA (ES), Anna SANCHO-GOMEZ (ES)

Migrant-friendly hospitals – strengthening hospitals and staff to cope with diversity
Jürgen M. PELIKAN (AT), Ursula F. TRUMMER (AT), Karl KRAJIC (AT)

Session I-2: Workshop: Mental Health Issues

Chair: Hartmut BERGER (DE)

Workshop on Health Promoting Mental Health Care
Rainer PAUL (DE), Hartmut BERGER (DE)

Five Years workshop on Health Promoting Psychiatric Services (HPPS) within the International Conferences of the European Network on Health Promoting Hospitals (WHO)
Rainer PAUL (DE)

Don't get down, get help – Cinema Campaign (primary suicide prevention)
William BLAND (IE)

Psychiatry: Prevention of violence and aggression among patients
Lene SCHWARTZ (DK), Margit REIMERS-KNUDSEN (DK)

A Primary Prevention Program in Upper Secondary School focusing on Mental Health
Anne Gro TVEDT (NO)

Session I-3: Health promotion in health care in transition

Chair: David NEBERIDZE (Moscow, RU)

Medical care quality management in hospital's administration activity
Izolda SHERPANOVA (RU)

Informational and analytical portal of a Medical Institution as a component of a quality management system in the Russian National HPH Network
George GOLUKHOV (RU), Nickolai MESHKOV (RU)

Advantages of industrial methods in managing medical care quality among surgical patients
Igor KUNPAN (RU), Vladimir KOSHEL (RU), Yury VOSKANVAN (RU)

Individual registration of medicamental supply in a hospital
Alexander NIKISHIN (RU), Sergey SHKADOV (RU), Inna KIRUSHINA (RU)

Session I-4: Developing indicators and evaluation methodologies for HPH

Chair: Irena MISEVICIENE (Kaunas, LT)

Using the EUHPID Model to develop Health Promoting Hospital Indicators

John K. DAVIES (UK)

HPH outcome measurement: indicators for social and epidemiological health reporting
Vladimir GNATOVSKYI (RU), Elena GNATOVSKAYA (RU), George GOLUKHOV (RU)

The first test of National Indicators in the Swedish Network for HPH: lessons learned
Mats HELLSTRAND (SE), Margareta KRISTENSON (SE)

The self - evaluation system of the development of the HPH Project in Tuscany: first results
Fabrizio SIMONELLI (IT), Caterina TEODORI (IT), Maria José CALDÉS PINILLA (IT), Katalin MAJER (IT)

Indicators for Health Promotion in Hospitals
Hanne TØNNESEN (DK)

Session I-5: Promoting health in patients with chronic diseases: Diabetes, coronary risks, COPD

Chair: Tiiu HÄRM (Tallin)

Diabetes education in diabetic adolescent camp: experience of 13 years
Evalda DANYTE (LT), Vladimiras PETRENKO (LT)

Implementation of the patient education about coronary risk factors into a daily routine of the Cardiology Unit of the Hospital
Laima JANKAUSKIENE (LT), Egle KALINAUSKIENE (LT), Tautvydas JANKAUSKAS (LT), Rita BANEVICIENE (LT)

Arterial Hypertension Risk Factor Knowledge among Stroke Patients´: Implications for health communication
Zemyna MILASAUSKIENE (LT), Irena MISEVICIENE (LT)

The effects of an early supported discharge programme and a supervised home exercise training programme in patients with chronic obstructive pulmonary disease (COPD) following an exacerbation.
Niamh MURPHY (IE), Claire BYRNE (IE), Christopher BELL (IE), Richard Costello (IE)

Session I-6: Promoting health for mothers, parents, babies

Chair: Zora BRUCHACOVA (Bratislava)

The attitudes and behaviours of pregnant women specific to smoking: An exploratory study
Maria GIBBONS (IE), Patricia MANNIX-McNAMARA (IE)

Perinatal Care in the Republic of Tatarstan, Russian Federation
Svetlana GUBAIDULLINA (RU)

Intervention on the phenomenon of voluntary termination of pregnancy among migrant women within the Reggio Emilia Health Auhority area
Mara MANGHI (IT)

The Results of Breastfeeding Promotion in Kaunas, Lithuania
Egle MARKUNIENE (LT)

Improving the health care provision to women who ask for voluntary termination of pregnancy in the Family Planning Centres
Alessandro VENTURA (IT), Claudio BERTOLI (IT), Corrado CIGARINI (IT), Lucia DANINI (IT)

The place of origins: born and grown up as foreigners in Reggio Emilia
Piera BEVOLO (IT), Mara MANGHI (IT), Maria Cristina GEMMI (IT), Faiza MAHRI (IT)

Parallell Session II: Friday, May 28, 2004, 11.00 – 12.30

Session II-1: Health Promotion for Children and Adolescents in Hospitals: Kick-off for the newly founded HPH Task Force

Chairs: Oliver GRÖNE (WHO Barcelona, ES), Paolo MORELLO-MARCHESE (Florence, IT)

Rehabilitation of children with hearing impairments
Nickolai DAIKHES (RU), Olga ORLOVA (RU), Galina TARASOVA (RU)

Children with special needs from South Asian communities – improving health through community and health staff education
James ROBINSON (UK-SCOT)

Charter of Children´s Rights: Nursing acceptance form and communication form for use at Bambino Gesu´ Children´s Hospital
Paola ROSATI (IT), Lucia CELESTI (IT), Alberto Giovanni UGAZIO (IT), Tommaso LANGIANO (IT)

The 'Health Promotion for Children and Adolescents in Hospitals' Project
Maria José CALDÉS PINILLA (IT), Paolo MORELLO MARCHESE (IT), Katalin MAJER (IT), Fabrizio SIMONELLI (IT)

Session II-2: Workshop: The Planetree model of patient orientation in health care delivery

Facilitator: Susan B. FRAMPTON (Planetree, US)

Session II-3: Supporting smoking cessation and developing smoke-free hospitals

Chair: Simone TASSO (Castelfranco Veneto, IT)

A service analysis of a hospital-based smoking cessation service – positive outcomes
Kirsten DOHERTY (IE), Dominique CROWLEY (IE), Anna CLARKE (IE), Leslie DALY (IE)

Certificate Smoke Free Company: A Tool for HPH against Tobacco induced Morbi-Mortality
Roberto MAZZA (IT), Giovanni INVERNIZZI (IT), Roberto BOFFI (IT), Andrea MATTIUSS (IT)

"Smoke-Free Hospitals" of the Emialiano-Romagnola HPH Network
Manuela MONTI (IT), Maurizio LAEZZA (IT)

Development of a tool for the purpose of conducting an internal audit on the smoking policy in JCM Hospital
Mary SMYTH (IE), Miriam GUNNING (IE), Angela HUGHES (IE)

Session II-4: Developing health promotion quality in hospital organisations

Chair: Yannis TOUNTAS (Athens, GR)

Values and Health-Promoting Corporate Culture
Ralf DZIVAS (DE), Elimar BRANDT (DE), Werner SCHMIDT (DE)

Becoming a Health Promoting Hospital (HPH) requires change management for the whole organisation: innovative, average and problematic units need different forms of support
Eberhard GABRIEL (AT), Karl PURZNER (AT), Reinhard BACHMANN (AT)

Preventing problems with care in Health Promoting Hospital settings
Maria HALLMAN-KEISKOSKI (FI)

Implementation of a general prevention and health promotion strategy at a large hospital: process and pilot projects
Else-Marie LØNVIG (DK)

Session II-5: Improving health promoting patient orientation by developing care and communication processes

Chair: Klaus-Diethart HÜLLEMANN (Prien, DE)

The Introduction of Patient Liaison Officers to improve communication with Patients in the Emergency Department
Marion BUTLER (IE), Mary DUNWORTH (IE), Audrey BYRNE (IE), Angela HUGHES (IE)

Improved communication through Partnership
Rose BYRNE (IE), Nuala McKEOWN (IE), Eilish McKEOWN (IE), Mai KEARNS-McADAM (IE), Geraldine McKABE (IE)

From the analysis of illness narratives to an integrated clinical audit: how to integrate the experience of the patients and their families in a process of care oriented towards evidence-based medicine
Corrado ROUZZO (IT), Giudo VEZZOSI (IT)

PAT : Patient orientation and the oriented patient – improving care processes in a benchmarking project
Ursula F. TRUMMER (AT), Peter NOWAK (AT), Jürgen M. PELIKAN (AT)

Session II-6: Patient information, education and counselling as tools for Health Promoting Hospitals

Chair: Jorien BAKX

A Health promoting nurse school contribute to the development of health promotion and health education at the hospital
Hélène BOURÈNE (FR), Christine VINARDI (FR), Vincent BONNIOL

"School for hypertensive patients" as a new health promotion and disease prevention technology in hospital and out-patient clinic
Ruzanna EGANYAN (RU), Anna KALININA (RU), Olga IZMAILOVA (RU), Elena LACHMAN (RU)

Health schools for patients – a new technology in health promotion
Kundul IVANOV (RU), Albina SIVTSEVA (RU), Svetlana SHALNOVA (RU)

An out-patient clinic of preventive medicine in a public university hospital in Denmark
Anne MØLLER (DK), Lillan TOBIN (DK), Henri GOLDSTEIN (DK)

Parallel Sessions III: Friday, May 28, 2004, 14.00 – 15.30

Session III-1: Workshop: Pain-Free Hospitals

Chair: Simone TASSO

Development and future of "Pain-Free Hospitals" in Emilia-Romagna
Elena MARRI (IT), Kyriakoula PETROPULAKOS (IT)

"PAIN-FREE HOSPITAL". The capillary project of Tuscany
Andrea MESSERI (IT), Paolo MORELLO MARCHESE (IT)

Pain Management in the HPH Italian Veneto Region Network
Marco VISENTIN (IT), Simone TASSO (IT)

Session III-2: How to apply quality tools to Health Promoting Hospitals: Strategies, Standards, Balanced Score Card, DRG's

Chair: Mila GARCIA-BARBERO

Strategies for Health Promoting Hospitals and their implementation
Jürgen M. PELIKAN (AT)

Standards for Health Promotion in Hospitals
Svend Juul JØRGENSEN (DK)

WHO-pilot project: "HPH-strategy implementation with combined application of Balanced Scorecard and EFQM-Excellence Model"
Elimar BRANDT (DE), Oliver GRÖNE (WHO Barcelona, ES), Werner SCHMIDT (DE)

Health Promotion in Hospitals and DRG System
Hanne TØNNESEN (DK)

Session III-3: Health Promotion for Staff

Chair: Galina MASLENNIKOVA

Health circles, a feasible Approach to Workplace Health Promotion in Russian Hospitals

Ernst-Günther HAGENMEYER (DE), Brigitte MÜLLER (DE), Ludmilla MAXIMOVNA PESTUN (RU), Irina STEPANOVNA ODEROVA (RU)

The Beaumont Hospital Wellness Programme: The impact of a stress management intervention in helping health care workers deal with stress
Michele McGETTIGAN (IE), C.B. WOODS (IE), F. BUCKLEY (IE), B. LYNCH (IE)

Needlestick Injuries in Austrian Hospitals
Sonja STOYANTSCHOVA (AT), Hubert K. HARTL (AT)

Job satisfaction and health promotion activities in staff members in Bispebjerg Hospital University, Copenhagen
Vybeke THYGESEN (DK), Hanne TØNNESEN (DK)

Staff health surveys as a prerequisite for monitoring healthy hospitals
Alf TROJAN (DE), Stefan NICKEL (DE), Silke WERNER (DE)

Session III-4: Developing Health Promoting Hospitals by Networks

Chair: Ann O´RIORDAN

Proposal for expanding the 'Health Promoting Hosptial' initiative of WHO Europe to three Chilean public hospitals
Jaime ACEVEDO (CL), José Luis CARDÉNAS (CL), Jorge SANHUEZA (CL), Adriana DUCOS (CL)

Positioning the concept of Health Promoting Hospitals in the reorganization of Quebec Health Care and Social Services System?
Nicole DEDOBBELEER (CA), André-Pierre CONTANDRIOPOULOS (CA), Martin BEAUMONT (CA)

Health Promotion Strategies in Irish Hospitals: The health promotion journey
Kate FRAZER (IE), Anna CLARKE (IE), Leslie DALY (IE)

The Training Activities on Health Promotion in the HPH Network of Tuscany (Italy)
Fabrizio SIMONELLI (IT), Anna ZAPPULLA (IT), Katalin MAJER (IT), Caterina TEODRI (IE)

HPH and Local Health Plans in Emilia Romagna Region
Angelo STEFANINI (IT)

Session III-5: Promoting health through integrated care: models and example

Chair: Viktor SHERASHOV

Holistic approach to managing patient care for patients with genetically acquired haemochromatosis
Jacinta McAREE-MURPHY (IE), Geraldine LENNON (IE)

Patient participation and empowerment in Integrated Care: Concepts, experiences and challenges in an Viennese model project
Peter NOWAK (AT), Christa PEINHAUPT (AT), Susanne HERBEK (AT)

Osteocenter and its cooperation with community doctors
Stefan PETRICEK (SK), Karol BITTER (SK) Eva RUTTKAYOVA (SK), Zora BRUCHAKOVA (SK)

The Palliative Care Network in Emilia-Romagna
Kyriakoula PETROPULAKOS (IT), Elena MARRI (IT), Daniela RICCÒ (IT), Mariella MARTINI (IT)

Session III-6: Alliances for health: Regional strategies

Chair: Nana V. POGASOVA (RU)

Health Promotion Strategy in the Region
Galina ARTAMONOVA (RU), Tamerlan SHVETS (RU)

Drug prevention among youth in the region
Farit FATTAKHOV (RU), Lyuboy NICKOLSKAYA (RU), Stepan KRINITSKVI (RU), Roza NAZHIPOVA (RU)

Preventive Healthcare in the Republic of Tatarstan, Russian Federation
Elena KHAFIZOVA (RU), George GOLUKHOV (RU)

The role of Tuscany Hospitals in the international co-operation for health
Marco Evi MARTINUCCI (IT), Fabrizio SIMONELLI (IT), Francesca REALI (IT)

Thursday, May 27, 2004, 14.30 – 16.00

Video presentation: Journey in Tuscany

Alberto ZANOBINI (IT), Ferdinando VICENTINI ORGNIANI (IT), Craig BELL (IT)

Parallel and guided poster sessions: Thursday, May 27, 2004, 14.30 – 16.00

Poster-topic 1: Improving health promoting patient orientation: Implementating patients´ rights, developing the hospital setting and improving treatment of patients

Chair: Ursula F. TRUMMER (AT)

From treatment to "care" – A patient centered programme of the Oncological Department (Carpi and Mirandola Hospitals – Modena – Italy)
Katia CAGOSSI (IT), Maria Grazia RUSSOMANNO (IT), Fabrizio ARTIOLI (IT), Anne Maria PIETRANTONIO (IT)

Implementation of patient's rights into a daily routine of the 2nd Clinical Hospital of Kaunas
Tautvydas JANKAUSKAS (LT), Rita BANEVICIENE (LT), Violeta MAJAUSKIENE (LT), Egle KALINAUSKIENE (LT)

Evaluation of the quality of life among patients in early postoperative period
Igor KUNPAN (RU), Vladimir KOSHEL (RU), Yury VOSKANYAN (RU)

Patient's-Charter: Patients Rights, Empowerment and the Standards for Health Promotion in Hospitals
Rainer PAUL (DE)

Achieving equitable patient centred care in Kwazulu-Natal, South Africa
Priscella RAMDAS (SA), Mohamed HOOSEN (SA), Cassiem JEE (SAA), C. JINABHAI (SA), S. ZUNGU (SA)

Improved Reception and Comfort
Cesare SACCHI (IT), Daniela VASTA (IT), Daniela PONTI (IT)

Adaptation of the Rheumatoid Arthritis Specific Needs-Based Quality of Life Measure for Estonia
Marika TAMMARU (EE), Kadri METS (EE), Ele MOTTUS (EE)

Effects of patient empowerment on health outcome and patient satisfaction among surgery patients
Ursula F. TRUMMER (AT), Peter NOWAK (AT), Thomas STIDL (AT), Jürgen PELIKAN (AT)

Poster-topic 2: Patient information, education and counselling: tools for HPH

Chair: Ann KERR (UK-SCOT)

Integrated diagnostic and therapeutic approach involving specialists and GPs in the treatment of patients suffering from the metabolic syndrome
Giuseppina CHIERICI (IT), Ezio BOSI (IT), Dario GAITI (IT), Maria Grazia MAGOTTI (IT)

The Health Promoting Calendar? Awareness Raising from Hospital Bedside to Community in the Republic of Ireland
Denise COMERFORD (IE), Veronica O'NEILL (IE), Anna CLARKE (IE), Cecily KELLEHER (IE)

"Nursing counselling for information therapy to psychiatric patients in relation to the drugs prescribed to them"
Dorella COSTI (IT), Milvana GARAMANTE (IT), Maurizio FERRARI (IT), Salvatore GALERO (IT)

Patient written information on elective surgery/procedure prior to admission to Midland Regional Hospital at Tullamore
Lillian KENNY (IE), Aine SMITH (IE), Ann KASY (IE), Kate BRICKLEY (IE)

Guides to clinical treatment and assistance pathways: a new cooperation between professionists and patients
Danilo ORLANDINI (IT), Antonio CARBOGNANI (IT), Paolo CARRETTI (IT)

Information Therapy and Therapeutic Education: Tools of Each Professional
Danilo ORLANDINI (IT), Mariella MARTINI (IT), Daniela RICCIÓ (IT), Franco PRANDI (IT)

Physical Activity as a Medical Prescription
Catarina OSSIANNILSSON (SE)

Implementation of alcohol prevention by an alcohol project nurse at a large hospital in Denmark

Lene SJÖBERG (DK), Else-Marie LØNVIG (DK), Anette SØGAARD NIELSEN (DK)

A Systematic Approach when Teaching Clinical Prevention and Health Promotion
Thomas Lund SØRENSEN (DK), Karin BIRTOE (DK)

Poster-topic 3: Health promotion for patients with chronic diseases I: Diabetes, Cancer, COPD

Chair: Zora BRUCHACOVA (SK)

Survey of self-control skills and habits of education in children with type 1 diabetes mellitus
Virginia BULIKAITE (LT)

Home Care for Diabetic Children. Synthesis of a pilot experience in Italy
Giovanni CHIARI (IT), Brunella IOVANE (IT), Roberta AGISTRI (IT), Maurizio VANELLI (IT)

Programme for the prevention of type 2 diabetes in Finland: An implementation project in central Finland in 2003-2007
Kaia KORPELA (FI), Maria HALLMAN-KEISKOSKI (FI), Jutta SALTEVO (FI), Nina PERÄNEN (FI)

Nurses' role in educating patients with diabetes about diet and lifestyles
Victoria OLADIMEJI (UK-ENG)

Promotion of a health program for children and adolescents for a project named obesity-group presented by the department of A paediatrics at the hospital "Weinviertelklinikum" Mistelbach, in Austria
Michaela C. MOSER (AT), Hermann CORADELLO (AT)

A feasibility study on computer-aided test and training programs for cancer
Klaus-Diethart HÜLLEMANN (DE), Brigitte HÜLLEMANN (DE)

SPARC – supporting a positive attitude in recovery from breast cancer
Mary KELLY (IE), Mary McMENAMIN (IE)

Living with cancer
Anne STAUNTON (IE)

Education of patients with Chronic Obstructive Pulmonary Disease
Jolita VEBRIENE (LT), Zydrune OLBUTAITE (LT), Zemyna MILASAUSKIENE (LT), Raimundas SAKALAUSKAS (LT)

Poster-topic 4: Health promotion for patients with chronic diseases II: heart and vascular problems, back pain and others

Chair: Irena MISEVICIENE (LT)

'Early Bird' Anticoagulation Clinic in Mid Western Regional Hospital Limerick
Jane CONWAY (IE)

Project Planning and Implementation for Home Monitoring Kits for Warfarin Therapy
Jane CONWAY (IE)

Arterial hypertension prevention programme in Krasnoyarsk Territory, Russian Federation
Olga KUTUMOVA (RU), Larisa KONONOVA (RU), Boris GORNY (RU), George GOLUKHOV (RU)

Challenges for the secondary stroke prevention: risk profile of stroke patients
Zemyna MILASAUSKIENE (LT), Irena MISEVICIENE (LT)

Chronic Disease, inflammation and pathogenic social hierarchy: a biological limit to possible reduction in morbidity (the changes in health policy and the health care reorms)
Anatolyi PASECHNIK (RU), George GOLUKHOV (RU), Sergey OSIPOV (RU)

Study of knowledge, attitude and practice of health personnel of Iranshahr district about the education methods of malaria prevention
Zara SHEIK (IR), Fatemeh RAKHSHANI (IR), Kourosh HOLAKOUI (IR)

Planning together for Thalassemia: Proposals for a territorial plan of Health Promotion
Salvatore SICILAONO (IT), Ernesto BUGIO (IT), Marcella CICCIA (IT), Giuseppina CARRUBA (IT)

Poster-topic 5: Promoting the health of children and adolescents I: Children's rights and empowerment strategies

Chair: Katalin MAJER (IT)

Charter on the Rights of the Children in Hospital and Health Promotion
Fabrizio SIMONELLI (IT), Maria José CALDÉs PINILLA (IT), Katalin MAJER (IT), Paolo MORELLO MARCHESE (IT)

Implementation of the convention on the rights of the child in the hospital
Stelle TSITOURA (GR), Katerina NESTORIDOU (GR), Barbara METAXA (GR), Hellen AGATHONOS (GR)

Implementation of the European Association for Children in Hospital (EACH) Charter for Children in Hospital and Annotations.
Majella ROBINSON (IE), Kate BRICKLEY (IE)

Information needs – Parents / teachers perspective
Marian RYAN (IE)

Animal Assisted Activity: preliminary evaluation of the project at Meyer Children's Hospital
Simona CAPRILLI (IT), Francesca MUGNAI (IT), Lucia BENINI (IT), MONICA FRASSINETI (IT)

The Munster Rugby Team Visits the Children's Unit in the MWRH Limerick
Michael MAHONY (IE), Ann BREEN (IE)

"Benny Bear"; An educational interactive bear to help reduce fear and anxiety for children prior to and during clinical procedures
Gillian MARTIN (IE), Jacinta McAREE-MURPHY (IE)

Poster-topic 6: Promoting the health of children and adolescents II: strategies for specific health problems

Chair: Maria José CALDÉS PINILLA (IT)

Proposed protocol for cases of problem parenting (drug abuse and/or psychiatric disorders)
Umberto NIZZOLI (IT), Gabriela GILDONI (IT), Roberto EUTICCHEO (IT)

Inquiry on SIDS awareness in the Region of Tuscany: a tool for better addressing educational intervention
Raffaele PIUMELLI (IT), Rosa GINI (IT), Ada MACCHIARINI (IT), Paolo MORELLO MARCHESE (IT)

Children´s home accidents
Geries ABDO (IL)

HPH interregional project " Allergy at school": toward the realization of an educational web site for children
Alberto APPICCIAFUOCO (IT), Mariangela MANFREDI (IT), Paola MINALE (IT), Giuseppe ERMINI (IT)

The importance of the collaboration of the Meyer Children's Hospital of Florence (Italy) and the 'Associazione Liberi dal Latice' (Latex - Free Association) to promote health in children with latex allergy (LA)
Roberto BERNARDINI (IT), Paolo MORELLO MARCHESE (IT), Roberto FEDELI (IT), Alberto VIERUCCI (IT)

Development of advanced types of medical care in a children's multifield hospital and their influence on health indices among children
E.V. KARPUKHIN (RU), L.M. ABILMAGZHANOVA (RU), L.A. DORONINA (RU), S.A. VALIULLINA (RU)

Poster-topic 7: Promoting the health of mothers, parents, babies I

Chair: Anna CLARKE (IE)

Implementation of UNICEF Baby Friendly Hospital Initiative in Obstetric and Newborns Departments of Kaunas 2nd clinical hospital
Rita BANEVICIENE (LT), Rasa TAMELIENE (LT), Jurate ZEBRAUSKIENE (LT), Giedra LEVINIENE (LT)

Method of a comprehensive medical and organizational study of the state of health among children of the first year of life and implementation of principals of the WHO/UNISEF Initiative "Baby friendly hospital"
Izolda SHEREPANOVA (RU)

State of health of children of the 1st year of life and results of implementing the programme "Baby friendly hospital"
Izolda SHEREPANOVA (RU), Lyudmila DAKINOVA (RU)

Pilot Project-Promoting Breast Feeding at the antenatal clinic 2002-2003
Mary CUSACK (IE), Maria GIBBONS (IE)

Practical breast-feeding skills workshop for mothers in the last trimester of pregnancy
Margaret O'LEARY (IE), Maria GIBBONS (IE)

Promoting Smoking Cessation in Pregnant Women
Victoria OLADIMEJI (UK-Eng)

Poster-topic 8: Promoting the health of mothers, parents, babies II

Chair: Izolda CHEREPANOVA (RU)

Humanisation of care of newborns - MBFHI, Late -rooming in
Jàn PAŠKAN (RU),

The Family School in the Rapla County Hospital
Mari Pöld (EE)

Creating "Breastfeeding Friendly" Health Centres communicating results of an audit
Virginia PYE (IE)

Improving Breastfeeding Rates in the Midland Health Board Region: A Strategic Partnership Approach
Gery QUINN (IE), Corina GLENNON (IE)

Nurse, newborn, mother- attitude to the education of nursing
Dalia STONIENE (LT)

Developing a new Maternity Chart/Record
Mary TEVLIN (IE), Eileen RONAN (IE), Maria GIBBONS (IE)

Poster-topic 9: Health promotion for the elderly

Chair: Kate BRICKLEY (IE)

Estonian model in the elderly care
Helle MAELTSEMEES (EE), Tiiu HÄRM (EE)

Reducing the risk of falls in older people: Falls prevention outcomes
Moira SUGDEN (UK), Kostakis CHRISTODOULOU (UK), Penny BUTLER (UK)

Poster-topic 10: Improving health promotion by developing integrated/continuous care I

Chair: Klaus-Diethart HÜLLEMANN (DE)

A Hospital-Community Care Link: A rehabilitation Program for Rheumatic Patients
Alberto APPICCIAFUOCO (IT), Alessandra MATTUCCI (IT), Vincenza FUSARI (IT), Simonetta DURETTO (IT)

Blood donor reception and care in the Nuovo San Giovanni Di Dio Hospital Immunoematology and Transfusional Medicine Service
Alberto APPICCIAFUOCO (IT), Silvana ARISTODEMO (IT), Maria Loredana IORNO (IT), Franco VOCIONI (IT)

Developing preventive health programmes for the chronically ill
Jorien BAKX (NL), Ant van BURG (NL)

Hospital and territory a possible integration for chronic heart disease patients
Gabriella BORGHI (IT), Loredana LUZZI (LT), Simonetta SCALVINI (IT), Gianluca POLVANI (IT)

A multidisciplinary approach for diagnosis, treatment, follow up and prevention of urinary stone desease: the preliminary experience of a Stone Center in B. Ramazzini Hospital - Carpi (Modena – Italy)
Maurizio BRAUSI (IT), Anne Maria PIETRANTONIO (IT), Stefano CENCETTI (IT), Alfonso Vittorio ANANIA (IT)

Improving care in patients with chronic conditions
Anne FRØLICH (DK), Svend Juul JØRGENSEN (DK)

Poster-topic 11: Improving health promotion by developing integrated/continuous care II

Chair: Yannis TOUNTAS (GR)

Analysis of hospital staff's opinion to improve management quality
George GOLUKHOV (RU), Igor KOLOMIETS (RU), Sergey OSIPOV (RU)

Tubercular Disease (TB) Surveillance: an integrated Hospital-Community project in the Province of Reggio Emilia
Marina GRECI (IT), Lorenzo AGOSTINI (IT), Patrizia CAMERLENGO (IT), Tiziano GARUTI (IT)

Information Leaflets for service users and referrers
Lorna KAVANAGH (IE)

May home hospitalisation (HH) improve outcome compared to conventional hospitalisation in patients affected with selected chronic diseases?
Federico RUGGERI (IT), Lorella MOZZONI (IT), Manuela SOLAROLI (IT), Mariano BARBERINI (IT)

Province-wide Clinical Governance Network for Gastroenterology and Digestive Endoscopy
Romano SASSATELLI (LT), Luigi PASTORE (IT), Debora FORMISANO (IT), Andrea GIGLIOBIANCO (IT), Iva MANGHI (IT)

A New Flow Chart for Referral of Patients from General Practitioner to Hospital as a way of Improving Surgical Outcomes
Hanne TØNNESEN (DK), Grethe THOMAS (DK), Helge RALOV (DK)

Innovation Technologies of Continuous Health Care under the Conditions of Multi-level System
Galina TSARIK (RU), Konstantin SHIPACHEV (RU), Dmitryi DANTSIGER (RU), Igor RYCHAGOV (RU)

Poster-topic 12: Health promotion in mental health care services

Chair: Rainer PAUL (DE)

Development of psychosocial rehabilitation of mental patients
Alma BUGINYTE (LT)

Mental Health Matters
Rose BYRNE (IE), Cathleen KELLY (IE), Ann MORRIS (IE), Elizabeth McARDLE (IE)

Residential Facilities: an asset for mental health
Margherta GALEOTTI (IT)

Men´s health Promotion: Bridging the Communication Gap from Theory to Practice
Jacinta McAREE-MURPHY (IE), Finian MURRAY (IE)

Communication with the person who has Dementia
Pat O'DOHERTY (IE)

Personal and Community Support Directory 2nd Edition (primary suicide prevention)
Carolyne OXLEY (IE), Kate BRICKLEY (IE)

Supported Employment in Mental Health – The Next Step?
Regina REYNOLDS (IE), Tony CORRY (IE), L. Martin (IE)

The Project Advocacy for Mental Users – a New Institution in Lithuania
Danguole SURVILAITE (LT)

A Primary Prevention Program in Upper Secondary School focusing on Mental Health
Anne-Gro TVEDT (NO)

Poster-topic 13: Migrant Friendly Hospitals

Chair: Karl KRAJIC (AT)

Improving Health Care for foreign patients
Lucia CELESTI (IT), Elisabetta di LISO (IT), Maria Cristina ROCCHI (IT), Tommaso LANGIANO (IT)

On the way towards HCCC
Beate LIESKE (DE), Elimar BRANDT (DE), Werner SCHMIDT (DE)

HbsAg and HbsAb in recently-migrated children: research and interventions
Mara MANGHI (IT), Teresa FONTANESI (IT)

Access for Travellers attending O.P.D´s Clinics will be improved by introducing appropriate signage
Jacinta McAREE-MURPHY (IE), Bernadette DUNLEAVY (IE), Geraldine McCORMACK (IE)

Inter-cultural Hospital in the Lombardia Region
Lucia SCRABBI (IT), Patrizia SIRONI (IT), Cinzia ZAFFARONI (IT)

Poster-topic 14: Developing pain-free hospitals

Chair: Simone TASSO (IT)

Protocol for acute post-operative pain
Caterina AMADUCCI (IT), Tiziana FRATTI (IT), Maurizio PIERI (IT), Tiziana FARAONI (IT), Lucia TURCO (IT)

The Development of a Pain Management Service within Louth Community Care Services
Mona O'NEILL (IE)

Poster-topic 15: Developing quality of care and managing risks in Health Promoting Hospitals

Chair: Raymond McCARTNEY (UK-NI)

Development of cardio surgery and intervention surgery in Murmansk Region, Russian Federation
Peter BRENTSIS (RU)

Regional experiment on an Incident reporting system for the surveillance of incidents in the operating theatre
Renata CINOTTI (IT), Vania BASINI (IT), Patrizio di DENIA (IT), Antonio CHIARENZA (IT)

The Risk Management Project in the Mental Health Department in Reggio Emilia
Gaddomaria GRASSI (IT), Dorella COSTI (IT), Luigi TAGLIABUE (IT)

Interdisciplinary Co-operative Abdominal Centre: a promising approach to improved patient care
Bernhard F. HENNING (DE), Eva-Maria EINIG (DE), Constantinos ZARRAS (DE)

Predictors for loss of follow-up in young trauma patients in an inner-city emergency department
Bruno NEUNER (DE), Tim NEUMANN (DE), Edith WEISS-GERLACH (DE), Peter SCHLATTMANN (DE)

The Management of hygiene and epidemiology in the St. Cyril and Method University Hospital
Jàn PAŠKAN (SK), Elena LAZAROVÁ (SK)

Resident Assessment Instrument. The cross-cultural adaptation process in Estonia
Reet URBAN (EE), Kai SAKS (EE)

Patients' safety in conditions of an industrial model of managing quality of medical care
Sergey VARDOSANIDZE (RU), Yury VOSKANIAN (RU), Irina SHIKINA (RU)

An observation instrument for the Evaluation of transfer technique used when handling patients
Susan WARMING (DK), Birgit JUUL-KRISTENSEN (DK), Niels EBBEHØJ (DK), Bente SCHIBYE (DK)

Poster-topic 16: Improving and measuring patient satisfaction

Chair: John DAVIES (UK)

Patient's satisfaction and evaluation of the service quality in the Palanga Rehabilitation Hospital
Virginijus BISKYS (LT), Romualdas MIKELSKAS (LT)

Patient satisfaction survey for dialyzed patients
Pierpaolo BORGATTI (IT), Maria Grazia MANINI (LT), Maria RAVELLI (LT), Loredana CERULLO (LT)

Consumer satisfaction survey of Community/District Midwifery service at the Mid-Western Regional Mat. Hospital
Elizabetz CLUNE (IE), Maria GIBBONS (IE)

Psychiatric patients' level of satisfaction; a survey
Margit REIMERS KNUDSEN (DK), Ulla MAEGAARD (DK)

Patient Attitude to the Quality of the Healthcare Services in Siauliai Hospital
Loreta-Rasute REZGIENE (LT), Renata NOREIKAITE (LT)

Cooperation of patients and medical personnel
Loreta-Rasute REZGIENE (LT)

Poster-topic 17: Promoting the health of hospital staff I: Issues of psychoscial health and wellbeing at work

Chair: Peter NOWAK (AT)

A psychological survey for the support of the staff members of the ICU in a pediatric hospital
Elena ANGELI (IT), Simona CAPRILLI (IT), Clementina PARISI (IT), Angela TILLI (IT)

The Quality of Working Life Programme, Midland Health Board
June BOULGER (IE)

An in-depth study into workplace bullying in a Irish Hospital Setting
Ann BREEN (IE)

Mind, Body and Spirit Festival , Promoting positive mental wellbeing for staff at The Regional Maternity Hospital, Limerickstern Regional Maternity Hospital
Maria GIBBONS (IE), Cathy QUINN (IE), Kay McDONALD (IE)

Staff Counselling Service
Barbary LYNCH (IE)

Experience in social and psychological monitoring among the hospital's staff
George GOLUKHOV (RU), IZOLDA SHEREPANOVA (RU)

The experience with VIG (Video Interaction Guidance) as Positive Support to Staff
Caterina JECHOVA (CZ)

An investment in staff health and well being
Mary LAFFERTI (UK-NI), Raymond McCARTNEY (UK-NI)

Personal Develoment Planning (PDP) – a continuous development process
Shirley McINTYRE (IE)

An investigation into how health promotion professionals experience stress
Criona SPAIGHT BRESLIN (IE), Patricia MANNIX-McNAMARA (IE)

Mental wellbeing in the workplace
Andrew SWANSON (UK-SCOT), Karen PEACE (UK-SCOT), Rev Roddey McNIDDER (UK-SCOT), Ann KERR (UK-SCOT)

Poster-topic 18: Promoting the health of hospital staff II: Promoting physical activity and coping with occupational risks

Chair: Orlaith O´BRIEN (IE)

HPH Physical Activity Hospital Challenge
Fiona STEED (IE), Mary KILEEN McCARTHY (IE), Denny O'KEEFE (IE)

MHB Rationale for implementing standardised chair-based physical activity programme based in the MHB Care Centres
Mary GORMAN (IE), June BOULGER (IE)

Implementation of Physical Activity for Patients and Employees in Hospitals
Thomas Lund SØRENSEN (DK), Hanne BECH MUELLER (DK), Dorthe HOEST (DK)

Promoting Health through Staff health Fairs
Rovena CONRAD (UK-SCOT)

Health Related Behaviours among Personnel of the Hellenic Network of Health Promoting Hospitals
Yannis TOUNTAS (GR), Elpida PAVI (GR), Lamprini Xhouliara (GR), Eleni MORETTI (GR), Natasa PAPADOPOULOU (GR)

Prevention and improvement of working and residential quality in operating theatres
Gian Carlo SCARPINI (IT), Carlucco TORTI (IT)

Talking about safety: a web portal for staff communication in health care organisations
Daniele TOVOLO (IT), Giorgio CESPUGLI (IT), Stefania ARISTEI (IT), Francesca de FRENZA (IT)

Poster-topic 19: Promoting the health of hospital staff III: Personnel development

Chair: Margareta KRISTENSON (SE)

Survey on the opinions of the medical staff of the A. Meyer Childrens Hospital of Florence on the non-conventional therapies
Simona CAPRILLI (IT), Beatrice FERRARI (IT), Adrienne DAVIDSON (IT), Andrea MESSERI (IT)

The new role of the "Health Professionals": become "Health Promoters"
Marcella FILIERI (IT), Maria José CALDÉs PINILLA (IT), Fabrizio SIMONELLI I(IT), Sergio ARDIS (IT)

Health Promoting Hospital from the Perspective of Professionals
Helene JOHANNSON (SE), Berith NYSTRÖM (SE)

Forming a journal club to support the sharing of knowledge and the enhancement of inter and multi disciplinary communication
Mary KERRIGAN (IE)

Investing in health for the future: A well educated staff
Tove PANK (DK)

Ethical and legal aspects of physicians' activity in hospitals in the Republic of Tatarstan (Russian Federation)
E.V. KARPUKHIN (RU), L.M. ABILMAGZHANOVA (RU), L.A. DORONINA (RU), S.A. VALIULLINA (RU)

Poster-topic 20: Developing health promoting hospital organisations

Chair: Karl PURZNER (AT)

A HPH Regional group to ensure quality and effective communication across the board
Rose BYRNE (IE), Janta McAREE-MURPHY (IE), Emer SMYTH (IE), Elizabetz McARDLE (IE)

Intermediate evaluation of the Health Promoting Hospital - programme for 2001-06 –Management interviews
Eeva HÄKKINEN (FI), Maria HALLMAN-KEISKOSKI (FI)

Health promotion at Letterkenny General hospital Donegal
Mary KELLY (IE)

"Well being in hospital", a global HPH program, at the Terni Hospital. Results of the first two years
Orietta ROSSI (IT), Lamberto BRIZIARELLI (IT)

HP in Läänemaa Hospital
Kai TENNISBERG (EE), Lea HEERINGAS (EE)

Poster-topic 21: Quality development in Health Promoting Hospitals

Chair: Rabbia KHAN (London, UK-ENG)

Early detection of malignant neoplasms of visual sites
Rustem KHASANOV (RU), Ildar GILYAZUTDINOV (RU), Kamil SHAKIROV (RU)

Lithuanian HPH Hospitals managers´ attidude towards health promotion standards
Zemyna MILASAUSKIENE (LT), Irena MISEVICIENE (LT)

Professional Accreditation of AMD (Scientific Association of Italian Diabetologists) for Promoting Health of People with Diabetes
Danilo ORLANDINI (IT), Luigi SCIANGULA (IT), Pasqualino CALATOLA (IT)

EFQM Italian Network for Promoting Health
Danilo ORLANDINI (IT), Sandra VERNERO (IT)

Graduates in Health Management - introducing interdisciplinary operational areas in hospitals
Anja BÖHM (DE), Doreen KRASKA (DE)

Information technologies in modern healthcare
Boris MACHTAKOV (RU), Sergey GUSEV (RU), Natalia GOLOVINGA (RU), Vera ZHIVOTKEVICH (RU)

Poster-topic 22: Developing HPH networks

Chair: Ann O´RIORDAN (IE)

Relevance and pertinence of the interventions of HPH. Analysis of 111 Italian projects
Lamberto BRIZIARELLI (IT), Orietta ROSSI (IT), Matteo ZERBINI (IT)

Health Promotion Strategies in Irish Hospitals - the health promotion journey
Kate FRAZER (IE), Anna CLAREK (IE), Leslie DALY (IE)

The integration between the Health Promoting Networks: a project of the Local Health Unit n° 3 of Pistoia (Italy)
Galileo GUIDI (IT), Maria José CALDÉs PINILLA (IT

Estonia is strengthening International Networking
Tiiu HÄRM (EE), Helle MAELTSEMEES (EE)

Implementing settings based health promotion in health services: baking a good cake
Ann KERR (UK-SCOT), Claudia MARTIN (UK-SCOT), Erica WIMBUSH (UK-SCOT), Sandy WHITELAW (UK-SCOT)

Poster-topic 23: Arts in Health Promoting Hospitals

Chair: Christina DIETSCHER (AT)

Childrens Art Competition to raise awareness of road safety issues
Rose BYRNE (IE), John TUITE (IE)

“Children of Lir” Intergenerational project
Mary DALY (IE)

Artwork " Healing Walls"
Rea NURMI (US)

HPH Project “Music in the Hospital”: toward the realization of a better welcome and quality of assistance at the Nuovo San Giovanni di Dio Hospital ASL 10 Firenze
Alberto APPICCIAFUOCO (IT), Gianna RANDELLI (IT), F. BUONO (IT), D. BELLUCCI (IT)

Poster-topic 24: Promoting health through nutrition

Chair: Federica GAZZOTTI (IT)

Improving multidisciplinary communication through development of a nutrition project
Christ GRIPP (IE), Catherine O’KEEFFE (IE), Niamh O’KEEFE (IE), Grainne FLANAGN (IE)

Concurrent introduction of a Mediterranean Diet in several hospitals
Ulrich HILDEBRANDT (DE), Christa RUSTLER (DE), Gerald WÜCHNER (DE)

Organisation of dietary nutrition, nomenclature of diets, indications, nutritional recommendations, energy and nutrients intake
Liidia KIISK (EE)

Sweet Free Zone
Diane LOUGHLIN (UK-SCOT)

Communication Nutrition needs: Patient participation in care of older people setting
Niahm O’KEEFFE (IE)

Hospital catering: an opportunity for nutritional information and education
Cesare SACCHI (IT), Daniela VASTA (IT), Valeria VANICARDI (IT), Marika IEMMI (IT)

The evaluation of the in-patient’s hospital food quality in Kaunas Medical University Hospital
Daiva ZAGURSKIENE (LT), Zita ZAILSKIENE (LT), Odetta BALTIKAUSKAITE (LT)

Poster-topic 25: Supporting smoking cessation and developing smoke-free hospitals

Chair: Lillian MOELLER (DK)

A smoking cessation programme in a care and research hospital: 1 year follow up
Stefano BONI (IT), Margherita NERI (IT), Roberto FE PEDRETTI (IT), Giorgio BERTOLOTTI (IT)

European Code for smoke-free hospitals - a European strategy for health promotion
Bertrand DAUTZENBERG (FR), Annie BOURDIL (FR), Anne-Marie SCHOELCHER (FR), Ariadni OURANOU (FR)

Smoking Cessation in Enduring Mental Illness
Gabrielle Healy (IE)

The first results of the Danish Clinical Database for smoking cessation programmes
Mette JENSEN (DK), Vibeke THYGESEN (DK), Hanne BECH MUELLER (DK), Hanne TØNNESEN (DK)

Partnership is the effective way of prevention (based upon CINDI-Tomsk program)
Irina KONOBEEVSKAYA (RU), Rostislav KARPOV (RU)

Smoking of students and possibilities of its prevention
Irina KONOBEEVSKAYA (RU), Anna BORODINA (RU)

Motivational counselling in acute internal medicine
Hanne TØNNESEN (DK), Bente M. NELBOM (DK), Vibeke BAKKER (DK)

The effect of implementing a smoke-free policy among staff at Bispebjerg University Hospital, Copenhagen
Vibeke THYGESEN (DK), Vibeke BAKKER (DK), Hanne TØNNESEN (DK)

Implementation of Framework convention on tobacco control (FCTC) articles into hospital work in Russian Federation
Galina TKACHENKO (RU), Olga PRIESJEVA (RU)

Improving Tobacco Control in Teaching Hospital
Gianluigi TRIANNI (IT), Elena VECCHI (IT)

Poster-topic 26: Promoting community health: community health education and environmental management

Chair: Tiiu HÄRM (EE)

Recycling Project at Letterkenny General Hospital
Mary KELLY (IE), Peter BYRNE (IE)

Perceptions of young people who are at risk of, or who are engaging in violent behaviour: An exploratory study
Mary KENNEDY (IE), Patricia MANNIX McNAMARA (IE)

Prevention of head injuries in the community
Evelyn O'KEEFE (IE), Anne-Marie McKEOWN (IE), P. MORAN (IE), E. O'SULLIVAN (IE)

The Development of public relations at Kaunas Medical University Hospital: The Project "Week of Prevention of burns"
Jurate VAIDELIENE (LT)

Analysis of information flow affecting development of drug addiction among adolescents
Mikhail VODYANOV (RU), Igor EFIMOV (RU)

Plenar speakers, panellists and chairs

Plenary Speakers (listed in alphabetic order)

Concha COLOMER (Plenary 4)

Head of the Health Promotion Unit at the Valencian School of Public Health (EVES).

Ater specialized in Paediatrics, Dr. Colomer received training in social paediatrics (Centre International de L'Enfance. Paris), Epidemiology (Amherst, USA) and Public Health. She has developed her career in academic institutions and is author of more than 100 papers published in refereed national and international journals and other publications. Her main research interest has been child health, women's health and health promotion. Interested in the application of public health research into practice, she has been coordinator of the Valencian Healthy Cities network and has promoted international health promotion projects in Spain. She is past president and active member of the European Society for Social Paediatrics (ESSOP) and participated in the CHILD European project. She is also involved in NGO's and lay people networks.

Interested in improving quality of postgraduate training in public health, she has been and is involved with WHO, EC and other organizations' projects developing international training. She was Director of WHO-Euro Collaborating Centre for the Development of Public Health, has been consultant for WHO-Euro developing the introductory module "Health For All" to be used in schools of public health, she was founding member of the European Training Consortium for Public Health (ETC), and is member of the European Master in Health Promotion (EUMAHP) and European Health Promotion Indicator Development (EUHPID) Consortium.

Contact:
Generalitat Valenciana
Institut Valencia D'Estudis en Salut Pub
Juan de Garay 21
E-46017
Valencia
SPAIN
colomer_con@gva.es

Helmut HILDEBRANDT (Plenary 3)

Born in 1954, since 1991 founder, share holder and chairman of Hildebrandt GesundheitsConsult GmbH. Pharmacy Diploma and Sociology Studies, Germany, more than twenty years of experience with policy issues, economic, social and political matters, finance, strategic planning and management within the health care market. Longstanding experience in the management of hospitals (CEO on time for a turnaround management of a hospital near Hamburg). Since 1982: consultancy work for the World Health Organisation WHO-Europe, 1984 – 1988 research experience gained at the Institute of the Sociology of Medicine at the University Hamburg-Eppendorf. Part of the consulting team concerning the implementation of Integrated Healthcare Systems in Germany.

German representative of "Global Health Productivity", an international project organised by Stanford University, Palo Alto, CA-USA

Contact:
Hildebrandt Gesundheits Consult GmbH
Borsteler Chaussee 53
D-22453 Hamburg
GERMANY
hgc@gesundheitsconsult.de

Mila GARCIA BARBERO (Plenary 1)

Dr Mila Garcia-Barbero is a medical doctor, with a ph.d. and a Master in Health Services Administration. Following several years as Director of Medical Education in Spain, she moved to WHO Regional Office for Europe in 1990 where she has held responsibility for programmes such as Primary Health Care, Human Resources for Health and Hospitals. Since 1998 she has headed the WHO office in Barcelona, with responsibility for hospitals, health promoting hospitals network, emergency medical services and e-health. Member of the editorial board of several peer journals, Member of the advisory board of several institutions and Foundations, Editor and authors of many books and articles.

Contact:
WHO European Office for Integrated Health Care
Marc Aureli 22-36
08006
Barcelona
Spain
mgb@es.euro.who.int

Jos KLEIJNEN (Plenary 2)

Educational qualifications

Physician University of Limburg (Maastricht, Netherlands), 1987
PhD University of Limburg, 1991
Registered Epidemiologist SMBWO (Netherlands), 1993

Positions
1 April 1998 – present: Professor and Director, Centre for Reviews and Dissemination, York
1994-1998: Amsterdam, Dutch Cochrane Centre, Founder and Director
1993-1998: University of Amsterdam, Academic Medical Center, Clinical Epidemiologist
1987-1993: University of Limburg, Dept of Epidemiology, Research Fellow

Research interests
Methodology of patient-related research, placebo effects in randomised trials, diagnostic and screening procedures, dissemination and implementation of research-based evidence, Evidence-based medicine, systematic reviews, Cochrane Collaboration.

Selected Board memberships, chairs, editorial etc.
- Chair of the (Cochrane) Collaboration Trading Company
- Editor of the Cochrane Peripheral Vascular Diseases Group
- Member of the UK Cochrane Centre Steering Committee
- Board member of the National Collaborating Centre for Women and Children's Health (NICE)
- Steering Group member of the EPPI Centre (London)
- Board member of the Guidelines International Network
- Advisory Group member of the World Cancer Research Fund
- Member of the R&D Steering Group of the Health Development Agency
- Member of the Committee of Management, Joanna Briggs Institute

Selected recent publications
1. McDonagh MS, Whiting PF, Wilson PM, Sutton AJ, Chestnutt I, Cooper J, Misso K, Bradley M, Treasure E, Kleijnen J. Systematic review of water fluoridation. *BMJ* 2000; 321: 855-859.
2. McDonagh MS, Bachmann LM, Golder S, Kleijnen J, ter Riet G. A rapid and systematic review of the clinical effectiveness and cost-effectiveness of glycoprotein IIb/IIIa antagonists in the medical management of unstable angina. *Health Technol Assess* 2000;4(30).
3. Riemsma RP, Forbes CA, Glanville JM, Eastwood AJ, Kleijnen J. General health status measures for people with cognitive impairment: learning disability and acquired brain injury. *Health Technology Assessment* 2001;5(6).
4. Di Blasi Z, Harkness E, Ernst E, Georgiou A, Kleijnen J. Influence of context effects on health outcomes: a systematic review. *Lancet* 2001;357:757-762.
5. Nixon J, Khan KS, Kleijnen J. Summarising economic evaluations in systematic reviews: a new approach. *BMJ* 2001;322:1596-1598.
6. Olsen O, Middleton P, Ezzo J, Gotzsche PC Hadhazy V, Herxheimer A, Kleijnen J, McIntosh H. Quality of Cochrane reviews: assessment of sample from 1998. *BMJ* 2001;323:829-832.
7. Lewis R, Bagnall AM, King S, Woolacott N, Forbes C, Shirran L, Duffy S, Kleijnen J, ter Riet G, Riemsma R. The clinical effectiveness and cost-effectiveness of vinorelbine for breast cancer: a systematic review and economic evaluation. *Health Technology Assessment* 2002;6(14).
8. Honest H, Bachmann LM, Gupta JK, Kleijnen J, Khan KS. Accuracy of cervicovaginal fetal fibronectin test in predicting risk of spontaneous preterm birth: systematic review. *BMJ* 2002;325:301-304.
9. Di Blasi Z, Kaptchuk TJ, Weinman J, Kleijnen J. Informing patients of allocation to placebo at trial closure: postal survey. *BMJ* 2002;325:1329-31.
10. Whiting P, Rutjes AW, Reitsma JB, Bossuyt PM, Kleijnen J. The development of QUADAS: a tool for the quality assessment of studies of diagnostic accuracy included in systematic reviews. *BMC Med Res Methodol.* 2003 Nov 10; 3(1): 25.
11. Whiting P, Rutjes AWS, Reitsma JB, Glas AS, Bossuyt PMM, Kleijnen J. Sources of Variation and Bias in Studies of Diagnostic Accuracy: A Systematic Review. *Ann Intern Med* 2004;140:189-202.

Contact:
University of York
York JY 10 5DD
UNITED KINGDOM
jk13@york.ac.uk

Martin McKEE (Plenary 1)

Title: Professor of European Public Health
Disciplines: Policy analysis, Demography, Epidemiology.
Research areas: Health sector development, Health systems, Tobacco control, Health care financing, Health policy.

I qualified in medicine at Belfast, Northern Ireland and subsequently trained in public health in London. Since 1990 I have been involved extensively in research and training that relates to the breaking down of barriers of all sorts within Europe.

I am responsible for a course on issues in public health, taught in the autumn term. This course seeks to show that public health can actually be exciting and stimulating. It is intended for people who want to make the world a better, and fairer place to live in. It uses problem based learning and is based on real life issues, such as gun control, discrimination, and challenging vested interests. It is not for those who see public health as a way to a quiet life!

I manage a research team working on the challenges to health and health systems in the countries of central and eastern Europe and the former Soviet Union, co-directing the School's European Centre on Health of Societies in Transition (ECOHOST. I am also a research director in the European Observatory on Health Care Systems and editor in chief of the European Journal of Public Health.

Selected publications
Martin McKee, Paul Garner, Robin Stott. (eds) International Co-operation and Health, Oxford University Press, September 2001
Martin McKee, Judith Healy. (eds) Hospitals in a changing Europe. Open University Press, 2001
Martin McKee, Judith Healy. (eds) Health care in central Asia. Open University Press, 2001
Elias Mossialos, Martin McKee. EU law and the social character of health care. Brussels: Peter Lang, 2002.
Martin McKee, Elias Mossialos, Rita Baeten (eds). The impact of EU law on health care systems. Brussels: Peter Lang, 2002.

Contact:
London School of Hygiene and Tropical Medicine

European Centre on Health of Societies in Transition
Keppel Street
London WC1E 7HT
UNITED KINGDOM
martin.mckee@lshtm.ac.uk

Lone de Neergaard (Plenary 2)

M.D. from University of Copenhagen 1973. Specialist in community medicine/ Public Health 1983.

Since 1977 a career in administrative medicine in Australia and Denmark including positions as Assistant Medical Superintendent in a large teaching hospital; as Regional District Medical Officer; in the Danish National Board of Health (five departments: education, hospital planning, AIDS, the CMO's office, health care planning) and since 1995 as Director of Health Services, Copenhagen Hospital Corporation.

Major and continuous themes in the work have been: Health care planning, especially intersectorial coordination; hospital planning and planning of highly specialized functions; education; quality development and accreditation. A special task was to establish a countrywide AIDS prevention scheme/campaign as National AIDS Coordinator.

The work has included chairmanship/participation of numerous major national and regional commissions and committees, covering a broad range of topics within health care and related sectors. Another facet is an extensive teaching activity within the themes mentioned above both nationally and internationally.

Copenhagen Hospital Corporation, a public organization, was established 1995 as a merger of three hospital organizations with then 7 hospitals, now reduced to 6. Over the 9 years the Corporation has first introduced drastic changes to the overall distribution of tasks and closed more than 25% of the hospital beds - and in continuation hereof finalized accreditation by JCIA in 2002 as a targeted quality improving effort impacting daily work routines for each individual employee. The ongoing major project is implementation of a total clinical and administrative information technology strategy by 2006.

Contact:
Copenhagen Hospital Corporation
Head Office
Bredgade 34
DK-1260 Copenhagen
DENMARK
ldn@hsd.hosp.dk

Sergeij OSIPOV (Plenary 4)

Sergey G. Osipov. In 1971 graduated form Russian State Medical University, specialty – pediatrics. In 1979 he defended a Ph.D. thesis on immunotherapy of acute leucaemia among children. In 1987 he defended a Doctor of Sciences thesis on immunology of atherosclerosis, in connection with which he was given the rank of "professor". Prof. Osipov was the head of the Department of Research Coordination in an All-Union Cardiological Research Centre. Since 1999 Prof. Osipov has been a founder and Chief Executive of the Regional Public Foundation (NGO) "XXI Century Hospital". He is a member of the Scientific Committee of HPH. Since 2003 he has been a professor of the Sociology of Medicine Department of the Russian State Medical University.

Contact:
Foundation "XXI Century Hospital"
Lobachevsky St. 42
117415 Moscow
RUSSIAN FEDERATION
21centuryhosp@aport2000.ru

Cor SPREEUWENBERG (Plenary 3)

Cor Spreeuwenberg (28th January 1944) started his professional career as air force officer (1963-1968). From 1965 till 1972 he studied medicine at the University of Amsterdam. After a short period as trainee in internal medicine, he became a general practitioner, a function that he practiced from 1973 till 1994. In 1981 he got his PhD degree at the University Utrecht by presenting a thesis titled '*Terminal care in general practice'*.

Besides working as general practitioner he was attached at the University Utrecht as senior lecturer in general practice (1978-1983) and at the Free University as professor in general practice (1983-1987). From 1987 till 1997 he was the editor-in-chief of *Medisch Contact,* the weekly journal of the Royal Dutch Medical Association (KNMG).

In 1997 he was appointed as head of the department of Health Care Studies of Maastricht University. From 2001-2004 he was dean of the Faculty of Health Science of Maastricht University.

He was member of a lot of professional or academic bodies like the Board of the Dutch College of General Practitioners (1981-1987), the New Leeuwenhorst Group, an European Group of academic general practitioners that aimed to promote general practice by teaching and learning (chairman from 1981-1991), the National Advisory Board in Health Research (1987-1997), the

section health care research of National Organisation for Health Care Research (1994-2001 as chairman), the Dutch Health Council (from 1987), the Dutch Council for Health Research (1993-2001 as vice-chairman).

His professional interests and expertise are general practice, care for chronically ill patients, organisation of health care, health care policy, medical ethics and health law, and palliative care.

Contact:
Faculteit der Gezondheidswetenschappen
Faculteitsbureau FdGW
Postbus 616
NL-6200 MD Maastricht
THE NETHERANDS
v.spreeuwenberg@zw.unimaas.nl

Panellists (in alphabetic order)

Maria José CALDES PINILLA (Panel 4)

Dr. Maria José Caldés Pinilla is a medical doctor, specialist in Hygiene and Preventive Medicine, with a Ph.D in Community Medicine. She has also obtained a post-graduate diploma in Health Education.
She has been working in the University of Perugia and Sassari (Italy) for ten years dealing research and training activities in the field of Health Promotion and Health Education. She has been organizing training courses for school teachers in Health Education methodologies, preparing also didactic material. She has been teaching Health Promotion and Health Education in several University courses.
She has also experiences in the ambit of International Health Co-operation, working for example for the WHO in Africa.

Since 2000 she has been working in the Local Health Unit n.3 of Pistoia (Italy) in quality of Public Health Manager, in the Disease Control Unit, and she is strongly committed in the ambit of the Health Promotion activities.

Actually she is a collaborator of the Regional Co-ordinating Centre of the HPH Network of Tuscany – 'A. Meyer' University Children's Hospital of Florence, focalizing her attention on the aspects of the Health Promotion for Children and Adolescents in Hospital context. She follows also the connections between the local/regional and international level of Health Promotion Projects and Programmes.
Author of several papers in national/international reviews.

Contact:
ASL 3 Pistoia
Dipartimento di Prevenzione
c/o Villa Anuri
Via I. Maggio
I-51100 Pistoia
ITALY
mj.caldes@mail.vdn.usl3.toscana.it

Manuel DELGADO (Panel 1)

- University Degree on Economics (1974)
- Master on Health Administration (MHA) (1981)
- Hospital Manager since 1981
- Professor Assistant in th MHA of the National School of Public Health (since 1985)
- C.E.O. in a Central General Hospital (1997-2004)
- President of the Portuguese Association of Hospital Managers (since 1992)
- Member of the Team Work for the Health System Reform in Portugal (1996-1998)
- President of the European Association of Hospital Managers (2002-2006)

Contact:
Associacao Portuguesa de Administradores Hospitalares
Apartado 22801
1147-501
Lisboa
PORTUGAL
manueldelgado@iol.pt

Giuliana FILIPPAZZI BRANDAZZI (Panel 4)

Giuliana Filippazzi Brandazzi has been actively engaged for over 20 years in the implementation of children's rights in hospital, first of all the right to have their mother with them around the clock, to play and education, and to be cared for only in pediatric wards.

Founding member of EACH (European Association for Children in Hospital), the umbrella association of all initiatives engaged in Europe for the well-being of hospitalised children, that drew up the "Charter of children in hospital" in 1988.

Co-ordinator of EACH since 1997.

As a member of the board of ABIO – Associazione per il bambino in ospedale – she has organised many conferences in Italy on problems concerning children in hospital (among them: pain control; importance of a child-friendly environment; roles of play before, during and after hospitalisation; how to meet the needs of patients from different cultures; how to support parents in order to help hospitalised children, etc.).

Her book "Un ospedale a misura di bambino" ("A hospital fit for children") presents the most interesting and advanced initiatives for the well-being of children in hospitals in Europe and the USA.

Contact:
Via F. Tesio 7
20151 Milano
ITALY
g.filippazzi@libero.it

Susan B. FRAMPTON (Panel 1)

As the President of Planetree, a non-profit membership organization, Frampton works with an alliance of over 75 hospitals and health centers around the country that have implemented Planetree's unique patient-centered model of care. Prior to her work with Planetree, she spent over twenty years at several hospitals in the New England area. Her work focused on community education, wellness and prevention, planning, and development of integrative medicine service lines. Frampton received both masters and doctoral degrees in medical anthropology from the University of Connecticut, and has numerous publications, including the edited collection "Putting Patients First" (Jossey-Bass Publishing, 2003), chapters in Integrating Complementary Medicine Into Health Systems, (Aspen, 2001) and articles and interviews in AHA News (2003), Modern Healthcare (2002), Complementary Health Practice Review (2001), and Hospitals and Health Networks (2002). She speaks widely on cultural and organizational change, patient-centered care, and health care consumerism.

Contact:
Plantree
130, Devision Street
Derby, CT 06418
USA
sframpton@planetree.org

Hubert K. HARTL (Panel 1)

Personal data:
Born Jannuary, 2nd, 1963 in Allentsteig. Married to Monika B.Hartl, physiotherapist. Children: Arlene (5), Katharina (3), Franziska (1 month)

Education
Primary school in Vitis (Lower Austria). Grammar school in Waidhofen / Thaya (Lower Austria). Studied at the Medical Faculty of the University of Vienna, graduated as Doctor of Medicine 1992. Hospital training in Lower Austria, Vienna and Germany.

Professional career

1987	Scientific assistant at the Hematological Department of the University Hospital 1, Vienna General Hospital
1988	Scientific assistant at the Institute of Social Medicine, University of Vienna
1993	Lecturer in Public Health, Medical Faculty of the University of Vienna;
1995	Degree as a specialist in Clinical trials (Vienna Medical Chamber)
1999	Member of the General Assembly of the Vienna Medical Chamber (VMCh); Expert of the VMCh for "Gene Technology and Recombinant Techniques"
2000	Personal assistant to the state Secretary for Health of the Republic of Austria 2002 Director (Head) of the Department for Health Promotion, Prevention, Disaster Medicine (III/A/3) of the Federal Ministry of social Security and Generations
2003	Chairman of the European Haemophilia Consortium
2004	Vice president of the Austrian Haemophilia Society

Contact:
Austrial Federatl Ministry of Health and Women
Sektion VI - Gesundheitswesen
Radetzkystraße 2
A-1031 Vienna
AUSTRIA
hubert.hartl@bmgf.gv.at

Svend Juul JORGENSEN (Panel 2)

MD 1964. Specialist training in general and vascular surgery. Head of vascular surgery until 1994. 1994 Medical Director, Hillerød Hospital, 1996 – 2002 Medical Director,Bispebjerg University Hospital.

2002 consultant, Clinical Unit for Preventive Medicine and Health Promotion, Bispebjerg Hospital and temporary advisor (hospital administration) WHO.
Publications about surgery, vascular surgery, health promotion and other issues.

Contact:
Bispebjerg Hospital
Bispebjerg Bakke 33
DK-2400 Copenhagen
DENMARK
sjj01@bbh.hosp.dk

Alexander (Aki) LINDEN (Panel 1)

Born 19.4.1952
MD 1977, University of Turku
MA 1979, University of Turku (health and social policy, philosofy, sociology, economics)
Specialist in general practice and family medicine
Specialist in health care management
1977-1984 general practioner in city of Turku/Finland
1984-87 senior lecturer in general practice at Turku University
1987-1994 Chief medical Officer ja Director on Primary Care of the city of Pori/Finland
1994-2000 Senior Medical Officer at Provincial State office of Western Finland
2001 - CEO of Hospital District of Southwest Finland and Turku University Hospital

Contact:
Turku University Hospital
Kiinamyllykatu 4-8
SF-20520 Turku
FINLAND
Aki.Linden@tyks.fi

Jürgen M. PELIKAN (Panel 2)

Professor and Director of the Institute for Sociology at the University of Vienna, Director of the Ludwig Boltzmann-Institute for the Sociology of Health and Medicine, WHO Collaborating Centre for Health Promotion in Hospitals and Health Care; management trainer and systemic organisational consultant. Major reserach areas: Sociological Systems Theory, Sociology of Organisations, Sociology of Health and Medicine, Public Health and Health Promotion, Health Promotion in Health Care, Health Systems Analysis, Evaluation.

Recent engagements:

- Project director, European project: “Migrant-Friendly Hospitals: A European Initiative to Promote Health and Health Literacy for Migrants and Ethnic Minorities, for European Commission, DG Health and Consumer Protection & Austrian Ministry of Science”
- Consultant, European Health Promotion Indicators Project (EUHPID), European Commission, DG Health and Consumer Protection

Contact:
Ludwig Boltzmann-Institute for the Sociology of Health and Medicine
Rooseveltplatz 2A
1090 Vienna
AUSTRIA
juergen.pelikan@univie.ac.at

Ann O´RIORDAN (Panel 3)

Ann O’Riordan is currently Director of the Irish network of health promoting hospitals and health service organizations. As coordinator of the original pilot hospital, Ann was a founding member of the Irish HPH Network, which began in 1995 and has expanded to over 100 member hospitals and health service facilities since then.

She is a member of the European HPH Coordinators Group, European HPH Scientific Committee, European Network of Smoke Free Hospitals, Association for Health Promotion in Ireland and represents the Irish HPH Network on the National Heart Alliance, Public Health Alliance, Irish Society for Quality & Safety in Healthcare.

Ann has worked in the Irish health services over the past 25 years. Her qualifications include a Bachelor in Nursing from University College, Dublin, Diplomas in Management and Industrial Relations and Clinical Nurse Education as well as a variety of other nursing qualifications.

Contact:
Irish National HPH Network
James Connolly Memorial Hospital
Blanchardstown
Dublin, 15

IRELAND
info@ihph.ie

James ROBINSON (Panel 4)

James Robinson is the health equality and inclusion facilitator for NHS Lothian University Hospitals Division which includes all the acute hospitals of the city of Edinburgh. His remit covers a wide area ranging from the health needs of minority to groups to child protection and family violence. He has been a member of the Royal Hospital for Sick Children's health promotion group since its inception in 1997 and has recently taken a lead role in developing the Scottish Health at Work programme in the adult hospitals.

James is an honorary fellow of the University of Edinburgh where he is responsible for a MSc Nursing course which covers ethical, legal and social aspects of child health. His current areas of research include health care for the older person from the minority ethnic community and the care of minority ethnic children with disabilities. The latter has involved fieldwork in Bangladesh and Pakistan. He is a member of the steering group for Scotland's National Resource Centre for Minority Ethnic Health.

A children's nurse by profession James is a graduate of University College Galway and the University of Dundee. He has a MSc in health administration and research from the University of Hull.

Contact:
Health Equality and Inclusion Facilitator, NHS Lothian University Hospitals Division
Royal Hospital for Sick Children
Sciennes Road
Edinburgh
EH9 1LF
UK-SCOTLAND
james.robinson@luht.scot.nhs.uk

Emma RYABOVA (Panel 3)

Emma N. Ryabova graduated from Ivanovo State Medical Academy in 1982, pediatric faculty, and specialty – pediatric surgery. In 1983 she took an internship on pediatric surgery at Ivanovo Regional Clinical Hospital. From 1983 till 1989 she worked as a surgeon and a deputy head physician on treatment in Palekh District Hospital and since 1989 as head physician of this hospital.

In 1999 Dr. Ryabova was designated as head physician of Ivanovo Regional Oncologic Dispensary where she works nowadays. For 12 years she has been actively working with a public nonprofit organization "Humanitarian aid to Russia" Switzerland (canton Graubyunden). For the last four years she has been in cooperation with an oncological society in Norway. There are a number of publications about cancer service of Ivanovo region.

Contact:
Regional Oncologic Dispensary
Lyubimova, 5
153040 Ivanovo
RUSSIAN FEDERATION
"Dr. Ryabova" **invood@yandex.ru**

Simone TASSO (Panel 2)

Contact:
Dr. Simone Tasso
Ospedale Civile S.Giacomo
Via Ospedale
I-31033 Castelfranco Veneto (TV
ITALY
tasso@ulssasolo.ven.it

Albert v. d. ZEIJDEN (Panel 3)

Albert van der Zeijden is the Vice-Chair and IAPO Representative of the Council for the Chronically Ill and the Disabled in The Netherlands (CG Council), an umbrella organisation of more than one hundred and fourty national associations of people with an impairment.

After studying psychology and pedagogy Albert was a teacher and College Director until 1980, when he became Board Member and Chairman of a teacher training college. In 1980, Albert was diagnosed as having Crohn's disease and enkylosing spondylitis (Bechterews disease), and since 1982, has been actively involved with many patients' organizations at the national and international level.

Besides his committments to IAPO and the CG Council, Albert is also Chairman of the Dutch National Council of the European Disability Forum, and is an active Board Member of numerous other organizations including:

- Dutch Council for Health Research

- "The Week of the Chronically Ill" Foundation
- Dutch National Steering Committee on Orphan Drugs (and Rare Diseases)
- The Advisory Committee of International Experts of the European Health Forum Gastein
- Patiënten Praktijk – a patients' research centre
- European Health Policy Forum (DG Sanco)

Contact:
International Alliance of Patients' Organizations
Professor Hugo de Vrieslaan 37
NL-3571 GG
Utrecht
THE NETHERLANDS
azeijden@edict.nl

Plenary Chairs (in alphabetic order)

Carlo FAVARETTI (Plenary 4)

Date of birth: August 17,1950
1975 Medical Degree, University of Padova
1978 Diploma, Post-graduate School of Hygiene and Preventive Medicine, Public Health
1987 Diploma, Post-graduate School of Hygiene and Preventive Medicine, Hospital Administration

Present position:
Director General, Azienda Provinciale per i Servizi Sanitari, Provincia Autonoma di Trento (Health Care Service Trust, Autonomous Province of Trento)

Previous Positions:
1995-1999 Director General, Local Health Unit 19, Veneto Region
1986-1995 Medical Director, Hospital and University Medical Centre, Padova
1980-1986 Head, Environmental and Occupational Health Branch, Local Health Unit 9, Veneto Region

University affiliation:
Honorary Senior Lecturer of Health Care Services Planning and Evaluation, Post-graduate Schools of Hygiene and Preventive Medicine, University of Verona
Honoray Senior Lecturer of Social Medicine, School of Social Service, University of Trento

Scientific activity:
National Co-ordinator of WHO initiative for Health Promoting Hospitals
Active member of the Italian Society for Quality in Health Care in the field of quality system design and implementation, and technology assessment
The scientific production of the last years is focused on health promotion, technology assessment and continuous quality improvement.

Contact:
Azienda Provinciale per i Servizi Sanitari
Via Degasperi 79
I-38100 Trento
ITALY
favaretti@apss.tn.it

Oliver GRÖNE (Plenary 3)

Oliver Gröne is Technical Officer for Health Services at the WHO European Office for Integrated Health Care Services, Barcelona, Spain. Since September 2002 he has been responsible for the project management of the International Network of Health Promoting Hospitals. In particular, he has been involved in initiating and developing quality strategies for the development of health promotion in hospitals.

He previously held internships at WHO Headquarters, Geneva, in the Division of Health Promotion, Education and Communication, and at the WHO Regional Office for Europe, Copenhagen, Hospital Unit. Earlier he was Scientific Assistant at the School of Public Health at the University of Bielefeld.

Oliver has received an MA in Medical and Organisational Sociology from the University of Bielefeld and a Master of Science in Public Health from the London School of Hygiene & Tropical Medicine and is concurrently working on his PhD Degree in Epidemiology and Health Services Research at the University of Pompeu Fabra, Barcelona.

Contact:
WHO European Office for Integrated Health Care
Marc Aureli 22-36
E-08006 Barcelona
SPAIN
ogr@es.euro.who.int

Viv SPELLER (Plenary 2)

Viv has a degree in psychology/zoology from Manchester University and obtained a PhD in behavioural studies in 1980. Before taking up the post of Executive Director of Health Development Agency in June 2000, she worked in health education and promotion. In 1992 Viv became Wessex regional health promotion manager and in 1996 was appointed senior lecturer in health promotion at the University of Southampton. Viv has published extensively and has particular interests in quality assurance in health promotion, the application of research methods to evaluate effectiveness and enabling practitioners to adopt best practice. Viv is a trustee of the Help for Health Trust and the National Heart Forum.

Contact:
Trevelyan House
Health Development Agency
30 Great Peter Street
London SW1P 2HW
UK-ENGLAND
viv.speller@hda-online.org.uk

Margareta KRISTENSON (Plenary 1)

Margareta Kristenson is MD, PhD, with specialities in Family Medicine and Social and Preventive medicine, and associate professor in Social and Preventive medicine and Public Health. She is currently working a senior lecturer at the department of Health and Society, Linköping University.
She was the coordinator of Linköping University Hospital when this was a pilot hospital for HPH and a founding member for the Swedish Network for HPH, which started in 1995, for which she is now the National Coordinator. She is member of the European HPH Coordinators Group and the European HPH Scientific Committee.
The Swedish Government decided in 2003 on new National Targets for Public Health and one of these is "A more Health oriented Health Service". Margareta has been actively involved in the development of background documents for this target and is now active in the work for its implementation.
Her main time, besides HPH, is devoted to research in the area of social inequalities in health with focus on psychosocial factors, stress mechanisms and psychobiology and on self-rated heath, its determinants and measurement.

Contact:
Linköping University
Centre for Public Health Science, Dep. f. Prev. Med.
S-58185Linköping
SWEDEN
margareta.kristenson@lio.se

Facilitators for pre conference workshops

Workshop I "The use of Standards for Health Promotion in Hospitals and the Self-assessment tool for improving care" (in alphabetic order)

Anne FRØLICH

Senior Consultant and head of project "Improving management of chronic conditions" in Copenhagen Hospital Corporation. Study visits at Kaiser Permanente, Care Management Institute 2002-2003, San Francisco, California. Clinical lead on project "Identification of successful practices in diabetes patients" at a national level.

Contact:
Anne FRØLICH
Bispebjerg Hospital
Clinical Unit of Preventive Medicine and Health Promotion
Bispebjerg Bakke 23
DK-2400
Copenhagen NV
Denmark
af12@bbh.hosp.dk

Svend Juul JØRGENSEN

MD 1964. Specialist training in general and vascular surgery. Head of vascular surgery until 1994. 1994 Medical Director, Hillerød Hospital, 1996 – 2002 Medical Director,Bispebjerg University Hospital.
2002 consultant, Clinical Unit for Preventive Medicine and Health Promotion, Bispebjerg Hospital and temporary advisor (hospital administration) WHO.
Publications about surgery, vascular surgery, health promotion and other issues.

Contact:

Bispebjerg Hospital
Bispebjerg Bakke 33
DK-2400 Copenhagen
DENMARK
sjj01@bbh.hosp.dk

Hanne TØNNESEN

Head of WHO Collaborating Centre for Evidence Based Health Promotion in Hospitals. Head of Clinical Unit of Health Promotion, Bispebjerg Hospital. Associated Professor, Faculty of Health Science, University of Copenhagen. Specialist of Surgery, Doctor of Medical Science

Contact:
Clinical Unit of Health Promotion
Bispebjerg Hospital
Bispebjerg Bakke 23
DK-2400 Copenhagen NV.
DENMARK
ht02@bbh.hosp.dk

Facilitators for pre conference workshop II on Newcomers to HPH (in alphabetic order)

Alberto Appicciafuoco

- born in Florence in 02/05/1954.
- Medical degree in 1979. Specialist in Forensic Medicine, Hygiene and Preventive Medicine and Health Hospital Management.
- Medical Director since 1995 in Azienda Sanitaria Locale di Firenze.
- Co-ordinator HPH Project in Azienda Sanitaria Locale di Firenze.
- Professor of Hospital Hygiene at the post–graduate high School of Hygiene and Preventive Medicine at the University of Florence.
- ANMDO President (Associazione Nazionale Medici Direzione Ospedaliera) Regione Toscana (2004-2007).

Contact:
Direzione Sanitaria
Azienda Sanitaria di Firenze Nuovo Ospedale S. Giovanni di Dio
Via di Torregalli 3
50143 Firenze
ITALY
alberto.appicciafuoco@asf.toscana.it

Izolda CHEREPANOVA

Director of Department, Citi Clinical Hospital №31, Moscow. Has a Certification in Surgery, worked as a practical Doctor in Hospital of Moscow Region, has an experience in teaching medical students, received further education managing of Personal Management and National Health system; Has an international experience in work and studying in difference countries. Expert of HRD, WHO Regional office for Europe.

Contact:
City Clinical Hospital No. 31, Department of Management and Sociology of the Advanced Training Faculty of Russian State Medical University
Lobachevskogo Str., 42
119415 Moscow
Russian Federation
NMO1@inbox.ru

Orlaith O'BRIEN (workshop co-ordinator)

Orlaith is a native of Dublin living in the Midlands region in Ireland. Orlaith is currently Director of Nursing for Acute Services at the Midland Regional Hospital Tullamore Co. Offaly since 2001. Previously she held the post of Director of Nursing for Older Persons service in Athlone Co. Westmeath from 1998.

Orlaith's is a Registered General Nurse, Registered Midwife and Diploma in Neonatal and Developmental Paediatrics.

Orlaith is responsible for the management of nursing and support services facilitating the provision of a high quality people centred services. She has a keen interest in reform, promoting a cultural shift from curative/ treatment care to a holistic approach to health within the hospital and health care facilities. She believes this can be achieved through a partnership arrangement between health promotion with areas such as quality, risk management, clinical audit within the service. She also encourages consumer involvement and partnerships with the community.

Orlaith is also involved in the New National Health Services Reform Programme.

Contact:
Acute Regional Hospitals, Midlands
Tullamore
Co Offaly
Ireland
orlaith.obrien@mhb.ie

Plenary Abstracts

Plenary I: Thursday, May 27, 2004, 09.30 – 11.00
Postitioning health promotion in health care / health systems / health policy development

What can hospitals contribute to population health?
Martin McKEE (London School of Hygiene and Tropical Medicine)

Too often, hospitals are seen as getting in the way of improving the health of the population. Politicians may not put it so bluntly, but this is the implication of what they say, as they seek ways of cutting costs and see hospitals as concrete (in physical and organisational terms) obstacles to doing so. In contrast, I will argue that hospitals, as one element in a health system, should be seen as an investment. First, however, we need to ask ourselves what are the goals of society. Clearly, if media coverage is a guide, it is to promote economic growth. Yet as we saw here in Russia in the 1980s, it is possible to have economic growth at the same time as falling life expectancy. The progress of nations needs to be measured in terms of health and wealth. Second, we need to ask whether health services, and hospitals in particular, can contribute to improving health at a population level. Or do they just relieve some suffering, important though that may be, without materially impacting on overall mortality. I will briefly outline some recent research we have done that suggests that they have made a substantial contribution in western Europe in recent decades but in Russia they have yet to do so. Finally, I will ask how they can maximise the benefits they bring, while minimising any harm they may do. I will conclude by arguing that hospitals, as a key part of the health care system, have a major contribution to make to human progress, but we must take steps to ensure that they do.

What can HPH contribute to health care development?
Mila GARCIA-BARBERO (WHO Regional Office for Integrated Health Care Systems)

In the 21st century, chronic diseases will seriously challenge the effectiveness and efficiency of health care services in developed and developing countries. The increasing number of patients suffering from chronic diseases such as cancer, asthma, chronic obstructive pulmonary disease or stroke often require cure and care from different health professionals at primary and secondary care level over a period of time. Hospitals services, however, are still based mainly on the paradigm of acute care: they perform best when the patients' need is episodic and urgent.
As a result, many quality problems exist in health cares that are not sufficiently covered by traditional hospital quality management strategies. Deficient chronic care management may result in conflicting recommendations and medication regimes, duplication of diagnostic procedures, poor transferral from one level of care to another with consequent readmissions or delays in the detection of complications, and insufficient preparation of patients to cope with their condition after discharge.
From its initiation the Network of Health Promoting Hospitals has called for a more comprehensive understanding of quality, focusing in addition to the quality of clinical services on patient education, developing healthy workplaces, involvement of families and caregivers, and making better use of community resources.
The presentation will address the limitations of current hospital quality management strategies and the need to better link service provision in hospitals to health system development. It will further give examples from taskforces, working groups and models of good practice from the Network of Health Promoting Hospitals that have addressed a comprehensive quality strategy. In order to improve the effectiveness and efficiency of chronic care management such strategy will be the key for health care reform in the coming decades.

Plenary II: Thursday, May 27, 2004, 16.30 – 18.00
Effective implementation and quality development of HPH by strategies, standards, staff and patient education

Evidence based implementation for quality and health promotion in hospitals
Jos KLEIJNEN (NHS Centre for Review and Dissemination, New York)

Evidence based health care has become a paradigm in many countries, but there are still many problems with the practice of evidence based health care and health promotion. However, without evidence based health care, lack of knowledge about research leads to neglect of valuable information and variation in the quality of practice.

The problems related to evidence based health care result from obstacles concerning the 5 A's: the availability of evidence, the accessibility, the assessment, the appraisal and the applicability of evidence.

The presentation will address some key issues in each of these five areas, using examples from recent experience in the United Kingdom. Specifically, I will address a pragmatic approach to which kinds of evidence can be used, where evidence can be found, how it can be critically assessed, how a wider appraisal leading to a decision or policy can take place and how this can be implemented into practice.

These points will be illustrated with examples from the United Kingdom in the fields of mental health promotion, prevention of falls, and the organization of cancer services.

Effective implementation of quality issues in hospitals
Lone de NEERGAARD (Copenhagen Hospital Corporation)

Copenhagen Hospital Corporation was established 1995 as a merger of 7 large hospitals. The overall aim was to improve quality and efficiency.

The first major project was a dramatic change to the overall distribution of tasks, including closing one hospital, reducing the number of beds with 20% and merging 25 clinical departments. By 1999 the implementation was carried through according to plan.

The next major project was a targeted quality improving effort impacting daily work routines for each individual employee. Accreditation by Joint Commission International Standards was chosen in 2000 – no Danish hospitals had been through such process before - and in 2002 the 6 hospitals were accredited, with the second survey due in 2005.

Parallel to the accreditation process the development of clinical indicators was initiated, in cooperation with national and international partners. In 2004 18 specialties covering about 25% of the clinical departments are included and the rest will follow within two years. The focus is on rapid reports back to the clinicians with easily read results and tools to look into problems with outliers. Today the accreditation process and the indicator development are integrated, and the overall quality improvement has become more data-driven.

The other tools in the quality improvement process were strategies for the overall implementation, strengthening the quality organization, development of numerous guidelines and procedures in order to comply with the accreditation standards, and education of all staff in the principle of continuous quality improvement and the standards, guidelines and procedures.

The result is documented better quality in many fields, and the process continues. Furthermore we see positive developments like increased focus on leadership and more cooperation and coherence across the organization, the various levels and professional groups. Also, the staff has developed an ability to readjust and change, an ability that will be needed in the light of the continued need for changes and readjustments to new standards and new demands.

The third major project is the development and implementation of the electronic patient record by 2006, a major effort that will mean even more fundamental changes to daily routines that the two former projects described above. However, many experiences from the accreditation process can be used in the electronic patient record, and vice versa will the new record facilitate the change of daily work routines and the documentation in the records.

Plenary III: Friday, May 28, 2004, 09.00 – 10.30
Improving HPH by improving continuity of care

What does the concept 'Integrated Care' mean for hospitals?

Cor SPREEUWENBERG (University of Maastricht)

Since the second half of the 20th century health care systems have become deeply fragmented. This has created serious problems for those who need chronic care.
In the Western world hospitals are designed for acute care; this has determined their philosophy and practice. However, the number of patients that depend on the services from hospitals rise steeply and therefore the present functioning and organization of hospitals may be questioned.
WHO (2001) has defined integrated care as 'the bringing together of inputs, delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion'. One can look at integrated care from different perspectives: patients, health care providers, health care system, and health care insurer.
A mean to restore integrated care is to redesign the process of care by co-ordinating the care delivered by providers with different roles and functions, improving the management of the care and substituting care from hospital to community and/or from physician to nurses or paramedics. A concept for such redesign is disease management. Disease management aims to improve the content and process of care by applying management tools like the use of protocols, feedback, benchmarking and client directed approach.
Concerning the role of hospitals in redesigned care models two examples will be given:

1. An approach ('disease management') in which hospital, general practitioners, medical specialists and home-care organization within a region have taken the responsibility to integrate the care given to all patients with highly prevalent chronic diseases. The hospital hosts and supports the management of the programs, but the concrete care is mainly given outside the hospital environment by staff trained in and supervised by the hospital. In this model specialized nurses supervise the general practitioners and function as central caregiver for the patients with more complicated diseases. Evaluation demonstrates that this approach is appreciated very much by patients and providers.
2. An approach ('new public health') in which a hospital, the local general practitioners and a Public Health Agency work together to prevent coronary heart diseases (CVD) by improving the health behaviour and lifestyle of patients at risk. Actions are taken to make the public aware of the health aspects of their lifestyle. Patients at risk for CVD are identified and can get tailored advice, support and surveillance from health advisors who work in the office of the general practitioners and the outpatient department of the hospital. The meaning of this project is that it intends to overcome the traditional separation between collective prevention and personal curative care.

In contrast to approaches in the US both approaches are not initiated by so-called 'third parties' but by the care-providers; which is positive for their motivation.
Introduction of integrated care has consequences for the funding, the organization, the administration, the service delivery and the clinical aspects of care.
The challenge is to move from turf battles and defence of professionalism to a sense of working together, to align payment structures and incentives in a way that promotes integrated care and not works against it and to invite politicians to work with caregivers to find appropriate solutions.
Hospitals have the natural position to play a leading role within the regional health care system. To get this position, they have to broaden their scope to the needs of the patients with chronic diseases, to develop a common strategy with other providers in the region and to take the initiative to implement non-traditional, innovative approaches for care.

Models of goog practice for managing integrated delivery of care: Recommendations for HPH
Helmut HILDEBRANDT (Director, Hildebrandt Health Consult, Hamburg)

The health care system in most countries of today is characterized by a fragmented provision of care in different sectors, each under different economic incentives and constraints, and not oriented towards the patient but towards the care provider. In the near future this kind of organisation of care will come to an end out of two reasons

- Patients do not longer accept being treated in this way and ask for more comprehensive and integrated ways of care delivery
- The payors (sickness funds, health insurances and health systems like the NHS) do not longer accept that care providers get fees for badly organised chains of information, doubled services and interventions, and a lack of overall efficiency within the whole process of care

Health Promoting Hospitals reorganising themselves for a sustainable future have to look forward in new ways of managing pathways of care through different settings (from primary care over secondary to acute hospitals settings as well as rehabilitation, outpatient nursing, home care and pharmaceuticals).

It is argued that the future of health care will have to take into account the reengineering of the chain of care through integrated health care systems, that contract on the one side with sickness funds and on the other side with care providers.

Since January 2000 the German health law enables in its article 140a-h the development of a new kind of integrated health care provision, the development of integrated health care delivery systems, managing the provision of care to a population that voluntarily has chosen to be part of this system and being paid for its services through the statutory sickness funds not via a fee for service payment scheme but by some kind of a capitation scheme eventually rated according to the risk-ratio of the population.

The author and his consultancy organization have worked closely with the government, sickness funds, hospitals and medical networks in developing new ways of integrated health care path ways. An example of those new ways will be described and discussed together with the economical incentives for the participating health care providers.

A second part will be a discussion of the potential benefits integrated health care delivery systems and new ways of capitation scheme will have for HPH and which recommendations can be drawn from the existing experiences.

Plenary IV, Friday, May 28, 2004, 16.00 – 17.30:
Investing in health for the future: Promoting the health of children and adolescents

Health Promoting Hospitals for Children and Adolescents: Opportunities, Challenges and Indicators
Concha COLOMER (University of Valencia)

Hospitals are part of the life and development of the children in two senses: As part of his or her imagination (though they have never visited a hospital they know they exist); and as part of his or her life experiences (those who have been attended in hospitals). Those experiences will be different depending on the frequency, kind of disease and negative and positive aspects.

Hospitals are part of children's life context and influence, positively and negatively, his or her health. Hospitals could or should be involved in health promotion in order to minimize its negative impact and to promote the positive side. The actions include collaborations at the Community level and internal actions. Community actions range from the environmental ones to informative and educational ones. Internal actions include the coverage of the physical needs (hygiene, suitable nourishment, safety...), psychosocial needs (education, family and peer relationships) and emotional needs (dignity, self esteem, empowerment, participation...)

As a summary, it would be a question of moving from hospitalism to hospitality. Hospitalism was described over a century ago, and seems to have been overcome, but maybe we still we have some aspects that recall a kind of "modern" hospitalism. According to Crandall (Archives of Paediatric 14 (6):448-454, 1897) hospitalism prevention, disease " more mortal than the pneumonia or the diphtheria ", is based on providing " care, fare and air ". The question is: is the above provided for them in hospitals? Is it possible to provide it for them?

Children's health promotion should form part of the health care quality assurance components in hospitals and not be one-off special program. The practice of some of these aspects implies the development of human resources. In the majority of cases the professionals are aware that some hospital routines are not good for the healthy development of the children.

Equity (ethnic, cultural, gender) is a requisite for health promotion. The health care services can even widen the gaps if they do not take this into account. In general children in society are considered to be incompetent and very easily deprived of his or her rights. The power relations are unequal between children and adults, including parents and health professionals. Based on protectionist principles, and in " the best interests of the child ", their rights, recognized in the Convention can be denied. In the new democratic and pospatriarcal societies, the relations between the health services, professionals and families and children must change. Gone are the times of authoritarian and paternalistic relations, now is the time for horizontal relations and negotiation. The children have the right to be heard, as do their fathers and mothers as well.

HP in hospitals, especially in University Hospitals, can have an important impact on other health care levels where the students and residents will work towards the sustainability of these initiatives across new generations of health professionals.

Cooperation between HPH and schools: The Russian experience with Health Promotion for children and youth

Sergey OSIPOV (Russian Network of HPH)

The experience of Health Promoting Hospitals Network enables implementing principles of this strategy at different levels of healthcare system. HPH strategy can be more efficient at the level of upbringing new generation, health promoting of children and adolescents at the most crucial moment:

- when there is intensive growth and all functional systems of an organism are in their final process;
- when an organism is more sensitive to any environmental attacks and the most part of chronic diseases are mainly formed.

The period of teaching children in primary and secondary schools (from 7 to 17 years old in Russia) is characterized as well by the fact that exactly in this period a child experiences maximum exercise and psychological stress as a result of considerable increase in intensity of educational programmes. The fact that children lack skills for health preservation and promotion requires implementation of special health promotion programmes in educational process.

A child at school is also put to the test of all socially dangerous bad habits, i.e. alcohol, tobacco and drug addiction. The existing system of schoolchildren medical care doesn't meet many requirements and cooperation between HPH and schools can solve many issues on health promotion of schoolchildren.

According to the decision of the Government of the Russian Federation a compulsory medical examination of schoolchildren has been introduced in schools since 2002. However efforts and funds allocated to this action can't contribute to objective evaluation of children's health. In connection with this within the framework of our pilot programme we carried out clinical examination in 3 schools. Highly experienced physicians - members of HPH took part in it. Our study showed that according to the number of indices the results of the examination differ from average figures which were obtained by official healthcare structures.

At the same time this or that pathology in our studies increased considerably as the students grew older depending on the level of grades. Thus in a common municipal school where there is no doctor on a permanent basis, neurologic deviations (vegetovascular dystonia, cerebral discirculation, cephalgia, vestibulopathy and others) were revealed in 26,0% in the 1st grade and in 77,8% in the 10th grade; ophthalmologic pathology (myopia, accommodation cramp, hypermetropia, astigmatism and others) was observed in 15,4% in the 1st grade, 33,3% in the 10th grade; cardiogram deflection among the children of the 1st grade were revealed in 17,4%, in the 10th grade in 50,0%; and, finally, huge percent of musculoskeletal system abnormalities (platypodia, kyphosis, scoliosis, lordosis, joint hyper-lability and others) was observed in all grades: 86,9% in the 1st grade, 80,0% in the 10th grade.

At the same time comparing average indices which were obtained during the examination of children in a municipal school and in a private school (the staff includes a paediatrician and a nurse on a permanent basis), there was considerable reduction in the last stage of musculoskeletal system pathology (41,0% versus 90,4% in the municipal school) and as for cardiogram deflection (5,3% versus 31,2% in the municipal school). Besides, there were fewer cases of hypochromic anemia, erythropenia, leucocytosis in a private school.

HPH experts' participation allows detecting existing pathology among students as well as monitoring of physical and mental state among children, developing responsibility for their own health and devotion to healthy life style.

Abstracts for pre conference workshops

Pre-Conference Workshop I: Wednesday, May 26, 2004, 10.00 – 13.00
The use of Standards for Health Promotion in Hospitals and the Self-assessment tool for improving care

Standards for health promotion and the newly developed self- assessment tool are valuable tools for implementation of programs for health promotion in hospitals.

The workshop will describe the practical implications of the standards for hospitals and present various groups of specialities and conditions in order to clarify the practical use and implementation methods for the standards.

The workshop will give participants the capacity to implement the standards in their own organisation and to use the self-assessment tool for monitoring the process

Input on development of standards and practical implementation:
Svend Juul JØRGENSEN

Input on methodology of self-assessment:
Anne FRØLICH

Facilitation of working groups on the Practical use of standards and self-assessment tool:
Chronic diseases: Svend Juul Jørgensen, MD
Diabetes: Anne Frølich, MD
Surgery: Hanne Tønnesen, MD
Smoke-free hospitals: Vibeke Thygesen, MD

Pre-Conference Worksshop II: Wednesday, May 26, 2004, 14.00-17.00
Workshop for newcomers to HPH

Orlaith O'BRIEN (Tullamore, IE), Alberto APPICCIAFUOCO (Firenze, IT), Izolda CHEREPANOVA (Moscow, RU)

Rationale

The HPH Network's primary aim is to promote and support the integration of a holistic approach to health within hospitals and healthcare facilities, an approach that encompasses positive health and well-being, in addition to traditional, curative and prevention services. It is acknowledged that a continuum of care from the community to the hospital back to the community is necessary and a profound cultural shift and change in practice is required to achieve its objectives.

Aim of the workshop:
To provide an introduction to the concept of HPH and give practical examples of the concept in action.

Method
Presentations reflecting the ethos and application of HPH from a management, medical and nursing prospective will be given. This will be followed by an interactive workshop where by participants will have identified their own learning needs with regard to the Health Promoting Hospital concept. They will also explore their attitudes towards Health Promoting Hospitals, taking into account the broad interpretation of what constitutes health and the basic core concepts and principles of health promotion. Opinions and ideas for the future development of HPH in practice will be collated.

Evaluation:
Each participant will evaluate their own learning through a self needs assessment pre-workshop followed by a post workshop questionnaire.

Facilitators are:
Ms. Orlaith O'Brien, Director of Nursing, Midland Health Board, Ireland.
Dr. Alberto Appicciafuoco, Director, Nuovo Ospedele, San Giovanni Di Rio, Firenze.
Prof. Izolda Cherepanova, Director of Department, Citi Clinical Hospital No. 31 Moscow.

Abstracts for parallel paper sessions and conference workshops

Parallel Sessions I: Thursday, May 27, 2004, 11.30 – 13.00

Session I-1: Workshop: Migrant Friendly Hospital

The Migrant-Friendly Hospitals in the Emilia-Romagna Region

Antonio CHIARENZA, Alice BERTOZZI, Christiana VENTURA, Andrea GIGLIOBIANCO

Organisation: AUSL of Reggio Emilia, Co-ordinating Centre of the Health Promoting Hospitals (HPH) Regional Network of Emilia-Romagna - Italy

Short Description: In the region of Emilia-Romagna, the Province of Reggio Emilia has the highest percentage of migrants over the overall resident population. Here, the migration population has grown at an incredible rate, with four times as many non-national residents today as a decade ago and a wide variety of countries of origin, the main ones being Morocco, Albania, India, China, Pakistan, Ghana, Yugoslavia and Russia. Another distinguishing feature of the migrant phenomenon in Reggio Emilia is closely connected to regional policy, which aims at facilitating the social integration of migrant groups and this has clearly resulted in increasing numbers of migrant family units settling down. This trend is evident in the growing distribution of women and children in the migrant population and in occupation levels.

Despite this, the growing numbers of migrants in Reggio Emilia have had a certain impact on the provision of health services, such as the tendency to resort only to A&E services, rather than to primary care, or the rise of certain infectious diseases which had hitherto disappeared, like TB and hepatitis. This impact has resulted in a certain number of immediate responses to cope with the phenomenon, such as the creation of specific centres for migrant families and above all the attempt to ensure free care and treatment for all, irrespective of their legal status. Following on from this initial stage of immediate reaction, the opportunity to provide for a more structured response to migrant needs presented itself through participation in the MFH project. The European project provides for a conceptual and operational model which enables hospitals in our province to overcome linguistic and cultural barriers, in such a way as to ensure equality of access and quality of care.

This paper aims at showing how the Local Health Authority of Reggio Emilia is implementing and managing a specific local project with the precise goal of firstly putting in place and then evaluating actions addressing targeted aspects of migrants' health as well as initiating an overall organizational development process by involving staff, migrant patients and the community. In particular, this paper would like to present how the Italian pilot project is implementing effective measures aimed at improving main processes and services in health care for multicultural patients and ethnic minority groups and reinforcing the role of hospitals in health promotion strategies developed at community level.

The Italian pilot project: objectives and effective measures

- To create a culturally adequate hospital setting and policy in a system of health alliancesDeveloping minimum level mfh policy on migrants for hospitals in the Local health authority
  - Establishing organisational structures to manage cultural diversity in each hospital
  - Developing criteria to define a Migrant-friendly hospital – to be officially approved by regional government as a basis for an accreditation system.
  - Co-ordinating measures and materials with the regional government as part of a wider Migration Programme involving various stakeholders in the community and aiming at fostering social integration.
- To ensure responsive and effective communication in care and clinical encounters
  - Creating an efficient interpreter/intercultural mediator service for the hospital and as a shared resource for various social organisations in the community
  - Providing the patients with information and documents adequate to cultural and linguistic diversity
- To implement migrant patients' empowerment and community involvement
  - Putting into place specific education and information interventions aimed at improving patient health literacy and the management of specific health situations focusing particularly on mother and child health.
  - Addressing ethnic minority women on central pre- and post-natal issues involving hospital maternity settings, primary care, community paediatrics and social services.
- To provide culturally competent staff and organisation in health care
  - Training health care staff on cultural competence, skills and awareness
  - Creating a suitable environment for a multiethnic patient population

Keywords: Italy and migration, ethnic minorities, health inequalities, empowerment, health promoting hospitals

Contact:
Antonio CHIARENZA
Azienda USL of Reggio Emilia
Coordinating Centre of Emilia Romagna HPH Regional Network
Via Amendola, 2
42100 Reggio Emilia
ITALY
antonio.chiarenza@ausl.re.it

The multicultural Hospital = A Hospital for everyone, benchmarking, intercultural mediation and web site: three useful instruments to ameliorate communication, health services reengineering and health promotion in multiethnic society

Giovanni Vittoria DALLARI, Stefania RICCI, Cecilia FUENTES

Immigrants are about 6,3% of the Italian population and are rapidly increasing.

In Emilia-Romagna, where immigrants belong to more than 147 ethnic groups, many Hospitals and Health Services set-up a wide range of projects and initiatives regarding the improvement of immigrant's services. It's impossible to satisfy the need of each ethnic group. Bologna's LHU has implemented therefore a set of new services, focused on individual needs and on reengineering health services, so that they became more accessible, appropriate and sensitive to all patients and service users, whether they are Italian or not.

The reengineering process involves working in partnership with other local agencies – primary care services, other health institutions and health authorities, social services, Community Councils, volunteers, immigrant's associations – to ensure equality is part of a common agenda.

Some actions and instruments:

- Analysis of the law, medical literature and experiences at local, national and international level
- involvement of all stakeholders among the community
- a comprehensive Health Program and monitoring process
- a web site showing all the information tools, documents, projects, activities, laws, news, links, etc. related to the immigrant's social and health care
- specific training for socio-sanitary and administrative staff
- intercultural mediators training course
- multicultural menu
- analysis of quality perception in different health services
- patient's education to self health protection
- informative brochures in different languages
- intercultural mediators help bridging the cultural and linguistic divide between patient and healthcare professional. Eight areas covered.
- telephone free line offering counselling and information on health services in eight languages to support foreign citizens and socio-sanitary professional; also a consultative instrument which enables users of services to contribute effectively to service development.

Future plans:

- Cross-culture communication enhanced by use of translated information cards and pictorial aids, also useful for illiterate patients
- different spiritual care.

Contact:
Giovanni Vittoria DALLARI
Progetto speciale immigrati
Azienda Sanitaria di Bologna
Strada Maggiore 35
40125 Bologna
ITALY
giovanna.dallari@ausl.bologna.it

The MFH project in James Connolly Memorial Hospital (JCMH), Dublin

Angela HUGHES, Fiona McDAID

Rationale: A report on admissions to JCMH revealed that 17% of admissions were non-national Patients. The application to participate in the MFH project therefore appeared relevant and timely and was well supported by Hospital Management.

Needs Assessment: A comprehensive Needs Assessment Kit was provided by The LBI, which provided a range of options for conducting the needs assessment in each organisation. The MFH Steering Committee chose a combination of methods to ascertain the needs of staff and patients.

The needs Assessment identified the following as issues for both staff and patients

- Language /communication barriers
- Lack of timely access to translators
- Cultural barriers

Simultaneously, the Swiss Federation for the study of Migration conducted a literature review of models of good practice in promoting health and health literacy of migrant patients. The LBI then carried out a European cross analysis of all needs assessments from each partner hospital.

The LBI identified three areas of intervention based on the cross analysis and the review of models of best practice as follows:
Sub project A: improving interpretation in clinical communication,
Sub project B: culturally linguistically adequate information and education in mother and child care and Sub project C: improving cultural competence: training hospital staff for providing cross cultural health care.

As there are no maternity services in JCMH, participation in Sub project B was not feasible, therefore, the Steering Committee decided to participate in Sub project A and Sub project C.

Sub Project A: Improving Interpretation in Clinical Communication: A Comprehensive guide to the implementation of this pathway and resource kit was provided by the LBI. A range of strategies was offered to achieve the aim of this sub project and it was decided that the best strategy to meet our needs is to improve our working relationship with external agencies providing interpretation services to JCMH.
The JCMH steering committee opted to use 4 model departments as pilot sites for Sub project A: the Emergency Dept., Patients Accounts, the Diabetic Day Centre and the Out Patients Dept.
Implementation of Sub project A will commence in January ´04 with baseline assessment and interim results will be available in June ´04.

Sub project C: Improving Cultural Competence: Training Hospital Staff for Providing Cross Cultural Health Care.
The LBI have provided comprehensive guidelines and a manual for the delivery of cultural competence training programmes. Four model departments are participating in Sub project C: Cardiac Diagnostics, Cypress (cardiac medical ward), the X-Ray Dept and the Vascular Dept.
It has been proposed that a 10-hour staff-training programme will be provided to all grades of staff in pilot departments. Training will broadly cover three areas Awareness, Knowledge and Skills. Needs assessment has been carried out to facilitate decision-making concerning the specific problems of staff, which the training should address, the scope, design and content of the training and the schedule for training.
Implementation and evaluation of Sub project C will commence in January ´04, with interim results available in June ´04.

The overall development of Migrant Friendly culture in JCMH will be reassessed using the MFQQ. Final results of the project will be available at the closing conference in Dublin Sept ´04 and the final conference will be held in Amsterdam ´04 with European recommendations and dissemination of the European report.

Contact:
Angela HUGHES
James Connolly Memorial Hospital
HPH Co-ordinator
Top Floor, Academic Centre, JCMH, Blanchardstown
Dublin 15
IRELAND
angela.hughes@nahb.ie

Evolution towards a migrant friendly hospital

Elvira MENDEZ, Fatima CHOVE, Cristina INIESTA, Anna SANCHO GOMEZ

This is collaborative project developed during 2003 by the Hospital del Mar, Barcelona (HMB) and the Asociación Salud y Familia (ASF). HMB is a general university hospital, located in a district with a high density of foreign residents, with a large number of legal and illegal immigrants using its emergency, inpatient and outpatient services. ASF is a non-governmental, non-profit-making organisation which designs and promotes models for improved accessibility to and use of health services, targeting vulnerable groups, in socially and culturally disadvantaged positions.

Objectives:
- Improve general conditions for the provision of healthcare to the immigrant population.
- Increase the availability of culturally adapted services.
- Improve communication by breaking down language and cultural barriers between healthcare staff and immigrants.
- Reduce unnecessary burdens on workload through reduction of intercultural conflict.
- Increase appropriate use of services and the level of satisfaction among patients from the immigrant population.

Methods:
- Broad availability of intercultural mediation services to provide support to immigrants and healthcare staff.
- Identifying the needs for intercultural adaptation of the hospital's services, products and routines.
- Joint leadership between HMB and ASF to encourage collaboration and the sharing of knowledge, expertise and innovation.

Results:
- The hospital is actively using the services of three intercultural mediators, provided by ASF, covering the areas of North Africa, Pakistan and Rumania and giving direct support to more than 1,000 immigrant patients.
- The hospital has adapted, interculturally, numerous information and health education materials.
- The hospital has initiated a revision process for procedures that generated intercultural conflict.
- Intercultural organisational development has become part of the hospital agenda.

Conclusions: The experience of HMB in collaboration with ASF provides a feasible and innovative model of good intercultural practice which can be expanded and adapted to other hospitals.

Contact:
Elvira MENDEZ
Asociacion Salud y Familia
GNO
Via Layetana, 40, 3º 2ªB
08003 Barcelona
SPAIN
10592emm@comb.es

Migrant-friendly hospitals – strengthening hospitals and staff to cope with diversity

Jürgen M. PELIKAN, Ursula F. TRUMMER, Karl KRAJIC

Hospitals are increasingly challenged by the growing ethnic and cultural diversity of their patients. 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.

A network of pilot hospitals from 12 EU member states is engaged in a quality development project that operates on 2 levels:
1) an overall organisational development process
2) 3 specifically tailored projects to improve communication with patients (SPA), empower patients to increased self-management (SPB) and to improve staff competencies to cope with diverse populations.(SPC)

The presentation will provide an outline of the project (concept, organisation, progress so far) and present data from the baseline of two subprojects:– how well prepared are hospital organisations to handle language problems and how fit are staff members to cope with cultural diversity?

The presentation will close with an invitation to the Conference "Hospitals in a culturally diverse Europe" (Amsterdam, December 9-11, 2004) where final results of the project will be presented.

Contact:
Jürgen M. PELIKAN
(via Ursula F. Trummer)
Ludwig Boltzmann Institute for the Sociology of Health and Medicine
Rooseveltplatz
1090 Vienna
AUSTRIA
uschi.trummer@univie.ac.at

Session I-2: Workshop: Mental Health Issues

Workshop on Health Promoting Mental Health Care

Rainer PAUL, Hartmut BERGER

Mental health disorders require an integrated approach, since disease processes are often long-term and acute and sub-acute phases of illness alternate with phases which are relatively symptom-free. This workshop will offer a forum for sharing experiences in health promotion in psychiatric health care in a broad sense. It is designed to present models of good practice of health promoting mental healthcare and to develop further a conceptual frame for health promotion in mental health care: HP in the mental health sector must then be oriented to the needs of both outpatient as well as semi-inpatient and inpatient services, considering as well the social network of the patient. From the standpoint of the case history and the biography of the patient health promotional effects can only be achieved if the settings in which the patient moves throughout the course of his biography interact. The interventions within these settings must be so tuned to one another that their immanent goal to promote health becomes the steering principle.

This time the workshop will focus on preventive strategies on mental health. Participants of the workshop are invited to present their experiences on health promoting mental health care and preventive strategies in the field (models of good practice).

Contact:
Rainer PAUL
Walter-Picard-Hospital
HPH-Co-ordinator
Philippsanlage
D-64560 Riedstadt
GERMANY
paul-wiesbaden@t-online.de

Five Years workshop on Health Promoting Psychiatric Services (HPPS) within the International Conferences of the European Network on Health Promoting Hospitals (WHO)

Rainer PAUL

Within the HPH-Conferences the work on Health Promotion in mental Health care is coordinated within the workshop on HPPS. This paper will give an overview about the topics of the last five years. The overview will also include the postersessions on this topic.

Starting with the Darmstadt Conference in 1998 the workshop was initialised. In the beginning there were also some special models of good practice e. g. from Wales on establishing helping structures in the community, but in the center there was discussion on more basic theory about what health promotion in mental health care could be.

So far as I can see the topics can be structured as follows:

1. Networking**:** Taskforce on Health Promoting mental Health Services; Irish Interest group on Health Promoting Mental Health Services
2. Key Concepts: empowerment, salutogenesis

3. Models of good practice: primary preventive work – cooperation with schools; special interventions in surgery work; building new institutional structures; centering on patients – strengthen patients movement; suicide prevention; detecting special needs of the patients; adaptive interventions for patients with Alzheimers disease and with drug- and alcohol-dependence; centering on the staff – coping with stress; protective strategies to handle aggression; centering on the community – cooperation strategies – strengthen community access

The paper will finally discuss the future work which seems to develop so far more and more in preventive work within and outside the institution.

Contact:
Rainer PAUL
Walter-Picard-Hospital
HPH-Co-ordniator
Philippsanlage
D-64560 Riedstadt
GERMANY
paul-wiesbaden@t-online.de

Don´t get down, get help – Cinema Campaign (primary suicide prevention)

William BLAND

With increasing suicide rates in Ireland over the past few years it is important that help is available for people in crisis or distress who may be potentially at risk of suicide. The Midland Health Board steering group on suicide initiated a campaign to promote a quality helpline for young people in the Midlands. While the main aim was to promote a quality helpline for young people it should be remembered that this helpline is for everyone. The title of this campaign was “DON’T GET DOWN, GET HELP”.

Objectives:
1. To identify an agency who provide a quality helpline
2. To consult with young people with regard to the design and wording for posters and cards.
3. To disseminate 80,000 helpline cards and 8,000 posters throughout the Midlands
4. To secure funding for the campaign
5. To conduct an evaluation of the campaign
6. Based on the evaluation to determine alternative means of promoting the campaign

Methodology:
Phase 1
A project team was established to determine the requirements for the project and to examine a similar model used in Dorset, England. An evaluation of the Samaritans Helpline based on guidelines of good practice for helpline was conducted with the local branch in Athlone. Young people were consulted to seek their views with regard to wording, colours, and design of the posters and cards. Cards and posters were disseminated throughout the Midlands through a variety of agencies and organisations. An external evaluation of the impact of the campaign was conducted after one year.

Phase 2
Based on the evaluation which showed that less than 50% of young people in the Midlands had seen neither the cards nor posters it was decided to examine an alternative method of promoting the campaign. Preliminary research with cinema audiences in Ireland indicated that 81% of cinema audiences were under 35 years of age, The team agreed that a cinema advertisement promoting the campaign should be prepared. A 15 second advertisement was prepared and run in every cinema, every night of the week, in the Midlands for one year. An independent evaluation with cinema audiences in the Midlands was conducted by MORI MRC which indicated that cinema advertising was an effective way of promoting health messages. The evaluation made a number of recommendations for improving the advertisement. As a result a new 30 second advertisement was made and is currently running in the Midlands. An evaluation of the current cinema advertisement indicates high levels of recall with 20 people spontaneously recalling the Helpline number correctly. The Samaritans inform us that they are extremely busy and are planning to put in another phone line in their Athlone branch.

Conclusion: Evaluations of the cinema campaign “DON’T GET DOWN, GET HELP” indicate that cinema advertisement is an effective tool in promoting health messages especially when targeting the younger age group especially those under 35yrs who are more vulnerable to suicide and suicidal behaviour.

Contact:
William BLAND
(via Kate Brickley)
Midland Health Board
Tullamore
Co Offaly
IRELAND
Kate.Brickley@mhb.ie

Psychiatry: Prevention of violence and aggression among patients

Lene SCHWARTZ, Margit Reimers KNUDSEN

The presentation will show how 2 counties in Denmark have developed 2 quality assurance programs to improve staff's competences in dealing with aggression and violent behavior among patients.

The presentation will show details from both programs including evaluation forms. Furthermore it will include experiences from practice.

The presentation will include aspects as follows:

Emphasing the psycosis
- communication and attitudes
- prevention of aggression
- how to handle conflicts and set limitations
- how to deal with aggression

Law of Loss of Liberty and other Forces in Psychiatry

Physical training
- how to handle and avoid physical attack
- tecniques to pacify patients

Reflections from staff on practice
- handling situations
- appearance of feelings
- focus on body language
- peer-group supervision

Contact:
Lene SCHWARTZ
County Hospital of Fjorden
Director of nursing
Smedegade 10 – 16
4000 Roskilde
DENMARK
rfls@ra.dk

A Primary Prevention Program in Upper Secondary School focusing on Mental Health

Anne Gro TVEDT

The program was established upon the request from young patients in our local Psychiatric Hospital. The patients suggested the staff to meet students in Upper Secondary Schools, in order to give information about mental health disorders. The idea early occur to make an empowering network including different professionals to develop good intersectional cooperation. The main task was to give adolescents the very best support.

Main goal: To give information about psychological suffering and to make students aware of their own psychological health, and advice them of available help if needed.

Program Details
- Information and developing program to teaching staff:4 sessions
- Teaching package for students in each class: 3 sessions
- Follow-up program in each glass by school-health nurse and one from staff in community mental clinics: 2 sessions

The main task is to meet the students in their interest and discuss counteracting riskfaktors for mental disorder and promoting protective factors.

Evaluation: Our program has been implemented in schools during the last three years in Norway. We have request from different parts of our country to educate staff in schools and psychiatric clinics in order to use the program.7000 students in 40 schools have evaluated the program, and primary results tell that 77% of the students find the program relevant and interesting. They have been more aware of where to get help when problems occur. They are more aware about how to help their friends and when to ask for professional help. We experience that schools are very satisfied with the program and they use it every year.

Programdesign: This program is intersectional and we find that use of specific program implementation strategies give good progress in order to cooperate for better care for adolescents. Teachers, counsellors, and health staff detect psychological problems among their students at an early stage, and can take appropriate actions.

Contact:
Anne Gro TVEDT
Sykehuset Asker og Baerum HF
Project manager. The department of Research and Development
Postbox 83
1309 Rud
NORWAY
annegro.tvedt@blakstad-sykehus.no

Session I-3: Health promotion in health care in transition

Medical care quality management in hospital's administration activity

Izolda CHEREPANOVA

A model of standardized control of medical care quality is being formed in Russia nowadays.

This model was based on a principle of auditing medical care quality by representatives of third-party companies, i.e. extra departmental control, and by a hospital's administration, i.e. intra-departmental control, on the basis of existing branch and regional medical-economic standards. While being developed the model has been transformed into a model of quality guarantee which was characterized by a comprehensive quality management at all stages of a treatment and diagnostic process considering a necessity of providing a certain type of medical services as well as evaluation of patients' satisfaction with a treatment and diagnostic process and its outcome. Nowadays in some hospitals in Moscow and some regions of the Russian Federation there are real implications to introduce an industrial model of medical care quality management which is a particular case of a continuous quality improvement model. We analysed the process of introducing a quality management model in some hospitals of the Russian Federation. Introduction of continuous improvement of medical care quality (an industrial model) in hospitals enabled increasing clinical efficiency of a treatment and diagnostic process against continuous reduction of financing. Increase in clinical efficiency of a treatment and diagnostic process consisted in growth of a number of patients treated in the hospital and in a more efficient use of beds, increase in the number of positive outcomes (up to 94,5%), reduction of hospital mortality (up to 1,0%), reduction of the number of negative non-lethal outcomes (up to 4,2%), reduction of positive treatment cases (up to 11,8 beds per day), increase in the efficiency of use of resources. It's necessary to mention that against the background of evidence based increase in clinical and diagnostic efficiency after introduction of industrial methods of medical care quality management there has been a decrease in total treatment cost by 5% on average every year. A study of patients' opinion in Moscow City Clinical Hospital No. 31 about their hospital stay showed that 20% of the patients evaluated it as an excellent one, 70% as a good one and 10% as a satisfactory one. It should be mentioned that from the moment of introducing industrial methods of quality management there has been a real increase in the number of patients fully satisfied with treatment (80,2%) and patients who wished come to the hospital again (93,6%). Thus, high efficiency of industrial methods of medical care quality management is determined by the following innovation reforms:

- a process approach which enables formalizing and standardizing key stages of a treatment and diagnostic process in a multitype hospital;
- the staff's active involvement in quality management, their personal participation in designing, perfection and self-control of a treatment and diagnostic process;
- renunciation of mass inspection control which allows directing a great number of resources at managing processes in the hospital and raising the general level of incentives for the staff.

Use of modern management techniques enables raising the staff's involvement in quality management, using all resources of medical institutions in a more efficient way.

Contact:
Izolda CHEREPANOVA
Head of the teaching department
City Clinical Hospital No. 31, Department of Management and Sociology of the Advanced Training Faculty of Russian State Medical University
Lobachevskogo Str., 42
119415 Moscow
RUSSIAN FEDERATION
NMO1@inbox.ru

Informational and analytical portal of a Medical Institution as a component of a quality management system in the Russian National HPH Network

George GOLUKHOV, Nickolai MESHKOV

The main system issue of the Russian medical institutions (MI) is quality. According to Total Quality Management concept quality in medical sphere should be expressed through a system of characteristics of a single particular action, medical process, and an object of medical service activity or medical service organization (a private practitioner, a private pharmacist). It's the system which determines abilities of these objects to satisfy population needs in medical care.

A modern, high-performance TQM medical care system which satisfies all claims can be constructed by means of CALS techniques. CALS techniques may be used in hospitals:

- to design one or several interrelated stages of a certain medical service life cycle (in order to analyze efficiency of cooperation between participants of a respective medical service process);
- to provide a medical service process with infotainment at all stages of a medical service life cycle;
- to inform patients before treatment, in the process of it and at the stage of rehabilitation.

Efficiency of providing medical service activity and patients with information requires development of a unified informational and communicative space of a MI on the basis of a task-level informational and analytical Internet-portal of a MI.

MI portal should ensure:

- development of direct information communication between consumers and providers of MI;
- realization of a principle of patients' informed consent to medical intervention by means of references on basic and adjacent topics and rendering access to specialized database;
- comprehensive infotainment of the whole range of medical and concomitant services and medical goods;
- individual approach to every consumer;

- anonymous and confidential information about consumers;
- realization of wide-ranging marketing research;
- continuous storing and updating scientific and commercial information.

MI portal should consist of the following units:
- medical services (different specialties)
- drugs;
- sanatorium-and-spa treatment;
- preventive measures and sanitation;
- treatment and diagnostic, chemical and pharmaceutical technologies, medical, medical and service equipment; instruments and materials;
- medical law;
- medical insurance;
- patients' alliances;
- professional medical and pharmaceutical associations;
- vocational training and employment assistance to medical institutions' staff;
- sociology of medicine;
- medical science and popularisation of medical literacy.

Contact:
George GOLUKHOV
Moscow State Institute of Electronics and Mathematics
Senior lecturer of Management and Marketing Department
B. Trekhsvyatitelskyi per. 3/12
109028 Moscow
RUSSIAN FEDERATION
21centuryhosp@aport2000.ru

Advantages of industrial methods in managing medical care quality among surgical patients

Igor KUNPAN, Vladimir KOSHEL, Yuryi VOSKANVAN

The main goal of medical care quality management is improving clinical effectiveness, cost efficiency and utility of treatment for society. The main points of an industrial mode of quality management are continuous quality improvement; quality management by means of managing separate procedures; self-control from the direction of hospital's personnel on the basis of corporate culture principles.
An industrial mode of medical care quality management includes issues on patients' safety. As regards patients' safety issues of patients' training are highlighted. We follow our own guidelines devoted to principles and methods of patients' training. Perception of a recommended treatment which is understood as deliberate following the doctor's orders determines a clinical course in many respects. Success of the training depends on forming a patient's motivation. Educational principles are based on accessible presentation of the material, active patient's participation in training and review of the material and on creation of an open and confiding atmosphere in which a patient should on no account feel to be insufficiently clever or too slow. What a physician or nurse says is as important as how he says it or how he does it. By showing concern and respect to a patient a physician thereby encourages him to follow a treatment regimen. A physician should make communication with patients a pleasant one, encouraging them during the whole course of the treatment.

The purpose of the study: Comparison of clinical effectiveness and cost efficiency as a result of industrial and bureaucratic methods used to manage the quality of treatment among surgical patients.

Methods: The results of treating chronic calculous cholecystitis by means of laparoscopic cholecystectomy were analyzed to evaluate the efficiency of an industrial mode. Patients were divided into two groups. The main group (540 patients) included patients treated from 2000 to 2002 during the period of industrial methods utilization. The results of treating 143 patients, who underwent operation in 1998-1999, the period of bureaucratic mode of quality management utilization, were taken as a control.

Resume
1. The results of the study showed better clinical effectiveness in case of industrial methods of medical care quality management. Frequency drop of postoperative complications (from 9,8% to 2,4%), reduction of total length of hospital stay (from 8,6 to 4,2 days per patient), reduction of postoperative hospital stay (from 6,5 to 3,7 days per patient) among patients who underwent laparoscopic cholecystectomy testify to it.
2. High level of cost efficiency of an industrial mode of quality management among patients with cholelithiasis allows to reduce average cost of treatments in 1,5 times as compared to a bureaucratic mode of quality management.

Contact:
Igor KUNPAN
Regional Clinical Hospital
Deputy Head Physician on Epidemiology
Semashko Str. 1
355030 Stavropol
RUSSIAN FEDERATION
kkb@stavropol.net

Individual registration of medicamental supply in a hospital

Alexander NIKISHIN, Sergey SHKADOV, Inna KIRUSHINA

Penza City Clinical hospital No. 4 (Russian Federation) functions in the system of Compulsory Medical Insurance. Hospital capacity: in-patient department – 200 beds, day hospital – 120 beds and out-patients' clinic for 300 admissions per shift.

The goals of the project are to create information space for registration and control of medical supplies flow in the hospital, means economy, to improve the quality of medical care and to control keeping the standards of drug treatment in a certain disease.

The methods we developed allow:
- reducing laboriousness of medical supplies registration at a storehouse;
- preventing from regrading while supplying;
- forming and printing necessary reports including those on receipt of medical supplies from different providers, consumption of medical supplies in separate departments and in the hospital on the whole, listing of all medical supplies stored at the moment and individual register of distributing medical supplies in the hospital.

The results of this work include the following accounts:
- consumption of medical supplies by patients;
- real cost of one day per patient on nosology, for every department, for every patient;
- Individual register card of medical products for every discharged patient.

This method has been implemented in the hospital since the 1st of October 2003. At the present time every patient discharged from the hospital receives a register of drugs he was treated with.

Resume: Implementation of the methods allows controlling effectively a flow of medical supplies in the hospital, ceasing unauthorized use of medicines, saving means of Compulsory Medical Insurance and raising the quality of medical care.

Contact:
Alexander NIKISHIN
City Clinical Hospital No. 4
Deputy Head Physician
Svetlaya Str. 1
440067 Penza
RUSSIAN FEDERATION
pgkb4@sura.ru

Session I-4: Developing indicators and evaluation methodologies for HPH

Using the EUHPID Model to develop Health Promoting Hospital Indicators

John DAVIES

During the period from 2002- 2003 the EC Public Health Programme funded the development of the EUHPID Project through a Consortium of 17 European countries, with a Secretariat based at the IHDRC at the University of Brighton. This Project had the objective of establishing a monitoring system for health promotion based on a common set of European indicators. The EUHPID Consortium based its work on a theoretical model of health promotion and an initial approach to indicators related to intergrated health promotion settings. These settings related to work places, schools and hospitals.

Early work on the latter was presented at the 11th International HPH Conference in Florence.

This paper will update this work and present the current status of the EUHPID Project to the end of its first phase. Particular attention will be focussed on attempts to link the EUHPID approach and indicator examples with those of the WHO European Centre for Intergrated Health Care activities to produce health promotion indicators based on HPH Quality Assurance Standards.

Contact:
John DAVIES
Director, International Health Development Research Centre
University of Brighton
Mayfield House, Falmer
BN1 9PH
Brighton
England
j.k.davies@bton.ac.uk

HPH outcome measurement: indicators for social and epidemiological health reporting

Vladimir GNATOVSKYI, Elena GNATOVSKAYA, George GOLUKHOV

Demographic situation causes an increasingly sound alarm in the society. The most acute health issues are low birth rate, mortality growth and reduction of population natural increase as far as considerable drop in the number of population in Russia and in some of its regions.

Reasoning from a system approach the probability of health impairment is far beyond potentials of medicine. Population health is not only a medical notion but a social and economic category to a greater extent.

Consequences of socio-economic instability in the country have an impact on these processes.

We carried out a sociological study of public opinion on their heath status and evaluation of medical care provision. One of the results of the study turned out to be an interesting one – 35,4% of people considered that it is improvement of medical care which can influence their state of health but not their own efforts on health preservation.

Thus, the main "party" responsible for health promotion of the population is the STATE which should develop a concept on forming healthy life style and inform the population about it on a regular basis.

The quality of medical care in hospitals can't be improved only by doctors or nurses. That's why it's the hospital management which should strive for improvement of medical care quality in order to secure good functioning of hospitals.

"Quality comes from above". This aphorism has been proved in product companies functioning in human services more than once. The same can be said about hospitals. That's why if hospital management takes a decision to improve quality the main axiom should be "The most important person in this hospital is a patient!"

A patient is the main person to assess medical care. A survey of the population can help to find out how the state carries out policy of "healthy life style" and to get evaluation of it in scores. A more detailed analysis of a hospital's activity can be obtained on the basis of patients' survey. In our opinion management of the hospital which tries to improve the quality of medical care should carry out such surveys on a regular basis, at least once a quarter. Thus, patients' satisfaction with the quality of medical care and hospital staff's desire to improve this quality can prove high level of health promotion activity in hospitals. On the basis of suggested surveys one can assess quality of medical care and processes which form health status of the region population which, in the long run, affects morbidity and mortality rates among the population.

Contact:
Vladimir GNATOVSKYI
Medical Centre of Information and Analytics
Head Physician
Malyasova Str., 2
180007 Pskov
RUSSIAN FEDERATION
msvt@ellink.ru

The first test of National Indicators in the Swedish Network for HPH: lessons learned

Mats HELLSTRAND, Margareta KRISTENSON

The importance of developing indicators for HPH has increasingly been recognised.
In the Swedish Network for HPH representatives of member hospitals initiated the process for development of national indicators in year 2000. A broad, participative, process started in 2001 and in December 2003 the Swedish set of indicators was launched on the network website. The aim was:
1) to test the feasibility of chosen indicators and
2) to monitor the activities among member hospitals HPH during the year 2003.

The agreed content aims at embracing the comprehensive HPH-concept. The Swedish process has closely followed the international process on indicators for health promotion in hospitals, an is, on several factors, almost identical with these. In addition the Swedish HPH indicator set also includes activities supporting health enhancement i.e. supporting the patient's perceived health related quality of life, and initiatives for health development in the catchment area.

The indicators include the following dimensions:
- Support for a positive health development:
- For patients, activities for disease prevention activities (three indicators) and for health enhancement (four indicators).
- In the catchment area, transfer of knowledge (one indicator) and active contribution in local public health work (one indicator)
- For hospital staff, Promotion of a positive health development for staff (four indicators).

In addition; one dimension concerns whether member hospitals use health orientation as strategy for a more effective health care (five indicators)

Dimensions and indicator structure are very close to those suggested at the national level for "A more health promoting health service" within the new National Target for Health.

Results from our first indicator test demonstrate high feasibility of the questionnaire. Information gained already helped us identifying areas for the development of future work both for single hospitals and for the network as a whole.

Contact:
Mats HELLSTRAND
(via Margareta KRISTENSON)
Department of Health and Society
National Coordinator of HPH, Sweden
Landstingshuset
S 581 83 Linköping
SWEDEN
Margareta.Kristenson@lio.se

The self - evaluation system of the development of the HPH Project in Tuscany: first results

Fabrizio SIMONELLI, Caterina TEODORI, Maria José CALDÉS PINILLA, Katalin MAJER

Short introduction of the context: The Regional Co-ordinating Centre of the HPH Network of Tuscany has defined a self-evaluation system of the development of the HPH Project in the single Local Health and Hospital Units.

Objectives: Annual evaluation, together with the Local Health and Hospital Units and the Co-ordinators of the inter-corporate projects, of the progress made by the HPH Project in Tuscany. Monitoring of the development of the single corporate and inter-corporate projects, trough the comparison of the situations in 2002 and 2003.

Target Group: the whole HPH Network of Tuscany

Methodology: Definition of ad hoc evaluation tools aligned with the standards individuated by the international Working Group. Collective evaluation in the single Local Health and Hospital Units and with the Co-ordinators of the inter-corporate projects. Decoding, analysis and graphical elaboration of the results. General report of Network.

Evaluation: Good climate of involvement and collaboration noticed in all the Local Health and Hospital Units, during the self-evaluation process. The use of the self-evaluation tools has allowed a large vision of the implementation of the HPH Project in the single Units. The self-evaluation system has rendered possible the comparison of the progress made between the single Units and the inter-corporate projects. The whole self-evaluation process has pointed out in a global vision the evolution of the HPH Project in Tuscany.

Conclusions: The systematic evaluation of the HPH Project in the Local Health and Hospital Units is one of the principle objectives of the HPH Network of Tuscany. The definition of easily utilizable and suitable evaluation tools allows and facilitates both the comparison between the Units and the diffusion of the results with a perspective of network, favouring the general growth of the Regional Network. This experience can be proposed as an evaluation model for other Health Promotion practices and projects.

Contact:
Fabrizio SIMONELLI
Responsible of the 'Health Promotion Programme'
'A. Meyer' University Children's Hospital - Florence, Italy
Via L. Giordano, 7/M
50132 Florence
ITALY
f.simonelli@meyer.it

Indicators for Health Promotion in Hospitals

Hanne TØNNESEN

Background: It has become part of the daily routine in many hospitals to work with quality assessment methods. International standards for health promotion in hospitals have been developed in the European Network of Health Promoting Hospitals.

Bispebjerg University Hospital is a model hospital of health promotion with 245,000 in- and out-patients per year. We have used standards and indicators for a systematic intervention against tobacco and alcohol since 2001.

Aim: The aim was to monitor implementation of motivational counselling and admittance to stop smoking programme or alcohol intervention for in- and out-patients at the hospital.

Methods: Clinical guidelines and corresponding indicators were described and approved in 2001 by an interdisciplinary working group referring to the quality committee of the hospital. A registration form for documentation in the medical record was developed.

The main indicators for tobacco concern a smoking history, identification of daily smoking, motivational counselling, and admittance to a smoking cessation programme.

Corresponding indicators were developed regarding alcohol.

Every four to six months about 20 medical records from all clinical departments were evaluated in a comprehensive internal audit including indicators for tobacco and alcohol.

Results: The clinical departments differed regarding the implementation level of the indicators. The tobacco and alcohol history were obtained for 70 - 90% of the patients. Up to half of the patients were identified as smokers and one forth were identified by having a harmful alcohol intake. About 10% of the smokers and 25% of those with a harmful alcohol intake had motivational counselling and were admitted to stop smoking programmes and alcohol intervention, respectively.

Conclusion: Clinical indicators for health promotion in hospitals are useful tools for evaluation in daily life. At our hospital we found plenty of room for improvement of implementation.

Contact:
Hanne TØNNESEN
Clinical Unit of Health Promotion
Bispebjerg Hospital

Bispebjerg Bakke 23
DK-2400 Copenhagen NV
DENMARK
ht02@bbh.hosp.dk

Session I-5: Promoting health in patients with chronic diseases: Diabetes, coronary risks, COPD

Diabetes education in diabetic adolescent camp: experience of 13 years

Evalda DANYTE, Vladimiras PETRENKO

The goal: through the diabetes education in camp setting improve the quality of life of adolescent patients with type one diabetes mellitus and involved them into the management of their disease and its treatment. The objectives of our camp are:

1) to provide the participants with recent knowledge about diabetes;
2) teach to become independent;
3) create the environment for the communication of youngsters with same disease;
4) create the safe and pleasant environment for recreation;
5) to enable the health care providers the possibility to observe diabetic patients in everyday life conditions (outside the hospital) for 24 hours.

The staff consists of physicians-endocrinologists, nurses, social worker, specialist in education, and organizers of recreation, counsellors – older young patients with diabetes. Recruitment: adolescent with type 1 diabetes are recruited on the basis of the Register of Childhood Diabetes in Lithuania. All the patients who become 16 years of age receive the invitations. 6-10 adolescent gain the right to participate the camp the second time as the award for activities during the camp. Newly diagnosed adolescent of slightly different age may be invited as participants. We have 46-50 participants in the cam each year. Educational activities: active methods of education are used. The participants are divided into three groups moderated by diabetes nurse or the counsellor and discuss the topic of choice during half of hour. Each group prepares the report that is presented in the plenary session to whole camp. Adolescent are invited to express their emotions, attitudes, and health beliefs. The diabetes education in “real life situations” helps the adolescent to develop problem-solving skills, increase the self-esteem and self-efficacy.

Contact:
Evalda DANYTE
Kaunas Medical University Hospital, Endocrinlogy Department
Eiveniu 2
LT-3005 Kaunas
LITHUANIA
edanyte@takas.lt

Implementation of the patient education about coronary risk factors into a daily routine of the Cardiology Unit of the Hospital

Laima JANKAUSKIENE, Egle KALINAUSKIENE, Tautvydas JANKAUSKAS, Rita BANEVICIENE

Coronary artery disease (CAD) remains leading cause of death in Lithuania and other developing countries. Main modifiable risk factors for CAD - smoking, elevated blood pressure and elevated blood cholesterol level. Our aim was to introduce the patient education about coronary risk factors into a daily routine of the Cardiology Unit of the 2nd Clinical Hospital of Kaunas, member of the Network of Health Promoting Hospitals.

In November 2003, patients (n=56) answered the questionnaire questions regarding their smoking habits, blood pressure, blood cholesterol level, diet and whether they had been provided with relative information about the risk factors by the doctors of the Cardiology Unit. Data were analysed and discussed with the doctors of the Cardiology Unit. In December 2003, patients (n=64) once again were asked to fill out the questionnaire. In December less patients claimed that they had not been informed about smoking risks than in November (3.1 % vs. 18.2 %, p=0.03), also, in December more patients quieted smoking while in hospital (75 % vs. 50 %, p=0.03), less patients claimed unaware of their blood pressure (6.25 % vs. 21.4 %, p=0.01), cholesterol level (3.1 % vs. 60.7 %, p=0.00001) and the necessity to correct them (0 % vs. 22.7 %, p=0.0001, and 64.3 % vs. 0 %, p=0.00001, respectively). Patients received in the hospital new information about the diet, mostly – about sea fish (43.7 %).

It became evident, that implementation of the patient education about coronary risk factors by the doctors of the Cardiology Unit of the Hospital was successful, and the fact that all doctors of the Unit were non-smokers contributed to the effective education. The described practice will be continued in the future.

Contact:
Laima JANKAUSKIENE
Kaunas 2nd clinical hospital
Josvainiu 2
47144 Kaunas
LITHUANIA
2kkl@medi.lt

Arterial Hypertension Risk Factor Knowledge among Stroke Patients´: Implications for health communication

Zemyna MILASAUSKIENE, Irena MISEVICIENE

High blood pressure (BP) is the most important risk factor for stroke. Observational studies have clearly shown that high BP is a major risk factor for initial and recurrent stroke. Randomised controlled trials have clearly established that antihypertensive drug treatment can reduce the risk for initial stroke in hypertensive patients. Therefore, it is important for health care professionals to know the awareness of stroke patients' on high BP control and its risk factors.

The aim of this study was to investigate the stroke patients' knowledge of high BP control and barriers to stroke prevention as well as preferred approaches to health education.

Methods: The study was carried out in the Neurological clinic of Kaunas Medicine University Hospital. A standard questionnaire was distributed to patients (n=123) with diagnosis of stroke, treated in the Neurological clinic between June 2003 and September 2003. The response rate was 76.8%. The questionnaire included the following questions: causes of high BP, treatment options, self-control of BP, sources of information about BP control and demographic data. SPSS was used for data analysis. Descriptive statistics was used to describe stroke patients' knowledge about BP and their preferred mode of education.

Results: The study results indicated that stroke patients' understanding of high BP risk factors was limited. 5.6% patients did not know risk factors that contribute to high BP development. One third (32.1%) of patients named overweight and heredity. Excessive alcohol consumption and high sodium (salt) intake was reported only by every tenth (10.6%) patient. Half (49.5%) of patients attributed stress, not a commonly accepted risk factor by research, to the most common risk factor of high BP. Two thirds (64.2%) of stroke patients thought that according to their health status they could judge of their level of BP. Only 43.5% of stroke patients knew the criteria for elevated systolic BP and 62.8% of respondents knew the criteria of elevated diastolic BP properly. Nearly half (48.1% and 48.0%) of patients noted that the most common barriers to high BP prevention are stress and stressful environments as well as poor financial status. A substantial number (80.0%) of respondents indicated that they would like to get information on high BP prevention in the hospital setting and preferably from physicians, rather than from nurses. Almost half (48.5%) of the stroke patients preferred combination of two educational methods - group discussion and one-on-one meeting.

Conclusion: The insufficient knowledge of high BP control and its risk factors among stroke patients indicates that health care providers should pay more attention and time to the educational interventions for stroke patients to emphasise prevention and control of high BP.

Contact:
Zemyna MILASAUSKIENE
Kaunas University of Medicine Institute for Biomedical Research
Associate professor
Eiveniu 4
LT-50009 Kaunas
LITHUANIA
zemyna@vector.kmu.lt

The effects of an early supported discharge programme and a supervised home exercise training programme in patients with chronic obstructive pulmonary disease (COPD) following an exacerbation.

Niamh MURPHY, Claire BYRNE, Christopher BELL, Richard COSTELLO

Introduction: A chronic obstructive pulmonary disease (COPD) Outreach programme was commenced in Beaumont Hospital in October 2001 to provide care at home for patients with an exacerbation of COPD that would otherwise require hospitalisation. Following analysis of the COPD Outreach programme it was found that a third of patients admitted to Beaumont Hospital were suitable for early supported discharge and the length of stay in these patients was reduced from 8 days to 2.5 days.

Aim: To investigate whether a supervised home exercise programme initiated immediately after a hospital admission for a chronic obstructive pulmonary disease (COPD) exacerbation was effective in improving the exercise capacity, muscle strength, dyspnoea, quality of life and subsequent exacerbations in COPD patients.

Methods: Immediately on discharge from hospital, following an exacerbation of COPD, 31 patients were recruited and randomised into two groups, home exercise group (n = 16, mean age 67 yr ± 9.7, Forced Expiratory Capacity in one second (FEV1), 0.94 ± 0.34 Litre) and control group (n=16, mean age 65 yr ± 11, FEV1 1.08 ±0.33 Litre). Spirometry, exercise capacity, isometric muscle strength, dyspnoea level, quality of life and exacerbations was measured at baseline and 6 weeks.

A physiotherapist visited the exercise group in their homes twice a week for 6 consecutive to supervise a simple exercise programme of at least 30 minutes duration.

Results: At six weeks, the exercise group, n=13, significantly ($P< 0.001$) improved the shuttle walk test and 3 minute step test capacity (198 m ± 95 to 304 ± 136m), (54%), (1 minute 59 seconds ± 40 to 2 minutes 43 seconds ± 26), (37%). Knee extensor muscle strength, dyspnoea and quality of life scores also increased. Neither exercise capacity nor muscle strength altered in the control group. One patient in the exercise group had a full exacerbation requiring hospitalization verus five in the control group over the following year.

Conclusion: An early combination of supervised home aerobic and light resistance training achieved improvements in exercise tolerance, muscle strength, dyspnoea, quality of life and reduced subsequent exacebations.

Contact:
Niamh MURPHY
Beaumont Hospital
COPD Outreach, Respiratory Nursing Centre, 2nd Floor,

Beaumont Hospital, Beaumont Road,
Co. Dublin
Dublin 9
IRELAND
copdoutreach@beaumont.ie

Session I-6: Promoting the health of mothers, parents, babies

The attitudes and behaviours of pregnant women specific to smoking: An exploratory study

Maria GIBBONS, Patricia MANNIX-MCNAMARA

Aim: To investigate the attitudes and behaviour of pregnant smokers.

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?

Methodology: Data collection involved a multi-method approach incorporating both quantitative and qualitative research methods. Parahoo (1997) terms quantitative research as measuring in terms of numbers and of being of broad focus. The quantitative approach is influenced by positivism and the principles of reductionism, where complex phenomena are reduced to simple units to enable them to be studied more succinctly. Bell (1993) argues that the specific techniques of this approach are likely to produce generalized conclusions by collecting factual information and studying the relationship of one set of facts to another. However, for this particular study of attitudes and behaviours the use of qualitative methods were also necessary to seek to understand the individuals´ perceptions of their world. This is in keeping with the work of Parse et al (1985) who refer to the approach as identifying the perspectives of the research participants and by uncovering their characteristics and experiences. The use of both methods ensures a greater quantity and quality of data. The sample was 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 was not generalisable, however the project will still provide valuable insights into attitudes and behaviours of pregnant smokers. An initial survey of fifty women determined various attitudes to smoking and also the level of knowledge in relation to the risk factors. The response rate was 96%.
Semi-structured interview were carried out with six self-selecting participants to investigate more fully the emerging data from the survey. This triangulation of data increased the validity of the findings. The opportunity of face-to-face interaction allowed for the fullest possible comprehension of individuals' world. It allowed 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.

Conclusions: Recommendations in brief

- Development of smoking cessation interventions involving partners/families.
- Explicit posters to be designed clearly depicting the effects of smoking on the foetus.
- Staff induction sessions to include health promotion co-ordinator, to stress the health promotion role of all health professionals.
- Have a written health promotion policy, stressing the importance of adopting a health promoting culture and ethos.
- On-going staff education/training on the effects of smoking in pregnancy and brief intervention skills.
- Have a standard follow-up procedure for smoking cessation clients, by all health professionals to ensure that their smoking behaviour is on the agenda at every interaction.
- Involvement of General Practitioners and Public Health Nurses in follow on care.

Contact:
Maria GIBBONS
Mid-Western Regional Maternity Hospital/ University of Limerick
Midwifery
Ennis Road
Limerick
IRELAND
mgibbons@mwhb.ie

Perinatal Care in the Republic of Tatarstan, Russian Federation

Svetlana GUBAIDULLINA

The main goals of perinatology are growth of birth rate, realization of a child's right to be born and healthy. In 2003 we managed to achieve the lowest index of infant mortality for the period of last 10 years– 10,7 to 1000 born alive. This index is comparable with European countries and rather lower than the medium federal level. The same tendency can be observed in indices of perinatal mortality.

A system of phased medical care of women and children is set up in the Republic. Two largest institutions head perinatal care – the Republican Clinical Children Hospital (in 2003 it was declared to be the best children hospital of the Russian Federation) and Perinatal Centre of the Republican Clinical Hospital.

Perinatal care can't be regarded as providing care to a fetus starting from 28 weeks of pregnancy and completing on the 7th day from its birth only. It's necessary to take care of a future child's health before it was conceived. To do this a system of periconception training was developed. It became a new task for family planning and medical prevention services.

Family planning centers, departments and rooms consult population on the issue, train to use different means of contraception correctly and to choose them individually, take preventive measures against sterility, prematurity of a fetus and sexually transmitted diseases.

Antenatal clinics implement successfully thrice-repeated ultrasonic screening and individual computer monitoring among expectant mothers.

Family preventive programmes aimed at preparation of expectant mothers to give a birth to a healthy child, are realized in all regions of the Republic.

Contact:
Svetlana GUBAIDULLINA
Deputy Minister of Health
Ministry of Health of the Republic of Tatarstan
The Kremlin, 11, pod. 5
420014 Kazan, Republic of Tatarstan
RUSSIAN FEDERATION
volkova@minzdrav.ru

Intervention on the phenomenon of voluntary termination of pregnancy among migrant women within the Reggio Emilia Health Auhority area

Mara MANGHI

In the last few years the Reggio Emilia Province was characterized by strong and increasing migration flows.

Up to 31.12.02 the number of foreign citizens with residency/stay permits was 25.815 equalling 5.6% of the population with a 12% increase over 2001.

One witnesses, in particular, the phenomenon of feminisation of the foreign population with women accounting for 44% up to 31.12.03 vs. 36% in 1993.

There is a worrying increase in the number of voluntary terminations of pregnancy among migrant women where the abortion rate is 33.5, i.e. three-fold as compared to Italian women (10.2 in the Emilia Romagna Region and 9.6 in Italy).

The field professionals acknowledge that the measures undertaken to prevent voluntary terminations of pregnancy among Italian women are inadequate for foreign women. Therefore a survey was started to investigate this phenomenon.

Goals:
- Improve awareness of this phenomenon, with special reference to the complex motivations which lead migrant women to resort to voluntary termination of pregnancy
- Provide the health care professionals and social workers with suitable knowledge to facilitate adequate access to social and health care services by foreign women
- Think of adequate preventive measures based on the results of the survey.
- Promote networking with the Provincial District Plans and, in particular, with other programs aimed at the social integration of foreign women.

Methods/Actions:
1. Re-construction of the social-cultural-health care context: information interviews to people that support foreign women in different roles (physician from social and health care facilities, people in charge of local associations and associations of migrants)
2. Statistical analysis of the pregnancy termination trend in the years 1999-01 within our province based on the data provided by the Emilia-Romagna Region/Health Care Council to obtain a more detailed picture of the foreign women who had voluntary termination of pregnancy in Reggio Emilia and analyse their social and demographic characteristics.
3. Field survey: in-depth analysis of the experience and motivations leading women to ask for pregnancy termination in the public Family Planning Centres and in the hospitals of our province;
    a. questionnaire with 23 questions filled in at the time they ask for pregnancy termination.
    b. qualitative interviews to women who underwent pregnancy termination to understand their personal histories within their countries of origin and the culture which has marked the women´s education, projects, expectations and motivations for pregnancy termination.

Main target group: Migrant women who resort to pregnancy termination.

Involvement/participation: Of patients and professionals

Contact:
Mara MANGHI
Reggio Emilia Health authority
PEDIATRICS – WOMEN´S HEALTH SERVICE
Via Amendola, 2
42100 Reggio Emilia
ITALY
mara.manghi@ausl.re.it

The Results of Breastfeeding Promotion in Kaunas, Lithuania

Egle MARKUNIENE

The study is based on the analysis of practices that influence breastfeeding duration. The data has been compared between Kaunas and some other Lithuanian districts combined (Klaipėda, Kelmė, Šiauliai, Panevėžys, Šakiai, Kaišiadorys, Vilnius, Visaginas). The biggest hospital in Lithuanian is Kaunas University Hospital. It promotes and supports breastfeeding according to WHO/UNICEF Baby Friendly Hospital Initiative. Some NGOs in Kaunas are involved in breastfeeding promoting activities as well. Kaunas Municipality has been supporting Breastfeeding Promotion Project for three years.

460 questionnaires were analyzed in the study. 47.5 % babies were breastfed till 6 months of age in Kaunas and 35,4 % in other districts of Lithuania ($p<0,01$). Health workers gave better scientific based advice and mothers had better knowledge and more successful lactation management: less painful breastfeeding (1,8 / 7,9 %, $p<0,01$), more seldom expressing of breast milk to check its volume (26,8 / 38,3 %, $p<0,01$). Kaunas mothers received the essential advice - to breastfeed more frequently and longer - more often when they suspected milk supply insufficiency (26,4 / 18,3 %, $p< 0,05$). Therefore they complained about milk supply more seldom (17,3 / 27,5 %, $p< 0,01$), used pacifier more seldom (26,8 / 35,7 %, $p<0,05$), and used bottle feeding more seldom (28 / 45,5 proc. $p<0,001$) in a maternity home.

Contact:
Egle MARKUNIENE
Kaunas Medical University Hospital
Neonatology Clinic
Eiveniu 2
50009 Kaunas
LITHUANIA
emarkuniene@takas.lt

Improving the health care provision to women who ask for voluntary termination of pregnancy in the Family Planning Centres

Alessandro VENTURA, Claudio BERTOLI, Corrado CIGARINI, Lucia DANINI

The project focuses in particular on women who ask for voluntary termination of pregnancy both inside and outside the Family Planning Centres, with a view to create privileged pathways including the diagnostic and work-up phases, the burocratic procedures and the meetings with the physician and the obstetrician.

Overall goal: Review the role of Family Planning Centres to achieve better integration between the community and the hospital services with a view to provide psychological support to the users after surgery which is a particularly delicate phase.

Specific goals: Reduce the overall number of women who resort to voluntary pregnancy termination by means of a more responsible approach to reproduction. Customize the contraceptive methods based on the users´ individual habits and culture.

Methods/Actions: The access point is the Obstetrics and Gynaecology Business Unit of the Guastalla Hospital where all the facilities required for diagnostic work-up are located. Thanks to an integrated type of approach, the community-based physician and obstetrician have the possibility to talk to the woman, fill in the clinical record that will accompany her to the operating theatre and, before surgery, make arrangements on the after-termination meetings which should take place at the Family Planning Centre where she was initially taken care of.

Main target group: Women who resort to voluntary pregnancy termination

Expected benefits: This project allows for much easier access to health care facilities for those women who ask for termination of pregnancy. The involved professionals have the possibility to perform a case work-up selecting cases of doubtful interpretation with a view to treat them adequately.

Project organization: Integration of the hospital and community services through filtering roles using the existing resources with a view to improve the organization.

Project duration and phases: The project is “on-going”, with the goal of adopting it as a standing organizational model and introducing changes based on the cases.

Involvement/participation: Of all patients who search advice inside and outside the Family Planning Centres and all community and hospital professionals.

Assessment of the results and conclusions: Follow-up of the case series.

Contact:
Alessandro VENTURA
Dept of Surgery, Obstetrics and Gynaecology, Guastalla Hospital, Reggio Emilia Health Authority
Director of Dept.
Via Donatori di sangue, 2
42016 Guastalla (RE)
ITALY
alessandro.ventura@ausl.re.it

THE PLACE OF ORIGINS: born and grown up as foreigners in Reggio Emilia
Piera BEVOLO, Mara MANGHI, Maria Cristina GEMMI, Faizah MAHRI

The birth of a child is a crucial event in the family cycle which requires very complex re-balancing efforts at emotional, organizational, economic and social level. Migrant families are even more exposed to the risk of affective, social and cultural isolation; in particular, women more often experience difficulties even in understanding the Italian language.

Every year the number of children born of migrant families living in our area accounts for 13% of the total. However, these families were almost entirely absent from pre-birth courses. Since in the area of Reggio Emilia most migrants come from North Africa, it was thought to organize specific courses aimed at Arabic-speaking families in the presence of a language/cultural mediator.

The pre-birth courses targeted towards Arabic-speaking women is part of a project which includes also a series of after-birth meetings for the first year of the child´s life which are offered to all Italian and foreign families.

This project is based on the intention to provide parenting support to the migrant families creating opportunities for confrontation and exchange of views.

We have proposed to the Arabic-speaking women a series of 8 meetings called "Waiting for the child to come". These meetings were held in a comfortable and facilitating environment also from the language and cultural standpoints. The goals of these meetings were as follows: help the participating women get to know each other and exchange experiences, provide information on pregnancy and childbirth, provide indications on the available health care services; furthermore, meeting foreign women is an important opportunity for the health care workers which allows them to increase their knowledge and ability to meet the users´ needs in the best possible way.

The after-birth series of 5 meetings called "Growing up together" is aimed at offering both the Italian and foreign families an opportunity to meet and exchange views. The topics discussed at these meetings concern child development and growth in the first months of life as well as the doubts and perplexities of parenting. The meetings are coordinated by professionals from AUSL and the Municipality of Reggio E. at the Family Centre.

For the promotion and dissemination of this project we have involved and received strong support from an Islamic association called LIFE which is present in all our area.

The project was launched in 2000 and 5 series of meetings were organized. Women´s participation was continuously increasing and, on the whole, the satisfaction index was more than satisfactory.

It is our intention to continue along this road and further develop the project by extending it to women and families from different ethnic groups.

Contact:
Piera BEVOLO
Clinical Psychology Service, Reggio Emilia Health authority
Head Psychologist
Via Amendola, 2
42100 Reggio Emilia
ITALY
piera.bevolo@ausl.re.it

Parallel Sessions II: Friday, May 28, 2004, 11.00 – 12.30

Session II-1: Health Promotion for Children and Adolescents in Hospitals: Kick-off for the newly founded HPH Task Force

Rehabilitation of children with hearing impairments
Nickolai DAIKHES, Olga ORLOVA, Galina TARASOVA

Congenital and acquired sensorineural hearing loss and deafness are among both medical and social community problems. The issue of comprehensive rehabilitation of children with hearing impairments is of an interdisciplinary character; therefore the solution of the issue requires an overall sufficient integration approach based on modern progress in medicine, psychology, pedagogics, sociology and other sciences by means of legal fundamentals of the society. A rehabilitation potential structure includes the following levels:

- sanitary-genetic, which allows widening vital activity by means of abnormalities restoration or compensation in anatomical, physiological condition of the organism;
- psychological, which enables achieving restoration or compensation at the mental level;
- social-environmental, which determines a possibility of widening vital activity spheres by means of social-environmental factors;
- legal, which regulates a possibility of using community welfare.

Rehabilitation efficiency is determined by the above-mentioned factors as well as by the position of a disabled person himself in this process.

In compliance with the Federal law on Social protection of disabled persons in the Russian Federation, their rehabilitation is a "system of medical, psychological, pedagogical, socio-economic measures aimed at elimination or perhaps more complete

compensation of vital activity limitation, caused by health disorders with sustained dysfunctions. The aims of rehabilitation are restoration of disabled person's social status, his financial independence social adaptation".
This system includes:
1. rehabilitation, which consists of restorative therapy, reconstructive surgery, and different kinds of prosthesis;
2. vocational rehabilitation of disabled persons, which consists of professional understanding, vocational training, occupational adaptation and employment assistance;
3. social rehabilitation of disabled persons, which consists of social-environmental understanding and life adaptation".

Medical, psychological and pedagogical examination results in making out a diagnosis, discussing and coming to an agreement with parents about the methods and tools for necessary individual help to a child with hearing impairment.

Coordination of activity in rehabilitation of disabled persons is realized by the Ministry of Social Affairs of Russian Federation. Thus, hearing impairment correction among children is carried out in different departments, which should have a common program and coordinate. Traditionally, hearing impairment correction among children is carried out in medical and educational institutions. At present Research and Clinical Otorhinolaryngologic Center of the Russian Ministry of Health is in charge of audiology service.

Contact:
Nickolai DAIKHES
Academic secretary
Research and Clinical Otorhinolaryngologic Center of the Russian Ministry of Health
Chernyakhovskogo Str., 9, korp. 3, 232
125319 Moscow
RUSSIAN FEDERATION
gtarasova@yandex.ru

Children with special needs from South Asian communities – improving health through community and health staff education.

James ROBINSON

Achieving optimum health and development presents many challenges for any child with a disability and for the child's family. The task of dealing with the disability becomes increasingly difficult if the child and family must also cope with stigma and discrimination. Such stigma and discrimination was identified in the case of children with special needs presenting to staff of the Special Needs Information Point (SNIP) a support group which works in collaboration with the Royal Hospital for Sick Children, Edinburgh.

Parents of children from South Asian backgrounds were reluctant to seek support from within their own community preferring to work with staff from SNIP. At the same time a member of the hospital health promotion group raised concerns about the quality of care and support these children received within the school health system.

This paper outlines the development of a programme to address these problems.

An initial local study showed that families were facing stigma within their community but also that health staff were forming negative perceptions of the parents. These staff perceptions were adversely impacting on the care delivery.

As many of these families are from a Pakistani background to more fully understand attitudes toward disability and how these could be addressed a field study was undertaken in Pakistan. Within Pakistan community programmes coupled with positive media images of the child with disability have started to achieve great changes in attitudes. The findings from this field study together with those of other studies (including fieldwork in Bangladesh reported on by this author at HPH conference in Florence last year) are being applied to the local situation in Edinburgh in health education and training programmes for both health care staff and the South Asian community.

The fieldwork in Pakistan was funded by a grant from the Winston Churchill Memorial Trust.

Contact:
James ROBINSON
Royal Hospital for Sick Children
Equality and Inclusion Facilitator
Sciennes Road
Edinburgh EH9 1LF
SCOTLAND, UK
james.robinson@luht.scot.nhs.uk

Charter of Children´s Rights: Nursing acceptance form and communication form for use at Bambino Gesu´ Children´s Hospital

Paola ROSATI, Lucia CELESTI, Alberto Giovanni UGAZIO, Tommaso LANGIANO

Dipartimento di Medicina Pediatrica, Direzione Sanitaria Ospedale Pediatrico Bambino Gesù, Roma

A key issue in improving hospital management and administration is to guarantee respect for medical ethics and the rights of children. To improve the quality of healthcare services in our hospital, on the basis of the UNESCO Charter, we drew up a charter of children's rights and then implemented these rights in nursing procedures and physician-patient communications used in hospital reception.

Art 1 Children have the right to receive the best possible health care and overall care.
Art 2 Children have the right to continued care.
Art 3 During hospitalization children have the right to be assisted at the bedside by parents
Art 4 Children's physical, psychic and relational development must be safeguarded
Art 5 Children have the right to be considered as a person, treated with sensitivity, understanding and respect for privacy.
Art 6 Children, and their parents, have the right to be informed in accordance with their age and ability to understand
Art 7 Children have the right to undergo diagnostic and therapeutic procedures that are as painless as possible.
Art 8 Children must be protected against all forms of violence, abandoning, and physical or moral negligence.
Art 9 Children must be cared for with dignity and respect even during terminal illness or death.

The acceptance form and questionnaire we drew up to implement this charter for use on hospital admittance helped to humanize the relationship between children and hospital staff and reduced the nursing standard error by 15%. The physician-patient communication form, completed in a comfortable setting, diminished the emotional impact of hospitalisation and reduced (by 10%) complaints from patients and their families.

Contact:
Paolo ROSATI
medical doctor
Pediatric Hospital
Piazza S. Onofrio 4
00165 Roma
ITALY
prosati@opbg.net

The 'Health Promotion for Children and Adolescents in Hospitals' Project

Maria José CALDÉS PINILLA, Paolo MORELLO MARCHESE, Katalin MAJER, Fabrizio SIMONELLI

Regional Co-ordinating Centre of the HPH Network of Tuscany - 'A.Meyer' University Children Hospital

The age between childhood and adolescence represents a particularly sensitive phase of life for the adoption of healthy lifestyles and the acquisition of coping mechanisms that will prove helpful in adulthood and old age. The hospital should play an increasing role in contributing to the promotion of a healthy development of children and adolescents, especially if its activities are similar with analogous interventions put into practice in the community.
One important aim of Health Promoting Hospitals Network should be to consider the relevance of this topic.

Objectives:
- development of a hospital's culture and practice based on the respect for the rights of children and adolescents in hospitals;
- adjustment of the hospital setting and services to the health promotion needs of children and adolescents through the individuation of a shared set of standards and indicators;
- development of surveys and studies on the health promotion need of children and adolescents in hospitals;
- creation of a map of good hospital practices;
- developement of a new international Community of Practice on health promotion for children and adolescents;
- elaboration of recommendations and guidelines on health promotion for children and adolescents in hospitals;

Working process/methodology:
- Constitution of 4 infra-structures: an international Working Group, an Observatory on health promotion activities, a new Community of Practice, an Open Network.
- Three phases: preliminary, development, evolution.

Expected outcomes:
- Implementation of the evaluation system's regarding: application of children's rights in hospitals and standards of health promotion for children and adolescents in hospital;
- Elaboration of guidelines;
- Building and dissemination of a map of European good practices;
- Development of relations between international networks and international programmes.

Contact:
Maria José CALDÉS PINILLA
ASL 3 Pistoia
Dipartimento di Prevenzione
c/o Villa Anuri
Via I. Maggio
I-51100 Pistoia
ITALY
mj.caldes@mail.vdn.usl3.toscana.it

Session II-2: Workshop: The Planetree model of patient orientation in health care delivery

The Planetree model of patient orientation in health care delivery

Susan B. Frampton

Over a quarter century ago, the Planetree organization was founded by a single patient who had several traumatic experiences with the traditional Western medical model. Dedicated to creating a more humanized, demystified and personalized healthcare experience for patients around the world, the Planetree model of healthcare delivery is now practiced in close to 100 hospitals and clinics in the United States, Canada and Europe.

In this workshop, elements of the Planetree model will be explored, and strategies for creating and maintaining a more patient-centered approach will be shared. Beginning with the foundation of human interactions, we will investigate the patient's perspective on relationships with physicians, nurses, support staff, and their families, drawing from a wealth of data gathered in extensive patient focus groups over the last two decades.

Strategies for advancing the patient's status to "partner" and "participant" in their own care will be presented, including educational tools that have been used successfully in Planetree hospitals. Examples of innovative patient education such as open medical records, patient pathways, and patient fact sheets will be shared.

Support for the changing roles of family, friends and volunteers in the healthcare system is another element of the Planetree model. Policies and procedures for defining and expanding these roles in systems facing shortages of healthcare workers will be discussed.

In addition, the creation of a healing environment will be explored, from design of the physical plant, to the inclusion of music, art, nature and light in healthcare facilities. Examples of healing environments in critical, acute and ambulatory care settings will be shared in a series of instructive photographs.

Finally, data gathered to support the impact and effectiveness of a patient-centered approach to care will be presented from a variety of hospitals using the Planetree model

Contact:
Susan FRAMPTON
Plantree
130, Devision Street
Derby CT 06418
USA
sframpton@planetree.org

Session II-3: Supporting smoking cessation and developing smoke-free hospitals

A service analysis of a hospital-based smoking cessation service – positive outcomes

Kirsten DOHERTY, Dominique CROWLEY, Anna CLARKE, Leslie DALY

Introduction: Smoking cessation interventions have proven to be effective in reducing smoking rates. A multi-dimensional service, incorporating individual or group counselling with health promotion messages, was recently established in a large teaching hospital in Dublin, Ireland. We describe the commencement of the service, problems encountered and the evaluation process initiated.

Methods: A one-day prevalence census survey of in-patient smoking rates and documentation in medical and nursing charts was conducted. A purpose-built electronic database to facilitate ongoing evaluation was introduced. Processes captured include rates of specialty-specific referral, intervention and use of nicotine replacement therapy. Outcome indicators, including validated quit rates, can be calculated. Problems encountered and lessons learnt during service development have been catalogued.

Results: The baseline survey (n = 327) showed that 15% of hospital patients were current smokers (mean age = 53 years; 60% male; 40% female). 70% were interested in stopping, of whom 69% expressed interest in help.

Initial results from the database show an increase in activity since the start of the service, with 506 patients receiving specific smoking cessation interventions since inception. Of those referred, 65% were referred by nurses and 23% by doctors. At six months, the estimated quit rate is 23%, with follow-up for validation in progress. Problems encountered included initial low levels of awareness among hospital staff, and striking a balance between the needs of counselling and the requirements of data capture. A community support service is currently being developed in advance of anti-smoking legislation. This will allow a seamless service locally for patients following hospital discharge.

Conclusions: There is clearly a need for smoking cessation services in acute general hospitals. The development of a specific database has allowed easier access to the ongoing process and outcome indicators required for service evaluation. Our quit rates are comparable to international literature. Routine referral to smoking cessation services is merited and our data document that process.

Authors: K. Doherty, D. Crowley, A. Clarke, L. Daly, C. Kelleher, C. Pye, B. Whiteside, E. McIntyre, P. Fitzpatrick, D. Comerford, V. ´Neill, V. Reid, H. Gallagher

Contact:
Kirsten DOHERTY
St. Vincent's University Hospital
Dept. of Preventive Medicine and Health Promotion

Elm Park
Dublin 4
IRELAND
k.doherty@st-vincents.ie

Certificate Smoke Free Company: A Tool for HPH against Tobacco induced Morbi-Mortality

Roberto Mazza, Giovanni Invernizzi, Roberto Boffi, Andrea Mattiussi

One of the most important instruments to reduce tobacco consumption is to keep the workplaces smoke-free. Smoking restrictions protect the health of non smoker employees (in Italy the 73% of the population) from environmental tobacco smoke (ETS) and reduce the social acceptability of smoking.

In Italy, a recently passed law asks all employers to get smoke free workplaces, but it takes usually a long way in our country to implement the goal of a law regarding smoking habits, as shown by the long time lapsed (more than 20y) since the smoking ban in schools and hospitals was effectively enforced, owing not only to the traditional individualist culture, but also to the intervention of the tobacco companies. Documents now available on the Internet reveals the concern of the cigarette company for ETS policy and the organization of campaigns to resist smoking restrictions. Assotabacco, the association of the cigarette producers, offers a comprehensive plan for a “gentlemen agreement” between smokers and non smokers in the workplace, instead of accepting a clear antismoking rule. A significant number of journalists and “opinion makers” also spouse the industry point of view. To defend public health from ETS, the National Cancer Institute of Milan (INT) and Italian Academy of GP,s (SIMG) issue a proposal of “certification of smoke-free company”, like a tool to improve the civil right to health also in workplace.
Steps of certification:

1) The Company decides to be smoke free and asks for the INT intervention.
2) INT intervention starts with a survey on employees’ attitude about tobacco smoking in workplace and with the communication of the news rules.
3) Organization of training workshops for middle management in agreement with trade unions.
4) Information to all the employees (meetings, booklets) about the right to work without ETS and the offer of smoking cessation services for the smokers.
5) X day: the company become smoke free and our INT equipe certifies it with measurement of particulate matter levels in the buildings and with a new survey on the employees about the respect of the new rules.
6) The certification by INT runs for three years; the smoke-free company will be charged for INT expenses, and asked for an additional free offer for research on tobacco related cancers.

This program was planned after four interventions in private and public companies with a total of 1950 employees and will be launched like a Certification on 2004 may, 31st WORD NO TOBACCO DAY.

Contact:
Roberto MAZZA
National Cancer Institute
URP
via Venezian, 1
20133 Milano
ITALY
mazza@istitutotumori.mi.it

"Smoke-Free Hospitals" of the Emialiano-Romagnola H.P.H. Network

Manuela MONTI, Maurizio LAEZZA

The project "Smoke-free Hospitals" of the Emialiano-Romagnola H.P.H. network involves all healthcare structures of the Emilia-Romagna region that started to co-operate in 1998 in the regional project "Nicotinism" under intercouncil central co-ordination between the Council of Social Politics and the Council of Health.

This network study has produced an important document: resolution 785/´99 of the regional council, which represents the plan of aims and actions, and directs various company interventions against nicotinism in several areas. In fact, the regional project is made up of 5 subprojects:

1: Prevention of the habit of smoking among students of compulsory school.
2: Prevention of the habit of smoking among the general population byintervention of doctors of general medicine.
3: Intensive courses to give up smoking
4: Smoke-free hospitals and healthcare services
5: Smoke-free workplaces

The regional co-ordination of the "Nicotinism" project also includes a thematic work group for each subproject, in which each of the 19 company heads of the subproject takes part. The merger between the group of subproject 4, "Smoke-free hospitals and healthcare services" and the HPH group "Smoke-free hospitals" has enabled the development of precious synergies within the network. The report will first analyse the ways of intervention developed to realize a "Smoke-free hospital", conceptually according to the following tripartition:

- information and education, aimed at increasing social awareness about health determinants.
- therapy, aimed at weaning
- applying the law against smoking and protection of workers against passive smoking.

Furthermore, we shall address the topic of integration of the subproject with the other subprojects in which we set out regional planning ability in order to highlight advantages (and disadvantages) of a single comprehensive intervention against nicotinism.

Contact:
Manuela MONTI
Co-ordinator of the project
Istituti Ortopedici Rizzoli
G. C. Pupilli, 1
40136 Bologna
ITALY
manuela.monti@ior.it

Development of a tool for the purpose of conducting an internal audit on the smoking policy in JCM Hospital

Mary SMYTH, Miriam GUNNING, Angela HUGHES

Background: This self-audit tool was developed as an essential process from which objective data could be collected and the European Self- Audit Questionnaire completed.

Aim: To assess knowledge of the policy, and document practices and behaviours with regard to smoking within the hospital.

Objectives:
(1) To conduct an annual audit, which will monitor progress and identify problems.
(2) To provide guidance to the Working Party on smoking, helping them to prioritise and deal with identified issues.

Methodology: The Smoke Free Hospital Policy (Minimum Standards 2000) was used to help decide what questions needed to be asked to provide the information required. Baseline information included number of staff in hosp and number of staff in each discipline. It was decided to interview all heads of departments, 1 in 4 of all disciplines, and a random selection of patients and visitors. Guidelines are set out for members of the Working Party, outlining how the audit sheets are to be used and how it should be conducted.

All documentation is returned within 3 weeks and analysed manually; results are distributed within 1 month.

Conclusion: Provided a method of measuring progress and identifying problems.

Established incidence of smoking among staff in the hospital, identifying disciplines where prevalence was highest. This helps to guide the development of the staff element of the Smoking Cessation Support Service in the hospital.

Contact:
Mary SMYTH
(via Angela Hughes)
James Connolly Memorial Hospital
Top Floor, Academic Centre, JCMH, Blanchardstown
Dublin 15
IRELAND
angela.hughes@nahb.ie

Session II-4: Developing health promotion quality in hospital organisations

Values and Health-Promoting Corporate Culture

Ralf DZIEWAS, Elimar BRANDT, Werner SCHMIDT

Values are an important strategic basis for the development of a corporate culture. In the contribution it will be reported about development and introduction of values in a confessional hospital group (5 hospitals) in Berlin-Brandenburg. In preparation of an HPH oriented Balanced Scorecard (BSC) the development of a health promoting corporate culture was conceived as one of the four strategic key themes. As a condition for that an authorized interdisziplinary team (BSC core team) compiled a draft of 18 values from strategic guidelines of the executive manager, owner and the WHO HPH concept. This draft was handed over to all 1000 employees for a statement, revised after that and as obligatorily established in all concerned hospitals in May 2003. Further it will be shown how values were integrated into the concerned hospitals BSC. Thus shall guarantee that value introduction will be managed as an important part of strategy implementation.

Contact:
Ralf DZIEWAS
(via Werner SCHMIDT)
Project Manager
Immanuel-Krankenhaus
Königstraße 63
14109 Berlin
GERMANY
werner.schmidt@immanuel.de

Becoming a Health Promoting Hospital (HPH) requires change management for the whole organisation: innovative, average and problematic units need different forms of support

Heinz Eberhard GABRIEL, Karl PURZNER, Reinhard BACHMANN

In a hospital as a rule there is at last three types of organisational units, that have to be dealt with: there is at first a small group of departments with a dynamic and innovative approach and high quality in clinical and management performance. Then there is a rather big group of units, that do their work in a very stable way but without the outstanding features of the first group. The third and again small group of departments is the one with more or less chronic problems. Sometimes these units get into critical states and the top management has to intervene to prevent harm for the unit itself and - in severe cases - for the whole hospital, its patients, staff and people in the environment. Experience shows, that implementation of HP in a comprehensive way deserves on the one hand to deal with all these different types of units in a specific way. On the other hand the subtle management of the relationship between these different units is a very important criterion for a successful change. The medical director of the Social Medical Centre Baumgartner Höhe (SZB) - a 1000 bed institution in the city of Vienna in Austria - GABRIEL will give a short presentation on the situation as a whole. PURZNER, who is in charge of "Organisation Development" and "Knowledge Management for Management Knowledge" within the SZB will refer about the perspective of a "Learning Organisation". Experience shows that the three types of units just mentioned need different methods and tools to develop themselves and learn in quite a different manner on their way to become HP units. BACHMANN, the quality manager of the SZB, will at last present the consequences of the mentioned issues on the quality management system of the SZB. After the presentation of these statements in our workshop we want to go into a structured dialogue with the participants.

Contact:
Heinz Eberhard GABRIEL
(via Karl PURZNER)
Social Medical Centre Baumgartner Höhe
Organisation Developement; Knowledgement for Management Knowledge
Baumgartner Höhe 1
A-1160 Vienna
AUSTRIA
karl.purzner@wienkav.at

Preventing problems with care in Health Promoting Hospital settings

Maria HALLMAN-KEISKOSKI

Hospitals have traditionally carried out significant work in order to promote the health of their patients. At the initiation of WHO, the Health Promoting Hospitals network is expanding the viewpoint of health promotion from patients to staff and general population, as well as to the development of health-supporting organisations. Central Finland Health Care District is Finland's first health care district to carry out its own "Health Promoting Hospital" - programme for 2001-06. The programme obligates the district to look for ways to prevent problems with care.

Many international studies have concluded that problems with care affecting the patient are common, unexpected, serious and possible even for skilled workers. However, researchers claim that about half of these problems are preventable with proper action. Instead of the patient, we should focus on latent problems within the system and make them visible and harmless. The emergency room of the Central Finland Health Care District has an ongoing quality project that utilises a protocol developed by a British research group to settle problems with care and "near miss" events.

The frame of reference of a health promoting hospital unites the sectors of damage control and quality improvement associated with the patient, staff, organisation and population into a comprehensible entity. High-quality damage control and rebuilding the patient's trust after a problem can only be achieved via open communication, elimination of a blaming mentality and an extensive change of culture. We have a unique possibility to look at problems of care in a health promoting hospital setting. This presentation is based on almost 70 reviews of international literature.

Contact:
Maria HALLMAN-KEISKOSKI
Central Finland Health Care District
Hospital
Keskussairaalantie 19
40620 Jyväskylä
FINLAND
maria.hallman@ksshp.fi

Implementation of a general prevention and health promotion strategy at a large hospital: process and pilot projects

Else-Marie LØNVIG

Aim: The top management at Odense University Hospital (OUH), Denmark has approved a strategy for prevention and health promotion (PHP) focusing on healthy lifestyle for patients. The overall objective of the strategy is to increase health related quality of life and future health in patients by minimizing negative health influence of specific risk factors and make systematic PHP an integrated part of treatment.

Setting: OUH is one of the largest hospitals in northern Europe with a patient base of approximately 500.000 people. The hospital has 1,206 beds, about 61.000 inpatients and 58.000 outpatients a year and an annual budget of 351 million Euros.

Process: The strategy was approved by the top management in January 2003 followed by an open debate in all divisions of the hospital and on the county board to increase knowledge, participation and involvement of hospital management, staff, and

politicians. Due to a persistent resistance against integration of systematic changes among clinicians the management chose to initiate three model projects.
Projects: The aim of the projects is to minimize the negative effect of tobacco, alcohol, nutrition and physical activity in patients. The projects will be carried out in different settings:
• A paediatric lifestyle centre
• A school for patients with chronic lifestyle diseases
• In the pathway of specific elective surgical patients

Conclusion: The advantage of making a democratic implementation process was that persons involved got the opportunity to discuss and express their mainly sceptic attitudes towards systematic PHP. Consequently the resistance lead to modifications in the original implementation plan, which seemed acceptable to the opponents. The drawback of the method is that the decision to implement the strategy was taken by the top management which caused a top-down process that turned out to be quite unprofitable.

Contact:
Else-Marie LØNVIG
Odense University Hospital
Department of Quality Development
Sdr. Boulevard 29
5000 Odense C
DENMARK
else-marie.loenvig@ouh.fyns-amt.dk

Session II-5: Improving health promoting patient orientation by developing care and communication processes

The Introduction of Patient Liaison Officers to improve communication with Patients in the Emergency Department

Marion BUTLER, Mary DUNWORTH, Audrey BYRNE, Angela HUGHES

Background: This initiative was developed as a response to the increasing delays in the Emergency Departments - as a result of increased activity levels and bed shortages - the combination of which led to difficulties in keeping all the patients informed about what was planned for them.

Aim: To improve communication with patients and their relatives, to enhance understanding of the care process in the Emergency Department and to respond proactively to patients concerns.

Objectives: To provide patients and their relatives with accurate and timely information regarding how the Emergency Department functions, the length of time they can expect to wait for treatment and the reason why some patients may incur delays.

To respond proactively to complaints and other concerns and to facilitate communications between the patient and other team members in the Emergency Department.

Methodology: The service is provided by three patient liaison officers who provide cover from 9.30 am to 10.15pm, 7 days a week. The successful candidates had previously been employed as staff nurses in the Emergency Department with extensive experience in emergency nursing.

Evaluation: The service has been in operation for one year and has proved extremely successful, with anecdotal evidence of increased patient satisfaction with the service and a documented significant decrease in complaints from patients and relatives. There has been a significant reduction in the number of aggressive incidents in the Emergency Department. The service has also proved very beneficial to the relatives of patients who are treated in the resuscitation room or sudden death. The documentation process is continuously being refined to reduce the volume of paperwork, therefore leaving more time for the patients. An audit tool is currently being developed to enable the team to quantify the performance of the service at 12 months from both the patient and staff perspective

Contact:
Marion BUTLER
(via Angela Hughes)
James Connolly Memorial Hospital
Health Promotion Co-ordinator
Top Floor, Academic Centre, Blanchardstown
Dublin 15
IRELAND
angela.hughes@nahb.ie

Improved communication through Partnership

Rose BYRNE, Nuala and Eilish Mc KEOWN, Mai KEARNS-Mc ADAM, Geraldine Mc CABE

Rationale: The partnership committee in the Louth County Hospital was set up in April 2002. It comprises of a highly motivated hospital team representing all staff with an on-going mission, to work together to improve the service they provide to their clients and to enhance the working environment relationship for staff.

The committee identified different projects they wished to get involved in at the hospital ans communications was seen by the committee as having a major impact on staff and clients.

Aim: To improve communication within the hospital for both staff and clients.

Methodology:
A communications sub-group was established comprising of staff from different locations within the hospital.
The sub-groupwas again divided into nine separate groups who looked at different areas where communiation could be improved.
Areas identified included the following:

- Induction for all new staff,
- Identification of key personnel/departments and their contact numbers,
- Dissemination of information within the hospital,
- Patient information,
- Visiting times(A client was a member of this group)

All groups met separately but reported back to the main group ar regular intervals.
Meetings were chaired by the regional Partnership facilitator.

Outcomes:
New induction leaflet developed and now distributed to all new staff.
A booklet produced with updated names and phone numbers for the different locations within the hospital.
The development of a "Communications Cascade"to disseminate information throughout the hospital.
The development of an improved patient information leaflet which wasoriginally produced by the hospital quality group.
Improved signage and public announcementsin relation to visiting times taking into account the views of both staff and patients.

Results: Documentation and protocols now in place which will improve communication within the hospital.

Contact:
Rose BYRNE
Louth County Hospital
acute Hospital
Dublin Road,12
Dundalk coLouth
IRELAND
Rose.Byrne@nehb.ie

From the analysis of illness narratives to an integrated clinical audit: how to integrate the experience of the patients and their families in a process of care oriented towards evidence-based medicine

Corrado RUOZI, Guido VEZZOSI

The “Narrative-Based Medicine” Project developed out of the need to integrate the tools conventionally used for the quantification of the perceived quality (satisfaction questionnaires) in order to obtain more complex and useful information for the Service. While the Project was in progress a second and more ambitious goal was defined, i.e. try and revise some “evidence based” clinical guidelines integrating them with the experience gained from the standpoint of the patients and their families. In other words, the tools conventionally used to quantify customer satisfaction usually do not allow for an adequate understanding of the disease as experienced by the patients and their caregivers (family members, volunteers, etc.) and of the criteria with which this experience is considered by non-professionals. Illness narratives may represent a powerful tool to understand that complex reality and build a pathway in the framework of a narrative-based medicine which uses such narratives as the basis on which to build forms of integrated and participated clinical auditing with the direct involvement of representatives from the patients and/or their family members so as to have a stimulus towards re-engineering the care processes.

Overall goal: Develop, in clinical practice, those assessment tools which focus, in particular, on the patients´ opinion concerning the treatment pathways.

Specific goals:

- Be able to use illness narratives as a tool to detect the perceived quality.
- Identify - by the analysis of narratives - the dimensions which are most meaningful to the patients in the assessment of the clinical and health care pathways that they follow in order to define the critical elements which should be faced.
- Involve a representative from each category of patients/family members in the integrated clinical auditing which relates to the quality of care and the delivered services as well as to the actions to be taken for their improvement.
- Integrate - with the patients´ and their families´ point of view - the reference guidelines for the management of the rehabilitation process for severely injured patients.

Methods/Actions:

- Selection of the patients to be involved in the project;
- Creation of a project staff group
- Creation of a mixed working group (physicians, nurses, other health care professionals, representatives of the patients and/or their family members, researchers);
- Beginning of the training-research work;
- Collection of illness narratives by representatives of the Mixed Advisory Committees (citizens´ representatives within the Health Authority) in a representative sample of 20 patients/family members.

- Continuation of the training-research work with the analysis of the narratives and the identification of the most significant dimensions for the assessment of the quality of care from the patients´ point of view.
- Completion of the training-research work with the involvement of the representatives of the patients/their family members in the various stages of the clinical audit process: problem selection, definition of indicators and standards, monitoring of care and health care services, result analysis and actions for improvement.
- Identification of the reference guidelines for the clinical and health care management of the patients.
- Integration of the guidelines with the improvement actions which concern the critical elements identified through a semantic analysis of the narratives.
- Implementation of the guidelines by means of training-information targeted towards the professionals.

Main target group: 20 severe head injury patients

Expected benefits: By the use of an ethnographic tool for the detection of the perceived quality, this Project will make it possible to assess the impact of clinical practice on the patients´ emotional-affective experience and to capitalize on the information collected in the re-definition of the care process; this tool and the research method can then be used by the different business units and represent a good integration to the system of detection of the perceived quality which is already available within the Health Authority as well as support the definition of the EBM guidelines.

Involvement/Participation:
- Reggio Emilia Health Authority (AUSL): Correggio Hospital (Intensive Rehabilitation B.U.)
- Health Care Sociology School, University of Bologna
- Associations of patients/families: AVO, Emmaus
- Mixed Advisory Committees
- Health care professionals

Assessment of the results and conclusions:
- All interviews were made and analysed semantically
- A tool was structurally developed for carrying out and processing the interviews
- The critical steps in the rehabilitation process of patients with severe head injury were identified
- Associations representing citizens were involved in the search for improvement pathways
- The reference guidelines for the management of the clinical and health care process were identified and integrated with the information generated from the analysis of the disease histories
- The use of guidelines and integrated clinical audits is currently being implemented in our\ Department.

Contact:
Corrado RUOZI
Head of Training Dept.
Organization and Development Staff; Reggio Emilia Health authority
Via Amendola, 2
42100 Reggio Emilia
ITALY
corrado.ruozi@ausl.re.it

PAT : Patient orientation and the oriented patient – improving care processes in a benchmarking project

Ursula F. TRUMMER, Peter NOWAK, Juergen M. PELIKAN

Patient orientation of in patient-care is undoubted to be of high relevance for the quality of care processes and treatment outcomes. Recent studies show that patient oriented care has to focus communication with and information for patients to give them better orientation of care processes, for many reasons, among those are:
1) Adequate patient information is a precondition for informed consent and shared decision making
2) patients demands for better information about treatments are rising
3) empowering patients for their role as co-producers of their health improves outcomes

In the benchmarking project "Patient orientation in Austrian hospitals" (http://www.univie.ac.at/patientenorientierung) 21 hospitals developed patient oriented structures and processes of in patient care in a two-year quality project. Achievements were evaluated with a patient and a staff survey. In January 2003 the results of the first patient survey (n= 3.644) showed areas of improvement concerning patient orientation especially in the fields of patient oriented information and empowering communication. Results of the second survey (n=3.535) show that improvements are possible on a large scale, but also fall backs have to be reported. The presentation gives results and discusses consequences for further development of patient oriented care processes and empowerment of patients.

Contact:
Ursula F. TRUMMER
Senior Scientist
Ludwig Boltzmann Institute for the Sociology of Health and Medicine
Rooseveltplatz 2/4
1090 Vienna
AUSTRIA
uschi.trummer@univie.ac.at

Session II-6: Patient information, education and counselling as tools for Health Promoting Hospitals

A Health promoting nurse school contribute to the development of health promotion and health education at the hospital

Hélène BOURENE, Christine VINARDI, Vincent BONNIOL

Introduction: A Health promoting nurse school is one way for the development of the Health Promoting Hospital concept. This project has been elaborated in link with French public health policy, the policy and the orientation of the nurse school project.

Method: Each member of the pedagogic team is engaged in this project to acquire the heath promotion, health education and therapeutic education competences by the students.

The nurse school granted to human, pedagogic, material and financial recourses for that specific project.

An expert is in charge of the conception, the elaboration and the coordination of this project in interaction with the headmaster and in collaboration with the trainers of each class. This project will favouring the experimental knowledge and self knowledge needed for the future nurses by the articulation of theory and practical abilities in health promotion.

Results: Actually, we are implementing this project inspired buy Health Promoting Hospital and Health Promoting University models. The programme is framework of the institution new policy available in the school project conceived by the headmaster.

Discussion: A research work will be elaborated on the evaluation of competences required for the students in health promotion. This work has the objective of demonstrating the interest of the active participation in health promotion project during the training period for transferring those abilities in professional situation.

Contact:
Hélène BOURENE
Institut de Formation en Soins Infirmiers Saint-Jacques Ecole de Service Social de Provence
Intitial training for nurses
Avenue Gorges Braques
13014 Marseille
FRANCE
ifsi-saintjacques@wanadoo.fr

"School for hypertensive patients" as a new health promotion and disease prevention technology in hospital and out-patient clinic

Ruzanna EGANYAN, Anna KALININA, Olga IZMAILOVA, Elena LACHMAN

The arterial hypertension (AH) prevalence in Russian adult population is around 40%. At the same time, status of awareness, treatment of AH and it effectiveness in population is lower (12%) than in most western countries (30%). Epidemiological estimates in these countries demonstrated the principal opportunity to increase quality of AH control. In association with this we had developed, approbated and got adopted new technological model of preventive measures for benefit and improved hypertension management and control - "School of health for hypertensive patients".

This school is the totality of joint methods and means of individual preventive counseling and, particularly, work in groups, directed to improvement awareness of patients about risk factors, their attitude toward health style of life, practical habits, skills and compliance.

The aim of the school is to increase the availability, quality, and volume of medical preventive assistances in different medical health care services: hospitals, out-patient clinics, sanatoriums, cardiologic dispensaries. This School consists of 8 lessons, devoted to different AH risk factors: fat and salt over consumption, excessive body mass, smoking, low physical activity, high level of blood cholesterol, diabetes mellitus, and stress.

In connection with this we carried out cross-sectional medico-social research to study awareness, attitudes and skills of physicians in AH and risk factors prevention. It was revealed unsatisfactory awareness of primary health care physicians of AH and risks factors criteria and correction. However, the assessment demonstrated physicians´ positive attitude toward preventive interventions necessity and their understanding the purpose of primary and secondary prevention. That´s why we regularly hold "training for trainers" for medical staff, being interested in health care supporting and effective implementation.

Contact:
Ruzanna EGANYAN
(via Anna Kalinina)
State Research Center for preventive medicine MoH Russian Federation
Petroverigsku per., 10
101990 Moscow
RUSSIAN FEDERATION
akalinina@km.ru

Health schools for patients – a new technology in health promotion

Kundul IVANOV, Albina SIVTSEVA, Svetlana SHALNOVA

In the context of preventive medicine in native healthcare implementation of preventive technologies in hospitals of the Republic of Sakha (Yakutia), Russian Federation, is widely realized. Health schools for patients with arterial hypertension, diabetes, asthma turned out to be more successful. The main principle of such schools is teaching patients and their relatives to acquire new methods of disease prevention and monitoring. The attention is paid to acquiring habits of self-help and knowledge of risk factors. The staff took a special course at the Republican Centre for Preventive Medicine and at the medical institute. Special curriculum and manuals were worked out. Hospitals are provided with manuals and reference-books. For the period of 2002-2003 41 schools of arterial hypertension, 35 schools of diabetes, and 32 schools of asthma have been in function. About 10783 patients attend these schools. Since 2004 health schools have been a part of the Programme of Compulsory Medical Insurance. Manuals on extra-departmental control of the quality of medical care are developed. The Reoublican Centre for Medical Prevention is in the list of institutions which function in the system of Compulsory Medical Insurance as a part of "medical prevention section". Monitoring of the results of health schools activity is planned.

Contact:
Kundul IVANOV
Head specialist on prevention
Ministry of Health of the Republic Sakha (Yakutia)
Lenina Str., 30
677011 Yakutsk
RUSSIAN FEDERATION
mzprofilaktika@yakmed.ru

An out-patient clinic of preventive medicine in a public university hospital in Denmark

Anne MOELLER, Lillan TOBIN, Henri GOLDSTEIN

It is earlier shown, that preventive efforts can reduce the number and the extent of complications in relation to surgery. If use of tobacco is stopped 6–8 weeks before a planned operation the rate of various complications will be reduced. A reduction of an alcohol over-consumption before an operation will optimize the function of organs and improve the immune system. Weight-reduction will create a better result of an operation and improve rehabilitation afterwards.

Due to this evidence, an out-patient clinic is established from the summer 2003 for patients waiting for operation. The clinic is run by the Department of Preventive Medicine at the county hospital in Koege, which is a university hospital (Copenhagen University). The patients are referred to the clinic in order to get help to stop smoking, reduce weight or alcohol consumption. All hospital departments from the entire county refer interested and motivated patients to the clinic where a doctor assesses the patient's need for intervention.

The smoke-stop treatment is carried out either individually or in small groups by specially educated instructors, who are qualified nurses. The treatment follows a program developed by Kræftens Bekæmpelse (An organization fighting Cancer), which comprises conversations and various drugs.

Weight-reduction-treatment is performed dietists and doctors. The overall aim is to change the patients food habits.

Reduction of alcohol-consumption is performed by a doctor by conversations and medication.

The overall purpose of the out-patient clinic is to change life style of the patients - also after the operation. As a consequence, follow-up visits has a high priority.

Contact:
Anne MOELLER
Roskilde County Hospital Koege
Department of Preventive Medicine
Lykkebaekvej 1
4600
Koege
Denmark
rkhgo@ra.dk

Parallel Paper Sessions and Workshops III: Friday, May 28, 2004, 14.00 – 15.30

Session III-1: Workshop: Pain-Free Hospitals

Development and future of "Pain-Free Hospitals" in Emilia-Romagna

Elena MARRI, Kyriakoula PETROPULAKOS

Taking care of pain and suffering as well: it is on this basis that the Regional Health Service promoted the implementation of the "Pain-Free Hospital" Project developed out of an agreement reached within the Conference of the State and Regional Authorities on May 24, 2001 with a view to change the habits and the behaviours of the health care workers and the citizens in relation to a phenomenon such as pain which is at times underestimated and regarded as unavoidable.

The "Pain-Free Hospital" Project fits into the Health Plan of the Emilia-Romagna Region and aims at extending the use of specific pain therapies to all types of in-patient and/or community-based care within the network of the health and social services, i.e. in hospitals and home care, in hospices and other residential facilities.

An important step in the implementation of this project was the development, within each Health Authority, of a multidisciplinary and multiprofessional Committee called the “Pain-Free Hospital” Committee.

The task of such Committees is to provide a specific pain observatory within the health facilities, in particular within the hospitals, to coordinate the life-long training of the medical and nursing staff, to undertake suitable measures to ensure the availability of oppioid drugs as well as to promote the implementation of protocols for the management of pain and organize communication campaigns directed towards the citizens and the health care workers.

A multidisciplinary and multiprofessional regional working group was established with a view to provided technical and scientific support as well as to coordinate the actions required to implement the project.

At the present time all the Health Authorities and Trusts of the Emilia-Romagna Region have established their own “Pain-Free Hospital” Committees involving more than 260 different health care professionals, mainly anaesthetists/algologists and oncologists/palliation therapists but also other specialists from all medical and surgical fields. Given its importance in the field of pain management, the nursing staff accounts for over 30% of the members of the “Pain-Free Hospital” Committees. In some cases members from voluntary organizations are also part of such Committees.

The regional “Pain-Free Hospital” Project intends to focus primarily on post-operative pain which is predictable and avoidable by means of special drug therapies to be administered for preventive purposes and in a timely fashion. Adequate control of post-operative pain improves the quality of care and the post-surgical course.

Furthermore, the experience gained on the field may be used by the Territorial Health Conference to develop the Health Plans which are an important tool in the regional planning policy. Such experience can thus be reproduced in all health care settings, i.e. hospitals, home care, hospices and other residential facilities.

Contact:
Elena MARRI
Hospital Services, Emilia Romagna region
Director of Pain-Free Hospital Project
Via Aldo moro, 21
40127 Bologna
ITALY
emarri@regione.emilia.romagna.it

“PAIN-FREE HOSPITAL”. The capillary project of Tuscany

Andrea MESSERI, Paolo MORELLO MARCHESE

Today, even in the most advanced institution, pain is still a dimension to which not enough attention is given, even though it has been scientifically demonstrated how invalidating pain can be under a physical, social and emotional point of view (1,2,3,4). With the purpose to contain pain in the hospitals, a specific HPH project, named “Pain-Free Hospital”(PFH), has been elaborated in Tuscany.

The project wants to increase the attention of the hospital staff in all Tuscan hospitals in order that all the possible measures to contrast pain are used. It is, in fact, well known that the lack of measuring and treating pain happens in patients who must undergo medical and surgical treatments, whether they are adults or children.

- All the 16 Tuscan Public Hospital Institutions participated to the project
- In each Institution a Committee for a PFH was established.
- A questionnaire to measure the prevalence of pain was administered
- Planning of the formative courses
- Organization of the medical charts to indicate pain level
- Verification of the efficiency of the formation and certification of the project.
- Pharmacological and non pharmacological guidelines
- Predisposition of adequate informative instruments inside the hospital

In Tuscany the project PFH is part of HPH project; all the hospitals and sanitary units have supported the PFH project. In Tuscany, therefore, a diffused network has been established and the principles of the pain fight are promoted.

Bibliography:

1. Albert F. Campagne vers un hospital sans douleur. Infokara 45, 18-24, 1997
2. Besner G. Creating a pain free enviroment. JPC 9, 51-2, 1993
3. Marks RM. Undertreatment of medical in-patients. Ann Intern Med 78, 173-81, 1973
4. Melzack R. The tragedy of needless pain. V world congress on pain. Elsevier 1988

Contact:
Andrea MESSERI
'A. Meyer' University Children's Hospital - Florence, Italy
Co - ordinator of the inter - LHU HPH Project
Via L. Giordano, 7/M
50132 Florence
ITALY
a.messeri@meyer.it

Pain Management in the HPH Italian Veneto Region Network

Marco VISENTIN, Simone TASSO

Within the HPH network the adequate treatment of pain is considered a very important task for promoting the well-being of patients. Facing the problem of pain control means enacting the actions foreseen in the Ottawa Charter, as one has to change a culture which often considers pain as an unavoidable event for diseased people. In order to carry out the project, multisectorial actions on patients, staff and community are due, as suggested by the Budapest Declaration.

The experience of the HPH Veneto Region Network started from these bases, trying to build up a project taking into account the national and regional guide-lines and the previous international experiences. Actions have been addressed to patients, citizens and health personnel. One of the first steps was a policentric study on the prevalence of pain which involved 1325 inpatients. The results show that:

- the pain prevalence was 51.5%
- the concordance between perception of pain by the patients and pain evaluation by the staff was low (Cohen K < 0.4)
- the current treatment of pain was not optimal.

The knowledge and attitudes of physicians and nurses (a total of 1636 persons) was assessed using a 21 items questionnaire: the right answers were 51.2%; areas of poor knowledge were identified.

The data gathered with the previous enquiries will be useful for the subsequent actions:

- formation of the staff on pain
- implementation of routine pain measurement
- circulation of pain treatment guide-lines
- assessment of patient satisfaction.

Contact:
Marco VISENTIN
(Simone TASSO)
Hospital
Medical Hospital Director
Via Ospedale
31033 Castelfranco Veneto
ITALY
tasso@ulssasolo.ven.it

Session III-2: How to apply quality tools to Health Promoting Hospitals: Strategies, Standards, Balanced Score Card, DRG's

Strategies for Health Promoting Hospitals and their implementation

Jürgen M. PELIKAN

Health Promoting Hospitals (HPH) is a comprehensive vision for hospital reform which is being constantly further developed since the late 1980ies. In this sense, HPH can also be understood as a specific content for hospital quality management.

In order to become useful for hospital change processes, the comprehensive vision of HPH needs to be formulated into strategies, so as every other reform concept.

Based on the goals of Health Promoting Hospitals, there exists to-date a set of 18 strategies for promoting the health of hospital patients, hospital staff and the inhabitants of the hospital community by empowering the target groups for

- health promoting self-management
- health promoting coproduction of health
- health promoting disease management
- health promoting lifestyle development

and by improving health-supportive conditions by

- developing the hospital into a health-supportive setting and
- contributing to developing the hospital community into a health-supportive setting.

How can these strategies be implemented into hospital practice? The most comprehensive way is to develop an overall approach by integrating HPH into the hospital's (quality) management system.

The presentation will focus on
An overview on the 18 strategies
Specific examples for 3 of the strategies
Instruments for implementing HPH in general and specific quality management

Contact:
Jürgen M. Pelikan
WHO Collaborating Centre for Health Promotion
In Hospitals and Health Care,
Ludwig Boltzmann Institute for the
Sociology of Health and Medicine
Rooseveltplatz 2
A-1090 Vienna

AUSTRIA
juergen.pelican@univie.ac.at

Quality tools and Health Promotion. How to apply standards to Health Promoting Hospitals.

Svend Juul JØRGENSEN

Standards for health promotion were developed and pilottestet in the HPH Network and presented in the 11.th international conference in Firenze 2003.
To support the implementation in HPH hospitals a manual and a self assessment tool have been developed. Self assessment can be a strong tool, which gives information about the actual state: areas of good practice and areas where improvement is needed are identified. Thus the process can give inspiration to initiate and accelerate the implementation of health promotion. Self assessment can be an eye opener, which gives directions for implementation and draws the attention to the importance of multidisciplinar approach and the importance of the patients role. Finally self assessment can monitor the implementation proces, give information about the process of preparation for external quality assessment.

Contact:
Svend Juul JØRGENSEN
Bispebjerg Hospital
Bispebjerg Bakke 33
DK-2400 Copenhagen
DENMARK
sjj01@bbh.hosp.dk

WHO-pilot project: "HPH-strategy implementation with combined application of Balanced Scorecard and EFQM-Excellence Model"

Elimar BRANDT, Oliver GRÖNE, Werner SCHMIDT

The implementation of strategy and standards developed in the WHO Health Promoting Hospitals network is a current challenge.
First of all two theoretical concepts of strategy implementation possibilities will be presented and explained:
1. HPH-strategy implementation by using EFQM-Excellence Model
2. HPH-strategy implementation by using Balanced Scorecard

It will be described how these concepts are translated into action in five hospitals of a confessional ownership in a 2002 started WHO-pilot project. Central points are:
1. the process of developing strategic essentials (HP-integration in mission, vision and values, strategic destination and strategic key themes).
2. Development of a HPH-oriented Balanced Scorecard (experiences, barriers, result and further intentions).

Contact:
Elimar BRANDT
Immanuel-Krankenhaus
Königstraße 63
14109 Berlin
GERMANY
E.Brandt@Immanuel.de

Health Promotion in Hospitals and DRG System

Hanne TØNNESEN

Background: The most common system to reimburse for clinical services is by diagnosis related groups (DRG), which were developed in the seventies as a tool to control health care costs. Today DRG is implemented all over the world. However, health promotion, disease prevention, and rehabilitation activities are sparsely included in the DRGs. Therefore, these activities are nearly invisible in budgets and balances, registration of activities and procedures. One strategy to improve health promotion activities in hospitals is to include a code and price for such services into the DRG system.

Aim: The aim was to describe a model for handling health promotion in the DRG system in order to support implementation of health promotion in hospitals.

Organisation: A working group under the Danish Network of Health Promoting Hospitals was appointed. The group included representatives from five network hospitals, National Board of Health, Danish Institute of Health Services Research, and Clinical Unit of Health Promotion.

Methods and results:
- The working group described a general model for health promotion in hospitals with related systematic SKS/ICD codes, tested them in a national pilot test, and recommended further work in this area including pricing the activity in the DRG system.
- The model concerned health promotion, disease prevention, and rehabilitation. It included a systematic approach with identification, information, motivational counselling, and intervention as well as the use of clinical guidelines, registration, and standards and indicators.
- The model was based upon the common elements: diet and nutrition, tobacco, alcohol, physical activity, psychosocial support, patient education, and optimisation of the medical treatment.
- Related SKS/ICD codes were described and codes for procedures instead of diagnoses were chosen.

The results of the national pilot test will be presented at the conference.

Next step: An international working group under the European Network of Health Promoting Hospitals will consider development of an international strategy.

The Danish working group: Christensen KD, Goldstein H, Sorknæs A, Tougaard L, Christensen IL, Zwisler A-D, Møller L, Svenning AR, Petersen AR, Petersen NS, and Thygesen V.

Contact:
Hanne TØNNESEN
Bispebjerg University Hospital
Clinical Unit of Health Promotion
Bispebjerg Bakke 23
DK-2400 Copenhagen NV.
DENMARK
ht02@bbh.hosp.dk

Session III-3: Health Promotion for Staff

Health Circles, a feasible Approach to Workplace Health Promotion in Russian Hospitals

Ernst-Günther HAGENMEYER, Brigitte MÜLLER, Ludmilla MAXIMOVNA PESTUN, Irina STEPANOVNA ODEROVA

Between 1998 and 2001 the European Union funded a Preventive Health Care Project in Russia with the aim to develop and implement contemporary concepts for Health Promotion, specifically Workplace Health Promotion.

Within this framework, a policlinic for children in Electrostal, Moscow region, was chosen as target institution. A problem assessment showed that besides traditional risk factors, - overweight and low physical activity -, stress and working conditions were considered important factors influencing health of employees negatively. A closer look at the causes of stress discovered many organisational problems at work as well as difficult communication with clients, colleagues and management. In Germany and Scandinavian countries a settings approach, the so called „Health Circles“, is used with great success to tackle these problems. In general settings approaches, which use organisational development to solve health related problems, are uncommon in Russia. The Health Circles are com-pletely new.

Implementation of the Health Circles started with establishing a health circle where approximately 10 employees of the policlinic, among them nurses, physicians, technical and management staff, under the guid-ance of a moderator defined their health problems. They then worked on different issues like organization of work, communication among employees, supply and salaries. An evaluation after one year of circle work showed positive results. The circle work still is continued today in 2004.

In a second step two initiatives for dissemination were undertaken. First employees of the policlinic and the municipal hospital in Electrostal were trained as moderators, that could organize and guide new circles. Second, the results of the work were presented to Russian experts engaged in health promotion.

The project was able to show, that even under restricted economic circumstances workplace health promotion in hospitals in Russia is both feasible and successful.

Contact:
Ernst-Günther HAGENMEYER
Researcher
Choriner Str. 64 a
10435 Berlin
GERMANY
eg.hagenmeyer@t-online.de

The Beaumont Hospital Wellness Programme: The impact of a stress management intervention in helping health care workers deal with stress.

Michele MCGETTIGAN, CB. WOODS, F. BUCKLEY, B. LYNCH

Introduction: Health care workers (HCW) are susceptible to occupational and life stress, both of which are associated with premature death and absence from the workplace due to stress-related illnesses. The purpose of this study was to examine the efficacy of an intervention to reduce stress and enhance coping resources in HCW.

Methods: HCW were recruited from a local health promoting hospital (N=116; 91% female, average age 43 years +/- 11 years). All hospital departments (apart from medical) were represented. Following baseline measures, participants were randomly assigned into either an experimental (E) or a control (C) group. Outcome measures (GHQ-12, SF-12 and coping resources) were collected at baseline, 1 and 3-month follow-up.

Intervention: The E group took part in an intensive 3-day stress management intervention. The intervention involved didactic and experiential learning, participation in yoga classes and a willingness to carry out homework. Each participant received a custom-made relaxation tape and a workbook. The control group received standard print materials on stress management and were put on a waiting list for the intervention.

Results: Sixty two percent (N=71) of the participants completed baseline, 1 and 3 months follow-up. A further 22% (N=25) completed baseline and 1-month follow-up and 10% (N=11) completed baseline and 3-month follow-up. Seven percent (N=8) withdrew from the study after baseline. No statistically significant demographic or outcome differences were found between the completers and those who withdrew from the study. At baseline no differences existed between the E and C groups. The E group in comparison to the C group, significantly improved their psychological ($F(2,132) = 3.3$, $p < 0.05$) and health related ($F(2,130) = 8,39$, $p < 0.05$) well-being post intervention. Seeking emotional and instrumental social support were among the enhanced coping resources developed by the E group during the course of the study.

Contact:
Michele MCGETTIGAN
Beaumont Hospital
HPH Coordinator
Beaumont Road
Dublin 9
IRELAND
michele.mcgettigan@beaumont.ie

Needlestick Injuries in Austrian Hospitals

Sonja STOYANTSCHOVA, Hubert K. HARTL

Objective: Injuries, especially Needle- Stick- Injuries (NSI), represent, according to the epidemiological setting, a high risk, for health care staff. Furthermore those kind of injuries are under-reported by the injured person due to various reasons, as consequences for the injured person (ART, etc.), administrative obligations, lack of knowledge and/ or under- estimation of the risk of infection.

Method: A Multi- Center- Study at Austrian hospitals and palliative care units was carried out and a NSI- specific questionnaire was used to find out anonymously the rate of NSI in daily routine work.

Results: The survey showed that >70% of NSI are not reported; furthermore NSI are not regarded as dangerous. The results were compared to another Austrian study from 2002 and highlight that there is a very low level of awareness among health Care Professionals, probably due to a, in general, relatively low risk of infection- an improper consideration to our understanding.

Prevention methods and information strategies turned out to be less effective and that the Work- place safety as well as the work routine of Health care professionals is still improvable.

Conclusions: In order to protect health care workers (HCW) from NSI and exposure to blood borne diseases, personal awareness has to be consolidated and prevention strategies have to be established as well as evaluated. HCW should be able to use safety- products, which have to be made available by the employer on the basis of existing laws and/ or a new "HCW- protection act". The results of this survey could encourage the responsible authorities to improve NSI- prevention, risk reduction as well as overall work- place safety in the field of Human Health Care.

Contact:
Sonja STOYANTSCHOVA
Fed.Ministry of Health and Women
head of Dep.
Radetzkystr.2
A-1030 Vienna
AUSTRIA
hubert.hartl@bmgf.gv.at

Job satisfaction and health promotion activities in staff members in Bispebjerg Hospital University, Copenhagen

Vibeke THYGESSEN, Hanne TØNNESEN

Introduction and purpose: Job satisfaction and thrive are prioritised as important modalities at Bispebjerg University Hospital, Copenhagen. In order to identify key areas for intensified health promotion interventions, a survey of job satisfaction and health promotion was conducted, in the period May to June 2003.

Materials and methods: An anonymised questionnaire was send to all 3,606 staff members. Questions were grouped in three main categories: Physical and mental aspects of the job, Lifestyle (e.g. exercise, diet, alcohol and smoking), Health and absence. Response rate was 75%.

Results: Every third staff members had heavy work conditions, in particular lifts. About 12% had experienced harassment. In psychiatry, 24% had been victim of physical violence and 43% had been threatened. In general the employees had a healthy lifestyle. As compared to the general population, they exercised more, ate healthier food, drank less alcohol and smoked less. Many members stated that they wanted to further improve their lifestyle in an even more healthier direction.

The majority of employees stated that they were in good or very good health. However, every fifth felt some amount of stress and 25% had longer periods of absence due to illness. 18% had been absent due to work-related illnesses. The majority was satisfied with their working conditions, but in general it seemed that there was a need for more feedback from leaders to employees and more involvement in making decisions.

Conclusion and future: A number of areas for improving working conditions were identified. A working group is now developing strategies for implementation of interventions in the focus areas: Health promotion, Attractive hospital and safety control. Improvement will be monitored by repeating the survey.

Group of authors: Helena Alring, Vibeke Backer, Ulrik Becker, Else Wad Bjørn, Ninna Brinch, Janne Elsborg, Finn Gyntelberg, Ulrik Hesse, Annette Kann, Charlotte Klinker, Leila Hjort Lind, Birgit Mollerup, Pelle Carlo Nilsson, Niels Kristian Rasmussen, Bo Andreassen Rix, Kristina Robins, Ole Lander Svendsen Christine Wolff.

Contact:
Vibeke THYGESSEN
Bispebjerg University Hospital
Clinical Unit of Preventive Medicine and Health Promotion
Bispebjerg Bakke 23
2300 NV Copenhagen
DENMARK
VT01@BBH.HOSP.DK

Staff health surveys as a prerequisite for monitoring healthy hospitals

Alf TROJAN, Stefan NICKEL, Silke WERNER

Background: Staff health and motivation are crucial variables for hospitals' health promotion effectiveness. Surveys of the staff's view on the quality of their working conditions can be used for monitoring hospital performance with regard to staff health and motivation. Our goal is to report on two surveys. The focus is on problems of the continuously intensified work load and its consequences for the quality of patient care.

Methods: Our data have been generated in 2 projects: a general survey of working conditions in internal and surgical departments (N = 79 doctors = 55 % response rate, 175 nursing staff = 56 % response rate), and a survey in 2 pilot units on the impact of newly introduced „working-time models" (N = 16 laboratory staff = 73 %; 13 doctors = 26 % response rate).

Results: General scales of working conditions and health show that nursing staff is suffering more than doctors and have more psychosomatic symptoms than the general population. Looking at specific items we found that issues related to time management (working overtime, no breaks) resulted in conflicts between necessary patient care and other duties. Negative ratings of the hospital's „staff orientation" can be regarded as early symptoms of diminishing motivation. The pilot studies in the second project confirmed that particularly doctors do not have enough time for their patients.

Conclusion: Health promoting working conditions for hospital staff have been neglected in the surveyed hospitals. This has not only negative consequences for staff health and motivation but also for the quality of health promoting patient care. Staff and patient surveys are necessary instruments for striking a „healthy balance" between the interests of staff and patients in hospitals.

Contact:
Alf TROJAN
Center of Psychosocial Medicine, Institute for Medical Sociology
Director of the Institute
Martinistr. 52
20246 Hamburg
GERMANY
trojan@uke.uni-hamburg.de

Session III-4: Developing Health Promoting Hospitals by Networks

Proposal for expanding the 'Health Promoting Hosptial' initiative of WHO Europe to three Chilean public hospitals

Jaime ACEVEDO, José Luis CÀRDENAS, Jorge SANHUEZA, Adriana DUCOS

The Faculty of Medical Sciences of the University of Santiago of Chile (USACH), was founded in 1993 with a vision of its future physicians, nurses and midwifes, as permanent educators, especially of the family. After 10 years, 4 generations of physicians and 6 generations of nurses and midwifes, it inaugurates the Center of Extension in Health and implements the management model 'unamos_usach', in wich voluntary students become to Executive Directors of Health Promotion and Social Medicine-Research Projects. There are 6 'UNAMOS' Programs: Emergencies & Disasters; Patients & Hospitals; Professors & Schools; Neighbors & Municipalities; Healthy Campus; and Audiovisual Production.
The 'UNAMOS 2000 – 2003' Project, a student initiative sponsored by the Faculty Dean, produced: the management model 'unamos_usach', the student NGO 'Organized and Solidary Medical Help Unit', and 10 Pilot-Projects that will be started in April '04. One of them is 'Network of Accompaniment and Education for Hospitalized Patients and their Families', wich would be developed at 3 'Teaching & Assistance' Public Hospitals in Metropolitan Region of Chile. 'Barros Luco-Trudeau', 'San José' and 'El Pino', all above are clinical campus for 'USACH Faculty of Medical Sciences'.
Our purpose is to give to clinical teachers, physicians in specialty training, health professionals/workers, and students/interns of health careers in clinical formation, the opportunity for: theoretical and empirical learning about patient accompaniment and education; participation in 'multi-stamental' and 'inter-school' project teams at their own Hospital; to design new psychosocial interventions directed to the patients, their families, the staff and the community; to generate networks for technical support, sponsoring and financing for their respective projects; to evaluate their process and outcomes and to publish them; to communicate with 'Health Promoting Hospitals' in the Latin-American Region and around the World. In other sense, this

development strategy is also a legitimate and unexpensive way of strategic positioning of a Public University in front of a Public Hospital, considering the growing demand of these clinical campus by Private Universities in Chile.
The 'Health Promoting Hospital' Initiative is a source of interesting knowledge and experience for this Chilean Project. Technical cooperation and sponsoring, in one way, and participation, feed-back and expansion, in the other, could be the expected outcomes of a possible alliance on this matter between WHO/Europe and Chile.

Contact:
Jaime ACEVEDO
Coordinador General de Programas UNAMOS
Centro de Extensión en Salud. Fecultad de Ciencias Médicas. Universidad de Santiago de Chile
Av. Libertador Bernardo O'Higgins #3363, Estación Central
555554 Santiago
CHILE
jaimeacevedovera@hotmail.com

Positioning the concept of health promoting hospitals in the reorganization of Quebec Health Care and Social Services System?

Nicole DEDOBBELEER, André-Pierre CONTANDRIOPOULOS, Martin BEAUMONT

During the late fifteen years, major changes were observed in the network organisation, administration of services and health care provision of the Quebec Health Care and Social Services System (Canada). The Quebec Bill 25, in effect since December 2003, provides for a structural reorganization (i.e. networks of integrated services organizations). Its success will be related to the meaning given to this radical restructuring and to the vision being proposed. This latest system reorganization may provide an opportunity to correct the missing link in health improvement: public health and health promotion in hospitals. In 1995, the Canadian Council on Health Facilities Accreditation already issued a set of health promotion standards that would become part of its accreditation process. The first objective of this presentation will thus be to assess how the WHO concept of health promoting hospitals may help to give sense to a new reform in the Quebec Health Care and Social Services System. The second will be to assess the relevance and applicability of the standards for health promotion hospitals for the Canadian Council on Health Facilities Accreditation. A qualitative analysis will be performed of Bill 25 and accreditation standards for health facilities in Canada.

Contact:
Nicole DEDOBBELEER
Université de Montréal, Health Administration Department
Associate Professsor
2375 Côte Ste Catherine
Montréal H3T 1A8
CANADA
nicole.dedobbeleer@umontreal.ca

Health Promotion Strategies in Irish Hospitals: The health promotion journey

Kate FRAZER, Anna CLARKE, Leslie DALY

Health promotion in health services, in particular, hospitals has been emphasised by the World Health Organisation through its policy reports. The adoption of the hospital as a key setting enabled health strategies to be developed for patients, employees, staff and communities. In Ireland, life expectancy in less than the European average and many deaths are attributable to preventable causes e.g. smoking related cardio vascular disease and cancers.

A recent national hospital survey (Frazer et al 2003) highlighted the health promotion strategies that are successful in Ireland in areas of smoking cessation and breast feeding. More efforts are needed to promote physical activity and improve nutrition. The results highlighted the discrepancies in the provision of health promotion strategies for patients, employees and communities. Hospitals are often viewed only as curative centres and the availability of health promoting activities seen as only for a minority or a specific group.

The study highlighted the statistically significant impact of the role of a Health Promotion Co-ordinator. The hospitals where a Co-ordinator was employed were more likely to have a greater range of health promoting strategies in the organisation. These strategies included the development and implementation of health policies; evaluation of activities and policies; strategies for smoking cessation; a health promotion committee structure and to report on hospital health surveys. The hospitals where no Co-ordinator existed were less likely to have health promoting strategies in place.

The recommendations from the study highlighted health strategies that hospitals could adopt based on the best practice found nationally. The study enables hospitals in Ireland to compare their health promotion strategies with the strategies that are achievable and successful. Guidance for the development of a health promoting hospital and are in line with the standards for hospitals produced by the network (WHO 2003).

Contact:
Kate FRAZER
School of Nursing and Midwifery
University College Dublin
Earlsfort Terrace
Dublin 14
IRELAND
kathleen.frazer@ucd.ie

The Training Activities on Health Promotion in the HPH Network of Tuscany (Italy)

Fabrizio SIMONELLI, Anna ZAPPULLA, Katalin MAJER, Caterina TEODORI

Short introduction: The Co-ordinating Centre of the HPH Network of the Region of Tuscany (Italy) outlined the framework of the Training Activities in the ambit of the HPH Project, elaborated for the Hospital staff, which was inserted in the biennial Programme 2003-2004 of the Training Activities of Tuscany, addressed to the staff of the Regional Health Services. The HPH Training Activities are developed both on the transversal level and on the project supporting level. Such Activities represent an answer at the educational demand emerged during the meetings of the Network Co-ordination and respect the indications of the Regional Health Plan 2002-2004, in the theme of the Health Promotion.

General educational aims: Sharing of knowledge on Health Promotion; interchange of experiences and methodologies; dissemination of the Health Promotion culture in the Hospital staff; elaboration of the conceptual physiognomy of the HPH Network of Tuscany.

The single projects: Transversal Training Activities: Health Promotion strategies in the Hospital context; Development of Health Promotion in the Hospital context; Benchmarking of projects in HPH. Project Supporting Training Activities: HPH: Pain-free Hospital; HPH: Smoke-free Hospital; HPH: Humanization; HPH: Intercultural Hospital; HPH: Safety.

Focus: In particular the initiative 'Health Promotion strategies in the Hospital context' has an innovative character, for being conducted with modalities of a 'Formative Laboratory'. This experience confronts the tentative of elaboration and sharing of ethical, strategic and planning aspects, able to provide a specific physiognomy and to connote the growth of the HPH Project in the Region. The pathway was developed following a methodology of self-education, based on:

- different phases of brainstorming,
- self-selection of the shared contents,
- development of self-generated proposals during the 'Laboratory'.

First results: are the followings:

- a capillary diffusion of the educational interventions in the ambit of all the Hospitals of the Regional Network;
- concerning the 'Formative Laboratory' some assumptions, strategies and planning elements were elaborated.

Contact:
Fabrizio SIMONELLI
Responsible of the 'Health Promotion Programme' for the Region of Tuscany
'A. Meyer' University Children's Hospital - Florence, Italy
Via L. Giordano, 7/M
50132 Florence
ITALY
f.simonelli@meyer.it

HPH and Local Health Plans in Emilia Romagna Region

Angelo STEFANINI

Emilia-Romagna is a traditionally civic-minded region with many active community organizations. According to Putnam, citizens in this region are engaged more by public issues than by patronage. Social and political networks are organized horizontally, not hierarchically. Community life is distinguished by a strong cooperative spirit marked by community activities in local planning. The regional health policy as defined by a number of documents and laws (such as, for example, the 1999-2001 Regional Health Plan) intends to build on this level of social capital by emphasizing an intersectoral approach to promoting health which sees the Local Health Plans (Piani per la Salute - PPS) as one of the most important implementation tools.

The Local Health Plan (PPS) is a "three-year strategic health plan designed and implemented by a wide range of people and institutions, guided by the local government, with the goal to improve the health status of the community." The administrative level is that of a Local Health Authority (Azienda Unità Sanitaria Locale or AUSL) with a population between 350,000 to 600,000. The active involvement of a number of people and organisations, the reinforcement of existing alliances and the creation of new ones are essential for the PPS to succeed. The PPS is, in fact, based on the assumption that, beside the health care system, the work of many institutions, associations and various stakeholders, under the leadership of local government, may have a potentially significant impact on the community´s health status. The PPS is, indeed, a true Local Solidarity Pact for Health based on the Ottawa principles of health promotion.

Among the crucial stakeholders which are expected to actively contribute to the planning and implementation of the PPS is the hospital as a major community institution, together with its health professionals and managerial staff. The new public health movement, which sets the conceptual framework to the whole PPS philosophy, see hospitals, and the curative aspect of health care they embody, as an important component for enhancing health. Clinical work cannot be separated from disease prevention and health promotion: they all complement and need each other. The reorientation of the health care services is therefore considered one of the main action areas for an overall health promotion development.

In Emilia-Romagna Region the HPH movement and the PPS look like a perfect match. On the one side, the principles of health promotion on which the PPS is based are the same that inspire HPH. On the other, the PPS, and the strategy it advances, represents a unique opportunity for health-promoting hospitals to move from patients to community for their health promotion programmes. Hospitals, indeed, can fulfill an important role in initiating, evaluating and transferring health promotion activities into the surrounding social environment. In fact, to date hospitals and their staff have not been significantly involved in the PPS process due perhaps to a certain degree of mutual suspicion. The health promoting hospital as an advocate and "change agent"

for health in its community/environment could be a excellent ally to the network of PPS stakeholders providing an important input into an innovative, participatory exercise in local planning for health.

Contact:
Angela STEFANINI
Health Council of Emilia Romagna Region Dept. of Medicine and Public Health of University of Bologna
Via Aldo moro, 21
40127
Bologna
Italy
stefanin@alma.unibo.it

Session III-5: Promoting health through integrated care: models and examples

Holistic approach to managing patient care for patients with genetically acquired haemochromatosis

Jacinta MC AREE-MURPHY, Geraldine LENNON

Rationale: Haemochromatosis is a genetic (family inherited) disorder in which too much iron is taken into the body over and above the needs of the body. One in 200 people have the disease Haemochromatosis and one in 80 are carriers. It is widely recognised as one of the commonest genetic diseases in our society. According to Reyes et al (2003) identifying people with evidence of Haemochromatosis represents a major chronic disease prevention opportunity. If detected it is easily treated. In the last two years over sixty individuals have attended our Day Unit or are in attendance for treatment of this disorder. It has been observed that there is a need to build healthy alliances with the National Irish Haemochromatosis Society and to empower our clients to develop a link with the wider organisation.

Aim: To create opportunities to heighten educational awareness of this disease and prevention opportunities for family members in the community, also to empower individuals to take responsibility for their own disease management and prevention strategies ably assisted by the day ward team.

Objectives:
- To create an awareness of the disease and how it impact on the individual involved and family.
- To deliver a quality patient centred nurse led service based on individual need.
- To empower the ward multi-disciplinary team to educate themselves about the condition.
- To develop a training package enabling nursing personnel to cannulate and provide a total care package.
- To build a healthy alliance with the laboratory.·
- To build a network structure between the National Haemochromatosis Society and local agencies to provide support and information for those suffering from Haemochromatosis·
- To promote and develop relationships with the National Haemochromatosis Society and medical experts working in the field to advance the knowledge and treatment of Haemochromatosis.
- To increase the public awareness of Haemochromatosis, how it manifests, the destruction it can cause if untreated and how easily it can be managed.
- To build healthy alliances with our clients so we can provide a better quality service.
- To empower local sufferers to affiliate to the National Haemochromatosis Society and self manage.
- To work in collaboration with St James on a research project on the level of incidence in the area.

Methodology:
- Staff in-service training to develop competencies in cannulation.
- Comprehensive literature review.
- Initial contact with Irish Haemochromatosis Society.
- Elicit the commitment of and the co-operation of, Hospital Management, medical, nursing, allied health professionals and voluntary agencies.
- Agree timeframe.
- Plan content of awareness evening to meet the needs of the target population.
- Advertise extensively in the print and radio media, in Dr´s surgery´s and in parish bulletins.·
- Design information leaflets in line with evidence based practice.·
- Design treatment card enabling individual to become familiar with his care management.

Conclusion: Agreement was reached with the National Haemochromatosis Society to pilot an awareness seminar in the Monaghan region on the 9th September 2003. The outcome was a success. 135 persons attended. Dr Suzanne Norris, Consultant Hepatologist St James, Anne-Marie Flannagan Haemochromatosis Nurse Specialist were in attendance.

Contact:
Jacinta MC AREE-MURPHY
Cavan/Monaghan Hospitals, C/o Monaghan General Hospital
Acute Hospital
High Street
Monaghan, Co. Monaghan
IRELAND
jacintamcareemurphy@eircom.net

Patient participation and empowerment in Integrated Care: Concepts, experiences and challenges in an Viennese model project

Peter NOWAK, Christa PEINHAUPT, Susanne HERBEK

The Austrian health care system is characterized by a fragmented organisational and financial provider structures and few standards for information transfer and co-operation between different providers. Therefore in Austria integrated care is high on the agenda in health policy and health planning. But patient empowerment and patient participation (as central recommendations of health promotion) are marginally developed in the Austria.
In this paper we will refer to three theoretical assumptions:

- Patients are considered as co-producers in the health care system
- To analyse patients involvement as co-producers in the health care system it is helpful to differentiate the individual interaction (micro) level, the organisational level (meso) and the level of health policy (macro)
- On all three levels the quality of structures and processes of empowerment and participation are decisive for developing patient oriented integrated care.

Our thesis is, that the development of patient oriented and integrated care needs the representation of patients interests by empowered patients themselves (and not by health care professionals). But patients are usually not able to act in this way, because of missing participation opportunities and not sufficient empowering communication culture in the health care system. New participating and empowering structures and processes on all three levels (micro, meso and macro) are needed.

This thesis is a result from our experience in a recent model project “Patient Oriented Integrated Care (in Vienna)” , in which we included patient involvement on the meso- and macro-level of the project structure. A “Patients/Family Carers-group” was established and is working together with health care professionals from hospitals and primary care sector in specific problem areas of integrated care (e.g. admission- and discharge management, home care). We present experiences with patient-involvement and selected data from a patient survey (N = 750) of this project and will conclude with first recommendations of necessary structures and processes for patient empowerment and participation in health care in Vienna.

Contact:
Peter NOWAK
Ludwig Boltzmann Institute for the Sociology of Health and Medicine
Scientist
Roosevelplatz 9
1090 Vienna
AUSTRIA
peter.novak@univie.ac.at

Osteocenter and its cooperation with community doctors

Stefan PETRICEK, Karol BITTER, Eva RUTTKAYOVA, Zora BRUCHACOVA

Introduction: WHO has declared the decade 2000-2010 "The Decade of Joints and Bones" to recognise everincreasing importance of mobility disorders and their impact on social, health care and human costs. One of the main causes of mobility disorder is "silent killer" - osteoporosis. Osteoporosis and its complications are of growing importance in the Slovak Republic as well. Therefore, the MOH has established 10 osteocenters, as the most specialised facilities for prevention, diagnosis and treatment of osteoporosis. One of these Osteocenter is in our Institute. It is a complex of following facilities: metabolic disorders, osteodensitometry, rehabilitation and nutritional. As a "sieve" the osteologic out-patient facility serves.

Aims: In the presented paper the cooperation with both first-line doctors and out-patients specialists is analysed, both from the Centre and patients view.

Methods: At our disposal is not only US mobile but DXA densitometer as well, classic X-ray equipment, immunoanalyser for both osteoclastic and osteoblastic osteomarkers. We closely cooperate with the City Hospital Nitra (CAT and NMR examinations). Retrospectively, we analyse the indications of the examinations and their results by specialties.

Conclusion: Approximately, 40% of indicated examinations have been the positive of osteopenia or osteoporosis and the cooperation with community doctors is ever improving, resulting in the patients satisfaction and decreasing costs.

Contact:
Stefan PETRICEK
Specialised Institute of TB and Respiratory dieseases Nitra – Zobor
Director
Klastorska 134
949 88 Nitra
SLOVAKIA
vounr@nextra.sk

The Palliative Care Network in Emilia-Romagna

Kyriakoula PETROPULAKOS, Elena MARRI, Daniela RICCÒ, Mariella MARTINI

The 1999/2001 Emilia-Romagna Health Plan adopted a special program called “The Palliative Care Network” which includes the Hospice program, the home care program which has for a long time been implemented in Emilia-Romagna and the “Pain-Free Hospital” project. The latter aims at extending specific pain therapies to all care settings, both in hospital and/or in the community.

Overall goal: The overall goal of the regional program is to overcome cultural resistances and prejudices in order to disseminate palliative care and pain-killing programs which are mainly targeted towards patients who suffer from severe pain

which becomes total pain affecting the emotional, social and spiritual spheres. The paper will make reference to the main national and regional regulations which have made it possible to develop home palliative care and ad hoc palliative care facilities (Hospices) as well as to implement a system which integrates the various components of the network.

In the Emilia-Romagna Region Hospices became operational in the second half of 2001 with a view to take care of the patients in case of worsening/decompensation of pain and/or of the underlying disease if a home palliative care program cannot be implemented.

Methods/Actions: Community-based and hospital hospices must meet special authorization and accreditation requirements which aim at re-creating the best possible family-like setting and guaranteeing qualified palliative care. The regional model envisages the setting up - within each Hospice - of a multidisciplinary team including physicians, nurses, social and health care professionals, psychologists, social workers, members of voluntary organizations and other professionals. The care team also includes the patients´ families at the time and to the extent that they can be present.

To be admitted to a Hospice the patient must undergo a multidimensional assessment.

Palliative care inside a Hospice ensures continuity of therapy. The plan is to make 300 Hospice beds available which equals 0.7 beds /10.000 inhabitants, which is one of the highest rates in our country.

In the presentation we will show the figures concerning the activity of the eight Hospices which altogether have 100 beds already available.

In the future, even if the experience gained so far shows that Hospices are mainly targeted towards cancer patients, it will be necessary to assess the distinctive elements which characterize palliative care for incurable patients suffering from non-tumor diseases.

Expected benefits: The implementation of the regional program is expected to increase the number of people which are taken care of and improve the quality of life of patients and their families by controlling pain.

Contact:
Kyriakoula PETROPULAKOS
Head of Hospital services
Hospital Services, Emilia Romagna region
Viale Aldo Moro, 21
40127 Bologna
ITALY
kpetropulakos@regione.emilia-romagna.it

Session III-6: Alliances for health: Regional strategies

Health Promotion Strategy in the Region

Galina ARTAMONOVA, Tamerlan SHVETS

Regulation of public health indices, reduction of population loss due to cutting down an avertable part of untimely mortality, growth of life expectancy are main goals of healthcare system in Kemerovo Region, Russian Federation.

Effective solution of all the above-mentioned problems is possible through cooperation between all the parties involved in providing medical care, application of common methods of quality assessment at all levels of management. A Regional Medical Council as an inter-departmental and coordinating body is set up to realize strategically management of the branch. The Council includes task committees which determined priorities in the branch development: improvement of medical care of the population, renewal of its accessibility, quality improvement, disease prevention, forming healthy life style. Financial policy of healthcare is developed, the main point in which is purposeful allocation of resources. Great attention in spreading medical care to population is paid to the task programme “Health of the population of the Region”.

Out-patients’ clinics, in-patient departments, hospitals are the main providers of medical care. Medical institutions assess their activity from time to time but there is no correlation between different indices which, from the point of view of a system approach, doesn’t allow managing the process of rendering medical care, reacting to a situation which changes rather often, following realization of a target, using allocated funds in full. A rating system used in the region to assess hospitals’ activities allows choosing key indices – indicators of a hospital’s activity. Patients necessarily take part in the assessment. Patients’ opinion is considered as a starting device and a human factor.

Economic potentialities of hospitals and quality of medical care depend on physical resources conservation to a great extent. Computer-aided register of hospitals’ key assets and equipment is developed in Kemerovo Region. Collection and analysis of information on physical resources is realized.

Due to long-term efforts significant positive progress in population health was achieved. First of all the progress include growth of birth rate by 11%, reduction of infant mortality by 25%, reduction of maternal mortality by 14%. More than 97% of children are involved in vaccination in conformity with National immunizations schedule. As a result infantile amnesia sickness rate is reduced. In spite of tense situation we managed to bring down a growth rate of TB, syphilis, hepatitis types B and C.

Contact:
Galina ARTAMONOVA
Professor
Kemerovo State Medical Academy

Voroshilova Str., 22-a
650029 Kemerovo
RUSSIAN FEDERATION
galart@kemtel.ru

Drug prevention among youth in the region

Farit FATTAKHOV, Lyuboy NICKOLSKAYA, Stepan KRINITSKVI, Roza NAZHIPOVA

The First Announcement of the 12th International Conference on Health Promoting Hospitals draws attention to cooperation between hospitals and community and to investing of all interested parties in health for the future by promoting the health of children and youth.

Kazan Republican Narcological Dispensary has experience in this sphere of activity.

Population of the Republic of Tatarstan as well as of other republics and regions of the Russian Federation is inveigled into drug addiction epidemic. On analysing the situation with drug addiction among children and youth in the Republic of Tatarstan during the last 3 years, one may state the following:

- toxic substances intake among youth is 1,6 times as much, among children it is 6 times as much;
- alcohol intake among children and adolescents has grown to 20 %, among children it is 3,5 times as much;
- constancy of the growth rate of drug addicts among youth.

By joint efforts republican ministries and departments reached some positive results. The Republican Narcological Dispensary developed a system of early social and medical prevention of drug diseases among youth in the region. One of Kazan districts and one rural area were involved in the experiment. The goal of the programme is complex prevention of drug diseases among youth. The main task of the experiment is improvement of the current prevention system. Ways to achieve the task:

1. Systematic psychologically based full prevention at the first and second stages.
2. Integration of social and medical prevention, improving cooperation between all services.
3. Preventive promotion of heath among children and adolescents to preserve their mental and physical abilities to develop protectability from substances hazardous to mental health:
   a. medical, psychological and pedagogical correction of behavioral abnormalities;
   b. prevention of immunodeficiency, mineral and vitamin deficiency states.

Results of the experiment

1. Full prevention led to the growth of its efficiency at the first stage.
2. In the framework of primary prevention clubs for young families, young mothers, and families having many children were organized.
3. “Sunday Schools” for adolescents from disadvantaged families.
4. Improvement of health culture among youth.

Contact:

Farit FATTAKHOV
Head physician
Republican Narcological Dispensary
Sechenova Str., 6
420061 KAZAN, REPUBLIC OF TATARSTAN
Russian Federation
narcolog@mi.ru

Preventive Healthcare in the Republic of Tatarstan, Russian Federation

Elena KHAFIZOVA, George GOLUKHOV

A necessity to develop preventive healthcare was generally recognized in the Republic of Tatarstan. A Conception of forming a socially effective healthy life style was adopted. According to it, intake, production and sale of spirits are controlled.

A Republican complex programme on prevention of drug addiction among the population of the Republic of Tatarstan for the period of 2002-2006 is realized. Measures on regulation of HIV diseases growth and spread for 2002-2003 are being taken. A Republican Centre on AIDS and infectious diseases prevention won a grant of 9 million dollars from the Ministry of International Development of Great Britain.

- A system of monitoring for unitized individual registration of TB patients is being developed.
- Great attention is paid to the problem of malignant neoplasms. A special committee responsible for analyzing the situation and developing efficient measures was established at the Ministry of Health of the Republic of Tatartsan.
- Parallel with it a significance of healthy birth issue is stressed.
- Expectant mothers and newborn children with serious health problems are provided with advanced methods of intensive and urgent care. Programmed labor and extracorporal fertilization are practiced in obstetric care.
- There are screening programmes on diagnostics of phenylketonuria, congenital thyreoid deficiency, hearing loss and deafness among newborn children.
- Schools for future mothers and fathers, young parents are set up in healthy child rooms in children out-patients’ clinics.
- On the results of an All-Russian medical examination of children a programme of phased medical care of children was developed, antirecurrent treatment of children with chronic pathology was carried out, elective operations were performed, health promotion of children, first of all, of those from disadvantaged families, was carried out.

- A uniform system of monitoring and early detection of arterial hypertension is being developed. Patients are trained rules of self-control and self-help in "health schools" in hospitals.
- There is a growth of quality of routine medical inspections of people who work in harmful and adverse conditions.
- Disability prevention and improvement of the quality of medical care were given priority in the system of public health of the Republic.
- Medical personnel, teachers and road transport workers join their efforts to prevent traffic accidents, school injuries and improve traumatologic care of the population.

Contact:
Elena KHAFIZOVA
Ministry of Health of the Republic of Tatarstan
Head of Disease-prevention Service
Volkova Str., 18
420012 Kazan, Republic of Tatarstan
RUSSIAN FEDERATION
volkova@minzdrav.ru

The role of Tuscany Hospitals in the international co-operation for health

Marco Evi MARTINUCCI, Fabrizio SIMONELLI, Francesca REALI

A recent agreement – titled 'The Tuscany partnership : Saving Children – Medicine in the Service of Peace' has been signed by the Government of Tuscany (represented by the 'A. Meyer' University Children's Hospital of Florence) and the 'Peres Centre for Peace' in Tel Aviv. This Agreement guarantees appropriate care in Israeli Hospitals for about 350 Palestinian Children every year. The same agreement allows for the development of collaborative educational initiatives between Israeli, Palestinian and Italian Paediatricians.

This approach to the International co-operation is based on the concept of 'empowerment' of the local people and it is a fundamental principle for the policy of peace of the Tuscany Government concerning to the International co-operation for Health.

The Tuscany Government will implement his International co-operation for Health, promoting:
- the role of local partners (Hospitals, Local Health Systems, Charities etc.)
- the growth of a local Health System
- the link between the different carried on initiatives, i.e. clinical services, scientific co-operation and professional training.

Therefore, some guidelines have been elaborated with the aim to realise an own Regional System of International co-operation, to promote the development of human relationships, to exchange clinical experiences and to carry on collaborative actions between our and developmental countries' Health system .

The Resolutions n° 313/2001 and n° 1479/2002 provide for four main specific areas of intervention:
- Admission to the hospitals and clinics of Tuscany for foreign sick patients (mainly children) not yet adequately treatable in their own Countries.
- Exchange of professional experiences, through training and refreshing courses for local care providers;
- Donation of medical equipment and other medical materials;
- Shipping of drugs and medical devices to Countries troubled by war or health emergencies.

Authors: M.E. Martinucci(*); F. Simonelli(**); M.F. Reali (***)
(*) MD, Responsible of the International Co-operation for Health for the Region of Tuscany - 'A. Meyer University Children's Hospital', Florence
(**) Psychologist, Responsible of the 'Health Promotion Programme' - 'A. Meyer' University Children's Hospital, Florence
(***) MD, Medical staff of the International Co-operation for Health for the Region of Tuscany - 'A. Meyer University Children's Hospital, Florence

Contact:
Marco Evi MARTINUCCI
'A. Meyer' University Children's Hospital - Florence, Italy
Responsable of the International Co - operation for Health for the Region of Tuscany
Via L. Giordano, 7/M
50132 Florence
ITALY
me.martinucci@meyer.it

VIDEO-Presentation: Journey in Tuscany (short film)

Thursday, May 27, 2004, 14.30 – 16.00

Alberto ZANOBINI, Ferdinando VICENTINI ORGNIANI, Craig BELL

Tuscany Region has produced a short film as an innovative choice of communication compared with the traditional way of communication usually adopted by the Right to Health Board of the Regional Government. The aim is to illustrate the local health system, representing the complexity of the several services offered (health care and social services, free medical treatments) included some excellence services worth noting on an international level. Another purpose is to spread the welfare system standards both to those working inside the system and all the citizens. The short film is addressed furthermore to all

those who love and appreciate our region in Italy and all over the world. Since a few years the Tuscany Regional Government works to integrate its health system into national and international networks (see HPH, HBSC, Healthy Towns Italian Network programs). In this sense an international partnership has been recently strengthened with WHO through an agreement signed on January 2004 to implement public health policies. It concerns not only medical care services but also the promotion of right life style for the citizens. Tuscany region is celebrated for its art treasures, the beauty of its landscape, the historical and cultural traditions and the cooking. The film shows the contribution of the Tuscany public health system to the growth and development of the global Regional System while supporting a series of socio-economical activities too.

Contact:
Alberto ZANOBINI
Managing Director in Charge
Tuscany Regional Government - Health Promotion and Education Dept.
via di Novoli 26
50127
Florence
Italy
a.zanobini@regione.toscana.it

Abstracts for poster session: Thursday, May 27, 2004, 14.30 – 16.00

Poster-topic 1: Improving health promoting patient orientation: Implementating patients´ rights, developing the hospital setting and improving treatment of patients

From treatment to "care" – A patient centered programme of the Oncological Department (Carpi and Mirandola Hospitals – Modena – Italy)

Katia CAGOSSI, Maria Grazia RUSSOMANNO, Fabrizio ARTIOLI, Anne Maria PIETRANTONIO

In cancer care, the delivery of clinical and medical services, although very important, is not the whole response to patient's needs. Cancer has far –reaching effects on those diagnosed with the disease. It has the ability to affect daily life through impinging on social interactions, emotional and psycological well-being, physical ability and management of the normal task of daily life.

The Oncology Deparment of Carpi and Mirandola Hospitals is committed to ensure that its services are developed in direct response to the identified needs of patients. To this end, in 2002 the Oncology Department set up a programme to improve quality of care by an approach based on "patient centered care". The Project involves physicians, nurses, psycologists, volunteers and caregivers. The key objectives of the "patient-centered care programme" is to give patients opportunities to be personally involved in treatment/care decision making and to orient physicians, nurses and others care givers to consider patient in a holistic dimension, which means consider not only patient physical needs, but also emotional and daily life needs. This consents the provision of personalized humanistic care in a healing environment focused on the attention given to the patients subjective experiences as well as to the technical aspects of care.

Three strategies have been considered:

1. patient involvement in the medical process: the medical staff informs the patient of the diagnosis and involves the patient in the choice of the therapeutic strategy. In this way the patient has the possibility to become a partner in the health care process and decision making.
2. Psychological support: in addition to the ordinary medical and nursing care, a support of a psychologist and self-help groups is provided to assist the patient and his family to cope with the changes they are experiencing as a result of the disease. The alliance and cooperation between the clinical staff, the psychologist , self helps groups and the professional assistance of therapist in music, art and yoga, help all the parties to discover that "working together" and communication can be good allies in coping with cancer.
3. Quality evaluation: the periodic monitoring of patient and family's expectation and satisfaction are used as a feed-back for the staff in order to discuss quality and results of the care.

Results: Since 2002 the "Patient Centered Care Programme" has involved 225 patients and their families, allowing the improvement of a coordinate action plan to meet cancer patients and their families needs, and enabling cancer patients and families to be active participants in the process of care.

Contact:
Katja CAGOSSI
Carpi and Mirandola Hospitals
Oncological Department
Via G. Molinari, 2
41012 Carpi (MO)
ITALIA
dirsancarpi@ausl.mo.it

Implementation of patient's rights into a daily routine of the 2nd Clinical Hospital of Kaunas

Tautvydas JANKAUSKAS, Rita BANEVICIENE, Violeta MAJAUSKIENE, Egle KALINAUSKIENE

So that patients could take advantage of their rights, they have to know them. One of important rights is a patient's right to information about his illness and treatment. Our task was to investigate practice of dissemination of information among patients about their rights and responsibilities, their right to information regarding their illness and treatment with the purpose to improve implementation of the patients' rights in the 2nd Clinical Hospital of Kaunas, member of the Network of Health Promoting Hospitals.

In all units, except of the Intensive Care Unit, special questionnaires were carried out on the regular basis. The data of the first half of year 2003 (n=1212) were analysed and discussed by hospital staff, then the work was resumed and the data of the second half of 2003 (n=1262) were analysed. The practise of information dissemination among patients about their rights improved during the second versus the first half of the year: 96.0 % vs. 90.2 % of patients, p=0.00001, claimed had been informed; and 3.9 % vs. 6.3 %, p=0.003, - had not been informed. Also, the practice of information provision to patients about their illness and course, results and alternative ways of treatment improved during the second half of the year: 94.7 % vs. 88.2 %, p=0.00001, claimed had been informed in an understandable manner; 0.3 % vs. 0.2 %, p=0.3, - had not been informed at all; and 4.9 % vs. 10.3 %, p=0.00001, – had been partly informed.

Implementation of the practice to disseminate information about patient's rights and implementation of a patient's right to information regarding his illness and treatment into a daily routine of the 2nd Clinical Hospital of Kaunas were successful. We intend to continue this practice of collecting data and analysing it later with hospital staff biannually in the future.

Contact:
Tautvydas JANKAUSKAS
Kaunas 2nd clinical hospital
Josvainiu 2
47144 Kaunas
LITHUANIA
2kkl@medi.lt

Evaluation of the quality of life among patients in early postoperative period

Igor KUNPAN, Vladimir KOSHEL, Yuryi VOSKANYAN

Nowadays study of the quality of life is conducted practically in all fields of medicine, though, mainly in therapeutics. At the same time very little attention is paid to the so called immediate quality of life which shows changes in a patient occurring directly due to a chosen method (first of all it concerns surgical methods of treatment).

The main goal of the study is development of measurement methods of the quality of life in a postoperative period. The study was conducted in a surgical department of Stavropol Regional Clinical Hospital. A questionnaire which allowed evaluating patient's idea of his own state of health, especially the categories which are critical in a postoperative period, was developed. The questionnaire included 22 points and 4 scales reflecting physical state, social status, emotional state and overall assessment of patient's health and well-being.

Validation of the questionnaire was carried out. The following indicators were defined: α-Kronbakh factor was 0,70 more, split-half reliability factor was 0,77; correlation Pearson's factor r12 was 0,9. The questionnaire is validated according to all examined validation aspects. The following points were determined in it: moderate correlation levels of the questionnaire's scales and of a general questionnaire SF-36; a direct correlative connection between a type of a surgical approach and a scale of physical functioning. This questionnaire is statistically responsive.

Resume:
1. A questionnaire allowing measuring the quality of life of patients in a postoperative period was developed.
2. Validation of the questionnaire showed its reliability, validity and responsivity.
3. The questionnaire allows studying patients' subjective experience of his disease and treatment and choosing methods of surgical procedures and postoperative care of patients.

Contact:
Igor KUNPAN
Regional Clinical Hospital
Deputy Head Physician on Epidemiology
Semashko Str. 1
355030 Stavropol
RUSSIAN FEDERATION
kkb@stavropol.net

Patient's-Charter: Patients Rights, Empowerment and the Standards for Health Promotion in Hospitals

Mr Dipl.-Psychologe Rainer PAUL

This paper is a proposal to outline central dimensions of patient's rights from the basic papers of the health promoting hospital movement (e.g. Ottawa Charter, Budapest Declaration). Its aim is to stimulate a discussion which patients rights have been already realised in HP-Hospitals, and which rights we want to develop or better to say which patient rights do we agree to guarantee to our patients.

By putting this discussion into action the aim is to focus how the "Standards for Health Promotion Hospitals" can be made more visible for the patients . The HPH-Standards define patients needs under the topic of "Patient Assessment" and "Patient Information and Intervention", but they have no proposal how to communicate this to the patients. This missing link is addressed here.

The position is, that a hospital should not only fulfil the HPH-Standards to an external public, but that an organisation should also declare its will to fulfil the standards to the internal public. The standards for the patients should lead to a written document, the patients charter, about which every patient should be informed. By doing so, the patient has the chance to become an active partner in the change process into a health promotion organisation, because the patient can be aware of the Hospitals ability to reach its declared will.

Guided by the central theoretic concept of empowerment, the paper will give an overview of still existing patients charters, summarises the patient centered declarations of still existing HPH-documents and integrates these informations into four dimensions of patients rights of a future patients charter.

Contact:
Rainer PAUL
Walter-Picard-Hospital
HPH-Co-ordinator
Philippsanlage
D-64560
Riedstadt
Germany

paul-wiesbaden@t-online.de

Achieving equitable patient centred care in Kwazulu-Natal, South Africa
Priscella RAMDAS, Mohammed Hoosen CASSIMJEE, C. JINABHAI, S. ZUNGU

The public health sector in South Africa, during the apartheid period was discriminatory, inequitable, fragmented and hospi-centric. Policy and legislative changes enabled organisational transformation towards patient centred care. Equity of access to care, equity of resource allocations (financial and human) is critical in providing optimum patient centred care.

Data in respect of hospital performance and the reorganisation of hospital services were reviewed. Both financial and human resources were shifted from a hospi-centric focus towards establishing a PHC approach through a District Health System. The impact of this transformation towards a patient centred approach was measured through resource transfers, patient satisfaction and Quality Improvement Programmes (QIP).

A programme of Decentralised Hospital Management consisting of re-structured organograms, delegations of authority (in respect of finances, human resources and procurement), capacity building for senior managers - resulted in achieving policy goals of post-apartheid government and improved service delivery. Utilisation of PHC services exceeded a set target of 14 million to 17 million visits per annum 2002/3; while in-patient days in hospitals declined by 10%. A framework for patient centred service delivery in South Africa called "Batho-Pele - People-First" achieved a compliance rate of 80% for its 12 principles in hospitals. Improvements in other indicators such as waiting time, cancellation of surgery and patient safety, were also noted.

During the last decade policy, organisational and management changes has improved hospital performance; many challenges still remain during this transition phase of our democracy.

Improved Reception and Comfort
Cesare SACCHI, Daniela VASTA, Daniela PONTI

The project intends to focus on those aspects which characterize the relationship between the users, the Health Authority and the Services it provides, i.e.:
- those aspects which help make the complex and vast spaces of the health care facilities easier to use and more comfortable, with special reference to the pathways (both internal and external), the access routes, the quality of the waiting rooms and the common areas;
- those aspects which concern relational and communication issues, the availability to listen to the patients´ needs, with special reference to the respect for privacy, different cultures and languages that call for greater involvement and increased awareness on the part of the health care workers.

Clear information (ensured first and foremost by the personal relationship with the health care workers) and a pleasant environment (provided by a skilful use of the colours and light as well as by the feeling of being in a reassuring place) must be combined to give a feeling of harmony in that setting.

To this aim, awareness sessions will have to be organized to train the staff on the issues relating to providing adequate reception and comfort to the patients in the different Business Units according to a process logic.

Goals:
- Make the pathways (both internal and external) and the access routes to the hospital and district facilities more uniform and easier, also through a more rational and standardized use of the signs and all those elements which contribute to a better identificatoin of the hospital.
- Standardize and improve the quality of the furnishings and of the items used to make the waiting rooms, the green areas and the common pathways more attractive.
- Provide for information boards, control their use and ensure that they are kept updated.
- Promote cultural initiatives and involve the external world in the hospital life.

Methods: Setting up of a working group - coordinated by the Logistics and Accommodation Service - whose members should include hospital staff such as representatives from the Public Relations Office, from the Management Office, the Procurement Dept., the Technical Dept. and Mixed Advisory Committees, each one with well-defined roles and responsibilities.
- The group is to analyse the problems highlighted in each setting, identify and plan adequate improvement actions defining methods of intervention, tools and resources as well as developing the procedures required to ensure a good quality standard over time.
- The actions which are identified as priorities should be taken as goals for the current year and the Logistics and Accomodation Service ensures that they are implemented according to the planned schedules.

Contact:
Cesare SACCHI
Director of Logistics and accomodation Service
Reggio Emilia Health authority
Via Amendola, 2
42100 Reggio Emilia
ITALY
cesare.sacchi@ausl.re.it

Adaptation of the Rheumatoid Arthritis Specific Needs-Based Quality of Life Measure for Estonia
Marika TAMMARU, Kadri MAIMETS, Ele MOTTUS

Objective:

- To adapt and validate an Estonian version of the the rheumatoid arthritis (RA) specific needs-based quality of life (Qol) measure (RAQoL).
- To adapt the questionnaire, developed in the UK, considering the cultural and linguistic differences and to produce a version with equally good psychometric properties to existing language versions.

Methods: The adaptation consisted of three stages. The first stage involved the translation process. During the second stage the face and content validity testing by means of patient interviews was carried out. The third stage involved the assessment of the reproducibility and construct validity of the measure. The novel aspect of the third stage was that data was collected in circumstances resembling regular clinical settings.

Results: No major problems in translating the questionnaire into Estonian were found. Patient interviews indicated that the content of the RAQoL was highly appropriate for Estonian patients.

The reproducibility assessment results were excellent. Test-retest method showed high reliability scores. The RAQol also showed satisfactory convergent validity with both generic health-related Qol and functional measures.

Conclusion: This is the first occasion on which a disease-specific QoL questionnaire has been adapted into Estonian and the results were very encouraging. The adapted measure introduces more patient-centred care into Estonian health care system and it allows improving continuity of care of RA patients. The excellent psychometric properties obtained at immediate physician-patient contact indicated that the measure could successfully be used to evaluate interventions in everyday clinical praxis. It is intended that the RAQoL will be included in RA patients' register.

Contact:
Marika TAMMARU
Clinic of Internal Medicine
Puusepa 6
51014 Tartu
ESTONIA
marika.tammaru@kliinikum.ee

Effects of patient empowerment on health outcome and patient satisfaction among surgery patients

Ursula F. TRUMMER, Peter NOWAK, Thomas STIDL, Juergen M. PELIKAN

The influence of so called "context effects" – quality of interaction between physician and patient, patient and provider expectations - has been acknowledged as having an important therapeutic effect. Systematic reviews of RCTs underline this theory (Di Blasi, Harkness et al. 2001) but also point out that there is little evidence so far and further studies are needed. Recent discussions use the concept of empowerment of patients (Levin-Zamir, Peterburg 2001;) and emphasise communication between patients and professionals as a main tool and quality factor.

An intervention study at the heart surgery department of an Austrian University Hospital examined effects of improved communication in the in-patient care on clinical outcome and patient satisfaction. The intervention was a communication skills training program for physicians, physiotherapists and nurses along with a reorganization of patient information schemes, administered in 2001. Focus was on empowering patients to become better co-producers in treatment processes. The clinical outcome after four types of interventions (Bypass, Stent, Artificial Valve Insertion; any combination of these three) was observed in 100 patients before and 99 after the training program. Results in the post intervention patient group showed a reduction of length of hospital stay (1 day), a reduction of incidence of post surgery tachyarrhythmia (-15%), a faster transfer to less intensive care levels and improved patient ratings in care of doctors and nurses in communication aspects.

Contact:
Ursula F. TRUMMER
Ludwig Boltzmann Institute for the Sociology of Health and Medicine
Senior Scientist
Rooseveltplatz 2/4
1090 Vienna
AUSTRIA
uschi.trummer@univie.ac.at

Poster-topic 2: Patient information, education and counselling: tools for HPH

Integrated diagnostic and therapeutic approach involving specialists and GPs in the treatment of patients suffering from the metabolic syndrome.

Giuseppina CHIERICI, Ezio BOSI, Dario GAITI, Maria Grazia MAGOTTI

The metabolic syndrome is characterized by a series of different metabolic alterations each of which represents a well-known cardiovascular risk factor. The resulting overall cardiovascular risk is extremely high and requires that the patient is adequately educated in order to become aware of and avoid all high-risk behaviours. This process of education should take place before or at the time of drug prescription.

Even if this syndrome is a complex metabolic entity with a common etiopathogenic factor (i.e. insulin resistance), it is always dealt with according to the individual components which contribute to it as if they were separate entities to be treated as such. As a results of this, the affected patients are seen by the Diabetologist, the Cardiologist, the Lipidologist and the Dietologist/Dietician. All these professionals institute their own individual treatments so that the patient ends up having a whole set of drugs to take which are often numerous and cause mutual unwanted side-effects. The idea of an intervention project came from the following:1) long-standing local experience in the integrated management of Type-2 diabetes patients by Diabetologists and GPs. This project has already led to good cooperation among these professionals in the field of a chronic disease which in 84% of cases is part of the metabolic syndrome; 2) need to deal with this disease in the most rational and simplest way by promoting Empowerment. This is a process through which the patients become aware of their problems, of the skills required for the self-management of care and, above all, for a change in their life-style which is the key element in the treatment of the insulin resistance problem which underlies the metabolic syndrome.

Overall goal: Make patient education an essential element of therapy. Give new character to the patient-physician relationship

Specific goals: Create a common pathway for all physicians involved in the process of care. Introduce an information-based therapeutic system with direct patient involvement (training and information).

Methods/Actions

A) A confrontation-updating phase involving all the physicians who are responsible for the treatment plan to develop a common shared pathway with the possibility of regular updatings
B) A more complex and time-structured phase of information-education to the patient ranging from basic health education to nutritional approaches and behavioural patterns.
C) Collection of hospital data (i.e. from the diabetology records already available within the Service) to carry out an epidemiological survey as well as an analysis of costs, process indicators, outcome.

Main target groups: Patients suffering from the metabolic syndrome.

Expected benefits: Cooperation among all professionals leading to patient empowerment which results in a change in their life-styles.

Project organization: Coordination of the project is shared between the Diabetologist and the Representative of GPs.

Involvement/Participation: Of health care workers and patients.

Assessment of the results and conclusions: The results should be assessed according to: process indicators which can be identified in the No. of professionals who participate in the project, the No. of patients who are enrolled in the process and the No. of education courses which are held; outcome indicators: current health parameters (BMI,HbA1c, lipid status, PA…), No. of admissions following the development of complications; behavioural indicators: patient´s awareness of the problems (compliance with the diet, physical exercise).

Contact:
Goiseppina CHIERICI
Diabetology service Guastalla-Correggio North Area, Reggio Emilia Health authority
Head of service
Via Donatori di sangue, 2
42016 Guastalla (RE)
ITALY
giuseppina.chierici@ausl.re.it

The Health Promoting Calendar? Awareness Raising from Hospital Bedside to Community in the Republic of Ireland

Denise COMERFORD, Veronica O'NEILL, Anna CLARKE, Cecily KELLIHER

Background: Fundamental to the health promoting hospital concept is a re-oriented approach to education of patients, staff and wider community. Our department provides a range of programmes in partnership with clinical colleagues and regional health promotion services. We report on the experience of developing a 12 unit series of health education posters, produced ultimately as a calendar, with 6000 copies distributed nationally.

Process: The 12 topics were produced by the inter-disciplinary departmental team comprising health promotion, medical, nursing, dietetic, university academic staff in-house using information from national health promotion literature and specialists, along National Adult Literacy Guidelines. The graphic designed, laminated A3 and A4 posters were displayed widely locally. Each topic used on a month-to-month basis reflected an appropriate seasonal theme and/or keyed in with a national health promotion campaign. January; Action for Healthy Lifestyle, February; Smoking: the facts, March; Food Safety, April; Give the gift of life, become an organ donor, May; Walk for Health, June; Summer Safety, July; Alcohol, know your drinks, August; a lifetime approach to safety, September; 10 tips for dealing with stress, October; Cancer Awareness, Early detection, November; Good Night, Sleep Well and December; Merry Christmas and be Safe. We capitalised on this by producing a calendar, accepted officially for the hospital in 2004 and distributed to all hospital staff, to local health care providers, attenders at the HPH National Meeting and through the National Health Promotion Unit, ensuring a wide network of health promotion practitioners and the general public was reached. The Calendar's printers won an award of excellence and it was included as an exemplar of information dissemination in the hospital's bid for a quality assurance award. It is likely to be a cost effective process in awareness raising for the department's work programme at a final product cost of one euro each.

Authors: Comerford D., Clarke A., Crowley D., Doherty K., Fitzpatrick P., Daly L., Gallagher H., O'Neill V., Pye C., Reid V., Whiteside B., Kelleher C.

Contact:
Denise COMERFORD
St. Vincents University Hosp.
Dept. Preventive Medicine and Health Promotion
Elm Park.
Dublin 4
Ireland
health.promo@st-vincents.ie

Nursing counselling for information therapy to psychiatric patients in relation to the drugs prescribed to them

Dorella COSTI, Milvana GARAMANTE, Maurizio FERRARI, Salvatore GALERO

Information therapy to psychiatric patients concerning the psychotropic drugs prescribed to them is a project which the Mental Health Centres (CSM) of the Reggio Emilia Health Authority have implemented for a number of years within the therapeutic education project.

Information therapy (information, decision, support) is the prescription of specific evidence-based information to a specific patient, caregiver or consumer precisely at the right time to help them make a certain decision or change their behaviour.

Overall goal: Improve the quality of communication concerning the therapeutic indications given to the patients and their family members in order to achieve a better quality of care.

Specific goals: Share with the patients and their family members the most important information relating to the use of the psychotropic drug therapy, promote the autonomy of the patients and the nursing staff in the education to the use of the drugs and in the identification of their side-effects.

Methods/Actions: The Mental Health Centres (CSM) have promoted the dissemination of operating instructions relating to the identification and treatment of the drug side-effects, written in a non-technical and easily understandable language, as well as indications on the use of the drugs in order to help the patients and their family members identify any adverse effects, usually of a transient nature, and recognize the signs and symptoms which require rapid assessment by a specialist.

Information sheets were drawn up and distributed to the users of the Mental Health Centres concerning the main types of psychotropic drugs which are prescribed.

Main target group: Psychiatric patients and their families

Expected benefits: Improve communication and quality of care for psychiatric patients.

Assessment of the results and conclusions: The assessment of the implementation of the project is based on the development and updating of information sheets for patients and their family members concerning the drug side-effects as well as on the evidence of the dissemination of such information sheets.

Contact:
Dorella COSTI
Responsible for Nurses and Technical Services
Mental Health Dept., Reggio Emilia Health authority
Via Amendola, 2
42100 Reggio Emilia
ITALY
dorella.costi@ausl.re.it

Patient written information on elective surgery/procedure prior to admission to Midland Regional Hospital at Tullamore

Lillian KENNY; Aine SMITH, Ann CASEY, Kate BRICKLEY

Background: Research conducted by Landsdowne Research 2002 and key findings from the Midland Health Board Patient Satisfaction Survey ISQH 2002, indicated that service users felt that communications in terms of clear explanation of procedures could be improved. In response to this a need to enhance communications with patients prior to admission was identified.

Aim: To provide clear explanation of procedures to patients being admitted for elective surgery.

Objectives:
- To establish a standardised information/explanation sheet for different procedures.
- Reduce figures of DNA.
- To facilitate pre-informed consent.
- Reduce anxiety prior to admission.
- Empowerment of patients encouraging them to be active participants in their own care.

Methodology: A Multi-disciplinary approach was adopted for the project. A pre-op information/explanation advice sheets were developed and piloted which were literacy proofed. It included expected lengths of stay, expected time out of work and a brief

explanation of the procedure to be done. It also included advice on medications e.g. OCP, HRT, Aspirin, and Warfarin. This is sent with each admission letter.

Result: The information/explanation sheets were piloted with ten patients who were routinely admitted. The results indicate that patients would like this information prior to admission. It was modified and it is expected that the revised edition will be in operation in September and audited one month after implementation. This has been developed for ENT procedures and it is anticipated that it will be further developed for other procedures.

Contact:
Lilian KENNY
(via Kate Brickley)
Midland Health Board
To seek to improve the health (health gain) and quality of life (social gain) of the people living in the MHB region.
Tullamore
Co Offaly
IRELAND
Kate.Brickley@mhb.ie

Guides to clinical treatment and assistance pathways: a new cooperation between professionists and patients

Danilo ORLANDINI, Antonio CARBOGNANI, Paolo CARRETTI

The set of volumes “Guide ai percorsi di cura e di assistenza” (Guides to clinical treatment and assistance pathways), created by the Orthopaedics team of Montecchio Emilia Hospital, represents an instrument for the clinical management and OUTCOMES MANAGEMENT evaluation of patients subjected to orthopaedics surgical operations.

The guide is distributed to each patient who undergoes a surgical operation.
The patient keeps and uses the guide until his/her recovery.
Each guide consists of four parts:

1) Comprehensible and exhaustive education of the patient and his/her relatives regarding:
   a. The pathology and the planned surgical treatment;
   b. The guaranteed results.
2) Assessment tools and management of foreseen problems and events (different for each operation):
   a. Patient assessment
   b. Braden pressure ulcer risk management
   c. Falls assessment tools
   d. Nutrition screening tool
   e. Pain management
   f. Discharge plan management
3) Clinical pathway focused on:
   a. Patient´s outcomes
   b. Analysis of variances
4) Outcomes measurement including:
   a. Measurement of Functionality
   b. Measurement of quality of life with regard to health
   c. Measurement of satisfaction

The patient keeps and uses the guide; he/she gives it to the professionists only to fill in the clinical pathway.

The aim of this innovative procedure is: to give a better education to the patient and his/her relatives in order to reduce the duration of his/her stay in hospital.

Contact:
Danilo ORLANDINI
Reggio Emilia Health authority
Responsible for Accreditation Unit
Via Amendola, 2
42100 Reggio Emilia
ITALY
danilo.orlandini@ausl.re.it

Information Therapy and Therapeutic Education: Tools of Each Professional

Danilo ORLANDINI, Mariella MARTINI, Daniela RICCIÒ, Franco PRANDI

Over the past years the Reggio Emilia Health Authority has promoted individual therapeutic education projects in the fields of diabetes, heart failure, BPCO, oncology and palliative therapy obtaining quite remarkable results and empowering the patients involved.

The current goal in the management of the quality and effectiveness of health care services is to introduce information therapy and therapeutic education as integral part of the clinical pathways and health care plans for all diseases that are treated.

The decision to complete the project design phase and start implementing the project in daily practice came from the realization that there are physical and organizational barriers to the access to care, that the performances are not at a uniformly good level and that safety problems still exist and errors can be prevented.

Information therapy means the timely prescription of specific evidence-based information to a specific patient, caregiver or costumer to help them make a specific decision or change their behaviours as part of the care process.

Empowering the patients should mean providing them with sufficient knowledge to make rational decisions, with adequate resources to implement such decisions and sufficient experience to evaluate their effectiveness.

Informing and educating means involving most patients in the decision-making process: the patients are in fact the only ones who experience the consequences of suffering from a certain disease and being treated for it.

The methods used are both individual patient counselling and self-help groups. The necessary training is ensured by clinical psychologists who are experts in the use of patient communication tools, and by interactive case-study meetings led by professionals who are trained during the individual theme projects. The results are measured by means of the indicators collected by the wards and outpatients units during their daily activities, i.e. self-management rates, learning and satisfaction questionnaires etc

Contact:
Danilo ORLANDINI
Responsible for Accreditation Unit
Reggio Emilia Health authority
Via Amendola, 2
42100 Reggio Emilia
ITALY
danilo.orlandini@ausl.re.it

Physical Activity as a Medical Prescription

Katarina OSSIANNILSSON

Physical inactivity is a large problem for the public health in the Western World and is a great risk factor for diseases like Diabetes Typ 2, Obesity, decreased Bone Mass and Cardiovascular diseases. If we could influence sedentary people to a more physical active life, the out-come will be improved public health. Physical activity is an important component to treat and prevent many diseases. One way, which is in progress in Sweden is to increase the level of physical activity during prescribing physical activity like a doctor's prescription.

Physical activity on prescription is a complement or even a substitute to medicine. The person who write out the prescription must have good medical competence and enough knowledge about physical training and about the actual patient's state of health as there are some condition when physical activity is unsuitable. The prescription must contain:

1. Specific type of physical activity
2. Grade of intensity, duration for each activity session and frequency(times per week)
3. Expected effects, for example after how long time you can expect a decrease of blood pressure.

A prescription is meaningless if the patient doesn't use it. In the ideal way the health care is organized so that there are a structured co-operation with sport clubs and other physical training centres which has an interest in people who has no experience of sports and physical training.

When the patient has become a prescription we have developed a model where you leave your prescription at a so called "Physiotec" and where you meet persons who are very good in motivating patients and who refer the patients to suitable activities and training centres which we co-operate with and where they motivating patients to an active life with a healthier lifestyle. Today we have 8 different " Physiotecs" centres in Malmö with surrounding, where you can go to with your prescription. And today 800 patients have became a prescription and attended to different activities.

Contact:
Katarina OSSIANNILSSON
Malmö University Hospital
Södra Förstadsgatan 101
20502 Malmö
SWEDEN
katarina.ossiannilsson@skane.se

Implementation of alcohol prevention by an alcohol project nurse at a large hospital in Denmark.

Lene SJÖBERG, Else-Marie LØNVIG, Anette SØGAARD NIELSEN

Objective: An alcohol project nurse is affiliated to Odense University Hospital (OUH), Denmark from the local Alcohol Treatment Centre (ATC) in a project funded by the Danish Government. The overall objective is to get patients with harmful drinking habits or addiction to alcohol to reduce their drinking under the Danish Health Authority's recommendations and to secure the coordination in alcohol prevention and treatment between ATC and OUH.

Background: Ten percent of the Danish population supposable drink too much. Approximately 20% of the 700.000 patients, who is admitted to Danish hospitals every year, are drinking more than recommended.

Intervention program: The intention is to endorse the competence of the hospital staff in discovering alcohol problems at an early stage. The systematic effort of the alcohol project nurse corresponds with the prevention strategy of the hospital on the integration of a structured course program based on three steps:

- doctors screens and prescribes a prevention interview, if the patient drinks more than recommended, and is motivated for a change.
- a motivating conversation is carried out by nurses with the purpose of stimulating the patients change process.
- the intervention takes place either in a transverse unit in the hospital, when it comes to problem drinking or at the treatment centre, when it comes to alcohol addiction.

Results: So far the alcohol project nurse has provided education and supervision to half of the 47 hospital departments. The alcohol project nurse is active in "The Network of Health Promoting Hospitals". This has been followed by an intense internal and external marketing that has made the project and alcohol prevention visible.

Conclusion: The alcohol project has increased the focus on alcohol prevention in OUH by integrating alcohol prevention more systematically in the pathway of patients with life style diseases.
The alcohol project nurse is aimed to have a permanent function in OUH.

Contact:
Lene SJÖBERG
(via Else-Marie Lønvig)
Odense University Hospital
Department of Planning and Quality Development
Sdr. Boulevard 29
5000 Odense C
Denmark
else-marie.loenvig@ouh.fyns-amt.dk

A Systematic Approach when Teaching Clinical Prevention and Health Promotion

Thomas Lund SORENSEN, Karin BIRTOE

Introduction: Clinical Unit of Preventive Medicine and Health Promotion at University Hospital Copenhagen, Bispebjerg (BBH) has developed teaching programmes for education of students and staff to increase the knowledge and skills of health care workers in the following areas:

- Clinical Prevention and Health Promotion
- Health Promoting Counselling
- Smoking and alcohol abuse.

Purpose/Objectives: The purpose is to achieve the goals for good quality of patient care in the area of Clinical Health Promotion.

Methods: Implementing the integrated education plan for increasing capacity of health care providers to integrate clinical health promotion in treatment of patients.

Pre-graduate: University College Oeresund (Health studies at Bachelor level for Medical Laboratory Technology, Nursing, Occupational Therapy and Physiotherapy.

- Content: Evidence based medicine in clinical health promotion with focus on risk behaviour.
- Teaching Method: Problem Based Learning. 15 ECTS.

Post-graduate education: Clinical prevention is now part of the curriculum for:
Post-graduate education of doctors aiming at any medical specialities
University College Oeresund - Diploma in nursing
University of Southern Denmark - Master in Rehabilitation

- Content: Evidence based medicine in clinical health promotion with focus on:
  - Negative health effects of smoking, health gains when quitting smoking, nicotine dependence and substitution and motivational counselling.
  - Negative health effects of excess drinking, health gains by quitting or reducing alcohol consumption, treatment of alcohol dependence and alcohol abstinences, social consequences of drinking too much and finally treatment opportunities
- Teaching Method: Plenary sessions, 2-4 lectures

Continuing education: A multi-disciplinary programme for employees made up of three modules, one full day on Tobacco; background, evidence and methodology for performing motivational counselling with smokers, one full day on Alcohol; background, evidence and methodology for performing motivational counselling with a person who drinks too much, and finally two days on motivational counselling with patients who wishes to change life style.

Contact:
Thomas Lund SORENSEN
University Hospital Copenhagen, Bispebjerg
Clinical Unit of Preventive Medicine and Health Promotion
Bispebjerg bakke 23
DK-2400 Copenhagen
DENMARK
tls01@bbh.hosp.dk

Poster-topic 3: Health promotion for patients with chronic diseases I: Diabetes, Cancer, COPD

Survey of self-control skills and habits of education in children with type 1 diabetes mellitus

Virginija BULIKAITE

Aims: To analyse skills of self-control in different age groups of children with diabetes mellitus.

Survey contingent and methods: This study was performed in the Department of children endocrinology of Hospital of Kaunas University of Medicine in 2001-2002. All 149 children and adolescents aged 5-15 years with diabetes mellitus, who were admitted to this department during this period, answered questions of the inquiry. This survey helped to ascertain habitudes and skills of diabetes self-control of children of different age, as well as to assess their knowledge about the disease.

Results: Differences of attitudes towards health and lifestyle habits between the groups of children with diabetes mellitus aged 5-9 and 10-15 years were detected. The younger children did not feel responsible for their health, however their nutrition was healthier, they were more physically active, their habits of hygiene were better, and they were not prone to addiction problems. Acquired diabetes self-control skills in different age groups of the children showed different capabilities of diabetes self-management ($p< 0.05$). Almost all children aged 10-15 years who participated in the survey, made insulin injections (97%), checked their blood sugars (95.3%) and employed prevention of hypoglycemia (96.9%) themselves. The study proved that education in diabetes school was the best method of acquisition and updating of the knowledge. Diabetes school was the only one source of information about diabetes actually for 40.5% of the children. The difference between knowledge before and after education was statistically significant ($p< 0.001$).

Conclusions: The survey showed that the lifestyle and skills related to diabetes self-control in children with diabetes mellitus depend on their age. The lifestyles in older children become not healthy: insufficient physical activity, decreased consumption of vegetables and increased consumption of unhealthy products, problems of smoking and alcohol consumption arise. However only older children have the most promising potentials for contribution in self-control and self-management.

Contact:
Virginija BULIKAITE
Kaunas Medical University Hospital
Department of children endocrinology
Eiveniu 2
3000 Kaunas
LITHUANIA
Bulikaite@hotmail

Home Care for Diabetic Children. Synthesis of a pilot experience in Italy

Giovanni CHIARI, Brunella IOVANE, Roberta AGISTRI, Maurizio VANELLI

Objectives and Aims: To verify the feasibility, usefulness and cost effectiveness of a Home-care service for diabetic children. In our Service patients and their families receive an intensive training about management of diabetes during their stay in the hospital at the onset of Diabetes and when they came back to the clinic for recurrent appointments , but we never performed any action directly at patient's home before.

Methods: The study comprised 42 families and 12 schools of diabetic children (16 males, 13.4±3.2 years old, HbA1c mean value 8 2 ± 0.8%). The visits (2 per family and I per school), planed together with parents, children and teachers, were made by a visiting pediatric nurse-practioner (VNP); she checked, at home, the patients and/or the parents' ability in the routine care of the disease and, at school, the knowledge of the teachers about diabetes.

Results: During visits at home, VPN observed that: 2/3 families did not store correctly insulin and materials for urine and blood glucose test; 24% did not observe the correct procedures for insulin injection; 58% had no insulin supplies. During school visits, VPN noted that all the schools were lacking in materials for blood glucose and urine tests, glucagon, and sweets for prevention and treatment of hypoglycemia. The Interview with the teachers pointed out their inadequate knowledge of diabetes and its treatment

Conclusions: According to the Authors an home-care service for diabetic children has
1) to emphasize everyday aspects of the treatment of diabetes
2) to be performed by a VPN and
3) to be extended also to the school.

Contact:
Giovanni CHIARI
Dept. of Pediatrics, Regional Service of Diabetology
Assistant of Pediatric Diabetology
viale A. Gramsci, 14
43100 Parma
ITALY
gchiari@unipr.it

Programme for the prevention of type 2 diabetes in Finland: An implementation project in central Finland in 2003-2007

Kaija KORPELA, Maria HALLMAN-KEISKOSKI, Jutta SALTEVO, Nina PERÄNEN

As the first country in the world, Finland has a national programme for the prevention of diabetes. An implementation project for the prevention of type 2 diabetes (Dehkon 2D-programme) will be carried out in 2003-2007 in the health care districts of Pirkanmaa, Southern and Northern Ostrobotnia and Central Finland (total population about 1,3 million) in cooperation with the Finnish Diabetes Association. The goals of the project are prevention of type 2 diabetes and related cardiovascular diseases, recognition of non-symptomatic type 2 diabetes and development of new preventive and treatment practices. Promoting the population's health and well-being supports the Central Finland Central Hospital's activities as a Health Promoting Hospital.

Within the Central Finland Health Care District, a regional steering group oversees the project and Public Health Nurse Kaija Korpela, M.Sc, is the regional coordinator. The first seven project workers started working at municipal health centres in the autumn of 2003. The district also employs physical activity and nutrition coordinators and a project worker whose field includes, for example, the onset of diabetes during pregnancy.

In line with the project's operational plan, activities are primarily targeted at high-risk clients and the population as a whole:

- Educational opportunities are provided for health care professionals; the project will fund the training of about 60 instructors for weight control groups
- Regional project workers are developing treatment chains for high-risk clients
- The goal is to shift the course of action from treatment of diseases towards prevention
- The project has been presented during 16 municipal visits
- Operators within the district have been asked about training needs; physical activity groups offered by sport service and physiotherapy units have been mapped out
- About 30 local training events will be held in 2004; the topics include nutrition, physical activity and metabolic syndrome
- A project targeted at the population "Syöden solakaksi, hikoillen hoikaksi" (Eat to be slim, exercise to be slender) organizes health fair events to prevent type 2 diabetes; the health fairs will be held in nine different locations around Central Finland

Authors: (Korpela Kaija, Ahonen Kirsti, Hallman-Keiskoski Maria, Kukka Anna, Peränen Nina, Saltevo Juha)

Contact:
Kaija KORPELA
(Contact via Maria Hallman-Keiskoski)
Hospital of Central Finland
Health promotion
Keskussairaalantie 19
40620 Jyväskylä
FINLAND
maria.hallman@ksshp.fi

Nurses' role in educating patients with diabetes about diet and lifestyles

Victoria OLADIMEJI

Education about diet and lifestyle is essential to delay the onset, or even prevent diabetes in those at risk of Type 2 diabetes and for the effective management of the condition in those with Types 1 and 2 diabetes. Nurses, in collaboration with dietitians are uniquely placed to provide this input and to ensure the integration of accurate and consistent dietary messages throughout hospital and community care teams. The aim is to provide those living with diabetes with the information required to make appropriate choices on the type and quantity of the food which they eat as well as their lifestyles. The advice must take account of the individual's personal and cultural preferences, beliefs and lifestyle, and must respect the individual's wishes and willingness to change. It must be adapted to the specific needs of patients/clients.

Contact:
Victoria OLADIMEJI
City University, St Bartholomew School of Nursing and Midwifery.
Lecturer in Adult Nursing with Speciality in Health Promotion
Philpot Street
London E1 2EA
ENGLAND
V.I.oladimeji@city.ac.uk

Promotion of a health program for children and adolescents for a project named obesity-group presented by the department of paediatrics at the hospital "Weinviertelklinikum" Mistelbach, in Austria

Michaela C. MOSER, Hermann CORADELLO

The prevalence of childhood obesity in industrialized countries has risen dramatically in the past 20 years. 15 – 20% children of school age are overweight, 80% of them remain obese as adults. Obesity in childhood is defined in various terms as follows: actual weight 20% or more of normal weight for height, weight for height or BMI or triceps skin fold > 85 percentile.

Since treatment in adulthood often does not show long-term success, prevention in childhood with means of a multimodal program is best hope for preventing disease progression. In our department well trained staff is able to provide a multimodal program of treatment based on long-term changes in nutrition, physical activity, and behaviour modification.

Weight-related orthopaedic problems, skin disorders, cardiac risk factors and psychiatric disorders (depression, poor self-esteem, eating disorders) in obese children are evaluated and treated as well.

Results:
Out of 20 children 12 completed the curriculum of 10 two- hourly classes; over a period of 12 month the body height increased, although the weight remained constant and in some cases was even reduced.

Contact:
Michaela C. MOSER
Weinviertelklinikum Mistelbach
Abteilung für Kinder- und Jugendheilkunde
Liechtensteinstraße 64
2130 Mistelbach
AUSTRIA
paediatrie-sek@khmistelbach.at

A feasibility study on computer-aided test and training programs for cancer

Klaus-Diethart HÜLLEMANN, Brigitte HÜLLEMANN

Clinical scenario: A 58 year old female cancer patient complained that she cannot concentrate on reading a book or not even on watching TV. She was a woman subject to moods and the cognitive deficits turned her depressive. A 68 year old man complained about the same symptoms; he had had open-heart surgery. The reason for this disorder is not fully understood. Toxic side effect of chemotherapy and of prolonged anaesthesia are regarded as probable causes. The psychological burden of the life threatening illness may also impair cognitive function.

Question: Can a computer-aided training program enhance the cognitive function in cancer inpatient and cardiac setting?

Design: A feasibility study.

Setting and patients: Patients of the rehabilitation departments (oncology 105 beds / cardiology 95 beds) of the HPH St. Irmingard. Mean age 50 to 60 years; the youngest 24 years, the oldest 82 years. 80 % women; 70 % cancer patients. The sample started in November 2003 on computer-aided training program COGPACK® (marker software Ladenburg/Germany). Each patient had a 30 minutes session (three sessions per week). By the end of January 2004 more than 150 patients have been enrolled.

Main results: All patients were very interested and compliant in the program, even older patients who had never used a computer before. Most patients made progress in their cognitive skills, and they got pleasure from the training. Many were interested in buying a computer-aided program for home training.

Conclusions: The computer-aided mental program COGPACK® for cardiac and cancer patients enhances cognitive function, is highly motivating, and can reduce depressive symptoms.

Contact:
Klaus-Diethart HÜLLEMANN
Klinik St. Irmingard
Ärztlicher Direktor
Osternacher Str. 103
83209 Prien/Chiemsee
GERMANY
k.huellemann@st-irmingard.de

SPARC -Supporting a Positive Attitude in Recovery from Breast Cancer

Mary KELLY, Mary MCMENAMIN

The need to take a closer look at women, their lives and their health following completion of breast cancer treatment was identified in the health promotion service plan, For women who has journied through a diagnosis of breast cancer, surgery and chemotherapy there was a sense that a health promotion programme was needed to enable women to achieve some sense of completion and closure around the major life adjustment they had undergone. As part of the planning process women were consulted on what the important issues were for them and what they would like to see in a holistic programme of care. Based on this consultation SPARC programme was designed and piloted. It consisted of six two hour sessions covering a wide range of topics. this included positive body image, relaxation techniques, aromatherapy, reflexology. reiki, self-care, beauty, hair care, art and nutrition.

Evaluation: The programme was evaluated by collecting qualitative and quantitative data. Great satisfaction was expressed with programme content. findings from the evaluation also helped in the bidding process for funding to develop the programme for all women following breast cancer treatment.

Contact:
Mary KELLY
Health Promotion Co-ordinator
Letterkenny General Hospital Donegal Ireland
Letterkenny
Donegal

IRELAND
marybkelly @nwhb.ie

Living with cancer

Anne STAUNTON

Introduction: Research has shown that the programme “Learning to live with cancer” (Gertrud Grahn 1992) has proven to be of great value in cancer care. September 2000 saw the start of a modified version of the “Learning to live with cancer” programme at Beaumont hospital. “Learning to live with cancer” is a structured educational and support programme for cancer patients and those who care for them. Participants can do the course at any stage of their cancer experience.

Aims:

- Promotion of the patients understanding of their situation by increasing their knowledge.
- Reduction of fear and anxiety in relation to a cancer diagnosis for the cancer patient and their families.
- Supporting the participants in the development of coping strategies.

Methodology: Commitment from management

- The 14-hour programme is run once a year, over 7 consecutive weeks, for 2 hours per week. A total of 4 courses have taken place to date.
- Qualified health care professionals and a variety of guest speakers from a multidisciplinary team facilitate the programme.
- Structure of the programme:
    a) Physiology of cancer and the specific treatments
    b) Side effects of treatments
    c) Health problems
        a. Diet and nutrition issues
        b. To learn about altered body image
        c. Talk about the impact of cancer on patients and their families
        d. To help deal with and cope with change
        e. Introduction to palliative care services
        f. To utilise complementary available
        g. (eg:visualisation, art therapy, aromatherapy)

Discussion groups allowed us to focus on different aspects of the cancer journey, the impact of a cancer diagnosis, the supports available and the role of families and others. It gave people the opportunity to exchange information and to share their experiences of their cancer journey in an open and honest way.

Many of the participants formed friendships and developed good support network amongst each other which to this day remains very strong.

Results: 36 patients and 35 family members have attended the programme to date.

Anecdotal evaluation identified the following

- The need for information in a relaxed and non threatening, non clinical informal setting
- The use of simple language by the speakers made it easy for participants to understand and so encouraged everyone to participate in the open discussions.
- Patients felt less afraid of their disease as they gathered more information and understanding.
- A feeling of support that developed within the group made it easier to share thoughts, feelings and fears.
- The written information provided , the slides , x-rays and other visual aids made it easier to understand the talks given
- Carers needed reassurance that they were supporting their loved ones in the best possible way
- Everyone learnt how important it was to care more for themselves whether they were the patient or the family member
- It was reported by participants that their fear of admission to hospital was reduced
- That the introduction to the palliative care services was although frightening, very informative and reassuring about the benefits of this service. It helped to dispel anxieties about the “hospice”
- All the participants enjoyed the complementary therapies and found them very beneficial.
- Everyone enjoyed the social aspect of the course.

Recommendations:
The programme to be run twice a year
More in depth evaluation

Contact:
Anne STAUNTON
(via Michele Mc Gettigan)
Beaumont Hospital
Health Promotion Hospital Coordinator
Beaumont Road
Dublin 9
IRELAND
michelemcgettigan@beaumont.ie

Education of patients with Chronic Obstructive Pulmonary Disease

Ms Dr. Jolita VEBRIENE, Zydrune OLBUTAITE, Zemyna MILASAUSKIENE, Raimundas SAKALAUSKAS

Chronic obstructive pulmonary disease (COPD) is one of the major causes of morbidity in Lithuania and its prevalence continues to increase. Randomised control trials have shown that education of patients with COPD could reduce hospitals admission, lost work and school days as well as improve quality of life. These data have encouraged the staff of the Pulmonology – Immunology clinic of Kaunas Medicine University Hospital to start the new education project for patients with COPD.

The aim of the project is to help patients with COPD achieve the highest quality of life possible, by learning how to effectively manage their disease and symptoms.

Objectives of the COPD education project.:
1. To provide the patient with a better understanding of disease process.
2. To assist the patient in developing methods to cope with COPD.
3. To promote and maintain improvement in physical capabilities.

Target groups. All patients treated in the Pulmonology – Immunology clinic of Kaunas Medicine University Hospital with obstructive bronchitis, pulmonary emphysema, bronchial asthma, bronchiectasis, cystic fibrosis, or any other diagnosed chronic airflow limitation.

Implementation. The length of the COPD education program is one week. The COPD education program has the following components: education sessions discussing breathing techniques, disease processes, respiratory medications, oxygen therapy, exercise techniques; nutrition education sessions; individualised session regarding results of health status test, program recommendations, exercise prescription. All patients will be encouraged and motivated to make the necessary lifestyle changes such as stopping smoking and losing weight through diet and exercise.

Benefits of project. COPD education project will help to create a new generation of patients empowered to take control and promote their own health and reduce the risk of COPD development. The project allows us to measure health care performance quality and identify related problems.

Contact:
Jolita VEBRIENE
Kaunas Medical University Clinic
Physician
Eiveniu str. 4
LT-50009 Kaunas
LITHUANIA
zemyna@vector.kmu.lt

Poster-topic 4: Health promotion for patients with chronic diseases II: heart and vascular problems, back pain and others

‘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 service

Contact:
Jane CONWAY
Mid Western Regional Hospital
Anti-Coagulation Co-ordinator
Dooradoyle
Limerick
IRELAND
annbos@eircom.net

Project Planning and Implementation for Home Monitoring Kits for Warfarin Therapy

Jane CONWAY

Aims and objectives: The home monitoring involves patients monitoring their Warfarin levels in their own environment once per week. It negates the need for patients to visit the hospital for the weekly Warfarin Clinic.The home kits are for self testing not self monitoring the responsibility for dosage still lies with the anti-coagulation co-ordinator. The patient still contacts the co-ordinator weekly to establish the dosage required.

Method: 10 patients were selected based on the following criteria, being established users, having a well controlled condition, lifestyle difficulties with weekly clinic visits. Training was provided and co-ordinated by the anti-coagulation coordinator.

Results: The patients received their kits in 2003 and the project is currently undergoing final evaluation. Patient feedback has been very positive, with comments such as , more control of their lives, more independence, more knowledge of their condition, and participation in their own health management.

Contact:
Jane CONWAY
Mid Western Regional Hospital
Anti-Coagulation Co-ordinator
Dooradoyle
Limerick
IRELAND
annbos@eircom.net

Arterial hypertension prevention programme in Krasnoyarsk Territory, Russian Federation

Olga KUTUMOVA, Larisa KONONOVA, Boris GORNYI, George GOLUKHOV

Arterial hypertension remains one of the most urgent medical issues. It is the result of wide prevalence of this disease which in many respects causes high level of cardiovascular mortality. However, very few people with hypertension receive medical treatment regularly and efficiently. Even in the countries with good quality of providing medical care this index is not more than 25-30%. In Russia blood pressure is controlled properly only in 8% of patients.

Active preventive measures are taken among population as well as among risk groups in Krasnoyarsk Territory. One of the main trends of this activity is mass actions drawing people's attention to the problem of arterial hypertension and serious complications, informing population of health preservation and promotion methods and cardiovascular diseases prevention.

An action devoted to arterial hypertension prevention was held in October 2002. 760 stations for blood pressure measurement were opened in cities and regions of the territory. Medical personnel from hospitals-members of HPH were involved. About 104 thousand of the territory's population was examined, 12,8% of patients with hypertension were detected.

A ten-day period action "Healthy Heart" was organized in 2003. About 120407 people were examined (the index was 42,7 for 1000 of population). A quarter of the patients were examined by means of laboratory and functional methods of examination (the index was 6,4 for 1000 of population). Medical personal managed to detect 26014 patients with circulation diseases (9,2 for 1000 of population). About 16955 patients with arterial hypertension, 7652 patients with ischemic heart disease and 4633 patients with brain vascular diseases were detected.

The actions showed great efficiency of such measures which besides direct preventive result connected with early detection of arterial hypertension play the role of information "tide" drawing the community's attention to urgent health issues.

Contact:
Olga KUTUMOVA
Head Physician
Regional Centre for medical prevention
Veinbauma Str., 26
660049 Krasnoyarsk
RUSSIAN FEDERATION
cmp@medstat.krasmed.ru

Challenges for the secondary stroke prevention: risk profile of stroke patients

Zemyna MILASAUSKIENE, Irena MISEVICIENE

Stroke is one of the leading public health problems. Data on mortality and morbidity as well as data on the cost associated with this condition indicate the importance of stroke. Insufficient knowledge of the consequences of uncontrolled risk factors that contribute to stroke may hamper efforts to prevent recurrent stroke among the patients surviving stroke. The awareness of stroke risk factors enables patients to apply knowledge to recurrent stroke prevention.

The aim of this study was to analyse the risk profile of stroke patients treated in the Neurological department on Kaunas Medicine University Hospital.

Methods: The study was carried out in the Neurological clinic of Kaunas Medicine University Hospital. A standard questionnaire was distributed to patients (n=123) with diagnosis of stroke, treated in the Neurogical clinic between June 2003 and September 2003. The response rate was 76.8%. The questionnaire included questions on smoking, dietary habits, alcohol consumption,

physical activity as well as questions concerning advice given patients to change their unhealthy lifestyle by health care professionals.

Results: The life style of the majority of stroke patients was unhealthy. The majority of patients (79.3% men and 72.5% women) were insufficiently physically active, half of men (51.3 %) and two thirds (69.3%) of women had overweight, every third man (29.6%) and 4.3% of women smoked. Two thirds (64.5% men and 67.8% women) indicated that they had felt stress more often than other people from their surroundings had within period of last 12 months. The majority of patients (81.4% men and 85.1% women) indicated that they had visited their own general practitioner during the last year. All patients were asked whether they had been advised to change their unhealthy habits by health personnel. The recommendations to change dietary habits for health reasons were given by physicians to 43.2% of men and 53.3% of women. Two thirds (68.4%) of men and every third (28.6%) woman, who smoked, were advised by physician to quit smoking. 34.5% of men and 24.3% of women were encouraged to increase their physical activity. Advice given by health personnel to reduce alcohol consumption was very rare, i.e. to 5.7% of respondents. The analysis of results revealed that only a small part of patients, who were advised by health care professionals, had followed the given recommendations. Among the middle-aged (45-55 years) patients and those with university education levels there were more people, who had tried to change their risky behaviour than among the older group (55-65 years) patients and those with primary or secondary education levels.

Conclusion: The prevalence of risk factors among stroke risk patients indicated the need for health education programs that must induce stroke patients to change their risky lifestyles in order to prevent recurrent stroke.

Contact:
Zemyna MILASAUSKIENE
Kaunas University of Medicine Institute for Biomedical Research
Associate Professor
Eiveniu 4
LT-50009 Kaunas-7
LITHUANIA
zemyna@vector.kmu.lt

Chronic disease, inflammation and pathogenic social hierarchy: a biological limit to possible reduction in morbidity (the changes in health policy and the health care reforms)

Anatolyi PASECHNIK, George GOLUKHOV, Sergey OSIPOV

Although hospitals have been only marginally concerned with health promotion and disease prevention, they have an enormous potential in these fields. Realizing this potential could optimize their use of resources, directing them not only to curative care but to health in its broader sense. We suggest that a particular form of social hierarchy, which we characterize as ‘pathogenic’, can, from the earliest stages of life, exert a formal analog to evolutionary selection pressure, literally writing a permanent developmental image of itself upon immune function as chronic vascular inflammation and its consequences. The staged nature of resulting disease emerges ‘naturally’ as a rough analog to punctuated equilibrium in evolutionary theory, although selection pressure is a passive filter rather than an active agent like structured psychosocial stress. We thus propose that chronic vascular inflammation resulting in coronary heart disease is not merely the passive result of changes in human diet and activity in historical times, but represents the image of socioeconomic policies, practices, history, and related mechanisms of pathogenic social hierarchy imposed upon the immune system, beginning in utero, and continuing throughout the life course. Our interpretation is consistent with, but extends slightly, already huge and rapidly growing animal model and ‘health disparities’ literatures, for example, found that female primates fed an atherogenic diet were markedly graded on risk of CHD inversely according to social status, in spite of the supposed protective effect of female hormones. Our analysis suggests that, under conditions of wage slavery, draconian socioeconomic inequality, and outright material deprivation, an aspirin a day (or some chemical equivalent) will not keep death at bay. That is, pathogenic social hierarchy is a protean and determinedly plieotropic force, having many possible pathways for its biological expression: if not heart disease, then high blood pressure, if not high blood pressure, then cancer, if not cancer, diabetes, if not diabetes, then behavioural pathologies leading to raised rates of violence or substance abuse, and so on.

Contact:
Anatolyi PASECHNIK
Foundation "XXI Century Hospital"
Chief Executive
Lobachrvskogo Str., 42
119415 Moscow
RUSSIAN FEDERATION
21centuryhosp@aport2000.ru

Study of knowledge, attitude and practice of health personnel of Iranshahr district about the education methods of malaria prevention

Zahra SHEIKH, Fatemeh RAKHSHANI, Kourosh HOLAKOUI

Objective: To describe Iranshahr health personnel's (Behvarzes) Knowledge Attitude and Practice (KAP) about education methods of malaria prevention and to determine associated factors with their knowledge, attitude and practices for education malaria prevention to the people.

Methods: In Jan-Dec 2002, a cross-sectional survey of 144 health personnel of rural health centers of Iranshahr district (Sistan and Baluchestan province, southeast Iran) was conducted with respect to malaria education methods.

Results: The KAP of 66.1% of health personnel was relatively average (Mean±St.dev), The KAP of 18.8% was low and 15.1% was high. There was no significant relationship between the KAP and the variables: age, sex, literacy, marriage, ability to speak in local language, record of service, the number of under coverage population, presence of educational activity reporting system and kind of multimedia educational means. (P<0.05)

Conclusion: The health personnel were more able education by using face to face (using picture) method. Such as methods are more effective to increase the knowledge and for effective change of the attitude and practice, the methods such dialogue, group discussion,... are more effective. Due to the results, the health personnel believe that the present methods are repetitious, not interesting and no suitable methods and the multimedia education means in the rural health centers are not enough.

Contact:
Zahra SHEIK
Institute of Health Research
Tehran University of Medical Sciences, School of Public Health
Poursina
14155-6446 Tehran
IRAN
iranica2002@yahoo.com

Planning together for Thalassemia: Proposals for a territorial plan of Health Promotion

Salvatore SICILIANO, Ernesto BUGIO, Marcella CICCIA, Giuseppina CARRUBA

The twenty-year-old experience in Health Information and Education for the prevention of Thalassemia and of Haemoglobinopathies, developed by groups of health workers in Palermo and in the province, must naturally connect with the work made in the socio-medical districts of ASL n. 6 in Palermo. The project originates from the idea of connecting the prevention of Thalassemia (health information and education in secondary schools, in pre-marriage courses and in sporting and voluntary centres) with the screening work , the genetic guidance and the support given to “the couples at risk” started at the beginning of the eighties by the Thalassemia Services in the hospitals of Palermo. At the end of the year 2000, a team was created, as a natural result of a project of prevention of Thalassemia for the district around ASL n.6 in Palermo, with the task of forming some work groups with specific competence in every socio-medical districts (of the city and of the province). This was aimed at making the objectives and the information and screening work homogeneous “covering” all the territory of the province. In June 2002 a training course addressed to District workers started; it concerned the techniques of planning and implementing the information programmes. At present the secondary schools in Palermo are being contacted. Recent statistical data pointed out that 2/3 of parents who, in the last 5 years, gave birth to thalassemic children were unaware of the risk at the moment of procreation or they were not adequately informed about the results of their tests. These elements lay stress on the necessity of keeping a high standard in the widespread circulation of the information addressed to young adults.

Siciliano Salvatore ^, Burgio Ernesto^, Ciccia Marcella^, Carruba Giuseppina^, Ruggeri Gaetano °, Gargano Gabriella °, Russo Maria Rosa°, Renda Maria Concetta*, D’Alcamo Elena*. * Div. Ematologia II con Talassemia, Azienda ospedaliera V. Cervello, Palermo; ° Azienda sanitaria provinciale (ASL n.6) Palermo, Distretto socio-sanitario n. 4 ^ Unità Operativa Educazione alla Salute, Azienda ospedaliera “V. Cervello”, Palermo.

Contact:
Salvatore SICILIANO
Director
Azienda Ospedaliera
Via Trabucco n.180
90146 Palermo
ITALY
uff.eps@virgilio.it

Poster-topic 5: Promoting the health of children and adolescents I: Children’s rights and empowerment strategies

Charter on the Rights of the Children in Hospital and Health Promotion

Fabrizio SIMONELLI, Maria José CALDÉS PINILLA, Katalin MAJER, Paolo MORELLO MARCHESE

Short Introduction: The Italian ‘Charter on the Rights of the Children in Hospital’ is a specification on the International Convention on Rights of the Child (1989). The work, supported by a grant of the Italian Ministry of Health, was carried out by staff members of four major Italian Paediatric Hospitals (‘Burlo Garofolo’, ‘Meyer’, ‘Bambino Gesù’ and ‘Giannina Gaslini’), between 2000 and 2002, and other members of the Steering Committee of the Italian Paediatric Hospitals are adopting it. It represents an evolution of comparable statements, in that it extends the responsibilities of paediatric in-patient services in achieving and developing capabilities to interact and co-operate with any person or institution which has a role in young person’s mental and physical development.

Perspectives: This ‘Charter’ can constitute the basis for the Health Promotion activities for Children and Adolescents in Hospitals in Italy and at an international level.

General goals of the international level of action: Develop Health Promotion initiatives; define standards aimed to guarantee the respect of the Rights of the Children and Adolescents in Hospitals; enunciate and promote the diffusion of the Rights of the Children in Hospital; define an evaluation system of the respect of the enounced Rights trough respective visits; involve the relatives of the hospitalized Children in the process of assimilation of the contents of the Charter.

To be realized trough the development of an International Task-force on 'Health Promotion for Children and Adolescents in Hospitals'.

Expected results:

- For the Patients: more attention to their own rights and needs of empowerment;
- For the Staff: professional growth on the Health Promotion front, increasing motivational levels, cultural-operative confront with professionals of other Countries;
- For the Hospital Organisation: possibility of benchmarking and scientific co-operation with Hospitals in other Countries;
- For the HPH Network: deepening of the perspectives of actions in the infantile field, growth of the adhesions to the HPH Network, possibility of operative connections with other Networks.

Contact:
Fabrizio SIMONELLO
Responsible of the 'Health Promotion Programme'
'A. Meyer' University Children's Hospital - Florence, Italy
Via L. Giordano, 7/M
50132 Florence
ITALY
f.simonelli@meyer.it

Implementation of the convention on the rights of the child in the hospital

Stella TSITOURA, Katerina NESTORIDOU, Barbara METAXA, Hellen AGATHONOS

Introduction: In 1992 the Greek government ratified the U.N. Convention on the Rights of the Child. A decade later despite recommendations, guidelines and legislation, children's rights, particularly concerning the health care, remain complex and inconsistent. Aim of the present study. The evaluation of the way that paediatricians materialize on a day to day basis the U.N. Convention on the Rights of the Child.

Material and Methods: A specially designed questionnaire was answered by 186 doctors working in the two main Children's hospitals of Athens (48% males, 52% females). 80% of them declared that they weren't aware of the U.N. Convention on the Rights of the Child.

Results: Derived from the questionnaires, were responses reflecting on the following areas : Environment, 60% of the doctors think that the hospital is pleasant, safe and with sufficient guiding signs, whereas 79% characterize it as not comfortable. Hospital personnel, 81% of the doctors think that the personnel in children's care is well trained and 71% that it is sensitive enough in communicating with children, 91% want to further develop their skills with extra training and knowledge. Respect of the individuality and confidentiality of child, 55% think that the consultation rooms do not allow for confidential discussion and 44% think that the privacy of the child itself is not ensured during clinical examination. 42% think that the medical records are not kept in a way that ensures confidentiality. Respect of the minority rights: 78% think that the needs of children from ethnic, linguistic minorities are not taken into account. Participation of the child: 88,7% reported that they encourage the child to pr

Conclusions: Doctors agree that there are problems in hospital establishment, with regards to sensitivity and personnel training, in areas such as privacy and confidentiality of children and their rights in information and participation especially when they belong to minority groups.

Recommendation: The implementation of the U.N. Convention on the Rights on the Child in hospitals, offers new opportunities and challenges for increasing the development of rights - based, child centered practices.

Contact:
Stella TSITOURA
Director of Department of Social Medicine
Dept. of Social Medicine, "P. & A. Kyriakou" Children's Hospital
24 Messogeion Avenue
11527 Athens
GREECE
socmed@otenet.gr

Implementation of the European Association for Children in Hospital (EACH) Charter for Children in Hospital and Annotations

Majella ROBINSON, Kate BRICKLEY

The member associations of EACH adopted the Charter and Annotations in 2001. This has been in endorsed by the Department of Health and Children in Ireland and is being promoted through Children in Hospital Ireland (CHI), a nation-wide voluntary organisation promoting the welfare of sick children. The Regional HPH network in the Midland Health Board, Ireland agreed to adopt and implement the Charter and annotations in 2003.

A project team was established representing the paediatric units of the three sites of the Midland Regional Hospital. The team is made up of paediatric nurses, a paediatric consultant, the health promoting hospital co-ordinator, the CEO from Children in Hospital Ireland, members from the clinical audit team and the quality facilitator.

The implementation was broken into phases. Phase 1: Baseline Assessment Phase 2: Quality improvement Phase 3: Monitor and evaluate

Actions to date:
Phase 1: Baseline assessment tool written. The tool was piloted in one of the acute hospital sites, which involved self-assessment by relevant stakeholders including a parent. The amended tool will now be used in the other two hospital sites to complete a similar assessment. Results were graded using the Irish Health Services Accreditation Board´s grading system.

Phase 2: The stakeholders on the pilot site have drawn up an action plan for quality improvement in their work, based on the areas of most need identified through the self- assessment. An information leaflet is being revised for parents and children. A new consent policy will be implemented in 2004. Staff continue to write their policies and SOP´s in collaboration with the Quality Facilitator.

Phase 3: Actions will be monitored throughout 2004 and evaluated at the end of the year.

The measurement tool was forwarded to the Irish Health Service Accreditation Board to assess its suitability for incorporation into the Irish Standards, specifically for paediatric units. The work at regional level will be incorporated into health promotion, quality and accreditation activities already on-going in the Board.

Contact:
Majella ROBINSON
Midland Health Board
Clinical Audit and Research
William Street
Tullamore, Co.Offaly
IRELAND
majella.robinson@mhb.ie

Information needs – Parents/teachers perspective

Marian RYAN

This study was completed in 2001 as part of an extra mural diploma course in child and family health.

Aim: The study evaluates the information available to parents and teachers and children with Attention Deficit Hyperactivity Disorder/Hyperkinetic Disorder (ADHD/HKD) in the Laois/Offaly catchment area.

Objectives:
- Identify the sources of information used by parents and teachers.
- Elicit information on the areas perceived by parents and teachers to be most problematic.
- Examine the awareness of parents and teachers and management intervention.
- Recommend information for inclusion in an information pack in Laois/Offaly Child and Adolescent Psychiatry Department.

Methodology: A simple random sample method. 12 questionnaires issued to parents and teachers.

The parent questionnaire addressed:
1. General information.
2. Information about
    a. ADHD/HKD
    b. Interventions provided by the service.
3. Medication and comments.

The 12 teacher questionnaires addressed ADHD/HKD, medication and comments. The questionnaires were completed anonymously.

Conclusion:
The topics perceived as the most important to parents are:·
- School management guidelines for parents and teachers.
- Home management guidelines.
- Mutual support group.
- Prognosis.

Teachers identified the following:
- Lack of awareness of interventions provided by the Child and Adolescent Psychiatry Department in their school.
- The need for information about:
    1. Medication
    2. Education discussion group for teachers.

Recommendations:
- Expansion of existing ADHD/HKD information.
- A joint parent/teacher information evening.
- Further research.

Contact:
Marian RYAN
(via Patricia CARROLL)
Midland Health Board

Tullamore
Co Offaly
IRELAND
patricia.carroll@mhb.ie

Animal Assisted Activity: preliminary evaluation of the project at Meyer Children's Hospital

Simona CAPRILLI, Francesca MUGNAI, Lucia BENINI, Monica FRASSINETI

In 2002 at the Anna Meyer Children Hospital in Florence, a project to introduce pets in the different wards as a support for the hospitalised children, started.

The reason for which the project took shape was that the pets, according to the research of the last years, can be an important help in difficult situations. The aim of this survey is to study the environment results concerning the introduction of the pets at Anna Meyer Children Hospital, with the purpose to analyse what the reactions were of the parents, the medical staff and the hospitalised children.

We studied the following points:

- the participation of the children at the different meetings with the pets,
- the presence of the possible infections brought by the dogs, the level of well-being,
- the capability of interaction of the children and the satisfaction of both the parents and medical staff.

The instruments used are: the analysis of the hospital infections done by the Hospital Infections Committee (CIO), a discomfort scale, three behavioural scales, the analysis of the graphic productions, 2 self-filled questionnaires for the parents and the personnel.

The results show:

- the presence of infections didn't increase;
- the participation at the meetings with the pets in the wards has been about 32% over the expectations ;
- the meetings with the pets produced some beneficial effects on the child (a better perception of the environment , a good interaction);
- the parents are very favourable to the introduction of the pets in the hospital; the medical staff as well is favourable, even though there is the need of more information about the safeness of the dogs.

In conclusion the introduction of the pets in the pediatric wards of our hospital is possible considering the participation to the activities of the hospitalised patients, the satisfaction expressed by both the parents and medical staff and the absence of negative events.

Contact:
Simona CAPRILLI
Psicologa
AO. Meyer
Via L. Giordano 13
50132 Firenze
ITALY
s.caprilli@meyer.it

The Munster Rugby Team Visits the Children's Unit in the MWRH Limerick

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 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 it 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 England.

Contact:
Michael MAHONY
Paediatric Consultant
Mid Western Regional Hospital

Dooradoyle
Limerick
IRELAND
mmahony@mwhb.ie

"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 who can demonstrate intrusive procedures and conditions to children in a non-threatening way. Procedures, such as intravenous cannulation, blood specimens, catheterization, types of fractures, naso-gastric feeding, anatomy and physiology and tonsillectomy, to name a few.The use of invasive procedures are common place 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"

Objectives: To help reduce fear and anxiety for children requiring clinical procedures.·

- To educate parents/carers of the benefits of this educational tool.
- Through education reduce parents fear and anxiety by increasing knowledge.
- Educate children on aspects of their clinical care in a non-threatening environment.
- With the co-operation of nursing and medical management develop a policy to integrate this teaching aid into the daily nursing care.
- Agree with nursing management that all new staff will receive education and training in the benefits of "Benny Bear" and its effective use in the absence of play specialist.·

Communications can be enhanced by using "Benny bear"

Methodology: A pilot project set out to randomly select a sample of new admissions requiring intravenous cannulation and blood tests over a three month period. The assumption being that each new client´s interaction with "Benny Bear" would help reduce fear and anxiety and enable the child to cope with the emotional turmoil that these tests can create.

Evaluation: A questionnaire was designed and adapted to meet the age profile needs of the clients and their parents to determine if our objectives were met.· A tool was designed modelled on "Faces" pain rating scale (Whaley & Wong´s Nursing Care of Infants and Children, 1999)

The outcome of this initiative clearly indicates that "Benny Bear" is a useful tool in the Paediatric Unit

Contact:
Gillian MARTIN
(via Jacinta Mc AREE-MURPHY)
Cavan/Monaghan Hospitals Group
C/o Cavan General Hospital
Co. Cavan 04
IRELAND
jacintamcareemurphy@eircom.net

Poster-topic 6: Promoting the health of children and adolescents II: strategies for specific health problems

Proposed protocol for cases of problem parenting (drug abuse and/or psychiatric disorders)

Umberto NIZZOLI, Gabriela GILDONI, Roberto EUTICCHIO

We have developed a risk management project for the health professionals and services that manage "complex patients"; it is a cross-sectional (involving several community-based and in-patient services) and multidisciplinary work (involving separate functions requiring integration) aiming at assisting drug abusers or psychiatric individuals in parenting.

Overall goal: Aim of this project is to manage the complex interactions between the individual characteristics of vulnerability and resilience and help these individuals develop parenting skills to prevent the development of possible psychopathologies. It is in fact the parental role which has a key function in the development or limitation of such pathologies.

Having a personality with a Self that resists difficulties and adversities without excessively giving in to stress or anguish is something which "is transmitted" to children by building a sound base on which one can imagine, dream, depart and come back.

Specific goals: Our interventions in the case of difficult parenting aim at understanding the "mechanism" of risk and protection by, on the one hand, enhancing the positive traits of the parents´ and the childrens´ personality and, on the other, reducing the impact of the negative ones. It is suggested that 4 protective mechanisms are implemented in the interventions at any therapeutic or educational level:

1. reducing the impact of the risk by changing the nature of the risk factor or preventing the child from becoming exposed to it.

2. intervening on negative chain reactions, i.e. on the development of vicious circles which follow the exposure to the risk factor and make the risk effect last long.
3. preservation and maintenance of self-esteem and individual ability to do things independently in life: both aspects act both affectively and cognitively and both on the internal operating models and on self-perception.
4. development of life prospects.

Finally, the battery of tools specially developed for the various phases and requirements of the intervention is presented.

Main target group: Parents who are drug-abusers or suffer from psychiatric disorders.

Expected benefits: Prevent - by teaching some major parenting skills - any possible psychopathological outcome in children.

Involvement/Participation: Hospital and Community health professionals.

Contact:
Umberto NIZZOLI
Director of Mental Health Dept.
Mental health Program and Pathologic Abuses, Reggio Emilia Health authority
Via Amendola, 2
42100 Reggio Emilia
ITALY
umberto.nizzoli@ausl.re.it

Inquiry on SIDS awareness in the Region of Tuscany: a tool for better addressing educational intervention

Raffaele PIUMELLI, Rosa GINI, Ada MACCHIARINI, Paolo MORELLO MARCHESE

The Sudden Infant Death Syndrome (SIDS) represents the leading cause of infant mortality between one month and one year of age in developed countries. Reduce-the-risk campaigns (the so-called back-to-sleep campaigns) aimed at preventing prone sleeping, cigarette smoke exposure during and after the pregnancy, and overheating, are capable of producing a dramatic fall in the SIDS rate with a significant drop in infant mortality.

In June 2003 the Regional Health Administration, the Regional SIDS Centre, the Regional Health Agency, and the parents association, Seeds for SIDS, agreed to promote an awareness campaign in Tuscany.

The strategic plan is based on the following steps:
1. Organization of a consensus conference with the directors of the three Vast Health Areas of our Region, the referees of family paediatricians, and the referees of the nurses association;
2. Organization of meetings with selected family paediatricians, district health managers, paediatric and obstetric hospital staff;
3. Data collection of SIDS awareness before beginning the campaign;
4. Distribution of printed material (booklets and posters) and diffusion of a short educational documentary by the regional network
5. Data collection of SIDS awareness after the campaign.

Steps one and two have already been carried out and we are now collecting data from a questionnaire on SIDS-risk-related infant care practices that is being distributed between January 7 and February 28, 2004 to the parents of infants of about three months of age in 74 selected immunization centres, corresponding to ¼ of all regional centres. Parents adopting unsafe practices will be informed about the risk of SIDS soon after filling out the questionnaire which has also been translated in Chinese due to the growing numbers of this community in our region. The data obtained will be used for better defining our educational efforts.

Contact:
Raffaele PIUMELLI
Director
Regional SIDS Centre Meyer Children Hospital
via Pico della Mirandola 24
50132 Florence
ITALY
centrosids@meyer.it

Children´s home accidents

Geries ABDO

St. Vincent's Hospital in Nazareth – Israel, offers a wide range of health care to mother and child. The hospital is committed to excellence as a way of daily routine care.

One way of our contribution to the local community in terms of health promotion is trying to cope with a very serious problem: "Children's Home Accidents"

We do believe that each health professional in every setting must make his contribution for the wellbeing of his community. The physical, emotional suffering of the hospitalized children, victims of home accidents and their families in addition to losing work days and schooling, led us to act promptly to attack this problem knowing that it's exacerbating especially among Arab population.

National statistics indicate that between 450-500 cases/ day of children are getting to emergencies following a home accident, 170000 cases/ yr., 1 over 4 children has been once a victim of a home accident. The peak are children of 2 yrs. old. Our activity in this domain includes:

1. Group discussion and lecturing for families twice a week in the Pediatric dept.
2. Individual health educating sessions for parents whose child is hospitalized following home accident
3. Holding and participating in national conferences
4. Cooperating with agencies for child's safety
5. Reaching–out power point lectures for NGOs, women societies, preschool and kindergarten teachers.
6. Health education sessions for new mothers at our Maternity dept.

Our goal is to achieve a serious decline (20-30%) in the percentage of children victims of home accidents.

Contact:
Geries ABDO
Nursing Director
Saint Vincent Hospital – Nazareth
P.O.BOX 24, Nazareth
16102 Nazareth
ISRAEL
geries@st-vincent-hospital.com

HPH interregional project " Allergy at school": toward the realization of an educational web site for children

Alberto APPICCIAFUOCO, Mariangela MANFREDI, Paola MINALE, Giuseppe ERMINI

All over the world, the ongoing increase in allergic diseases is becoming a major health problem for health care costs and for impairment in patients'. Preventive programs could have great advantage by multidisciplinary cooperation. Allergy Units in St.Martino Hospital in Genoa and in St.Giovanni di Dio in Florence are going to develop a common action plan and to apply similar strategies to create an alliance among Hospital's allergists, health educators, paediatricians, teachers, associations, patients and their families.This project has been developed in the HPH Program as a cooperation between Tuscan and Ligurian Network. Emilia Romagna Region will be involved next year.

Aim of the project:

1) to create an educational program for adolescents about identifying, preventing, treating allergic diseases;
2) to enhance and strengthen the relationship between hospital and territory 3) to realize an educational web site.

Methods:
A cooperative educational protocol with conferences in class, leaflets and videos was developed. Our Hospitals opened the doors to students to show the activities concerning allergy, involving themselves in recognizing pollens and other allergens and in developing health attitudes. All the material employed in lessons and practical experiences is going also to be inserted in a web site(CEDEAS ASL 10 Florence and HPH web site) with interactive pages in order to help patients and their families to be actors of their owns health promotion plans.

Results: Schoolchildren showed a remarkable interest and produced a large amount of drawings and writings about allergy, employed for a public exhibition and for an educational book and a CD-ROM . All material is going to be included in the educational web site that is in progress. Our multidisciplinary program carried early at school age help teenagers to develop health self consciousness, improving allergic diseases prevention.

*A.Appicciafuoco, *M.Manfredi, P. Minale, *G.Ermini et al,
HPH ASL 10 Florence Co-ordinator
Allergy and Immunology Clinic and Laboratory Nuovo St Giovanni di Dio Hospital ASL 10 Florence Allergy Unit, Internal Medicine Department, St Martino Hospital, Genoa.

Contact:
Alberto APPICCIAFUOCO
Direzione Sanitaria
Azienda Sanitaria di Firenze Nuovo Ospedale S. Giovanni di Dio
Via di Torregalli 3
50143 Firenze
ITALY
alberto.appicciafuoco@asf.toscana.it

The importance of the collaboration of the Meyer Children's Hospital of Florence (Italy) and the 'Associazione Liberi dal Latice' (Latex - Free Association) to promote health in children with latex allergy (LA)

Roberto BERNARDINI, Paolo MORELLO MARCHESE, Roberto FEDELI, Alberto VIERUCCI

The Meyer Children's Hospital of Florence (MCHF) promotes all aspects of children's health, both within the hospital and to the public. One of these aspects regards latex allergy (LA), an important public health problem, with deaths reported by the FDA. In the US, an association call "The ALERT" provides help and support to LA sufferers. In Florence, Italy, the "Associazione Liberi dal Latice" (Latex-Free Association - LFA), located at the MCHF, has recently been created.

The MCHF and the LFA collaborate to promote health in LA sufferers by creating a latex-free environment and to providing them with extensive support.

A latex-free environment will be specifically created within the MCHF. Surgical procedures have already been performed at the hospital (e.g. a perioperative latex-free protocol has been created).

The goal of this project is that this protocol will give LA sufferers the knowledge and confidence that they can be treated in a public health structure that meets their needs.

A second aim is to extend the efforts of the project and the protocol to wider use in other hospitals and emergency units (e.g. ambulances).

Thirdly, the MCHF and LFA will undertake the following initiatives:

- promote an extensive public awareness campaign to provide information on LA;
- increase widespread use of non-latex products - especially where there is the presence of LA sufferers – so as to avoid any cross-contamination of latex proteins;
- allow LA sufferers to acquire self-administered adrenaline (e.g. Fastjekt) free of charge;
- create the possibility for LA sufferers to a enjoy a “normal” work environment that has met these specific requirements;
- confront the problems connected to the use of latex condoms and the relative possible effects on the psychological, hygienic and social levels, with special emphasis on adolescence.

Contact:
Roberto BERNARDINI
'A. Meyer' University Children's Hospital - Florence, Italy
Pediatric Allergy and Pulmonology Center
Via L. Giordano, 7/M
50132 Firenze
ITALY
r.bernardini@meyer.it

Development of advanced types of medical care in a children’s multifield hospital and their influence on health indices among children

E.V. KARPUKHIN (RU), L.M. ABILMAGZHANOVA (RU), L.A. DORONINA (RU), S.A. VALIULLINA (RU)

During recent years in the Republic of Tatarstan (Russian Federation) there has been deterioration in children’s health quality indices. For the period of 1998-2003 a number of practically healthy newborns was halved – from 10,8% to 5%. The level of morbidity among children under one and on the whole under 14 increased 11% and 16 % accordingly. There is a great increase in the number of cardio-vascular system morbidity 1,5 times more, encdocrine and musculoskeletal systems 1,7 times more and urogenital system 30%. Indices of childhood disability (from birth to 15 years old) have been stably high – 175,0 and 177,9 among 10.000 of population accordingly. Indices of infant mortality have been very high until 1996 (17 – 19 among 1000 of population). Among the causes for infant mortality congenital malformations and perinatal pathology take the first place.
To use healthcare resources in an optimal way a strategy of developing advanced types of medical care which are rendered in the Republican Clinical Children’s Hospital was elaborated in the Republic of Tatarstan considering the experience of developed countries. The main principles of the strategy are: top concentration of specialized services within the framework of one multified hospital, technique and multishift functioning of diagnostic services; introduction of modern diagnostic and treatment protocols; creation of patients’ register and catamensis monitoring; development of medical care stages algorithm; compulsory annual examination of children (patients with serious chronic pathology) in a consulting out-patient clinic; organizational and methodical work with the regions of the Republic; postgraduate training of physicians from regions and towns at extension courses. One of the key directions is development of services influencing children’s health indices in the Republic, i.e. neurosurgery, cardiosurgery and others.
Since 1996 a cardiosurgery in early age department has been in function on the basis of the Republican Clinical Children’s Hospital. For the period from 1997 to 2003 the number of open-heart operations increased from 35 to 160 including children under one - from 20 to 68, newborns - from 6 to 18. Noninvasive methods such as angioplasty in cases of valvular aortic stenosis, pulmonary artery and different kinds of embolization have been introduced. Algorithms of diagnostics, correction period and principles of rehabilitation among children with congenital heart pathologies at all stages, starting from maternity hospital have been developed.
Development of cardiosurgery service allowed achieving reduction of total lethality in the department from 10,9 to 5,5%, lethality among children of the first year of life by 47,2%, among newborns lethality has become practically 2 times less. But the main result of the activity is reduction of the level of infant mortality from heart disease by 40 % . It reduced from 2,7 to 1,3 among 1000 of children. The number of handicapped children with heart diseases reduced by 22,7% - from 869 to 672.
Since 1995 a neurosurgery department has been in function in the Republican Clinical Children’s Hospitals. During the eight year period bypass operations in cases of hydrocephaly, including congenital ones, have been introduced, microsurgical operations on brain vessels in cases of brain and spinal cord growths have been developed. The number of advanced operations increased from 98 to 163 annually. As a result since 1998 a distinct tendency of reduction in the level of childhood disability caused by congenital anomalies of nervous system has been observed – from 6,3 to 3,4 among 10000 of children.
Thus, the strategy of developing advanced types of medical care on the basis of a large multifield hospital has proved high medical and social efficiency.

Contact:
Republican Clinical Children’s Hospital, Kazan,
Republic of Tatarstan

Poster-topic 7: Promoting the health of mothers, parents, babies I

Implementation of UNICEF Baby Friendly Hospital Initiative in Obstetric and Newborns Departments of Kaunas 2nd clinical hospital

Rita BANEVICIENE, Rasa TAMELIENE, Jurate ZEBRAUSKIENE, Giedra LEVINIENE

Health workers serving in health care facilities should make every effort to protect, promote and support breast-feeding and to provide expectant and new mothers with objective and consistent advice in this regard.

Aim: To implement ten steps to successful breastfeeding in Obstetric and Newborns departments of Kaunas 2nd clinical hospital.

Results: The Committee responsible for implementation of Baby friendly hospital initiative was established. The committee have developed breastfeeding policy guidelines covering care for expectant, new mothers and newborn infants, and relevant information, education and training. All health care staff are aware of the importance and advantages of breastfeeding and acquainted with the breastfeeding policy and services to protect, promote and support breastfeeding. Staff of Obstetric and Newborns departments have received basic and in-service training on the health benefits of breastfeeding and on lactation management. Health workers counsel women on breastfeeding in light of knowledge of both the individual and her social environment. Educational and instructional material is prepared and adapted to ensure, that every mother is fully informed of the health and nutritional benefits of breastfeeding and techniques to ensure its successful initiation and establishment. Motherhood courses for pregnant women are organized every week. Special attention is paid in providing a supportive environment and making mothers physically and emotionally comfortable during labour and delivery. Close contact between mother and infant is facilitated immediately following birth. Rooming-in system have replaced the practice of keeping mothers and children in separate rooms and mothers are encouraged to feed their infants on demand. Exclusive breastfeeding is promoted and infants are not provided with any other food or drink unless medically indicated. By the time of their discharge from the hospital mothers are informed of the existence of social support groups to help them with breastfeeding.

Conclusions: Baby friendly hospital initiative is successfully implemented in Obstetric and Newborns departments of Kaunas 2nd clinical hospital.

Contact:
Rita BANEVICIENE
Kaunas 2nd clinical hospital
Josvainiu 2
47144 Kaunas
LITHUANIA
2kkl@medi.lt

Method of a comprehensive medical and organizational study of the state of health among children of the first year of life and implementation of principals of the WHO/UNISEF Initiative "Baby friendly hospital"

Izolda SHEREPANOVA

The Department of Management and Sociology in Healthcare of the Russian State Medical University developed a method of comprehensive study of the state of health among children of the first year of life within the framework of the programme-initiative "Baby friendly hospital". This method was implemented in the Republic of Kalmykia on the programme of comprehensive multistage study, retrospective analysis and statistical observation. The result of it was development of organizational and methodical guidelines and the scheme of implementing the principles of "Baby friendly hospital" at all stages of providing medical care to mothers and children.

Contact:
Izolda SHEREPANOVA
Head of the teaching department
City Clinical Hospital No. 31, Department of Management and Sociology of the Advanced Training Faculty of Russian State Medical University
Lobachevskogo Str., 42
119415 Moscow
RUSSIAN FEDERATION
NMO1@inbox.ru

State of health of children of the 1st year of life and results of implementing the programme "Baby friendly hospital"

Izolda SHEREPANOVA, Lyudmila DAKINOVA

Policy of preservation, support and promotion of breast feeding in our country is reflected in a federal task programme "Children of Russia", official reports "On population's state of health in the Russian Federation" and "On children's status in the Russian Federation" and in official records of the Ministry of Health of the Russian Federation.

3 groups consisting of 50 one year old children each with different type of feeding were chosen to carry out a study. Average weight of the new born children from group 1 was 3510,0 gr. and it was 96 gr. more than the weight of the children from group 2 and 421,4 gr. more than that of the children from group 3. Height of the new born children from group 1 was 51,9 cm. and it was 0,1 cm. more than the height of the children from group 2 and 1,9 cm. more than that of the children from group 3. Group 1 consisted of 50 children who were breast-fed no less than 12 months and were breast-fed only no less than 6 months (they

didn't receive any other food or drink except breast milk). Group 2 consisted of 50 children who were breast-fed no less than 12 months but received additional food and drink parallel with breast milk during the first 6 months of life. Groups 3 consisted of 22 children who were on artificial feeding from birth or were breast-fed no more than 1 month. Average duration of breast-feeding in group 1 was 13,2 months, in group 2 it was 12,3 months and in group 3 – 0,6 months. Average duration of additional food in the first 6 months among children from group 2 was 4,2 months. Children from group 1 during the period of the first 6 months put on weight monthly on average 850,0 gr., in group 2 – 847,8 gr., in group 3 – 762,9 gr. During the second six months children from group 1 put on weight monthly on average 322,0 gr., in group 2 – 351,0 gr., in group 3 – 442,0 gr. Sickness rate among the children of the first year of life is different depending on the type of feeding. Sickness rate is higher in group 3 and it exceed the same index in group 2 by 48,5% and in group 1 by 89,9%. Health index was higher in group 1 – 20%, in group 2 it was 6% and in group 3 – 4,5%. Sickness rate among the children during the first 6 months of life was also higher in group 3 and it exceeded the same index in group 2 by 1,4 times and in group 1 by 2 times. The study analysed the following indices: average period of giving additional food; average monthly growth; growth; body weight; psychomotor development, sickness rate according to classes. The results of the study show that breast-feeding during the first 6 months result in considerable reduction of morbidity among 1 year-old children and in cost-effectiveness both for families and for society and state in general.

Contact:
Izolda SHEREPANOVA
Head of the teaching department
City Clinical Hospital No. 31, Department of Management and Sociology of the Advanced Training Faculty of Russian State Medical University
Lobachevskogo Str., 42
119415 Moscow
RUSSIAN FEDERATION
NMO1@inbox.ru

Pilot Project-Promoting Breast Feeding at the antenatal clinic 2002-2003

Mary CUSACK, Maria GIBBONS

Background: The assessment for the BFHI renewal of certificate of commitment took place in 2002. This assessment highlighted the fact that mothers were not receiving adequate information antenatally regarding Breast feeding. It was decided to allocate a dedicated midwife to the antenatal clinic for a pilot phase of one year to provide 1:1 information to mothers> 30 weeks gestation. Research has shown that this is the optimum time to give this information.

Aim: To promote breast feeding at the antenatal clinic.

Objectives:
- Provide a dedicated midwife with responsibility for 1:1 information sessions on breast feeding to mothers> 30 weeks gestation.
- Use of the infant feeding checklist as a tool to guide discussion

Methodology:
- Mothers were identified by the dedicated midwife at each clinic and 1:1 contact achieved
- Educational videos to be shown in the waiting area
- Mothers were encouraged to attend antenatal education classes
- Following discussion with mothers charts were identified with a green sticker and infant feeding check list signed

Results:
- Breast feeding rates were compared for 2001-2002 and 2002-2003 for Peurperal Day 2 mothers.
- Breast feeding initiation depicted an increase of 20%.

Contact:
Mary CUSACK
(via Maria Gibbons)
Mid-Western Regional Maternity Hospital
Ennis Road
Limerick
IRELAND
mgibbons@mwhb.ie

Practical breast-feeding skills workshop for mothers in the last trimester of pregnancy

Margaret O´LEARY, Maria GIBBONS

Aim: To provide mothers with the knowledge and skills necessary to breastfeed with confidence.

Objectives:
- A practical skills workshop for expectant mothers in the last trimester of pregnancy facilitated by Clinical Specialist in Lactation.
- Workshop promoted in G.P. waiting areas, consultant´s private rooms, hospital antenatal clinic and health centres.
- Focus specifically on breast-feeding in small group setting of women only.
- Encourage interaction between participants and sharing of concerns/experiences.

Methodology: The workshop was launched October 2nd 2003 to coincide with National breastfeeding week. Posters were designed to advertise and promote the workshop. These posters are displayed in waiting areas within the hospital, G.P. and

consultant waiting rooms and Health centres.It is expected that the workshops due to smaller group size and specific focus on breast-feeding will be more effective in increasing mothers confidence than the antenatal class setting.

Evaluation: It is planned that mothers will be contacted postnatally to determine duration of breast-feeding and what effect the workshops had on breast-feeding experience.

Contact:
Margaret O´LEARY
(via Maria Gibbons)
Mid-Western Regional Maternity Hospital
Ennis Road
Limerick
IRELAND
mgibbons@mwhb.ie

Promoting Smoking Cessation in Pregnant Women

Victoria OLADIMEJI

This paper seeks to explore ways of encouraging pregnant women to take greater responsibility for protecting their unborn babies.

Smoking remains one of the potentially preventable factors associated with maternal, foetal and infant mortality and morbidity (HEA, 1994). According to the Health of the Nation England 24% of women smoke during pregnancy and only 33% of these give up during pregnancy. The Health of the Nation set target relating to smoking in pregnancy. The target was to reduce smoking during pregnancy to 15% by the year 2010, which would mean 55,000 fewer women in England who smoke during pregnancy. The saving lives document (DOH 1999) also set new targets for smoking in pregnancy.

Problems with smoking during pregnancy are largely and closely linked to health inequalities. Women with partners in Social Class! V and V i.e. manual labour group are more likely to smoke during pregnancy than those in non-manual groups (DOH 1999). The Saving Lives document sets proposal to promote Healthier living and save lives by reducing inequalities in health. The proposal requires action by ALL including Individuals, the Local Authorities/Communities, and the government. The Acheson report (DOH 1998) recommended a reduction in poverty in women of childbearing age, expectant mothers as well as general improvements in the living standards of these people through increased benefits and entitlement.

Implementation of these recommendations will go a long way in reducing stress and smoking habits during pregnancy.

The desire to stop smoking is one of the most Important factors for successful cessation. Some effective evidence-based approaches for helping pregnant women quit or cut down on smoking will be discussed.

Contact:
Victoria OLADIMEJI
Lecturer
City University, ST Bartholome School of Nursing and Midwifery
Alexandra Building, Philpot Street, White Chapel,
London E1 2EA
eNGLAND
V.I.Oladimeji@city.ac.uk

Poster-topic 8: Promoting the health of mothers, parents, babies II

Humanisation of care of newborns - MBFHI, Late -rooming in

Jan PAŠKAN

WHO and UNICEF implemented the Baby-Friendly Hospital Initiative (BFHI) in hospital maternity awards to improve infant optimal feeding and support the relationship between mother and her offspring. Today's activity is called Mother Baby-Friendly Hospital Initiative (MBFHI) because also mothers have the right to be with their infants.

In November 2002 the St.Cyril and Method Faculty Hospital achieved Baby –Friendly status. Prenatal lectures for future parents, presence of a close companion throughout labor and delivery, direct mother and her newborn skin-to skin contact and rooming-in system when the infant is placed with the mother bed-side all day long. There are in this hospital about 1 100 deliveries per year , 99% of newborns are exclusively breast fed.

As also high risk and preterm newborns have the same rights as healthy infants, the nurses and physicians in the neonatal intensive care unit and the department for sick neonates implemented techniques which encourages bonding and interaction between parents and small infants who would otherwise be for long time separated of their family. It is a method of skin-to-skin contact to promote parent/infant bonding (Kangaroo care) and late rooming- in providing bed for mother in the department of sick newborns close to incubator or bed of their infant. The staff comes into the rooms whenever requested.

In the department for sick neonates there are 16 beds for newborns and 4-6 beds for their mothers. 70% of infants are treated in the late rooming –in system. That helps in promoting breast feeding. Newborns who are treated in late rooming-in department gained weight much faster and are more calm. Also their parents are more involved in practicing taking care of their infant. They are trained also in resuscitation and special developmental care.

Authors: Paskan J., Chovancova D., Divinec L., Pejhovská L.

Contact:
Jan PAŠKAN
Director of hospital
St. Cyril an Method University Hospital
Antolská 11
85107 Bratislava
SLOVAK REPUBLIC

The Family School in the Rapla County Hospital

Mari PÖLD

Rapla County Hospital is situated in Central Estonia and offers medical services to 40 000 inhabitans.

The purpose: the strengthening of a young family, raising health consciousness of parents and therefore bettering the health of children.
The Family School has been in action by the hospital 5 years.The school is directed by a midwife. Trainings are taking place once a week 1,5 hours - theoretic and practical parts alternately. There are 15 - 20 persons in a training group.
The Family School is planned both for mothers and fathers. Topics of the theoretic trainings are:

- The Pregnancy, its Diagnostics. The Development of the Pregnancy. The Ways of Life of the pregnant. Food Regimen. Observing of the Pregnant, Investigations. The Supporting Role of the Future Father.
- The Development of the Embryo. What`s proceeding inside of You? The Alterations there in the Organism of the Pregnant.Malaises and Softening them. Physical Activity, Customs. Relations by Pregnancy.
- Preparing for Delivery. How does Delivery begin? Father`s Role by the Delivery.
- Family Delivery. The Environment of the delivery. What does it happen with you in the time of the Delivery? Active Delivery.
- The Period after the Delivery. What does it happen in your body? First Days in the Maternity Home. Breast Milk.Food and Drink of the Suckling. Feeding.
- At Home with a Baby. The Day of the Suckling. The Healthy Ways of Life for the Whole Family.Obtaining Food. The Supporting Role of the Father. Practical trainings for pregnant persons are gymnastics, body trainings for preparing the body for delivery,ways of taking care of the suckling and so on.

As result of the Family School trainings the helping role of fathers has increased both by childbirth and taking care for the child. the number of family childbirths has grown for 5 last years two times.

It is nice to feel as the truth that more men have participated in Family School with their wives actively.

Contact:
Mari PÖLD
Doctor
Rapla County Hospital
Alu tee 1
79 515 Rapla
ESTONIA
mari.pold@mail.ee

Creating "Breastfeeding Friendly" Health Centres communicating results of an audit

Virginia PYE

Aim of Project: To audit all Health Centres in Longford/Westmeath.

Objective: To ensure all Health Centres are in compliance with actions outlined in Midland Health Board Breastfeeding Policy and Action Plan 2002-2005.

Standards:
1. Breastfeeding Posters produced by the Health Board will be on display in all Health Centres.
2. All Health Board Centres will have information available on Regional Supports available to women. No commercial information will be used.

Method: A simple A 4 checklist devised. Forms sent by post to each PHN with a cover letter and an SAE. Audit carried out between the months of March and May 2003. All 22 health centres in Longford/Westmeath were audited. All audit forms returned completed. In the Mullingar sector the audit was carried out by an external PHN (audit by peers). In Athlone and Longford sector the health centre PHN completed the audit.

Actions following audit: Asst Director of PHN (auditor) will provide a copy of audit report for all participating health centres, line managers and implementation and steering committee of the breastfeeding policy group.

- Staff will be advised where to source appropriate posters and leaflets.
- Health promotion department have the leaflets available, individual health centres can order as required.
- Staff to be advised to remove any remaining commercial literature, posters and other commercial freebies.
- Funding to be sourced to supply remaining health centres with La Leche questions and answers book.
- As a result of the audit all parents will have the opportunity to receive accurate, evidence based information in the form of MHB health promotion literature.

Conclusions: Overall the majority of the health centres were in compliance and had removed commercial literature and ensured there was appropriate posters and leaflets available.

The objective of the study was to ensure that all health centres complied with MHB policy. There is still some work to be done in this regard. Follow Up It is recommended that a further audit is carried out within 12 months. The same audit tool and methodology to be employed. It is advisable however that the audit is carried out by an external PHN in all sectors.

Contact:
Virginia PYE
(via Kate Brickley)
Midland Health Board
Tullamore
Co Offaly
IRELAND
Kate.Brickley@mhb.ie

Improving Breastfeeding Rates in the Midland Health Board Region: A Strategic Partnership Approach

Geri QUINN, Corina GLENNON

Aim: To communicate, implement, monitor and evaluate the Midland Health Board's Breastfeeding Policy and Action Plan within the Midlands Region- A strategic approach.

Objectives: To establish regional structures to support the implementation/communication of MHB Policy & Action-Plan. To assess current service provision and set targets for implementation in a phased approach through regional/local service planning To evaluate/monitor implementation.

Methods:

- A Steering Group was established to direct Policy /Action Planning·
- Key Stakeholders
- Primary Care, Acute Hospital Care, Community Care and the Voluntary Sector were identified.
- Two Local Implementation Groups were established.
- Sub groups were established to support the development of specific projects, e.g.
  - Audit / review/resourcing of Breastfeeding Training & Education Programme.
  - Breastfeeding Policies, Procedures and Guidelines development (Standard Operating Procedures format).
  - Antenatal Classes- Services Development.
  - Infant Nutrition
  - Promotion of Infant Formulae.
  - Developing the role of Breastfeeding/Resource Midwife.

Results:

- An Audit of Breastfeeding rates was conducted to establish baseline data in 2001.
- A review of the performance of the Steering Committee was conducted in 2002, which resulted in more defined roles.
- Breastfeeding Resource Midwives have been put in place in the two maternity units.
- Budget allocated to develop/support the Training & Education Programme·
- Funding allocated to Breastfeeding Support Voluntary Groups·
- Formula companies were instructed on appropriate contact with hospitals·
- MHB materials replaced commercial types·
- Promotional Materials produced in partnership with DOH&C·
- The 18hr course and update programmes have been reviewed.
- An education programme for staff around bottle feeding replaced commercial ones.

Conclusion: This integrated approach facilitates better Communications and working relationships between Primary Care, Hospital, Community Care and Voluntary Services

Contact:
Geri QUINN
(via Kate Brickley)
Midland Health Board
Tullamore
Co Offaly
IRELAND
Kate.Brickley@mhb.ie

Nurse, newborn, mother- attitude to the education of nursing

Dalia STONIENE

Goals: To analyse the attitude of the newborns nurses to

- Mothers who take care of sick newborns
- Nursing education

Methods: Anonymous questionnaires filled by nurses.

Results: If you want to take care of sick newborn you have to keep strong relations with his/her parents (especially mothers). Nurse has to understand the need of newborn from his/her movements, skin colours, cries and reflexes. Results of the research showed that more than a half of nurses began their studies in nursing accidentally: 25.5% because they did not have any other choices, 25.5% because they did not care about future carrier, 11% could not find the reason. Only 37.3% of nurses knew that they want to work in nursing by heart. Almost two thirds of nurses, who have 6-10 years of working experience, became nurses of newborns accidentally. One of ten (10%) nurses pointed negative answer to the question: do we have to involve mothers of sick newborns in nursing? In my opinion these negative answers were pointed, because it is not only about taking care of newborns, but also about educating mothers how to nurse. Consequently we have the potential of nurses that are willing to educate mothers in nursing (90%) and we need to use it rationally.

By involving mothers in nursing we not only give them positive emotions, but also shorten the period of their staying in stationary hospital (this is very important from economical point of view). Mothers evaluate their knowledge about nursing fair-to- middle. Unfortunately nurses evaluated mothers' knowledge about nursing more critically: only 21.6% of nurses evaluated it fair-to-middle. Two thirds (66.7%) pointed, that mothers know just a little about nursing. One tenth (11.8%) of nurses think, that mothers do not know about nursing at all. Almost half of the respondents (49.0%) think that mothers are interested enough in nursing, 17.6%- that mothers are interested a little, 7.8%- that mothers are not interested at all. According to the nurses opinion that mothers do not have enough knowledge about nursing, all of them agreed that we need to educate mothers in nursing of newborn. More than two thirds (76.5%) of respondents think, that nursing education is included in their daily responsibilities, 19.6% could not tell anything about it, 3.9% think that they do not need to educate mothers about nursing. Only 51.0% of nurses have enough time to educate mothers, 47.1% pointed that they are in lack of time. More than a half (51.0%) of nurses feel that they are partially independent about choosing the nursing methods, only 3.9% of nurses feel totally independent in it. The results of the research show that 42.1% of respondents think that individual conversations between nurse and mother are the best way to give them education in nursing., 18.6%- think that individual conversation about nursing should be between the doctor and mother, 25.5% suggested to hold short lectures and trainings about nursing. In my opinion we can increase the quality of nursing and parents trust, satisfaction by increasing the image of the nurses, giving them more independence in nursing the newborn, putting hours spent in educating mothers to the certifications.

Contact:
Dalia STONIENE
Kaunas Clinics of Medical University
Department of Neonatology
Eiveniu 2
LT3005 Kaunas
LITHUANIA
stoniene@takas.lt

Developing a new Maternity Chart / Record

Mary TEVLIN, Eileen RONAN, Maria GIBBONS

Aim: To have a concise, modern, user-friendly maternal chart.

Objectives: Analysis of existing chart and charts from other units.

Multi-disciplinary approach

Continuity of midwifery/obs. entries in chart

Methodology: Through Clinical Risk programme, Sub-group set up

9 meetings and 5 audits of chart

What we learnt: Value of multidisc. Approach, Commitment of core menbers, Regular meetings, Involvemnet of key stakeholders

Contact:
Mary TEVLIN
(via Maria Gibbons)
Mid-Western Regional Maternity Hospital
Midwifery
Ennis Road
Limerick
IRELAND
mgibbons@mwhb.ie

Poster-topic 9: Health promotion for the elderly

Estonian model in the elderly care

Helle MAELTSEMEES, Tiiu HÄRM

When Estonia regained his independence in 1991, we inherited from the Soviet Union a health care network characterised with an excessive number of hospitals: 120 in a territory with a population of 1,5 million people (in total more than 18 000 hospital beds).

Radical reorganisation of the Estonian health care system began in 1992. A priority was the reorganisation of the primary health care system in order to ensure a well–accessible medical aid to the people in their region.

During the last ten years the number of beds per 100 000 people decreased 30 % (from 972 to 673). Specialised medical care is now concentrated in major hospitals largely due to closing down the small ones. Many of the small hospitals are also converted into long-term care hospitals. There was practical tendency to send the old persons into hospital for a long time without analysing their proper needs.

The main attention was on the medical service and the health status of the old patient, but unfortunately the medical diagnoses do not always describe the actual health status of the old patients. Therefore the terms impairment, disability and handicap have been introduced in the elderly. Maybe the most important problem for our elderly people is lack of autonomy and social isolation (as expressed in loneliness) feelings of being useless and depressive moods. Bringing into spotlight the lifestyle of the elderly people, we are moving away from the medical model towards a psychosocial model, a holistic model.

Estonian population is aging extremely quickly. For example in the capital of Estonia – Tallinn, the % of elderly people (older than 65 years) is 16,7%.

At the moment the purpose of our health policy is to retain the old persons independent as long as possible, in their own environment.

According to the last health care (and elderly care) development plan for 2004-2015 in Estonia, there is planned not only reduce the number of acute treatment beds and substantially increase the active long-term care beds, (in Tallinn from 310 to 700) but also to develop a toolkit for the management and performance evaluation of health and social care services for elderly people. To open more institutions and social services for chronically ill persons and for the frail elderly people according to their actual needs (day care centres, home care services, basic nursing care and home nursing, post active care departments, adaptation of comprehensive geriatric assessment instruments etc.)

Contact:
Helle MAELTSEMEES
East-Tallinn Central Hospital
Head of Clinic of med. Rehabilitation and Long-term Care
Ravi 18 /Energia 8
11 316 Tallinn
ESTONIA
helle.maeltsemees@itk.ee

Reducing the risk of falls in older people

Moira SUGDEN, Kostakis CHRISTODOULOU, Penny BUTLER

Winner of Communicating Health Care and London Modernisation Awards

Why are falls priority?
In England and Wales 1500 people aged 65 years and over die each year as a result of a fall in the home. This is equivalent to an older person dying every five hours as a result of a fall in the home. 67% of falls are however non-fatal and an estimated £160 million pounds is spent annually on hip fractures by the National Health Service. Hip fractures account for 20% of all orthopaedic beds and are the most common injury caused by a fall. About 50% of older people discharged from hospital after a fall show an increase in dependency.

Action to reduce the risks of falls
In a bold and imaginative move, Barnet and Chase Farm Hospitals NHS Trust, Enfield Primary Care Trust, London Borough of Enfield and Age Concern have taken action to reduce the risks of falls and injuries requiring hospital admission in older people.

Effective falls prevention interventions
Evidence based interventions were undertaken in the following areas:

- Medicine reviews
- Physical activity classes
- Repairs in the Home
- Hip protectors
- Environmental risk assessment in the hospital
- Community home safety audit
- Foot Health assessments
- Theatre plays
- ”Mind How you go” scheme

Falls prevention outcomes
The following outcomes have been achieved:

- Exercise classes: Over 90% of participants were able to get off the floor independently by the end of the programme.
- Handyperson: Smoke alarms and grab rails fitted, 400 practical tasks
- Mind How You Go: 450 home assessments
- Medicine Management: 843 medical reviews, Pilot medicine project
- Hip protectors: Older people fitted with hip protectors

Over 2000 older people have taken part.

Contact:
Moira SUGDEN
Barnet and Chase Farm Hospitals NHS Trust
Nurse Consultant
The Ridgeway
Enfield EN2 8JL
ENGLAND
m.sugden@mdx.ac.uk

Poster-topic 10: Improving health promotion by developing integrated / continuous care I

A Hospital-Community Care Link: A rehabilitation Program for Rheumatic Patients

Alberto APPICCIAFUOCO, Alessandra MATUCCI, Vincenza FUSARI, Simonetta DURETTO

The N.S.G.D. hospital Rheumatology Unit has elaborated, as part of the HPH project, a comprehensive package of health related activities aimed at rheumatic patients. Its goal is the improvement in the patients' capacity to perform all activities of daily living.

The health establishment in Italy still tends to over-emphasise the importance of the pharmacological treatment of rheumatic diseases and disregards the relevance of rehabilitation in this context. The latter is, on the contrary, extremely important, as it complements the effects of drug therapy and helps patients overcome their disabilities.

A rehabilitation program involves:

- Physiotherapy: mobilisation, muscle strengthening exercises, back-up physiotherapy treatment, postural education, relaxation sessions.
- Occupational therapy: joint economy evaluation, consequent modifications in joint use and use of aids to overcome handicaps.

Basic requirements: Physiotherapists and occupational therapists specifically trained to deal with rheumatic patients.

Target: Patients –Community – Operators

The rheumatology trained physiotherapist assesses the patient in the Unit, elaborates a rehabilitation programme and evaluates the initial patient response. The patient is then referred to a peripheral rehabilitation centre specialised in the treatment of rheumatic patients.

After evaluation by the Unit occupational therapist, the patient enters a joint economy programme and receives information on the optimal use of aids.

Conclusions: This project is currently under way. Its importance is underlined by the results of the census carried out by the HPH and A.T.Ma.R groups which has clearly shown that there are still very few centres or therapists dedicated to the treatment of rheumatic patients. The Local Health Authority had arrived at this very same conclusion. As a result, the Regional Health Authority is currently promoting a refresher course for physiotherapists on "Rehabilitation in rheumatic diseases". This event marks an important first step in breaking away from the "silence" surrounding the treatment of rheumatic diseases.

Working Group: G. Randelli, G. Marin, S. Duretto, M. Davenia, L. Baccetti

Contact:
Alberto APPICCIAFUOCO
Direzione Sanitaria
Azienda Sanitaria di Firenze Nuovo Ospedale S. Giovanni di Dio
Via di Torregalli 3
50143 Firenze
ITALY
alberto.appicciafuoco@asf.toscana.it

Blood donor reception and care in the Nuovo San Giovanni Di Dio Hospital Immunoematology and Transfusional Medicine Service

Alberto APPICCIAFUOCO, Silvana Aristodemo, Maria Loredana IORNO, Franco VOCIONI

Azienda Sanitaria di Firenze has been taking part in the HPH network since 2002. A Sub Group supporting HPH policy in "Blood Donor Reception and Care" was created within NSGD Hospital, Immunoematology and Transfusional Medicine Service (ITMS).

Objectives:

1. To develop a shared knowledge about HPH aims among ITMS staff;
2. To qualify blood donors reception, comfort and care to increase their satisfaction;
3. To improve blood donors health and so ensure a regular, periodical blood donation;
4. To spread HPH aims and results among florence area Citizens and General Practitioners;

Methods: All the objectives have been shared by the sub group members.

Results:
1. ITMS staff training in HPH project has been completed up to the first degree;
2. ITMS working organization has been reorganized in to make blood donation more comfortable and easier (prolonged opening time and specific ITMS staff involved with new blood donors reception and care)
3. Communication and information about blood donations has been improved by:
    a. printed leaflets about blood donation
    b. poster about blood donation steps and precedures in ITMS
    c. blood tests results delivery by priority mail to donor's house
4. Creation of a specific "blood donor clinical report"

Conclusions: As the HPH project achieved successful results in 2003, the group has scheduled the following objectives in 2004:
1. Completion of HPH training according to the following procedure:
    a. Training of ITMS "HPH trainers' staff"
    b. Training of ITMS operators by "HPH trainers' staff"
2. Health promotion meetings held by ITMS staff for blood donors

Contact:
Alberto APPICCIAFUOCO
Direzione Sanitaria
Azienda Sanitaria di Firenze Nuovo Ospedale S. Giovanni di Dio
Via di Torregalli 3
50143 Firenze
ITALY
alberto.appicciafuoco@asf.toscana.it

Developing preventive health programmes for the chronically ill

Jorien C.H. BAKX, Ant VAN BURG

Introduction: Unhealthy lifestyles are causing the Dutch health situation to drop to the middle range by European standards. We see an increase of people with diabetes, cardiovascular diseases (CVA) and Chronic Obstructive Pulmonary Disease (COPD). It not only costs society a lot of money, but also means an unnecessary decrease in the quality of life.

Improving continuity of prevention and care through regional alliances. People with chronic diseases will benefit (improved health and quality of life) from coordinated, evidence-based prevention and care through the entire healthcare chain.

The NIGZ, the National Association for Homecare (LVT) and the regional homecare institutions Thuiszorg Den Haag, Stichting De Thuiszorg Icare en Thuiszorg Groningen have taken the initiative to start a project running from 2003 to 2005 in which regional programmes on diabetes, COPD and CVA are being developed, implemented and evaluated. Local health care providers such as hospitals, general practitioners (GP's), homecare institutions and patient groups are working together in regional project teams in developing these programmes. The NIGZ is responsible for the coaching of the regional project leaders, designing and planning the evaluation, and describing the working method. De project is funded by the Public Health Fund and LSBK.

The hospital as a partner: In the acute phase of illness, hospitals play an important role in the treatment of patients. Once people with chronic diseases return home, GP's, homecare institutions and patient groups play an important role in enabling them to overcome barriers in daily life. In the area of The Hague, the projectteam decided upon an interdisciplinary approach on helping people with COPD to stop smoking. Trained nurses from several hospitals and home care institutions offer patients with COPD personal guidance on smoking cessation. The Homecare Institution The Hague provides additional group sessions to prevent relapse.

In the area of Groningen the project team has decided on several interventions including a physical fitness programme, individual counselling on self management by community nurses/diabetes nurses, training courses on healthy eating, prevention of overweight etcetera. In collaboration with two hospitals in de region, the Homecare Institution Groningen is exploring the possibilities of an aftercare programme.

Stichting DeThuiszorg Icare is participating in 6 projects in which the redesigning of the healthcare process for patients with CVA is the central focus. It is their aim to integrate preventive interventions in the healthcare process.

Tips:
Although the project is still in an early stage, certain aspects requiring attention have already been identified:
- Regional project leaders should reserve enough time and support (also within their own organisation) for the development of the programme.
- Commitment (time, training, financial resources) is required from all individual health care workers as well as from their management.
- Regional alliances can start on an informal base, but should be formalised during the process.
- A thorough assessment of the needs and demands of patients within the region is advisable.

Contact:
Jorien C.H. BAKX
senior advisor
NIGZ
PObox 500
3440 AM Woerden

THE NETHERLANDS
jbakx@nigz.nl

Hospital and territory a possible integration for chronic heart disease patients

Gabriella BORGHI, Loredana LUZZI, Simonetta SCALVINI, Gianluca POLVANI

Literature of observational and randomized studies shows that a multidisciplinary approach to chronic heart disease management may be associated with important clinical benefits, including reduction of readmission and total hospital days, improved quality of life and patient satisfaction, enhanced exercise tolerance and capacity to perform routine daily activities, and a lower overall cost of care.

One of the most used multidisciplinary approach is the structured home visit that can be applied only to a small number of patients living around the hospital at high cost. On the contrary a telematic approach allows the patient to contact the service in every moment and everywhere. Furthermore, the number of patients involved could be enormous.

Taking account these considerations and some current initiatives on the territory, the Region of Lombardy has started the project CRITERIA (Technological Network comparison of post acute and chronic patients for home care management) that has been partly financed by the Heath Ministry.

CRITERIA experiences two innovative modalities of care in order to deal with cardiopatic patients at home.
1. Rehabilitation post cardio surgery
2. Home care Telesurvey.

For each model a clinical protocol shared between the participants is defined. The structures are involved in a network and they use telemedicine.

Chronic disease Monitoring Services refers to medical/nursing management interventions made over the telephone. Transtelephonic monitoring refers to the transmission of physiologic variables over existing telephone lines to a network server to be displayed on a conventional personal computer. The transmission of physiologic variables (heart rate, blood pressure, weight, etc.) and biological signals (EKG trace) provide objective data, which may indicate the need for medical/nursing intervention that are subsequently made over the telephone.

The aim of this service is to reduce rehospitalization of chronic patients and to guarantee the access to the Emergency Department.

Contact:
Gabriella BORGHI
(via Lucia Scrabbi)
Lombardia Region Health Department
Pola, 9/11
20124 Milano
ITALY
lucia_scrabbi@regione.lombardia.it

A multidisciplinary approach for diagnosis, treatment, follow up and prevention of urinary stone desease: the preliminary experience of a Stone Center in B. Ramazzini Hospital - Carpi (Modena – Italy)

Maurizio BRAUSI, Anne Marie PIETRANTONIO, Stefano CENCETTI, Alfonso Vittorio ANANIA

From October 2003, the Department of Urology of Carpi's Hospital set up a multidisciplinary approach for the diagnosis, treatment, follow up and prevention of urinary stone disease, defined "Stone Center".
The aim of the Center is:
1) to optimize the treatment of patients with stones, referred from Emergency Room or out-patient Clinic, providing immediate diagnosis and treatment;
2) to set up a follow-up program considering also prevention.

Other specialists like radiologists, nephrologists and dietologists are involved. The first step for diagnosis is an urological evaluation. The x-ray of the abdomen followed by ultrasound and eventually CT are the next radiological exams allowing the immediate and exact diagnosis that leads to the appropriate treatment. In case of EWSL, patients are monitored in the Day Hospital Department for few hours and discharged in the afternoon. Till now 65 cases of urinary tract stones have been treated. For recurrent stones, a nephrological examination and a metabolic investigation are requested by urologist in order to detect the causes of stone formation. Nutritional guidelines by means of appropriate diet and counselling for patients ore offered in the attempt to prevent relapses. The last part of the program entails the nurses of the urological Department who, before discharging the patients, make a follow-up program with further appointment for clinical evaluation (urological, nephrological and dietary). For a more correct information the urological department also supplies a detailed information booklet which is divided in three parts: the first part concerns general information, about the description and benefits of the treatment as well as the risk the patient may undergo. In this way the patient's rights are respected helping them to consciously express their informed consent. The second part present guidelines for the correct patient interpretation of the post-treatment signs and symptoms that can develop. The third part provides important indications about post-therapy behaviour: diet, physical activity and drug intake. References and/or contacts with the hospital urological Department are provided in case of any possible future complications.

Conclusions: The path set up by the Stone Center primarily focuses on optimising the medical services, and, in particular, to enhance patient satisfaction, treatment efficacy and the high performance of the medical staff. Moreover, there is an important emphasis on the elaboration of patient support such as information, education and empowerment. Competence and compliance

are also privileged. The oriented path also permits to achieve another important "quality goal" resulting from the will to replace the concept of "treating" with the concept of "caring".

Contact:
Maurizio BRAUSI
Manager Doctor
Hospital B. Ramazzini
Via G. Molinari, 2
41012 Carpi (MO)
ITALY
dirsancarpi@ausl.mo.it

Improving care in patients with chronic conditions

Anne FRØLICH, Svend Juul JØRGENSEN

About 1.5 mill people in Denmark suffer from 1 or more chronic conditions of a population counting 5.3 mill. The conditions are characterised by being lifelong, and requiring complex care interventions from various healthcare professionals both from the primary healthcare sector and hospitals, throughout the course of the disease. The healthcare system is organised to take care of patients with acute diseases, and cannot handle challenges from lifelong chronic conditions. There is much knowledge and evidence on how to care for patients with chronic conditions. Unfortunately, only about 50% or less of evidence based care known reach patients. The economical burden from chronic conditions will grow over the coming years both due to an increased number of elderly, potentials for care in general increases, and patients will become more demanding and aware of their rights and possibilities for treatment. Chronic conditions therefore represent a big challenge for the healthcare sector.

The aim of the project is to describe clinical guidelines for the entire process of care from the patient first time need to consult a GP, and to the very end of the disease progression with need for palliative care. The project focuses on identifying areas with potential for optimising the care process. These areas will be identified both from results on relevant performance measures, patient satisfaction surveys, audit of records, interviews with health professionals such as GP´s, and patients and from the literature. Improving care for patients with chronic conditions has been described in two models, the Chronic Care Model (1, 2), and the Continuity of Care Model (3), that together provide a theoretical support for the working-process in the project. Chronic obstructive lung disease and diabetes mellitus has been chosen as practical examples for chronic conditions in the project. We expect findings on these conditions to be generalisable to other chronic conditions. The project is a national project partly financed by the Ministry of Interior and Health.

Contact:
Anne FRØLICH
Bispebjerg Hospital
Clinical Unit of Preventive Medicine and Health Promotion
Bispebjerg Bakke 23
DK-2400 Copenhagen NV
DENMARK
af12@bbh.hosp.dk

Poster-topic 11: Improving health promotion by developing integrated / continuous care II

Analysis of hospital staff's opinion to improve management quality

George GOLUKHOV, Igor KOLOMIETS, Sergey OSIPOV

In the framework of the programme "Management in Healthcare" which is realized in Moscow City Clinical Hospital No. 31, hospital's personnel is questioned from time to time with a view to improve working conditions for the hospital's staff and consequently to raise the level of medical care of patients. The goal of the study is not only to find out the staff's opinion of working conditions. Along with general questions the questionnaire includes issues concerning education, age and demographic distribution. The following issues are under study: common organizational problems, issues of organizing treatment and diagnostic process in hospital units; issues concerning preferences according to which the hospital was chosen; prospects of individual career development or staff's ideas of their future in this very hospital; the necessity of further training of paramedical personnel and doctors from their point of view. The questionnaires also reveal personnel's attitude to this or that hospital service and to treatment issues in general and, in particular, individual management of a treatment process. The goal of the study also includes educational aspects aimed at raising the staff's professional level and motivation. The questionnaires are anonymous.

The results of the study allow bringing out drawbacks and providing with additional information on measures to improve organization of hospital's activity. Continuous analysis (at least a selective one) of staff's opinion isn't a guide to action, but it is nevertheless necessary to adjust management decisions and improve management quality.

The result of the questionnaires are taken into account while developing certain integrated measures on improving the hospital's activity, while taking organizational and managerial decisions, to improve the quality of medical care provided to patients and working conditions for the staff, which, in its turn, are assessed by studying patients' satisfaction with services provided in the hospital and objective quality indices.

Contact:
George GOLUKHOV
(via Igor KOLOMIETS)

City Clinical Hospital No. 31
Programme Coordinator
Lobachevskogo Str., 42
119415 Moscow
RUSSIAN FEDERATION
k_richy@mail.ru

Tubercular Disease (TB) Surveillance: an integrated Hospital-Community project in the Province of Reggio Emilia.

Marina GRECI, Lorenzo AGOSTINI, Patrizia CAMERLENGO, Tiziano GARUTI

TB is a major Public Health concern both because of the relative predictability of the disease and for its dissemination among the population and the degree of severity it can reach especially if it sustained by drug-resistant strains or if it affects immune-depressed individuals. Early diagnosis as well as effective and adequate drug therapy are key factors in the control of TB. Over the last few years an increasing number of cases was reported among foreign citizens who were difficult to reach and had low therapeutic compliance, mostly from countries that are highly endemic for TB; this phenomenon is particularly strong in the province of Reggio Emilia where this proportion has reached 64% in 2001.

Goals:

A) At least 85% of the correctly diagnosed cases should complete an adequate treatment (according to the indications of WHO, PSN, PSR, ecc.);
B) The Health Authority and the Hospital have - among their priorities - identified the need to reach the above goal.

Target Group: A Provincial Group was set up by the Public Hygiene Service (SIP) for the control of TB. It includes several professionals: hygienists, clinicians, Health Management physicians, Health Assistants (ASV), occupational physicians, laboratory technicians. The mandate was to create a "Functional dispensary" with structured coordination between hospital and community health professionals so as to guarantee the integrated management of the individual cases which is required for the control of tubercolosis and the implications that this may have for Public Health. As a working tool a procedure on TB surveillance has been developed which is shared by both the Health Authority and the Hospital according to the indications provided by the National Guideline Document. The strengths of this procedure are as follows:

1. Identification of the Hospital Pneumology and Infectious Disease B.U. as a provincial reference centres for the diagnosis and treatment of TB;
2. Out-patient clinics for the patients´ follow-up: the discharged patients are followed monthly at the two B.U. where dedicated pneumologists and infectivologists work together with the Chinese cultural mediator, two SIP Health Assistants (these health care workers are part of the Working Group); thus, complete case management takes place and if the patients do not show up for the planned checks they will be urged to do so by the Health Assistant and, if necessary, a home visit will be arranged in the presence of the cultural mediator.
3. Free-of-charge diagnostic procedures, including those which are not envisaged by the applicable regulations but are regarded as necessary to establish an early diagnosis;
4. Free-of-charge and direct delivery of all drugs, even those that are not included in the A class;
5. Community-based out-patient clinic for the control of high-risk contacts managed by a Pneumologist, together with an SIP Health Assistant and, if necessary, a cultural mediator.
6. Community-based out-patient clinic for the control of tubercular disease at the Centre for the Health of Foreign Families to provide continuous care to migrants who do not have a Residency/Stay Permit but suffer from TB.

Assessment of the results:

Indicators

- No. of cases that have completed treatment = 85% (nel 2002 = 90.24%)
- No. of correctly-diasgnosed TB cases

Conclusions:

The results achieved so far (2002 indicator equalling 90.24%) show the importance of a close cooperation and integration between the Community and Hospital Services in the control of an infectious disease which has a considerable social impact.

Contact:

Marina GRECI
Public Hygiene Service, Reggio Emilia Health authority
Via Amendola, 2
42100
Reggio Emilia
Italy
marina.greci@ausl.re.it

Information Leaflets for service users and referrers

Lorna KAVANAGH

This quality initiative is based on recommendations regarding health promotion and accessibility of services through communication with the public and with professional bodies and other agencies. These goals are highlighted in the National Health Strategy "Quality and Fairness: A Health System for You" (2001) and in the MHB Quality Strategy (2001)

Objectives: Our aim was to produce written material which would be easily accessible to the public and other professionals informing them of the Child Psychiatry service and referral procedures. Further objectives were networking with stakeholders,

engaging the public, education and clarification about the service, promoting positive attitudes to mental health and using quality initiatives to improve communication.

Methods: Two documents were compiled to address specific audiences - one for service users and members of the public, the other for General Practitioners and other professionals who may refer clients to the service. Team members were consulted and final drafts were approved by the Regional Strategic Committee for Child Psychiatry. The documents were then submitted to the communications departments for proof reading, approval and co-ordination with MHB protocols.

Results: Following approval from the communication department the leaflets are then sent for printing using MHB colours and layout. Service user information leaflets will be distributed to G.P. surgeries, Health Board offices and sent to each client with acknowledgement of referral letter.Information for referrers will be distributed to G.P.s, community care teams, acute hospitals and all potential professional referrers.

Conclusions: We anticipate that our aims will be achieved by November 2003 with the distribution of leaflets. The effectiveness of this initiative may be evaluated at a future date to assess any changes in communication patterns, networking and public awareness of the service.

Contact:
Lorna KAVANAGH
(via Patricia Carroll)
Midland Health Board
Tullamore
Co Offaly
IRELAND
patricia.carroll@mhb.ie

May home hospitalisation (HH) improve outcome compared to conventional hospitalisation in patients affected with selected chronic diseases ?

Federico RUGGERI, Lorella MOZZONI, Manulea SOLAROLI, Mariano BARBERINI

In these years, the increasing number of emergency medical admissions caused higher requests of hospital beds for critically ill patients.
Improving the community services may be a method for reducing the pressure on emergency hospitals.
So, home hospitalisation (HH) has acquired great importance in clinical practice, because it is necessary to find alternative models of assistance in chronically ill patients, in order to reduce duration of hospital medical treatment and its cost or to avoid new hospital admissions, if they are not strictly required.

The "hospital at home" model provides cares - that are usually available only in hospital - at patient's home, such as observation, administration of drugs, respiratory and nutritional support, nursing care, and rehabilitation.

Our group´s aim is to promote health and well-being in patients affected with chronic diseases, undergoing several treatments, in order to make easier the therapeutic activity of implicated medical doctors.

Usually, these patients are referred for their first HH admission after few days of hospital stay , caused by cardiovascular and/or respiratory diseases, old age disorders or cancer.

HH care may be cost effective in patients who are partially self-sufficient but need drugs or technical support, such as those receiving intravenous antimicrobial therapy or artificial nutritional support

Supporting old patients, keeping their independence of life, restoring and encouraging self-management in those with chronic diseases: these are ways for increasing health-related quality of life, reducing costs of National Health.

Patient´s satisfaction, good clinical outcomes and cost savings are the targets we must get.

Patients with chronic conditions often benefit from follow-up access by our team: during HH, integrated care was delivered by a specialised team.

Home clinical controls must be numerous and repeated, clinical cares must be individualised.

In a retrospective study, we analysed the Medicare patients, affected with chronic deseases.

We collected data that described the number of home controls and hospital re-entry, the levels of home medical/nursing therapies and the results we got. This study was necessary in order to have better educational backgrounds and to enable replies.

Our opinion is that HH causes better outcomes at lower costs than conventional care, in terms of patient´s satisfaction, good clinical outcome and cost saving. This last effect is due to the shortness of patient´s hospitalisation.

Furthermore, higher ratios of patients had better knowledge of their diseases, better self-management of their conditions and the level of satisfaction was greater in many of them and in their families.

Contact:
Federico RUGGERI
AUSL Rimini

Dept. Anasthesia and Intensive Care Unit
V. F.LLI Cervi 48
47839 Riccione
ITALY
ruggeri.federico@libero.it

Province-wide Clinical Governance Network for Gastroenterology and Digestive Endoscopy

Romano SASSATELLI, Luigi PASTORE, Debora FORMISANO, Andrea GIGLIOBIANCO, Iva MANGHI

Background/Aim: Priority is given to upper and lower GI tract diseases in epidemiological terms (screening for colon-rectal cancer), in terms of expenses (high cost of innovative technologies), and patient satisfaction. Last year in the Province of Reggio Emilia, a team of doctors and nurses was formed to conduct clinical audits in digestive endoscopy.

Methods: A preliminary assessment revealed several critical points : a high demand for endoscopic procedures, a lack of homogeneity among the province's health providers regarding supply/delivery, and the introduction of new and complex technologies. Of primary importance was the integration of our services, in terms of cultural model, guidelines and procedures, among healthcare facilities. We developed a province-wide network for Gastroenterology and Digestive Endoscopy based on the precepts of clinical governance for the measurement, assessment, and improvement of colonoscopy procedures.

Results: Participation on the part of healthcare staff in both the training and implementation phases was high. We divided the procedure into three parts: preparation of the patient, performing the test, and discharge and follow-up. We have identified important factors (effectiveness, accuracy regarding the procedure, diagnosis and treatment, safety, patient participation), related standards of quality, and quality indicators to be monitored over time for each phase of the project. Development of the clinical audit that will lead to its implementation has begun. We are also working on determining appropriateness criteria for colonscopy procedures (province-wide clinical guidelines). After this phase, we will develop and distribute a patient satisfaction survey to assess perceptions regarding comfort and communication and the patient/healthcare worker relationship.

Conclusions: Healthcare staff participation was high during the first phase of the project and allowed us to identify several quality standards common to all concerned.

Contact:
Romano SASSATELLI
(via Debora Formisano)
Arcispedale Santa Maria Nuova
Health Statistician – Epidemiology and Biostatistics, ASMN - Reggio Emilia
Via Sani 15
42100 Reggio Emilia
ITALIA
formisano.debora@asmn.re.it

A New Flow Chart for Referral of Patients from General Practitioner to Hospital as a way of Improving Surgical Outcomes

Hanne TØNNESEN, Grethe THOMAS, Helge RALOV

Background and purpose: Smoking and excess drinking are risk factors for complications after surgical procedures. Smoking cessation and abstinence from alcohol for 4-8 weeks prior to surgery improve the clinical outcome. In general, elective surgery is performed shortly after admittance and the benefits of a life style intervention will be limited. If the need for life style interventions are evaluated by the general practitioner at the time of referral, it will be in due time to get the full benefit of any intervention.

Methods: During the project period, the GP will contact the hospital at the time of referral, in order to include life style interventions in the preoperative programme.

- The GP:Identifies patients who are daily smokers and/or drink in excess.
- Hand out an information leaflet about the project and advantages of quitting smoking and reducing drinking.
- Informs the hospital ward about the need for any life style intervention required.
- Refer the patient to the surgical ward as usual.

The Hospital

- If there is a need for life style intervention the ward takes immediate contact to the patient and offers help to stop smoking or reduce alcohol consumption.
- Initiates the intervention in due time to achieve full benefit of the change in life style ahead of the surgical procedure.

Expected outcome:

- Behavioural change in surgical patients towards a healthier life style.
- Higher patients empowerment.
- Reduced number of patients smoking and/or drinking in excess at admission.
- Reduced number of surgical complications.

The preliminary results will be presented at the conference.

Contact:
Hanne TØNNENSEN
Clinical Unit of Preventive Medicine and Health Promotion

Bispebjerg Hospital
Bispebjerg Bakke 23 opg. 20C 2sal
2400 Copenhagen NV
DENMARK
ht02@bbh.hosp.dk

Innovation Technologies of Continuous Health Care under the Conditions of Multi-level System

Galina TSARIK, Konstantin SHIPACHEV, Dmitryi DANTSIGER, Igor RYCHAGOV

Transition of the Russian Federation from a planned economy to market relations has no analogues in the world practice of the reconstructuring of social - economic system so that this stipulates significance of the definition of occurring changes efficiency and, first of all, utilisation of resources of the reconstructuring sphere.

The multilevel system to render health care assumes the hospitals organisation (departments, hospital beds), differentiated in accordance with intensity of medical and diagnostic process.

Multistage rendering of health care provides for precise determination of the term of intensive treatment, completing of patient's treatment in the hospital bed taking into account an adequate differentiated budget.

Multistage differentiated health care under the conditions of multilevel system of rendering of hospital care within the framework of the state guarantees program means rendering of services adequate to a health state at the appropriate level and stage of health care taking considering the specification of financing.

The purpose of establishment of multistage multilevel system of hospital care is maintenance of effective utilisation of health care units resources. The goals of multistage differentiated medical-diagnostic process under the conditions of multilevel system for rendering of hospital care within the framework of the program of the state guarantees assume the evaluation of real population's needs in health care, the arrangement of rendering of health care services adequate to a state of health, an estimation of health care efficiency.

Main principles for creation of multilevel and multistage hospital care system provide for maintenance of health care adequacy with the account of patents'health, definition of precise criteria for hospital completeness of treatment at the stages of rendering of health care services, variable payment of 1 bed per 1 day 5 taking into consideration medical-diagnostic process intensity.

The basis for multilevel system of health care is arrangement of hospitals (departments) or allocation of hospital beds for: short-term stay (correction of urgent conditions), intensive treatment, completeness of treatment (after-care) with round-the-clock stay, completeness of treatment at the day-stay hospital, completeness of treatment at a polyclinic day-stay department, treatment at the hospital at home, medical and social care.

The organisation of the stages listed above is carried out on the basis of republican, regional (district), city and central district hospitals.

Experimental probation of multilevel multistage system for rendering of health care points to necessity of use of algorithms for medical technologies including the diagnosis and code on International Classification of Diseases (ICD), indications for patient's stay at the stage, terms of treatment, the list of diagnostic procedures calculated per 100 patients, the list of the medical procedures which are carried out by doctors and nursing staff, the number of consultations calculated per 100 patients, criteria for completeness of a stage, the further route of the patient.

Economic efficiency of introduction of multistage system for health care arrangement for the three-year period of observation (2000-2003) under conditions of large multitype hospitals makes 15 %-23,2 %.

Contact:
Galina TSARIK
Research Institute of Socio-economic Healthcare Issues
Director
Lenina Str., 121 B
650056 Kemerovo
RUSSIAN FEDERATION
inswpz@yandex.ru

Poster-topic 12: Health promotion in mental health care services

Development of psychosocial rehabilitation of mental patients

Alma BUGINYTE

Humanistic ideas of Nikolay Krainsky (1903 – 1905), the first director of the hospital, were renewed in the rehabilitation of mental patients, after the hospital's restoration in the sixties. During the two last decades a system of social care and integration into society was developed. Additionally to the occupational studios in all wards, in 2000 we started "The Complex of Social Rehabilitation". This project is a connective link between the in-patient facility and society, with the objective to prepare mental patients for integration into community and family. Various activity forms are provided for patients that prolong and broaden the scope of the occupational studios.

The Complex consists of Creativity Centre and Housekeeping & Leisure Centre. Creativity Centre provides artistic occupations and development services: painting, drawing, sculpture, textile fabrics, floristic, graphics, handicraft, origami and wood work, the

Housekeeping & Leisure Centre's main activity is developing of social skills – topical and poetry parties, sport, events, concerts, group skills at housekeeping.

The Complex is already visited by discharged patients. Apart from the occupation it presents the opportunity to find people with similar problems and to consult the staff on life, everyday conditions, financial problems. The Council of Patients together with the staff of Social Care Department manages the activity of the Complex. There is more choice of activity by individual predilections at the Complex than in the occupational studios in the wards.

Activities at the Complex are closer to the community conditions. Favourable creative atmosphere has a positive effect on patients, interrelations. They can organize their parties, exhibitions of their creative work getting feedback that improves quality of their life, self-respect, stimulates further self–expression and provides fine opportunities for, leisure at the Complex. They bring here their burning problems, hopes and future plans. This explains one more reason of the Complex – it enables to find where to belong, someone who can listen and understand them and even grant them moral and psychological support.

Contact:
Alma BUGINYTE
Republican Vilnius mental hospital
Psychiatry hospital
Parko 15
11202 Vilnius
LITHUANIA
a.buginyte@rvpl.lt

Mental Health Matters

Rose BYRNE, Kathleen KELLY, Ann MORRIS, Elizabeth McARDLE

To provide participants with the opportunity to develop knowledge, skillsand attitudes needed to equip them to offer theraputic interventions toindividuals with mental health difficuties and who deliberately selfharm.(DSH)

Objectives:

- To raise awareness of mental health issues and DSH and their implicationsfor the individual and family whilst in the care of an acute generalhospital.
- To identify effective methods of communication for these people-i.e. To explore the process involved in identifying need, planning and delivering nursing care that reflects the uniqueness and dignity of each individual.
- To discuss elements involved in DSH and suicide risk.
- To improve and better understand liaison between primary secondary and specialist services also to be aware of referral processes and care pathways.
- To assist participants in exploring application and evaluation of nursing interventions in their daily work.

Methodology:

- This initiative was piloted in key areas in the Louth County Hospital and wasoffered to frontline staff (A&E and Male Medical)
- Two hour sessions were held weekly over a five week period
- Sessions were of a workshop format with presentation, group work anddiscussion.
- A full evaluation was carried out during the final session and will be used to plan future courses.
- opics covered included: "single Session interventions for DSH clients", "Drug usage and it's effects", "Psychotic Disorders and their management", "Alcohol abuse and its management", "Depression and its management"

Evaluation:
Interest from staff to participate far exceeded places available and their was unanimous agreement that the course was very wothwhile and practice based. Comments made from participants were very positive.

Outcome: Course to be extended and offered to all frontline staff.

Contact:
Rose BYRNE
Louth County Hospital
Dublin road, 12
Dundalk, Co.Louth
IRELAND
Rose.Byrne@nehb.ie

Residential Facilities: an asset for mental health

Margherita GALEOTTI

Residential Facilities fit into the continuum of responses which the Reggio Emilia Mental Health Department gives to the mental health requirements of the population and which, in an view towards de-institutionalization (after the closing of Psychiatric Hospitals mandated by law 180 of 1978), include the following: Mental Health Centres (out-patient clinics), Day Hospitals, Day Centres, apartment-sharing groups, sheltered homes, job reinstatement, leisure time activities.

Goals: Meet the in-patient treatment requirements of psychiatric patients suffering from psychotic, personality and affective disorders who are managed by the Mental Health Centres in a networking perspective.

Methods/Actions: The approach ranges from the structural arrangement of the living environment to the organization of teamwork. Interpersonal relations and some specific activities are crucial. Apart from the staff (nurses, medical educators, psychologists), also volunteers, family associations and district council members participate in the project.

The work is done according projects with goals that are generally negotiated with the users and their families and whose pre-requisite is the synergistic implementation of the resources available in the psychosocial network that the user is part of.

More specifically, the patients´ families are involved both in the development of a suitable treatment plan and in discussion and self-help groups.

At the time of dismissal the user may refer to the network resources already used during admission. Furthermore, part of this pathway consists in the integration with initiatives such as voluntary work: the initiatives proposed aim at promoting a culture of solidarity and mutual help.

Main target group: Psychiatric patients with psychotic, personality and affective disorders. Severe and burdensome patients.

Expected benefits: Meet the mental health requirements of the population in an approach which is centred on community services.

Project Organization: Availability of different services which take care of the patients in the different treatment phases.

Involvement/Participation: Of patients and health care workers.

Assessment of the results and conclusions: Data will be provided on the relationship between the number of cases managed by the Mental Health Centre and the number of admissions to the Residential Facilities.

Contact:
Margherita GALEOTTI
Mental Health Centre Scandiano, Reggio Emilia Health authority
Director of Centre
Via Vallisneri, 45
42019 Scandiano (RE)
ITALY
margherita.galeotti@ausl.re.it

Men's health promotion: Bridging the communication gap from theory to practice

Jacinta Mc AREE MURPHY, Finian MURRAY

Rationale: The concept of men´s health and its promotion has for too long been forgotten, Does this represent a myth or a reality? The author set out to explore the reason why men´s health is not to the fore of health and social policy and more importantly, to ask how can evidenced based research become meaningful. Ian Banks amongst others offers an insight into how ´the average man´ perceives his health (1997). A useful working definition for men´s health adapted by Fletcher (cited in Davidson & Lloyd, 2001) from the United States Public Health Service definition of Women´s Health is a practical definition which provides opportunity for diversity among a range of conditions, factors, groups of men and interventions and allows latitude for practitioners to develop initiatives in appropriate settings within a men´s health framework. Like Lloyd 2001, the author would argue in favour of such a definition on which to model future developments. A men´s Health Awareness evening was organised The first was in Cavan General Hospital supported by ´Older Men´s Association´ and the second was held in a hotel in Monaghan and was advertised extensively in the local press, radio, parish bulletins and announcements at church services.

Objectives:
- To test the hypothesis to that Men will access health promotion in a non threatening environment.·
- Empowerment of the male community towards adapting a healthier lifestyle.
- To work in partnership with the ´Men´s Health Development Officer, NEHB in creating an awareness of men´s health.

Methodology:
- A questionnaire was provided at the outset to test the knowledge of the audience.
- A questionnaire/evaluation was designed by the Men´s Health Development Officer to provide uniformity across the region. It was completed before departure.
- A comprehensive literature review was undertaken to establish the facts from a local, regional and international perspective.
- A comprehensive advertisement campaign was undertaken via e-mail, print and radio media and via parish news bulletins.
- A quanititive pilot study was undertaken to establish "if Health promotion was accessible in the workplace would men avail of it?"

Evaluation: The central theme of the exercise centred on bridging the communication gap from theory to practice. The outcome/evaluation of the awareness seminars were positive. At both seminars there was 60 + men in attendance. The broad outcomes centre on the fact that the awareness sessions acted as a catalyst for·

The development of Men´s Health Awareness Road-shows currently underway across the region in partnership with the Men´s Health Development Officer, Health Promotion Hospitals Co-ordinators and Locality Based Health promotion Officers.·

Follow up awareness evenings focussing on men and cancer (´The Older men´s Organisation)·
The Development of Networking between the Hospital and Health Promotion personnel.

The outcome from the pilot study "if Health promotion was accessible in the workplace would men avail of it?" encourages the author to develop the concept further.

Contact:
Jacinta Mc AREE MURPHY
Cavan/Monaghan Hospitals, C/o Monaghan General Hospital
Acute Hospital
High Street
Monaghan
IRELAND
jacintamcareemurphy@eircom.net

Communication with the person who has Dementia

Pat O'DOHERTY

Objectives: To evaluate impact of the following on a selected group of patients with dementia:

- Life Stories
- Snoezelen
- Staff Information Sessions

Method:

1. LIFE STORIES are memory albums to act as a memory aid. They record in words and pictures, the important parts of a person's life. Life story photo albums are being piloted and evaluated to examine the impact on communicative interactions.
2. SNOEZELEN therapy being evaluated through observations of patient behaviour and communicative interaction pre, during and post sessions. Evaluation will identify impact of Snoezelan as a means of enhancing well-being of patients with dementing illness.
3. Education ethos of the centre enhanced, through information and discussion sessions with staff. The session aim to improve quality of care and promote confidence for staff working in this challenging environment. Pre and post evaluation forms currently being studied.

Results: Incidental developments include:

- Updating of social history admission form.
- Positive changes in style of staff interaction with patients.
- Photo collages created for those unable to participate in life story aspect of project.
- Increased opportunities for team cohesion with other professional disciplines.

Conclusion: The project is a proactive response to the increasing number of people with dementia, currently being admitted to community care centres. It has provided information to staff on best practice in areas of communication, nursing, and feeding. Family involvement in providing personal histories and their input into holistic care, contributes to reducing the stigma attached to dementia.

Contact:
Pat O´DOHERTY
(via Kate Brickley)
Midland Health Board
To seek to improve the health (health gain) and quality of life (social gain) of the people living in the MHB region.
Tullamore
Co Offaly
IRELAND
Kate.Brickley@mhb.ie

Personal and Community Support Directory 2nd Edition (primary suicide prevention)

Caroline OXLEY, Kate BRICKLEY

Background: The National Task Force Report on Suicide in Ireland recommended that each Health Board should compile a list of names and telephone numbers of services and supports available locally for people in crisis or distress and who may be potentially at risk of suicide. In order to facilitate this recommendation the Board's steering group on suicide convened a working sub-group to complete a Directory. A second edition of the Directory has been published recently.

Objectives:

1. To establish a working sub-group to examine the requirements.
2. To develop a questionnaire for the collection of relevant information.
3. To circulate the questionnaire to the relevant services and organisations which provide caring services and supports in the Midlands.
4. To up-date the directory at regular intervals.

Methodology: The sub-group examined a range of directories published in the Midlands in the past. It was agreed that the focus of the Directory would be on services and supports who could assist people in crisis or distress. A questionnaire was designed and circulated to all relevant services and organisations in the Midlands. Completed questionnaires were returned and the information supplied formed the main content of the Directory. The information was divided on a county by county basis under five main headings. A list of helplines and National organisations was also provided.

Conclusion: Feedback from a variety of sources in the Midlands have indicated that the Directory is a valuable resource for individuals, groups, and services. The most positive feedback is from Health Board staff who use the directory to access information on other services and voluntary organisations in the Midlands.

Contact:
Caroline Oxley
(via Kate Brickley)
Midland Health Board
Tullamore
Co Offaly
Ireland
Kate.Brickley@mhb.ie

Supported Employment in Mental Health - The Next Step?

Regina REYNOLDS, Tony CORRY, L. MARTIN

Methods: Historically, people with enduring mental health difficulties have had poor employment prospects and outcomes for many reasons including illness-related issues, employer-related difficulties and stigma compounded by interruption of formal education. The means chosen to attempt to overcome some of the inherent difficulties was to appoint an Employment Officer.

Aims were
(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 and
(d) increased employment and greater social inclusion.

Results: In total 64 clients were referred to the project. 45 of these were under 40 years and male, female ratio was 37:27. 31 were placed and supported in various employments, 12 in state sponsored employment schemes and 24 in various educational programmes (some clients engaged in more than one programme). 6 people in total dropped out of the project. A more detailed analysis of the types of programmes and employments will also be presented, including examination of reasons for drop-outs.

Conclusions: This project addressed the needs of an identified group for whom there was little by way of supported employment and training available. While further evaluation is needed, there is much in favour of incorporating a post such as this in all community mental health teams.

Contact:
Regina REYNOLDS
(via Kate Brickley)
Midland Health Board
Tullamore
Co Offaly
IRELAND
Kate.Brickley@mhb.ie

The Project Advocacy for Mental Users - a New Institution in Lithuania

Danguole SURVILAITE

Advocacy for mental patients is an institution, well known in the world for a long time. In our country there are just seen the first steps. We are happy our Club 13&Co. to be the first to initiate and to implement the idea on mental patients advocacy.

In our magazine The Club 13&Co. News, published since 1998, we have presented time and again articles on patients´ rights. In the autumn of 2002 we already declared to organize a work group to discuss on the problems of the rights of mental patients. A professional lawyer, an the outpatient, was elected as a coordinator of this work group.

While collecting information we have formulated the most important problems to be examined by the work group:

- Compulsory hospitalization or refusal to hospitalize;
- Restriction of patients rights and the breaches in psychiatric hospitals;
- Living conditions in psychiatric pensions and mental care homes;
- Relationship with employers, the restrictions in mental patients employment;
- Restriction of patients rights in everyday and social life: the right to drive, the right to own a gun, the right to make a trade deal, the right to vote, etc.);
- Influence of parents and family members, the guidance to a mental patient;
- Paternalism of professionals and interference;
- Right to care for children;
- Right to refuse medications;
- Right to inherit (once our Club has protected it´s members (after death) right to the volition of his inheritance);
- Right to privacy, to dissemination of information, and relations with mass media.

We think, the representatives from the patients´ organizations should become members of governing boards of psychiatric institutions in the nearest future and their vote should be taken into account when organizing activities of the institution.

In 2003 and in 2004 some national and international organizations allocated the grants for this project (the Council of the Affairs of Disabled at the Government of Lithuania, Open Society Fund, Hamlet Trust) , so we can continue our activities. We are planning to visit psychiatric institutions in the whole Lithuania and to examine the patients on restriction of patients rights.

Contact:
Danguole SURVILAITE
Republican Vilnius Psychiatric Hospital
Parko 15
LT-2041 Vilnius
Lithuania
danga.su@centras.lt

A Primary Prevention Program in Upper Secondary School focusing on Mental Health

Anne-Gro TVEDT

Abstract please see Parallel Paper Session I-2: Workshop: Mental Health Issues

Poster-topci 13: Migrant Friendly Hospitals

Improving Health Care for foreign patients

Lucia CELESTI, Elisabetta DI LISO, Maria Cristina ROCCHI, Tommaso LANGIANO

The number of foreign children hospitalised at Bambino Gesù children's hospital in Rome continuously increases and improving the care of these patients is one of the main purposes of the Hospital policy. On hospital admittance, from March to December 2003, a multilingual questionnaire was given to all foreign patients and almost 29% of them needed an interpreter too. Moreover, according to the Public Relations Office, the Hospital Administration started a Service of Cultural Mediator. To create a link between families and the Hospital and to better take care of the families, the Public Relations operators called and hosted the interpreters in the wards, thus satisfying the nurse requests within 24 hours. The nurse requests satisfied were 46; the most requested idioms were Arabic, Romanian, Albanian, Chinese, Bulgarian, Spanish, Portuguese and Slovenian. Most of the relational problems were tied with the linguistic comprehension. Another field of interest for the Hospital Administration was to verify the foreign patients health relationships between foreign patients and hospital personnel. We have drawn a new multilingual questionnaire, to check the comprehension and satisfaction of the Cultural Mediator Service. The Hospital Administration will show the results of this questionnaire during the Moscow's Conference.

Contact:
Lucia CELESTI
(via Maria Cristina ROCCHI)
Public Relations Office operator
Pediatric Hospital
Piazza S.Onofrio 4
00165 Roma
ITALY
rocchi@opbg.net

On the way towards HCCC

Beate LIESKE, Elimar BRANDT, Werner SCHMIDT

The Immanuel hospital in Berlin is the German pilot hospital in the EU-project „Migrant Friendly Hospitals“. Cross Cultural Competence (CCC) increasingly becomes a quality criteria for hospitals. CCC in the hospital has also a growing health political importance (migration and european integration). The concept, first experiences and results of the German pilot hospital are going to be presented in the contribution. HCCC is aimed at „making equality possible, respecting diversity, improving health gain for all patients and secure economy“. Experiences, barriers and results of Subproject C of the MFH-EU-Project „Cultural Competence Training“ for staff of the Immanuel hospital will be reported. The authoress reports how the MFH-Project in the German pilot hospital is closely connected to the HPH-Concept and the enterprise philosophy, corporate culture and enterprise strategy. The integration of CCC into strategy implementation will be demonstrated on the basis of the Balanced Scorecard of the Diakonischen Einrichtungen Berlin.

Contact:
Beate LIESKE
Project Manager
Immanuel-Krankenhaus
Königstraße 63
14109 Berlin
GERMANY
b.lieske@immanuel.de

HbsAg and HbsAb in recently-migrated children: research and interventions

Mara MANGHI, Teresa FONTANESI

The community pediatricians working for the Reggio Emilia Health Authority require children from developed countries aged 0-16 years to undergo a series of examinations. Following the regional recommendations a TB skin test is performed and, if they cannot exhibit any vaccination document, we also perform the tetan test and check for Hepatitis B markers.

The results concerning such markers are reported here.

Goals:
- Assess the prevalence of Hepatitis B infections in recently-migrated children
- Improve the awareness of their health status
- Introduce health education in the communities which include HbsAg positive subjects.

From 1999 to 2002, 1120 samples were taken. The largest number of individuals comes from the Asian continent, followed by East European and Arab countries. Less represented are Central and Southern Africa and - to an even lower extent - Latin America.

On the whole it was found that 3.30% are HbsAg positive and 25.08% are HbsAb positive.

The positivity rates differ a lot depending on the areas that these individuals come from. Asia ranks first for HbsAg (4.80%) while similar percentages are found among individuals from Central and Southern Africa (4.48%), followed by East European countries.

Even if one considers positivity for HbsAg and HbsAb together (to have an idea of how much the virus is circulating in these areas), one obtains similar results.
Our data on the children's population are in line with the epidemiological data from the population of the various regions in the world.

If one then splits the data into macroareas of origin, in the Asian continent the Chinese show an overall positivity of 68.42%; within the East European area the Albanians show a percentage of 38% while within Central Africa the Ghanaians show a percentage of 36.5%.
The actions resulting from such surveys are as follows:
- HBsAb +
  - no requirement for HBV vaccination.
- HBsAg +
  - no requirement for HBV vaccination;
  - check that the subjects-contacts belonging to a certain children´s/school community have been vaccinated
  - blood check on the co-habiting family members and hepatitis B vaccination to negative individuals;
  - health education to the individuals, their family members and school community;
  - information to the GP
- Negatives
  - HBV vaccination

We have calculated the costs of this strategy as opposed to that of performing compulsory HBV vaccination on all subjects with no preliminary screening.

Within our Health Authority the overall expenditure was only € 7680 in over 4 years; it was therefore decided to continue to apply this highly useful approach to individual immigrants and the community which receives them.

Contact:
Mara MANGHI
Head of Services
Pediatric and Women´s Health Services, Reggio Emilia Health authority
Via Amendola, 2
42100 Reggio Emilia
ITALY
mara.manghi@ausl.re.it

Access for Travellers attending O.P.D´s Clinics will be improved by introducing appropriate signage

Jacinta Mc AREE-MURPHY, Bernadette DUNLEAVEY, Geraldine Mc CORMACK

Rationale: Recent reports (Task force report, 1995, UCG Mc Carthy report, Travellers health strategy, 2002, & Quality & Fairness, 2000) recognised the need to improve access to services for disadvantaged groups. IALAS 1997, states that 25% of the general Irish population are at the lowest level of literacy.

Aim: To improve access to services for marginalized groups by developing culturally appropriate signage in hospital OPD´s and community care clinics

Objectives:
- To develop appropriate signage for use in O.P.D´s and Community care clinics with a view to implementation throughout the region.
- To make the service more user friendly and ultimately more resource effective by offering an appropriate service through improved access.
- To liase with key stakeholders during all stages of the project.
- Reduction in DNA´s will increase the value for money factor of this initiative.
- That people accessing O.P.D. will be able to understand the message displayed.

- That any person will be able to reach their destination without any undue distress or fear.
- To raise awareness for all staff interacting with clients and visitors and help them to deal with them in a more appropriate and sensitive manner.
- To present the completed work to regional management at end of life span of project.

Methodology:
- Elicit the support of key stakeholders in the development of a multi agency project management team.
- Engage with service users.
- Agree action plan
- Source materials & design team.
- Agree budget for project.
- Pilot signage in appropriate settings.

Evaluation:
- Evaluate at each stage of the process.
- Present findings to Regional Managers

Expected outcome:
- A more user friendly service in hospital O.P.D´s and Community care.
- Achievement of non discriminatory equal access for marginalised groups such as: members of the traveller community, non-nationals, families with young children, intellectually impaired & people with functional literacy difficulties
- Appropriate use of hospital services.
- Value for money use of resources.

Conctact:
Jacinta McAREE-MURPHY
Cavan/Monaghan Hospitals, C/o Monaghan General Hospital
High Street
Monaghan, Co. Monaghan
IRELAND
jacintamcareemurphy@eircom.net

Inter-cultural Hospital in the Lombardia Region

Lucia SCRABBI, Patrizia SIRONI, Cinzia ZAFFARONI

The regional project concerning an inter-cultural Hospital is intended to melt together the different experiences of private and public hospital structures. They will, therefore, gain a deeper estimated value in the contest of a regional network.

Since 2000 the Lombardia Regional Health Department (LRHD) started this project and has now set up a 16 hospitals work team.

The main goal is promoting a methodological network strategy in the inter-cultural area, in order to grant an integrated approach in any possible application field.

Secondary goals are
1) Building a regional data bank on specific and similar enterprises already in progress in several local regional structures;
2) Identifying of the most critical areas, whereupon interventional strategies have to be worked out;
3) Creating a specific area informative network, that should allow foreign citizens to know about the chance to access to regional health services;
4) Creating open ways to facilitate foreign citizens' access to services, mostly in high frequency healthy request areas.

The target is
1) Ill immigrant citizens, with or without immigration staying permission;
2) Company personnel in contact with foreign people;
3) Different ethnic organizations present in the local area;
4) Volunteer Associations, NGOs.

The main achieved goal is to point out the critical and/or positive experiences of the single structures participating in the project of constructing new methodological paths. Each regional area project is being evaluated, considering also its capacity of diffusion.

Some differences and common points were pointed out among the hospital structures taking part in this project.

The first aim was creating a multilingual notice boarding set, a sort of explanation of Triage's colour legend, set in First aid Places. The above mentioned notice boarding set was adopted in the whole regional area.

Contact:
Lucia Scrabbi
member of the coordinating centre of the Lombardia Region Network HPH
Lombardia Region Health Department
Pola, 9/11
20124 Milano
ITALY
lucia_scrabbi@regione.lombardia.it

Poster-topic 14: Developing pain-free hospitals

Protocol for acute post-operative pain

Caterina AMADUCCI, Tiziana FRATTI, Maurizio PIERI, Tiziana FARAONI, Lucia TURCO

Introduction: Our ASL is in agreement with the HPH project of “free pain hospital”. A questionnaire on the treatment of post-operative pain was distributed to our hospital nurses. Results demonstrated the failure of post-operative pain diagnosis and its treatment. Post-operative pain was not monitored regularly, its treatment mixed and not in accordance with clinical evidence. Drugs employed were often administered on demand without previous therapeutic planning. Patient comfort was poor, pharmacological costs high. The “Free Pain Hospital Committee” (FPHC) decided to adopt protocols for the treatment of post-operative pain. The FPHC is made-up of diverse clinical components, e.g. surgeons, anaethesists, pharmacists, nurses, psychologists and clinical management representatives.

Aims: To prevent the onset of post-operative pain by pre-analgesic treatment, to treat pain when occurring, to improve patient comfort, to reduce post-operative risk of contrary events, to lower hospitalisation costs.

Methods: Protocols were drawn up on the basis of concordance between the clinical component and evidence based on medical and scientific society guidelines. They differ according to pain expectancy, type of anaesthesia, patient conditions. Former to the introduction of protocols, surgical personnel (physicians and nurses), attended training courses on post-operative pain. Surgical wards adopted a questionnaire to monitor pain measured by V.A.S., undesired effects of analgesia, increased need of analgesics.

Results: Initial data showed an improved patient comfort and cost reduction with the employment of oppioids (morphine) over more expensive drugs. More extensive results will be had from the setting-up of an acute pain service in order to better our function and findings.

Contact:
Caterina AMADUCCI
(via Tiziana Faraoni)
Ospedale di BORGO SAN LORENZO ASL10 FIRENZE
Vice direttore Sanitario
Viale della Resistenza
50032 Borgo San Lorenzo FI
ITALY
tiziana.faraoni@asf.toscana.it

The Development of a Pain Management Service within Louth Community Care Services

Mona O´NEILL

Aims of the service:
1) To adequately assess each individual's pain and resulting disability.
2) Working with the patient to formulate and implement a pain management plan.
3) Help the patient identify and work towards realistic goals regarding functional ability, exercise and social issues.

Methods:
1) Assessment: Individual patient interview and physical examination. Use of standardised assessment tools for the multidimensional aspects of pain i.e.: SF36 Tampa Scale, Harding's Physical, VAS pain scale, Fear Avoidance Beliefs Questionairre
2) Management: Done on a one-to-one basis with the therapist or in group work depending on the initial assessment.
i) One-to-one: TENS Acupuncture, Advice and education
ii) Group work: Relaxation, Exercise class, Advice and education, Six week programme.
Reassessment: Repeat baseline measures after six week group programme and one-to-one therapy.

History: The programme has been developed within the physiotherapy department over the last year and is currently running using the one-to-one management approach. There are plans to begin the group work in 2004.

Ultimately we are working towards a multidisciplinary programme with a team of Psychologists, Physiotherapists, Anaesthetists, Occupational Therapists and Nurses to provide a comprehensive service to meet the needs of these patients.

Such programmes are already well established in the UK. They have been shown to be effective in the management of chronic low back pain, enabling return to work in 39.5% of patients previously unemployed because of back pain (Watson, 2001).

References:
Watson, PJ. (2001) Back to Work: Report to the Department of Environment on Efficacy of Integrated Vocational Rehabilitation for Social Security Recipients with Low Back Pain. National Disability Development Initiative. Department of Employment, Bristol. UK

Contact:
Mona O´NEILL
Louth Community Care Centre
Physiotherapy
Dublin Road

Dundalk
IRELAND
mona.oneill@nehb.ie

Poster-topic 15: Developing quality of care and managing risks in Health Promoting Hospitals

Development of cardio surgery and intervention surgery in Murmansk Region, Russian Federation

Peter BRENTSIS

The hospital has achieved the greatest success in treatment of ischemic heart disease recently. Though the first coronary operations were performed in 1994, for the last 10 years coronary surgery with intervention methods has become an effective method of ischemic heart disease treatment. Regional programme of early recanalization of infarct dependent artery in acute myocardial infarction by means of intervention methods and thrombolytic therapy is realized on a wide scale. This allowed reducing mortality and myocardium affection rate greatly. Early detection of coronarography diseases enabled to perform selectively either coronary angioplasty or dilatation or bypass by means of different methods in proper time. Standardization of operations, use of cardiopulmonary bypass with disposable devices, modern methods of cardioplegic myocardium protection, monitoring, and minimal hemorrhage turned open treatment into a sufficiently safe method. Diagnostic, operative and technical success resulted in the fact that we have patients above 70, patients with serious concomitant pathology, and patients with evident heart failure. In 2003 137 heart and aorta operations with cardiopulmonary bypass were performed, affected artery blood flow in acute myocardial infarction was reestablished in 66 patients and dilatation was performed in 91 patients, which on conversion to 1000000 of population is the best index in Russia.

Arrhythmology was developed last year. In addition to improvement of curing patients with slow rate, physicians were enabled to diagnose and suppress tachyarrythmia with the help of new equipment.

For the first time in the region patent ductus arteriosus closure by means of new intervention technology instead of operation was performed.

New angiography device which will be installed in Murmansk Regional Clinical Hospital in 2004 will improve diagnostic capabilities and widen the range of intervention and surgical help to patients with cardiovascular diseases.

Contact:
Peter BRENTSIS
Murmansk Regional Clinical Hospital
Cardiosurgeon
Pavlova Str., 6
183047 Murmansk
RUSSIAN FEDERATION
mob@an.ru

Regional experiment on an Incident reporting system for the surveillance of incidents in the operating theatre

Renata CINOTTI, Vania BASINI, Patrizio Di DENIA, Antonio CHIARENZA

Within the Emilia-Romagna Region no reference data are available on the incidence of the problem of “incidents” in the health care sector, since there is also a lack of suitable tools to detect such events for the purpose of collecting and analysing data in a consistent and comprehensive approach to risk management.

Within the Ministerial Program of the Emilia-Romagna Regional Health Authority a system for spontaneous incident reporting is being experimented for the surveillance of anaesthesiology incidents in the operating theatres.

The reported data will be the starting point for the subsequent risk management phases (risk analysis, treatment and monitoring). At the present time 45 operating theatres from 18 public hospitals and 2 private clinics have adhered to the experiment.

Overall goal: The importance of the project lies in the dissemination of a structured system for risk identification and monitoring in patients who undergo anaesthesia involving all regional health authorities and a large number of health professionals.

Specific goals:
1. Development of an empirical data-base which can be used for risk management in patients who undergo anaesthesia in the operating theatres.
2. Introduction of a spontaneous event reporting system for incident monitoring in the operating theatres and verification of its sustainability over time.

Methods/Actions:
1. Training pathway. Before the experiment all health professionals involved should be adequately trained. They will have to follow a common training pathway at regional level (“blended” distance learning with some class-room lessons and self-learning through a CD-ROM).
2. Sheet for the spontaneous reporting of an event. During the experiment the Incident reporting sheet developed by the Health Authority will used. It will be filled in by the health professionals (anaesthetists and operating theatre nurses) from

the cooperating business units who will have to spontaneously report on significant events (adverse events, incidents and near-misses) impairing patient´s safety in the operating theatre.

3. Computerized data-base. A data-base was developed on the regional Intranet network for the purpose of recording the sheets by the business units. Apart from filing the data, this data-base also allows for further processing with a view to facilitate the identification of the critical areas and of the resulting improvement actions, both locally and regionally.

Main target group: Regional health professionals and health care facilities.

Expected benefits: Improve risk management in the patients who undergo anaesthesia in the operating theatres.

Contact:
Renata CINOTTI
Head of accreditation Programme Area
Regional health authority - Emilia Romagna Region
Viale Aldo Moro, 21
40127 Bologna
ITALY
rcinotti@regione.emilia-romagna.it

The Risk Management Project in the Mental Health Department in Reggio Emilia

Gaddomaria GRASSI, Dorella COSTI, Luigi TAGLIABUE

The literature contains reports on the epidemiological relevance of errors in the health care sector and, more generally, on the iatrogenic effects of treatments.

In Italy there are well-defined methods to detect such events as set forth by the national and regional legislation: reports to the Public Relations Office and to the Tribunal for Patients´ Rights (as far as the citizens are concerned) and reports to the Ministerial Drug Surveillance Service as far as the physicians are concerned. There is ample evidence, however, that such tools are largely underused. The Mental Health Department (DSM) of the Reggio Emilia Health Authority (AUSL), which includes the Community Mental Health Centers, residential, semiresidential facilities and a psychiatric ward with beds in the General Hospital, also uses other detection tools to identify unwanted events in line with the hospital guidelines and the regional regulations.

Overall goal: Develop an effective system for the detection of unwanted events in the practice of the Mental Health Department.

Specific goals: Assess the feasibility, sensitivity and effectiveness of new detection tools as compared to the conventional ones.

Methods/Actions: The conventional way of detecting the unwanted events (complaints to the Public Relations Office and to the Tribunal for Patients´ Rights or reports to the Drug Surveillance Service) is compared with the following:

- Systematic detection of Non-Conformities by the health care workers (failure to implement procedures and operating instructions) within the whole Mental Health Department
- Systematic detection of Sentinel Events (specific check-list of events that are potential indicators of bad quality in each business unit) within the whole Mental Health Department
- Detection according to the Incident reporting model in the psychiatric ward in the General Hospital

Main target group: Users of the Reggio Emilia Mental Health Department.

Expected benefits: Better and more effective detection of critical and bad quality events.

Project organization: The Project is coordinated by the Quality Assurance Service of the Mental Health Department in cooperation with the Management of the Mental Health Department and the General Management Staff of the Health Authority; multiprofessional working groups were set up within the Mental Health Department to define the Operating Procedures and the lists of Sentinel Events; reports of Non-Conformities and Sentinel Events were issued by all health care workers within the Department; critical events were reported according to the incident reporting model by the professionals who work in the psychiatric ward in the General Hospital.

Project duration and phases: For the detection of the complaints received by the Complaint Office and the Tribunal for Patients´ Rights, of the reports received by the Drug Surveillance Service, the Non-Conformities and the Sentinel Events detection is performed on a routine basis and the period considered is 2002-2003, while for the detection of critical events according to the Incident reporting model the period considered is April-June 2002.

Involvement/Participation: Of the professionals who work in the business units within the Mental Health Department.

Assessment of the results: An assessment was made of:

- the ability of the tool to detect critical events (indicator: No. of reports/year)
- the sensitivity of the tool (assessment of the magnitude of the events by the Quality Assurance Service and, in the case of Incident Reporting, by a mixed group of professionals from the business unit and the management staff)
- the resources required (by the Quality Assurance Service)

Conclusions:
The use of old and new ways of identifying critical events within the Mental Health Department allowed us to draw the following conclusions:

1. The conventional detection system makes it possible to identify just a few events which are potentially indicative of bad quality
2. The other methods make it possible to record a significantly higher number of events even if with a different level of accuracy and use of resources (the Non-Conformities have the advantage of reporting even organizational events of non-homogeneous severity, the register of Sentinel Events allows for a limited yet simple and reliable type of recording while the Incident reporting method is more sensitive but requires more resources)
3. The use of only one tool is insufficient to describe the above phenomenon: it is therefore necessary to use a variety of tools for the detection of bad quality in health care.

Contact:
Gaddomaria GRASSI
Mental Health Dept., Reggio Emilia Health authority
Head of Diagnosis and Treatment
Via Amendola, 2
42100 Reggio Emilia
ITALY
gaddomaria.grassi@ausl.re.it

Interdisciplinary Co-operative Abdominal Centre: a promising approach to improved patient care

Bernhard F. HENNING, Eva-Maria EINIG, Konstantinos ZARRAS

Objective: It has been recognised for a long time, that the care for patients with abdominal diseases is an interdisciplinary task. Traditionally, there is a strict separation between conservative and surgical treatment. Moreover, out-patient and in-patient care often does not go hand in hand. Therefore, we initiated an interdisciplinary co-operative abdominal centre to test whether this improves key factors of patient management such as time to diagnosis, total in-hospital period, costs, and satisfaction of patients and admitting physicians.

Methods: A standardised clinical pathway was developed for patients with as yet undefined abdominal diseases. After initial contact of the admitting physician with the abdominal centre outlining history, leading symptoms and already obtained results, the patient is seen from then on always by a visceral surgeon and a gastroenterologist together. At least once a psychologist and on demand other specialists as for instance oncologists or gynaecologists are called in.

Results: A significant improvement of diagnostic procedures and therapeutic strategies was observed. Unnecessary repeated tests were avoided and patients had not to be shifted from one to another department within the hospital. Continuous pre- and postoperative care was guaranteed by the same team of physicians. The mutual evaluation of diagnostic and therapeutic concepts experienced by visceral surgeon and gastroenterologist was of great, measurable benefit. Hospitalisation period and costs were cut by approximately 20%.

Conclusion: The described interdisciplinary approach to patients with unclear abdominal diseases starting on the day of admission leads to substantial reduction of the length of stay and required resources. At the same time quality of medical care is effectively enhanced leading to improved contentment of patients and admitting physicians.

Contact:
Bernard F. HENNING
University of Bochum, Marienhospital Herne,
Department of Gastroenterology
Hoelkeskampring 40
44625 Herne
GERMANY
bernhard.henning@rub.de

Predictors for loss of follow-up in young trauma patients in an inner-city emergency department

Bruno NEUNER, Tim NEUMANN, Edith WEISS-GERLACH, Peter SCHLATTMANN

Objectives: Identification of predictors for loss of follow-up in young trauma patients in an inner-city emergency department after screening for substance use and brief intervention.

Methods: 2595 injured patients in the surgical emergency department of the Charité - University Medicine Berlin were screened for substance use (harmful alcohol consumption (when > 8 points in the Alcohol-Use-Disorder-Identification-Test (AUDIT)), smoking, illicit drug use) as well as socio-economic status (income, education, working status, size of household, partnership). Half of the patients got randomised a brief advice with regard to minimise their substance use. Loss of follow-up after 0, 3, 6 and 9 months were compared in a multinomial logistic regression model with patients who completed the 12-month-follow-up (reference-category).

Results: Median age of all patients was 32 (18 - 89) years, 62% were men. Overall 46% were smokes, 21% consumed illicit drugs and 18% were patients with harmful alcohol consumption. Loss of follow-up were 290 patients immediately, 151 after 3 months, 190 after 6 months and 427 after 9 months, respectively. In the multinomial regression patients with immediately loss in follow-up were 1.8 (1.4 - 2.4) times more often smokers and 1.7 (1.3 - 2.3) times more often patients with no high-school degree. Smoking was the only predictor for all further loss in follow-up, after 3 months (1.6 (1.1 - 2.3)), after 6 months (1.8 (1.3 - 2.5)) and after 9 months (1.6 (1.3 - 2.0)). Patients were 1.4 (1.0 - 1.9) more often loss of follow-up at six months when no brief intervention was performed.

Conclusion: In young trauma patients the strongest predictor for loss of follow-up was smoking. Secondary prevention in young trauma patients with smoking might benefit from a more intense brief intervention strategy.

Contact:
Bruno NEUNER
Research Assistant
Charité - University Medicine Berlin. Campus Charité-Mitte, Clinic for Anesthesiology and Intensive Care Medicine
Schumannstrasse 20-21
10117 Berlin
GERMANY
bruno.neuner@charite.de

The Management of hygiene and epidemiology in the St. Cyril and Method University Hospital

Ján PAŠKAN, Elena LAZAROVÁ

Hospital infection is probably one of the most serious problems of today. Although antibiotics have reduced mortality, they failed to alter the incidence of infection. Since opening (July 1997) of the St. Cyril and Method University Hospital its management concentrated attention to prevention of nosocomial infections. The prevention of hospital infection connects all wards and workplaces in hospital to one complex, which solves this problem on the bases of cooperation.

For the basic principles of prevention of hospital infections everyday hygienic control is necessary to follow up preventive hygienic control, the elaboration and knowledge of regimen of wards in hospital (invasiveness of diagnostic and therapeutic practices, the way of therapy - antibiotics, immunosuppressive therapy, cytostatic therapy etc.), the continual monitoring of patients with infectious disease. (microbiological examination of colonization of surfaces in hospital, sanitary materials, solutions etc.) together with strict antibiotic policy. Continual education of physicians represents an important part of the policy.

The number of hospital infections is less than 1% which is lower than the Slovak average (in 2002 there were 170 hospital infections of 139 patients). Precise monitoring of microbial situation in hospital with defined rolls of antibiotic policy have important impact of the hospital economy.

Disinfectant plan helps monitoring:
1. The colonization of hospital environment by bacterial species
2. The results of examinations in biological materials of hospitalized patients
3. Infectious diseases

The choice of disinfectants is based on
- the extent of the effect of disinfectants
- the chemical composition of disinfectants
- the economical aspects
- the businesslike manners of apply

Contact:
Jan PAŠKAN
Director of hospital
St. Cyril and Method University Hospital
Antolská 11
85107 Brastislava
Slovak Republic
paskan@npba.sk

Resident Assessment Instrument. The cross-cultural adaptation process in Estonia

Reet URBAN, Kai SAKS

To provide the best possible quality of life for the chronically ill persons and for the frailly elderly the evidence based arrangement of health and social services is needed - the services should correspond to the client´s factual needs and be as cost-effectively as possible, which enables the maximum independence in client´s everyday life and achieve or maintain highest practicable level of well-being. To organize the evidence based care, reliable data which are based on reliable comprehensive assessment is required.

RAI (Resident Assessment Instrument) is the international standardised instrument for comprehensible assessment of clients. RAI is an instrument for interdisciplinary use, which enables to look at clients holistically. The instrument helps to gather information on a client´s strengths and needs, which constitute the database for the individualized care plan. InterRAI organization has devised parallel assessment systems for a different level of care. The balance between different RAI instruments (based on united minimum data set - MDS) makes this assessment system specific to their applications yet compatible, so that individuals can be compared across types of care.

The purposes of assessment: assess and determine eligibility for services; contribute to care planning and management, according to client´s resources and capability; develop a sound basis for quality indicators; track frailty in individual´s condition over time; establish a structure for allocating resources within organization and within service network; provide a basis for provider reimbursement; analyse and rationalize services and systems; analyse ratio and projection of costs of services, quality of services and need of services.

Inculcation of the RAI instrument in Estonia started in October, 2002. Two instruments - RAI-home care and RAI-nursing home were selected for adaptation. The cross-cultural adaption of an assessment instrument requires special internationally accepted methodology: translation from the original language, analysis by a committee of specialist to adapt an instrument culturally, back translation into original language and reliability testing of the adapted instrument. Before reliability testing of the adapted instrument, it is required to educate a pilot user group as an experts. Four Estonian hospitals are involved in the pilot project. Reliability testing was carried out by using the test-retest method and inter-rater method. The results of reliability testing has been analysed and reliability of the RAI in Estonia is verified. From the beginning of March, 2004 the RAI is in use in Estonia.

Contact:
Reet URBAN
Tartu Medical School
Nooruse 9
50411 Tartu
ESTONIA
reet.urban@med.edu.ee

Patients' safety in conditions of an industrial model of managing quality of medical care

Sergey VARDOSANIDZE, Yuryi VOSKANYAN, Irina SHIKINA

Any medical intervention is connected with a certain risk of undesirable complications for a patient. At that patients' safety gains significant importance while implementing industrial techniques of managing quality of medical care. From our point of view patients' safety is a maximum possible compliance of clinical outcomes with a doctor and patient's expectations in view of minimum risk of negative treatment and diagnostics complications.

Today the only technique which allows solving this problem is evidence based medicine resting solely upon the methods of diagnostics and treatment the efficiency of which are proved in scientific research of high methodological level. From this position since 1999 we've started evaluation of all medical techniques used in Stavropol Regional Clinical Hospital. Two groups of specialists were formed. One of them trained hospital's personnel evidence based methods of clinical practice, the other one by means of telecommunication unit accumulated international evidence based research data evaluating efficiency of diagnostics and treatment methods used in every hospital department regarding the existent nosologic forms.

The main trends of patients' safety in the hospital were:
1) use of medical interventions with evidence based efficiency;
2) organization of a treatment and diagnostics process itself;
3) training of patients.

In order to assess patients' safety fairly "hazard criteria" were used, which considered negative intervention outcomes, complications, pschyco-emotional dissatisfaction of patients.

The results of the measures include reduction of complications which correlated directly with reduction of frequency of long hospital stays, unplanned repeated hospital admissions and repeated operations, operative mortality. It was accompanied by stable nosologic structure and growth of surgical activity.

Thus the programme of patients' safety in a hospital realized in the framework of continuous improvement of medical care quality allows reducing frequency of undesirable treatment complications for a doctor as well as for a patient. All the abovementioned is determined by using medical techniques with evidence based efficiency, efficient management of a treatment and diagnostics process, individual responsibility of medical staff and raising educational level of patients.

Contact:
Sergey VARDOSANIDZE
Head of the Deapartment for organization, information and analytics
Ministry of Health of Stavropol Territory
Dzerzhinskogo Str. 116, 1/v
355000 Stavropol
RUSSIAN FEDERATION
shikina@minzdrav.stavkrai.ru

An observation instrument for the Evaluation of transfer technique used when handling patients

Susan WARMING, Birgit JUUL-KRISTENSEN, Niels EBBEHØJ, Bente SCHIBYE

Aim: To develop a reliable observation instrument for description of the transfer technique used during patient handling and to validate the instrument by a weighted score quantifying the assessment.

Methods: The instrument formed as a questionnaire consisted of 23 items divided into two phases: The preparation focused on information and planning, (9 items). The performance phase focused on the integration of the patient resources incl. use of transfer aids and work technique (14 items). The method was developed for five commonly used transfer tasks: Moving towards the head of the bed, from lying to sitting at the edge of the bed and vice versus, from sitting at the edge of the bed to sitting in a chair and vice versus. The intra- and inter observer reliability was evaluated by four experienced physiotherapists from the analysis of 20 video-recorded transfer situations.

To quantify the assessment of the performed transfer technique a weighted score (from 0 to 10) was developed. Each item was weighted according to musculoskeletal load and the consensus of the four experts. The total score of the 14 items in the actual performance phase were evaluated on 79 video-recorded transfer situations investigating changes in the mechanical load on

the low back, when nurses change from a self-chosen technique to a recommended transfer technique. The calculated compression values at L4/L5 were compared with the total scores using the observation instrument.

Results: The overall agreement and Kappa showed that 11 out of the 23 items were reliable, 10 items partly reliable and 2 items were not reliable. The weighted score system showed a satisfactory validity when compared to the overall score and to the calculated compression forces. The Spearman correlation coefficient of the actual performance phase and compression values was –0.589 (p-value =0.01).

Contact:
Susam WARMING
Clinical unit of Health Promotion
Bispebjerg University Hospital
Bispebjerg Bakke 23
DK2400 Copenhagen NV
DENMARK
SW01@bbh.hosp.dk

Poster-topic 16: Improving and measuring patient satisfaction

Patient's satisfaction and evaluation of the service quality in the Palanga Rehabilitation Hospital

Virginijus BISKYS, Romualdas MIKELSKAS

The quality system in the Palanga Rehabilitation Hospital has been operative since 1997. The satisfaction of patients with the hospital's physical environment and behaviour of the medical staff is very important part to evaluate the quality of a health service institution.

The patient's impression about a health service institution is formed during his/her direct contact with that institution and its staff, by rumours from the public, and by the mass media information. This is how the public image of a health service institution is created, wich is perceived by the former, present and potential patients and service providers trough the different levels of consciousness.

In order to survive under the market conditions, it is necessary to look for ways that would help understand and assess the patient's expectations and needs and creates a favourable image of the institution, because creating the image is investing in the future.

In order to evaluate the level of satisfaction of our patients with the hospital's physical environment and behaviour of the medical staff, in 1999 the first survey, based on a questionnaire of 15 questions developed by ourselves, was conducted, witch asked the respondents to evaluate the following aspects: medical treatment, nursing, catering, supply off pharmaceuticals, rehabilitation measures, information about illness/disease, different types of treatment.

Conclusions

1. A questionnaire-based survey of patients is on efficient method the evaluation of the quality of the health care services.
2. The surveys results show that, despite the fact that the majority of patients appreciate the hospital's environment and the performance of the medical staff very highly, there is room for further improvement.
3. It would be expedient to conduct questionnaire-based surveys on a regular basic, as they provides comprehensive information about the hospital's activities and trends, the efficiency of medical treatment applied and the opportunity to participate in the formation of the hospital's public image.

Contact:
Virginijus BISKYS
Palanga Rehabilitation Hospital
Vytauto 153
00163 Palanga
LITHUANIA
info@prl.lt

Patient satisfaction survey for dialyzed patients

Pierpaolo BORGATTI, Maria Grazia MANINI, Maria RAVELLI, Loredana CERULLO

This project grew out of the interest of the healthcare staff working in Nephrology and Dialysis to improve patient satisfaction and better meet patient needs. In order to this it was necessary to know patients' expectations, perceptions, experience relating to the healthcare they received and particularly to dialysis treatments.
We based our survey on personal interviews that allowed us to focus our attention on dialyzed patients. Our review of existing literature on patient satisfaction guided us in our choice of questions so that they covered the most important aspects of patient satisfaction. We terminated the interviews with two questions that allowed patients to freely express their opinions regarding what they believed a dialysis service had to deliver and how they thought the service could be improved.

We were satisfied with the results of our survey in that it met several of the goals we had set, especially that of refining our understanding of our patients' needs. Reflected in our survey was the fact that dialyzed patients are suffering from a chronic condition and have particular psychological and physical needs that are quite different from those of acute patients.

The initiative was well-received by all interviewed patients (all age-groups). All interviewees showed interest and a willingness to participate offering their opinions, ideas, requests, and suggestions as to how our service could be improved.

The survey led to a series of initiatives:
- Meetings with staff, patients and their relatives to discuss actions that could be taken to improve care.
- Meetings on specific themes requested by our patients (nutrition/diet, medications, relationships and communication).
- Training course for healthcare staff for the education of dialysis patients

This project proved to be an excellent catalyst for improving communication, dialogue, and the patient-healthcare operator relationship.

Contact:
Pierpaolo BORGATTI
(via Loredana Cerullo)
Arcispedale S. Maria Nuova
Via Sani, 15
42100 Reggio Emilia
ITALY
cerullo.loredana@asmn.re.it

Consumer satisfaction survey of Community/District Midwifery service at the Mid-Western Regional Mat. Hospital

Elizabeth CLUNE, Maria GIBBONS

Aim: To evaluate the district/community service at the Mid-Western Regional Maternity Hospital

Objective:
- To determine consumer satisfaction with the service
- To identify areas for improvement

Methodology: Over a three month period, June-Sept. 2003, 140 surveys were distributed. 116 women completed the survey(85%)

Results:
- 85% rated care received as excellent
- 14% rated care as good
- 97% would recommend the service to a friend
- 88% found the individualised care in their own homes, the most useful aspect
- 16% considered Breast feeding support most useful
- 13% cited benefit of early discharge from hospital

Recommendations:
- An external audit of the service is to be completed
- A proposal to extend the service will be presented at executive level
- All staff to be informed of findings

Conclusion:
The overall consumer satisfaction was excellent with findings demonstrating a strong consumer-led demand for expansion of the service.
The evaluation had a positive impact on staff morale and clearly demonstrated a high standard of midwifery care.

Contact:
Elizabeth CLUNE
(via Maria Gibbons)
Mid-Western Regional Maternity Hospital
Ennis Road
Limerick
IRELAND
mgibbons@mwhb.ie

Psychiatric patients' level of satisfaction; a survey.

Margit REIMERS KNUDSEN, Ulla MAEGAARD

Background: The county of West Sealand in Denmark has a focus area regarding more satisfaction among patients in The Mental Health care wards.

Objective:
- Systematic follow-ups on patients' satisfaction over time
- To give the wards tools for improving the patients' satisfaction.
- To be able to compare the level of patient satisfaction with other counties and wards

Method: A quantitative survey with a standardised designed questionnaire aimed for patients within psychiatric wards.
If the patients had agreed to participate in the survey they were given a questionnaire when leaving the ward.
There were 9 wards and 158 patients included in the survey.

Results: 111 of 158 possible participated in the survey. The questionnaire and the results of the survey will be presented. The level of satisfaction in general is acceptable, but shows areas that need improvement.

Conclusions: The survey shows that the patients are very much aware of what needs to be improved and what they find satisfactory.

Contact:
Margit REIMERS KNUDSEN
Sygehus Vestsjælland
Psykiatrisk Center
Kolonivej 15
4293 Dianalund
DENMARK
anmakn@vestamt.dk

Patient Attitude to the Quality of the Healthcare Services in Siauliai Hospital

Loreta-Rasute REZGIENE, Renata NOREIKAITE

More and more suppliers of the healthcare services in Lithuania are interested in the quality of the supplied services. Correspond of the healthcare institutions to the patient's expectations, patient's satisfaction with the service are valued as one of the most important quality healthcare criteria.

Aim: To evaluate patient attitude to the hospital care supplied in Siauliai hospital.

Methodology: Anonymous patient survey in Siauliai hospital giving 9 questions to answer. Patients answering these questions "very well", "well" "medium" or "bad" evaluated the procedures of hospitalisation, daily care, conveyance, physical environment, and discharge from the hospital.

Results: 2001, 2002, 2003 data is compared. Quality nursing improvement project started in 2002, therefore it is important to estimate the efficiency of this project, evaluating patient satisfaction.

Number of the respondents, who evaluated "very well" all the services indicated in the survey, increased from 54,4 % in 2001 to 67% in 2003. Evaluation "bad" decreased from 2, 6% in 2001 to 0, 7% in 2003. In 2003 distinctly more approvingly was evaluated the procedure of hospitalisation: only 0,92% of the respondents noted the answer "bad", answering the question about the treatment of them in the reception department. In 2001 there were even 5, 9% of the respondents, who answered "bad" to the same question. The conveyance was evaluated much more approvingly too: in 2003 95% of the respondents noted the answers "very well" and " well " , this is 15% more then in 2001. The most approvingly in 2001 and in 2003 too was evaluated nursing (provenance, sensibility, attention): 88% of the respondents evaluated " very well " and " well", in 2001 there were 8 % less such evaluations.

Conclusions: Patient attitude research is very important to the institution supplying services as the motivation for service quality improvement. Survey data analysis showed that the program of the improvement of the nursing quality is efficient and should be continued.

Contact:
Loreta-Rasute REZGIENE
Siauliai Hospital
Physician
Darzelio 10
5400 Siauliai
LITHUANIA
onkoklinika@takas.lt

Cooperation of patients and medical personnel

Loreta-Rasute REZGIENE

The satisfaction of patients in healthcare services is influenced by the character, nature and format of their cooperation with medical personnel. Pursuing patients' welfare and higher satisfaction of the patients needs, the providers of the healthcare services must form the model of communication, accepting the role of the informed and active patient, the relation of personnel and patient based on partnership, respect to the patient's autonomy.

Aim: To evaluate the aspects of patients and medical personnel cooperation in the hospitals in Siauliai region.

Goals:
- To evaluate the patient's attitude to the relationship with the medical personnel.
- To estimate observance of the principles of patient rights, autonomy, privity, confidentiality.

Methodology: There was made the inquiry of the patients in the hospitals in Siauliai region.

Results: 53 % of respondents wished to choose the medical institution, however 9% didn't get such a possibility. 60, 6 % of the respondents wished to choose medic (therapist), but 3,6% of them didn't get such a possibility. 90 % of the patients evaluated approvingly the carefulness, solicitude, complaisance of the medical nursery stuff. The information conveyance was estimated

less satisfactorily. The relationship between doctors and patients should be evaluated from the viewpoint of the communication, information conveyance and advertence. The information conveyance was estimated less satisfactorily (85%) then communication and advertence (91%). Only 0, 6 % of the respondents were not satisfied with the behaviour of their doctors. There were fewer respondents who were satisfied with the doctor's behaviour and completely trusted their doctors in the group of the respondents who didn't get the possibility to choose them. 23% of the respondents, who wished to get the information about their illness, stated that the information wasn't sufficient. 0,4 % of the respondents referred that they couldn't understand their doctors because of the specificity of their language. 67% of the respondents noted that they had the possibility to take part in the decision making about the alternatives of treatment, but 17,5% indicated that they didn't have such a possibility. 9% of the respondents told that nobody asked for their permission to give information to their family, and 33% -, that nobody asked them who can get the information. Only 47% of the respondents stated that the confidentiality was kept.

Conclusions: In order to get the higher service quality and patient satisfaction the bigger attention should be paid to the patient rights, it means the right to choose medical institution and medical personnel, and to the information conveyance, to the observance of the principles of autonomy and confidentiality in the relationship between personnel and patients. This relationship should be based on cooperation and reciprocal responsibility.

Contact:
Loreta-Rasute REZGIENE
Siauliai hospital
Physician
Darzelio 10
5400 Siauliai
LITHUANIA
onkoklinika@takas.lt

Poster-topic 17: Promoting the health of hospital staff I: Issues of psychosocial health and wellbeing at work

A psychological survey for the support of the staff members of the ICU in a pediatric hospital

Elena ANGELI, Simona CAPRILLI, Clementina PARISI, Angela TILLI

Introduction: The aim of the survey is to understand the psychological needs of the staff members of the ICU of the A Meyer Childrens hospital, and the way they interact between each other and with the patients and the families as well. This study is necessary to plan a specific psychological support for this department. Such project was requested by the head of ICU, to understand the possible difficulties present in the relationships in the ward.

Material and methods: to each staff member of the ICU (16 nurses, 9 physicians, 2 social workers) a protocol of psychological tests was given: the MBI (to find out the burn-out level), the ROCI (in order to observe the level of conflict), the ROCI II (in order to see the strategies used for the management of the conflict) and a semi-structured questionnaire with opened questions about the quality of the relationships with the colleagues, the children and the parents and some aspects about the work in ICU. Descriptive statistics, correlation and a comparison between groups were done.

Results:
- The nurses and the social workers declare to need of a psychological support
- The final score of burnout between all the staff members was medium
- There is a statistically meaningful correlation between the burn-out score and some coping strategies used by the staff members inside and outside the ward ($p < 0.01$).

Conclusions: Therefore it has been structured a project (active from January 2004) formed by: 1- monthly psychological support groups; 2- the chance of individual meetings with the purpose to provide a private psychological support .

Contact:
Elena ANGELI
(via Simona Caprilli)
Ao. Meyer
Psichologist
Via L. Giordano 13
50132 Florence
ITALY
s.caprilli@meyer.it

The Quality of Working Life Programme, Midland Health Board

June BOULGER

In July 2002, the "Quality of Working Life programme" was established. The project has three strategic aims
1. To be able to demonstrate that the Midland Health Board is a good place to work
2. To address the management capacity and capability required to deliver this agenda and the associated programme of change
3. To be able to demonstrate that by improving the quality and safety of working life for staff that we can improve the quality of the services which we provide to our service users.

In August 2002, a steering committee was established to oversee the development and implementation of the project. The steering committee has representatives from, Health Promoting Hospitals, Occupational Health, Employee Assistance Service, Health Care Risk Management, Corporate Fitness, Human Resource Department, Health Promotion, and Partnership. A health needs assessment was conducted on the entire Midland Health Board workforce. Almost 7,000 surveys were distributed throughout the region, encompassing 179 different health service locations. The results of the Quality of Working Life Survey have highlighted priority areas for improvement.

Communications:
This project highlights the importance of communications for health:
1. The Quality of working life survey, yielded a high response rate due to the importance which was placed on communicating and consultation with staff throughout the process
2. The staff survey and workshops will prioritise needs in relation to the quality of working life of the Boards staff, this will in turn improve the quality of service which we deliver to our service users
3. The results of this survey also highlight the need to promote health amongst the Boards staff, this has implications for how we are currently communicate our messages
4. The results of the survey have highlighted the importance of working in partnership and therefore the need to improve communications between services, departments and disciplines.
5. Poor communications between services, departments and disciplines was identified as a significant source of stress for staff.

Contact:
June BOULGER
(via Kate Brickley)
Midland Health Board
Tullamore
Co Offaly
IRELAND
Kate.Brickley@mhb.ie

An in-depth study into workplace bullying in a Irish Hospital Setting.

Ann BREEN

Aim: To investigate in-depth within a hospital setting workplace bullying in the context of organisational culture and its impact on the health and well being of staff.

Objectives: In the in-dept part of the study in the hospital being studied to investigate the following:
- Identify the extent of bullying within the healthcare organisation being bullied.
- Explore the effects of bullying on the well being of staff.
- Investigate the link between workplace culture and bullying.
- The presence of the anti bullying policy and its enforcement will be explored.
- The support mechanisms for victims of bullying will be investigated.
- The potential for Workplace Health Promotion to address the problems of a bullying culture within the organisations will also **be explored.**

Methodology: The study was conducted in an Irish Hospital Setting in three Phases.

Phase One: Questionnaires were distributed to randomly selected staff from within the hospital setting.
Phase Two: One focus groups containing 5 participants was conducted to allow discussion and a group perspective and interaction on the research topic.
Phase Three: In-dept interview of 20 participants in the research will provide additional insight into the research question.

Conclusions: The outcome of the study is now fully available and has been accepted for a masters in Health Promotion.

Contact:
Ann BREEN
Senior Medical Laboratory Scientist/ Masters in Health Promotion
Mid Western Regional Hospital
Dooradoyle
Limerick
IRELAND
annbreen@mwhb.ie

Mind, Body and Spirit Festival , Promoting positive mental wellbeing for staff at The Regional Maternity Hospital, Limerickstern Regional Maternity Hospital

Maria GIBBONS, Cathy QUINN, Kay McDONALD

Aim: To promote positive mental well-being among staff and encourage use of alternative therapies.

Objectives: To introduce staff to the concept of alternative therapies, To raise awareness among staff of the benefits of positive mental attitude

Methodology: A meeting took place between midwifery management, Health Promotion Co-ordinator, Clinical midwife specialist in bereavement and staff midwife qualified in alternative therapies.

- It was decided to hold a one-day session to introduce staff to the benefits of alternative therapies in promoting positive mental wee-being.
- Other staff with training in alternative therapies were asked to participate in the day.
- All staff were informed of the date and flyers sent to all areas.
- Reminders were sent closer to the chosen date.
- An evaluation sheet was drawn up to determine staff satisfaction and to receive critical feedback, which would guide future sessions.
- A plan of the days activities was drawn up in consultation with the working group.

Outcome: 100 staff attended the day, Therapies provided included; back, neck, face, hand and shoulder massage, Indian head massage, visualization, reiki and Yoga breathing. All staff grades attended the sessions.

Evaluation:
- 20% of attendees completed an evaluation form
- All staff who completed the evaluation stated that they benefited from the day
- When asked what they found most useful, comments included; Informal atmosphere, reiki, total relaxation, head massage, smelling the incense in the room, back massage, an insight into different treatments, highlighted the benefits and importance of relaxation for life/work, great to get some time for me, me, me, yoga excellent, time out from stresses of the workplace, relaxing and reflecting on the meaning of life and one´s purpose in this life, chilling out, teaching me to relax and move away in short period of time,
- The respondents did not find any part of the day "not" useful.
- Suggestions for future sessions included; more of them, more practitioners, once a month, important to have days like this to look after the staff in a holistic way.

Contact:
Maria GIBBONS
Mid-Western Regional Maternity Hospital
Midwifery
Ennis Road
Limerick
IRELAND
mgibbons@mwhb.ie

Staff Counselling Service

Barbara LYNCH

Introduction: "Counselling can make both a quantifiable and qualitative contribution to organisational effectiveness."(Highley-Marchington, Cooper, 1998.) Beaumont Hospital has recognised this fact and the following is an evaluation of the staff counselling service August 2002-August 2003 inclusive.

Objectives:
- To provide an onsite confidential counselling service facilitating individuals and groups.
- To offer support for option development to employees in the workplace.
- To facilitate experiential learning on stress management techniques.
- To identify a network of referral resources to meet employees needs.
- To liase with the Occupational Health, Health & Safety and Health promotion Departments on Staff Care issues.
- To establish crises support, post critical incidents and in the event of a Major Incident.

Methodology:
- Commitment from management.
- Accredited Counsellor/Psychotherapist employed 17.5 hours weekly with the recruitment of placement counsellor seeing 3 clients per week.
- All departments received an A5 flyer advertising the scope of the service.
- Advertisement in the weekly newsletters.
- Information re the service for new employees at induction.
- Independent office situated in the Occupational Health Department.
- Introduction visits made at department staff meetings.
- Built in evaluation of the service.

Evaluation of the one to one aspect of the Counselling Service.
From August 2002-2003 a total of 112 employees requested one to one counselling. Evaluation forms were completed and returned by 33 clients. All clients were satisfied with the method of making contact with the counsellor and everybody responded positively in recommending the service to colleagues.100% of the clients valued having the service on site. Anecdotal feedback acknowledged the positive aspect of having this service for employees. In the words of one client "One of the advantages in Beaumont Hospital is having a counsellor on site. As it is, there is a lot of negativity regarding working conditions etc., it is nice to be given something positive." In response to the question: Are there any changes you would like to see in the service? "It would be very beneficial to have the service available full time. Access was limited"

Conclusion:
Recommendations:
- To extend the hours of the service.
- More in depth evaluation of the service.

Contact:
Barbara LYNCH
Beaumont Hospital
P.O Box 1297
Beaumont road, 9
Dublin 9
IRELAND
staffcounsellor@beaumont.ie

Experience in social and psychological monitoring among the hospital's staff

George GOLUKHOV, Izolda CHEREPANOVA

This report presents results of a social and psychological study which we carried out in hospitals of Moscow, Ryazan, Tula, Vladimir, Penza and other cities of the Russian Federation.

The study was devoted to investigating relations between people at work. It was done on purpose. The state of these relations inevitably tells upon the quality of work. Mutual aid, support, experience exchange create favorable emotional background, reduce fatigability. Relations among the staff were studied from two perspectives: relations between colleagues and relations between managers and subordinates. The staff characterized their relations with colleagues as friendly (55,1%), ordinary business and polite with occasional disputes (40,2%), tense, every person cares only about himself, frequent conflicts (4,7%). More than a half of participants mentioned that if relations among the staff are friendly the climate in the hospital contributes to good work. Both physicians and nurses respond practically the same. Only 1,8% of the physicians and 6,5% of the nurses mentioned existence of tense relations.

Good relations among the staff depend on relations with the manager to a great extent. If a manager has found a management style which suits people there won't be any stratification or strain. Physicians as well as nurses evaluate their relations with the management almost equally: 46,7% believe that there is cooperation and mutual understanding between managers and personnel, both parties try to help each other in ensuring normal work. 47,1% consider that neither managers nor personnel undertake anything above their responsibilities. 6,1% think that the atmosphere in the hospital is ill-natured.

Good relations with colleagues are a very important element in preventing turnover of staff. Our study showed that there is dependence between relations among the personnel and their wish to change a place of employment. About 24,2% of the respondents who consider their relations with colleagues friendly would like to change a place of employment and 42,2% who evaluated these relations as tense want to do the same.

Good relations with management influence people's decision to change a place of employment even more. About 21,2% of the respondents who think that there is a mutual understanding between management and the staff want to change a place of employment. A negative evaluation of interrelations between management and personnel results in the fact that more than a half of medical staff (58,8%) would like to change a place of employment.

It's obvious that evaluation of relations with management affects the index of satisfaction with work more than evaluation of relations with colleagues, though in both cases satisfaction with work depends on relations within the team. The results of the study show that it's necessary to pay special attention to relations with colleagues and management. Improper, tense situation in the hospital results in reduction of the level of satisfaction with work, turnover of the staff, and reduction of the quality of physicians' work. In spite of the fact that on the whole medical staff characterized relations in the hospitals as friendly ones we shouldn't forget about those who assess them as negative. In this case high level of management's professionalism is especially significant.

Contact:
Gorge GOLUKHOV
(via Izolda Cherepanova)
City Clinical Hospital No. 31, Department of Management and Sociology of the Advanced Training Faculty of Russian State Medical University
Lobachevskogo Str., 42
119415 Moscow
RUSSIAN FEDERATION
NMO1@inbox.ru

The Experience with VIG (Video Interaction Guidance) as Positive Support to Staff

Katerina JECHOVA

University Motol Hospital in Prague is the first hospital in the Czech republic where VIG is systematically used in the educational method for the staff.

The aims are:

- To offer a positive support to staff which is in daily communication with patients
- To give them a positive feedback for their work with the aid of the method VIG
- To offer the new possibilities in communication, look for the new ways of solution the difficult situations and anticipate the burn out syndrom

We have a very good experience with VIG on the Department for long term care, where VIG brings the new views in the communicatin of staff with the patients with dementia. The new possibilities are opened on the Department of Children Surgery,

where the main goal VIG is the improving of communication in the team of proffesionals and between staff and families of the sick children.

We work with ten members groups of staff in half-year cycles, we would like to enlarge this way of education for the other departments of our hospital.

Contact:
Katerina JECHOVA
Assitant Chief Nurse
University Motol Hospital
V Uvalu 84
150 06 Prague 5
CZECH REPUBLIC
katerina.jechova@fnmotol.cz

An Investment in Staff Health and Well Being

Mary LAFFERTY, Raymond McCARTNEY

Altnagelvin Hospital has initiated many valuable projects which aim to improve staff health. This poster outlines some of the initiatives which are available for staff.

Physiotherapy Staff Clinic
- Physiotherapist employed to provide a fast track system for staff memebers.
- Pysiotherapist appointed to provide 50% staff clinic and 50% workplace assessment
- Staff may attend clinic following referral from Accident Emergency, Occupational Health, G.P.

Health Club
- Onsite Health Club
- Partnership between Altnagelvin and the Civil Services Sports Council
- Available to all staff members and their families
- Members have unlimited use of fitness suite, aerobic studios and treatment rooms.
- Beauty treatments, reflexology and Indian Head massage are on offer.
- First H.P.S.S. Orgainsation in Northern Ireland to provide such a facility

Staff Creche
- Partnership between Altnagelvin and a local Daycare Provider
- On Site
- Modern Creche facilities for children from 5 months to five years
- Breast feeding facilities available for mothers returning to work
- Used by many disciplines of staff

Yoga
- Yoga for beginners
- Classes are held two evenings a week

Lifestyle Programme for Staff
- Annual Programme for staff
- Programme runs over 9-10 weeks
- Sessions include - health Eating, Physical Activity, Complimentary Therapies, Stress Management, Backcare, Smoking Cessation

Mental Health Promotion Group
- Aim of group is to promote mental health and well being of staff

Key areas to be addressed
- recognising that all staff have mental health needs
- raising awareness of what people can do to look after their own mental health
- identifying and addressing factors which affect mental health in the workplace

Actions
A work related stress survey has taken place within the Hospital for all staff
Outside agency undertaking the research
Action Plan will be provided for Hospital Management in order to address the issues from the survey

Contact:
Mary LAFFERTY
Altnagelvin Health and Social Services Trust
Acute District Hospital
Glenshane Rd.,
Londonderry BT47 6SB
NORTHERN IRELAND
mlafferty@alt.n-i.nhs.uk

Personal Develoment Planning (PDP) - A Continuous Development Process

Shirley McINTYRE

The OHM provides an online initiative for staff for personal and professional development which can be accessed through the OHM WebsitePersonal Develoment Planning (PDP) is a continuous development process that enables people to make the best use of their skills while also helping them to advance both the individuals plans and the strategic goals of the organisation.

Aim: To improve the skills of HPH Administrative staff, linking with HPH Regional/National goals.To develop and take responsibility for implementing the PDP plan and to receive support from line manager in doing so.

Objectives:

- To engage in the OHM PDP process
- To allow participant to take time out to evaluate own current situation
- To make clear career aspirations by formalising an action plan
- To ensure that personal goals are tied to the goals of the Department and members of the team
- See how Personal Development Planning provides a clear framework for the organisation
- To use the skill acquired to explore new ways of creating impact both within the team and beyond.

Method:

- Access PDP learning programme and guidelines on how to put PDP into practice.·
- PDP workbook used to input and past life history in relation to career and what the job requires of the participant.
- Personality & learning style questionnaire completed to inform future action plan.
- Areas for development agreed with Line Manager and learning opportunities identified
- Progress check visited regularly

Results:

- An appropriate induction programme was put in place.
- A course on Personal Development through the local County Enterprise Board has been identified as an appropriate next step Opportunities to improve skills through deputising for Line Manager have been enhanced.
- A plan to visit the National Network has been agreed.
- Creates positive influence and improves teams performance and motivation
- Team benefits from the insight into different communication techniques
- Improved communication and writing skills and how to negotiate effectively

Conclusions: Valuable source of updating one's personal development and growth while planning career pathway.

Contact:
Shirley McINTYRE
(via Kate BRICKLEY)
Midland Health Board
Tullamore
Co Offaly
IRELAND
Kate.Brickley@mhb.ie

An investigation into how health promotion professionals experience stress

Criona Spaight – Breslin, Patricia Mannix – McNamara

The purpose of this study is to investigate how health promotion professionals experience stress. The research methodology consisted of three phases, employing a mixed method approach. Phase one involved the distribution of sixty-eight surveys to health promotion professionals employed in the Mid Western Health Board. On completion of the survey respondents were then invited to attend a one-to-one interview with the researcher. Finally, five health promotion professionals were invited to participate in a focus group. The information gathered from this mixed-method approach served to clarify the research question.

The research findings indicate that workplace stress is a salient issue for health promotion professionals. The experience of stress is evident in the physical and psychological symptoms displayed by health promotion professionals. Role ambiguity also clearly contributes to the health promotion professionals´ experience of stress. The research indicates that the effects of stress are damaging not only to the health of the individual but also the health of organisations proposing to espouse health.

Prolonged exposure to negative stress impacts the health of the individual, and can result in a significant loss to the individuals´ quality of life, and a diminished capacity to function effectively at work, home or in the community. The coping strategies employed by health promotion professionals are comparative with other health professionals.

Despite the depth of knowledge held by health promotion professionals regarding stress management, they fail to recognise the symptoms in themselves. This is in direct conflict with the philosophy of health promotion. Personal and professional development is required to facilitate the espousal of a health promotion profession. Further research is needed in this area to influence policy development and promote organisational change that will positively influence the health of health promotion professionals and other health care professions.

Contact:
Criona SPAIGHT - BRESLIN
Mid Western Regional Hospital

St. Nessans Road, Dooradoyle
Limerick
IRELAND
vincentjbreslin@eircom.net

Mental wellbeing in the workplace

Andrew SWANSON, Karen PEACE, Rev Roddey McNIDDER, Ann KERR

The effects of work-related stress both to individuals and the organisation are extensive and this paper outlines an overview of the actions taken to successfully implement an integrated mental wellbeing policy across NHS Ayrshire and Arran.

The policy demonstrates the powerful links between employees' wellbeing and their commitment to their jobs and the responsibility of the organisation to implement best practice principles which provides well designed employee friendly services, values staff, provides a safe environment and empowers and enables individuals and teams to find solutions to challenges.
Project Goal: To create a work environment that supports individual employee mental wellbeing.

Project Purpose: To raise awareness of stress and mental wellbeing in the workplace and promote effective strategies to reduce or prevent pressures that can lead to stress and/or mental ill health.

Planned Outputs:
- The mental wellbeing policy is fully endorsed by the organisation.
- The implementation process needs to have local appeal and be adaptable to suit local circumstances.
- The formation of an employee care team, made up of staff from a range of disciplines to support and facilitate the policy implementation.
- A mental well being 'champion' be identified for each unit/department.
- Critical Incident stress Management (CISM) be an integral element to the policy
- The organisation supports a network for managers, which is critical in the process of managing change.

Planned Activities: These are the actions that the project group considers the best way to achieve the goal.
- Stress training in the workplace.
- Mediation skills training for members of the employee care team.
- Sources of stress at work assessment training
- People centred approach to stress and mental wellbeing in the workplace.
- An Integrated approach to mental wellbeing involving existing resources, such as leadership development programmes.

Contact:
Andrew SWANSON
NHS Ayrshire and Arran
Health Service
Ballot Road
Irvine KA12 OHW
UK-SCOTLAND
andy.swanson2@aapct.scot.nhs.uk

Poster-topic 18: Promoting the health of hospital staff II: Promoting physical activity and coping with occupational risks

HPH Physical Activity Hospital Challenge

Fiona STEED, Mary Killeen MCCARTHY, Danny O' KEEFE

This venture extended the concept of the National HPH challenge day. A Physiotherapist had the idea of running a weekly soccer challenge over a nine week period. Participants also completed an activity record over the same period charting their other physical activities eg walking swimming gym etc. The idea was enthusiastically embraced by over sixty staff members across many disciplines. A porter displayed effective project leadership organising soccer matches which were scheduled on a league basis. Ten teams participated, finishing with semi-finals and a fiercely contested final.

The same ten teams also completed an activity record over the same period. Points were awarded according to length of time spent on physical activity. At the end of the challenge winners in the soccer league and the activity challenge emerged. The event was sponsored by local businesses and proceeds went to the Friends of the Hospital, an organisation which helps to fund equipment for patient care.

Aims:
1. To increase activity levels among staff
2. To improve the culture and climate in the organisation enhancing interdisciplinary communication.

Objectives:
1. Using team work to promote increased physical and social activity.
2. Weekly team activity table
3. Weekly team soccer league

Evaluation:

- A post-project qualitative study was carried out by the HPH co-ordinator with clear guidelines emerging for a smoother run next time.
- A pre and post challenge questionnaire on a sample group regarding physical activity levels was carried out by the Cardiac Rehab Co- Ordinator. Increased physical activity levels were maintained up to six months post project.
- Supporting material in the form of photographs poetry etc.

Contact:
Fiona STEED
(via Mary Killeen McCarthy)
St. Joseph's General Hospital
Acute Hospital
Nenagh
Co. Tipperary
IRELAND
mmccarthy@mwhb.ie

MHB Rationale for implementing standardised chair-based physical activity programme based in the MHB Care Centres

Mary GORMAN, June BOLGER

Objectives:
1. To source and deliver a quality training programme in physical activity, enabling staff to become physical activity leaders.
2. To oversee design and implementation of the programme, for clients in elderly care and disability centres within the Midland Health Board.
3. To evaluate programme in terms of impact, process and long-term outcomes.
4. To develop policy and guidelines for implementation of programme, ensuring sustainability and integration.

Methodology:
- Early 2002, the MHB Health Promotion Unit identified the Activity in Care Training programme (ACT), which is accredited nationally through the National Adult Education Board and Waterford Institute of Technology.
- Three months consultation took place between all relevant MHB stakeholders.
- Twenty staff were selected from 10 care centres across the region, to participate in training, commencing November 2002·
- A multidisciplinary steering committee was established to oversee design and implementation of the programme and facilitate trainees to complete their training.

Results:
- Training completed in February 2003·Physical activity programmes being delivered in 10 care centres across the region·
- Regional multidisciplinary steering committee continues to work on establishing policies and guidelines·
- Evaluation framework in progress.

Conclusion: Effective communication, combined with a partnership approach to working with staff, are key elements in the continued implementation and success of the ACT programme. Interdisciplinary working develops mutual respect between disciplines. This respect and shared expertise have resulted in promoting a model of best practice for the benefit of our clients.

Contact:
Mary GORMAN
(via Kate Brickley)
Midland Health Board
Tullamore
Co Offaly
IRELAND
Kate.Brickley@mhb.ie

Implementation of Physical Activity for Patients and Employees in Hospitals

Thomas Lund SØRENSEN, Hanne Bech MUELLER, Dorthe HOEST

Introduction: The majority of beds in general hospitals is occupied by patients with chronic diseases.
Regular physical activity, postpone the debut of and/or reduces the incidence of a number of chronic diseases. In addition, physical training should be part of the treatment of a number of diseases. Health authorities issue recommendations about the minimum level of physical activity for the general population. Hence, Bispebjerg Hospital implements physical activity for all patients and as part of the benefits for the employees.

Methods: The implementation strategy was developed by a group of representatives from the management, the unions, employees, different wards and lead by the Unit. The strategy consists of the following activities:
For patients:
- Physical activity and exercise is a part of the care of all patients
- Patients with particular needs are advised in accordance to these during the hospital stay and after discharge
- For patients in need for physical activity under certain precautions (e.g. patients suffering from asthma or diabetes mellitus) advice will be given in accordance to any increased risk
- Patients will be given either a specific training plan or a referral to a local training centre
- Implementation of physical activity will be introduced in the wards in a stepwise manner

For employees:
- Establishment of a fitness centre at the hospital premises
- Targeted/specific training programmes for employees at risk of acquiring work related musculo-skeletal diseases
- Organised training activities e.g. jogging or spinning after working hours
- Fitness tests in order to document any individual improvement

Outcome measures will be monitored.

Discussion: In order to introduce physical activity as an integrated part of the patient care, we argue that it is a necessity to support the implementation with a broad variety of activities in order to give the issue a high visibility in the organisation. Out come measures will be established.

Contact:
Thomas Lund SØRENSEN
Employed Senior Physician
Copenhagen University Hospital, Bispebjerg
Bispebjerg Bakke 23
DK-2400 NV Copenhagen
DENMARK
tls01@bbh.hosp.dk

Promoting Health through Staff health Fairs

Rowena CONRAD

NHS Lothian University Hospitals Division has an active Health Promotion Steering Group within it's Women and Childrens service. One of our most effective activities is an annual Staff Health Fair.

Over 200 staff attended the one held in September 2003. Stalls were run by experience health promotion staff from a variety of disciplines, including:
- Healthy Eating – Dental health
- Occupational Health Service – Detection of eye conditions
- Blood Transfusion Service – Accident prevention and Road safety
- Infant Feeding advice – Environmental health
- Substance abuse – Manual Handling
- Smoking cessation – Alcohol abuse
- Managing stress, anxiety, bereavement
- Travel advice
- Allergy testing
- Holistic health care – Infection control
- Managing aggression in the workplace

Feedback from staff who attended the Fairs has been very positive. Tangible benefits include diagnosis of colour blindness, and raising awareness of common eye conditions. Specific advice relating to services provided by the Occupational Health Service was very well received. The physiotherapy/ manual handling team was able to provide individual instruction on manual handling techniques, and also specific injury advice. The infection control team provided opportunity to deepen staff understanding of issues. Healthy food options were available for tasting, along with specific dietary advice for those interested. Smoking cessation advice and practical instruction was very popular. Generally all of the stalls were well attended, and there was a high level of interest in the information provided. Requests for the Fair to be held more frequently were made by many who attended.

The steering group has also been instrumental in providing smoking cessation classes for staff, and for parents of children with cystic fibrosis. The group has also ensured that a variety of relevant and informative leaflets are available in all patient and staff seating areas. Clear dental hygiene advice sheets, toothbrushing charts, and information about the risks of fizzy drinks have been provided within patient folders on the children's wards.

Contact:
Rowena CONRAD
Senior Nurse
Royal Hospital for Sick Children
Sciennes Road
Edinburgh EH91LF
UK-SCOTLAND
rowena.conrad@luht.scot.nhs.uk

Quality assurance documentation within the Mental Health Department as a way to support the assessment and management of on-the-job risks

Giovanni MORINI, Dorella COSTI, Alessandro PINOTTI, Mario POLETTI

The European and Italian legislations provide for the identification of all the risks involved in working activities. All this should be formally stated in a document containing an assessment of the safety and health risks at work.

Risk assessment is usually made by an expert who observes the work done by the different professionals and reports on the planning of adequate measures to improve the safety level. Such planning should be based on a deadline.

The characteristic of the experience described was to develop risk assessment for professional Heads of Service starting from the Quality Assurance documentation of the Department which describes the products which are delivered and the activities involved in this. The measures aimed at improving the safety level are planned after a periodical review of the activities carried out up to that point.

Overall goal: Improve the safety of professionals within the health care facilities.

Specific goal: Improve risk assessment for the different professionals as well as the resulting protective and preventive measures.

Methods/Actions:

- Definition of a risk classification table;
- Definition of a correspondence table matching risks with preventive and protective measures;
- Development of the following correspondence tables starting from a description of how the Department is organized, of the products it delivers and of the information system which keeps track of the activities carried out by the various professionals:
  Health Authority (Macrostructure), Facilities, Products, Activities, Professions, Risks

Occasionally it was necessary to adapt risk assessment to the case of professionals who – in similar facilities – carry out different functions or activities associated with a different risk level.

The final document developed for the internal customer contains a table which – for each facility – shows the preventive and protective measures which relate to the individual professionals according to the following sequence: Facilities – Professions – Risks – Preventive and protective measures

Main target group: Health care workers with service management functions.

Expected benefits: Improvement in the assessment and management of on-the-job risks.

Contact:
Giovanni MORINI
Head of Safety Dept.
Safety Dept., Reggio Emilia Health authority
Via Amendola, 2
42100 Reggio Emilia
ITALY
giovanni.morini@ausl.re.it

Health Related Behaviours among Personnel of the Hellenic Network of Health Promoting Hospitals

Yannis TOUNTAS, Elpida PAVI, Lamprini XOULIARA, Eleni MORETI, Natasa PAPADOPOULOU

Introduction: The aim of the study was to investigate health issues such as smoking, alcohol consumption, eating habits, physical exercise and sleep problems among the personnel of the Hellenic Network of Health Promoting Hospitals.

Material and Method: The sample was 345, randomly selected, employees. The response rate was 80% (278 employees), from which 36.3% (101employees) were men and 57.9% (161 employees) were women. A specifically modified questionnaire, including health related questions was distributed to be completed by the sample.

Results: In relation to smoking, almost half of the participants (55.3%) did not smoke. A 17.4% smoked less than 10 cigarettes daily and 27.3% smoked more than 10 cigarettes per day. Alcohol weekly consumption in 72.3% of men was within the recommended international limits and only 7.9% of men exceeded those limits. The corresponding percentages for women were 58.4% and 4.3%. Concerning eating habits, an increased consumption of red meat per week was observed. An 81.7% of the participants consumed red meat 2-3 times per week. In regard to physical exercise, a 25.8% of the employees reported that are exercising regularly (2-3 times a week) and 34.3% that are exercising 1-3 times a week. A 17.3% of the employees reported facing problems in sleep in a rate of 1 night per week and 29.2% in a rate of more than 1 night per week.

Conclusions: According to present results, it is of great importance to start designing and implementing health promotion programs targeting unhealthy behaviours in order to improve the quality of life of the personnel who are working in the collaborating hospitals of Health Promotion Hospital Network in Greece.

Contact:
Yannis TOUNTAS
Institute of Social and Preventive Medicine
25 Alexandroupoleos st.
115 27
Athens
Greece
chsr@med.uoa.gr

Prevention and improvement of working and residential quality in operating theatres

Gian Carlo SCARPINI, Carluccio TORTI

Purpose: The aim of this study is to evaluate a better working environment arising from the constant observation and monitoring of working conditions: thereby making it possible to reduce exposure to risks from anaesthetic and halogenated gases present in working environments.

Target group: The study involved operators exposed to anaesthetic and halogenated gases working in public hospital operating theatres in the Province of Pavia.

Method: Industrial hygiene surveys requiring instrumental observation of both environmental conditions and residues of anaesthetic and halogenated gases inhaled by the single operator were carried out periodically. This study was performed by means of biological substrate measurements (urine samples).

Results: The surveys which gave origin to this study took place throughout the years 2000, 2001 and 2002. In accordance with the data which emerged from these surveys some ameliorative measures were taken during these years; both of the structural/installation and the organizational and formative type.

Reductions in the concentration of dispersed gases in the environment were noted from the relative instrumental calculations. A constant reduction of the gas residues in the urine samples of the single operators monitored was also observed in the relative instrumental studies within time of operation.

From the tables below it may be noted that of the two types of measures taken it was that of the organizational and formative type which prevalently granted a reduced exposure of operators and patients. This improved operational situation besides rendering the working environment ideal to work activity, also reduces the risk of exposure to anaesthetic and halogenated gases for the patients who have to undergo surgical operations under total and/or par tial anaesthesia.

Contact:
Gian Carlo SCARPINI
Health Agency of Pavia
Department of Occupational Injury Prevention and Protection
V.le Repubblica, 88
27058 Voghera
ITALY
gian_carlo_scarpini@ospedali.pavia.it

Talking about safety: a web portal for staff communication in health care organisations

Daniele TOVOLI, Giorgio CESPUGLI, Stefania ARISTEI, Francesca De FRENZA

A powerful interactive communication tool: the website http://intra-ced/sicurezzaesalute in the company's intranet

Goals:
- Provide constantly updated information concerning security issues
- Provide and create a service dealing with the problem
- Gradual integration of professional know-how

Why a web portal?
- Fast and efficient transmission of information
- Fast and frequent updating of all information by a central control unit
- Rationalization and cost reduction for its management and maintenance
- Development of highly interactive services

Structure of the portal:
- The portal features a number of different topics with submenus where the user can get information about the content
- Topics of major interest are highlighted and linked to sites which more information about the specific subject
- 17 files each dealing with a very specific of the main risks workers face in health care can be downloaded
- Users can subscribe to a newsletter service sent by regular email

Problem solving:
- In an interactive area the user can ask the Servizio di Prevenzione Aziendale (Company Prevention Service) questions: within a few days he/she will receive an answer
- The most important questions will be filed in a FAQ area dealing with security in companies and health topics and every user wil be able to find quick answers to doubts and questions

Future outlooks:
- Placement in the company website
- Placement in the regional web portal "Saluter"
- Online database of all security documents in a download format dealing with most dangerous products used in companies
- Interactive communication with the doctor in charge and RLS (Employee representative for on the job security)
- E-learning courses for health care workers using the courses which have been developed from the health care office of the Emilia Romagna Region, focusing especially on patient handling

Contact:
Daniele TOVOLI
General Manager of "Servizio di Prevenzione Aziendale" (Company Prevention Service)
Azienda Sanitaria Locale di Bologna

Largo Nigrisoli, 2
40133 Bologna
ITALY
daniele.tovoli@ausl.bologna.it

Poster-topic 19: Promoting the health of hospital staff III: Personnel development

Survey on the opinions of the medical staff of the A. Meyer Childrens Hospital of Florence on the non-conventional therapies

Simona CAPRILLI, Beatrice FERRARI, Adrienne DAVIDSON, Andrea MESSERI

In the Health Plan 2002 – 2004 of the Tuscan Region are pointed out the commitments over three years for the promotion of the knowledge of the non – conventional therapies (NCT) and their integration into the health system. In the last years A. Meyer Childrens Hospital of Florence has been using the NCT in the hospital.

Our study has the goal:
1. To understand what the personal and professional opinions and knowledge are about the NCT
2. To point out the critical aspects and the possible corrective suggestions.
3. To evaluate the intention of the medical staff to continue and to increase the use of NCT into the hospital.

Equipment and Methods: The study has been done through a questionnaire divided into three parts:
1) knowledge and personal use of the NCT.
2) personal and professional opinions on the NCT in the health service and into the A. Meyer Childrens Hospital.
3) general data regarding the people who were interviewed.

The results have been elaborated with a SPSS.

Results: The sample is formed by 101 staff members.
The results show that:
- the majority of those interviewed have heard NCT
- 77% have personally used at least one NCT,
- 84% are favourable to the introduction of the NCT into the public facilities, especially into the A. Meyer Childrens Hospital (85%) .
- There is very little information about the use of the NCT at the A. Meyer Childrens Hospital
- Only 26% of those interviewed feel ready to professionally apply the NCT.

Conclusions: Therefore we underline the need to better inform the staff members about the experiences in use and to increase the training for the practical use of the NCT.

Contact:
Simona CAPRILLI
AO. Meyer
Pain Service
Via L. Giordano 13
50132 Firenze
ITALY
s.caprilli@meyer.it

The new role of the “Health Professionals”: become “Health Promoters”

Marcella FILIERI, Maria José CALDÉS PINILLA, Fabrizio SIMONELLI, Sergio ARDIS

Introduction: The passage from the conception of the Health as a variable dependent from the actions of the Health Services to that of the multiplicity of the ecological, social, economic and cultural determinants implicates the definition of a new professional figure, which is the “Health Promoter”. Who are the “Health Promoter” in the HPH context and in what are they different from the “Health Professionals”?

Objective: We would like to reflect on the new role of the “Health Promoter”, taking into account the perspectives of action which the HPH Network of the Tuscany Region would like to assume. In particular, will be developed a model of analysis which consider the following parameters: context, knowledge, competencies, ethical codex and relations.

Instruments: The occasion of confront and exchange of experiences between the professionals involved in the development of the Regional HPH Network was given by the Regional Educational Plan 2003-2004. In this ambit have been realized non traditional initiatives, definable as “Formative Laboratory”.

Results: A general profile has been defined, which the Health Professional - involved in projects regarding networks which promote the Health, as for example the HPH Network - should possess. The results are going concretising in the implementation of some projects like the humanization of services, the Reception of clients/patients, the fight for the non discrimination of people with problems like seropositive for HIV, cultural diversity, etc. For the realization of this becomes central the figure of the “Health Promoter”, who is characterized by not only the technical-scientific competencies, but also by attitudes with humanistic character. It is the case of projects for which it is necessary to re-consider the effect of the interdependence of

the relations in a non linear system: if the Health can be considered as resultant of the determinants, also these - like the prerequisites of the peace and the social justice - can be determinants for the Health.

Contact:
Marcella FILIERI
HPH Co-ordinator
Local Health Unit n° 5 of Pisa (Italy)
Via Zamenhof, 1
56127 Pisa
ITALY
m.filieri@usl5.toscana.it

Health Promoting Hospital from the Perspective of Professionals

Helene JOHANSSON, Berith NYSTRÖM

In the spring of 2003 the Swedish Parliament decided on a national strategy for public health. The strategy is founded on one overall aim "The creation of societal conditions which ensure good health, on equal terms, for the entire population". One of the eleven goals, n:o six, is "Health and medical care that more actively promotes good health". To be able to fulfil the goal, health care professionals needs to get more knowledge and other methods, tools and models for work. The purpose in our project was to study the opinion of health care professionals, in order to get their view of the conception of health and health promoting. The method used for data collection was focus groups interviews, two with doctors, two with nurses and two with a group of occupational therapists, physiotherapists, behavioural therapists and assistant nurses. In each interview, four to six persons participated. Each interview was held by a moderator and assisted by a cooperator. The interviews were taped and afterwards written word by word. The method used for analyzing the data was Grounded Theory. The material was coded and categorized in order to describe and explain the conception of health and health promoting. For the time being a preliminary analyze of the Data tells that the conception health for the nurses are about relations: joy of life confirmation, knowledge and time; ea power of time. The role of a nurse in a health promoting hospital is:

- to show confidence to the patient
- to interact respectfully with the patient
- to contribute to patient empowerment
- to talk about health in every meeting with the patient
- to upgrade self care by documentation and to represent health in the local community.

Contact:
Helene JOHANSSON
Physiotherapist. MN, Doctoral student
Epidemiology and Public Health Sciences
Universitetsområdet
901 85 Umeå
SWEDEN
helene.johansson@epiph.umu.se

Forming a journal club to support the sharing of knowledge and the enhancement of inter and multi disciplinary communication

Mary KERRIGAN

Introduction: As part of our commitment to quality improvement and practice developments. We set about forming a 'Journal Club'. We are very fortunate to have the facilities of the Library at Longford Westmeath General Hospital.

Journal Clubs expose professionals to up to date literature, they make literature more accessible to staff. When literature has been reviewed practice may be changed and good practice can be validated. Nurses need to know and understand what the best evidence is and this needs to be grounded in research. Working in a group helps to generate ideas and develop the sharing of knowledge by providing a forum for discussion and mutual learning (Kirchhoff S Beck,)

Objectives:

- To promote multidisciplinary working.
- To learn form each other, enchancing inter and multidisciplinary communication.
- To enable members to develop analytical, critical evaluative, reflective and presentation skills.
- To develop good practice in keeping up to date with new developments.
- To maintain and improve professional knowledge and competence which impacts on the quality of care clients receive.

Methodology:

- A literature review was conducted on Journal Clubs in health care settings.
- Support was sought and received form our line Manager.
- The initiative has come form Mental Health Nurses, other disciplines have expressed an interest and have become involved. We meet on a monthly basis. A single article is reviewed. Staff are invited to present an article for the following meeting . We are aware of copyright responsibilities.

Evaluation: We propose to evaluate the Journal Club under the following headings educational value, clinical value, appraisal value, preparation value, timing of the meeting.

Contact:

Mary KERRIGAN
(via Patricia Carroll)
Midland Health Board
Tullamore
Co Offaly
IRELAND
patricia.carroll@mhb.ie

Investing in health for the future: A well educated staff

Tove PANK

Denmark changed the basic training of nurses to a bachelors degree in 2001 in order to improve theoretical studies and thus clinical practice. Post-basic training of psychiatric nurses is organized the same way, theoretical studies followed by supervised and guided clinical practice.

Basic training of students and post-basic training of psychiatric nurses adhere to the dual ideal that theoretical knowledge forms the basis of action in clinical practice in spite of the facts that trainees as well as trained nurses claim that the anticipated connection between theoretical knowledge and clinical practice is not obtained.

Finishing my M.N.S. at the University of Århus I wrote a theoretical study titled: Is there a connection between theoretical knowledge and clinical practice in the training of nurses? The conclusion point towards the need of a new understanding between theory and practice - an ideal - that will contribute to creating a fruitful interplay between theoretical knowledge and clinical practice in order to improve health care and enhance professional identity. This understanding allow for clinical practice to be complex and unpredictable and theoretical knowledge to be a mean of understanding and interpretating your observations.

From this understanding we have planned an innovation of the systematic clinical training of nurse students and of psychiatric nurses in post-basic training at AAlborg Psychiatric Hospital as an investment in psychiatric health care for the future. As to the students we would like to recruit them as future psychiatric nurses to improve health of patients and continuity of care. The psychiatric nurse is trained because in order to develop health care and quality we would like to keep her in the hospital and furthermore make her proficient and thus expand her understanding and activities in clinical nursing.

Contact:
Tove PANK
Clinical Coordinator
Aalborg Psychiatric Hospital
Mølleparkvej 10
9000 Aalborg
DENMARK
tpk@psyk.nja.dk

Ethical and legal aspects of physicians' activity in hospitals in the Republic of Tatarstan (Russian Federation)

E.V. KARPUKHIN (RU), L.M. ABILMAGZHANOVA (RU), L.A. DORONINA (RU), S.A. VALIULLINA (RU)

Under the conditions of forming a democratic society ethical and legal issues of medical professionals' activity become extraordinary urgent. Relationship of medical professionals, physicians and patients, physicians and relatives within the framework of "legal area" form a new style of relationship, growth of mutual confidence level, real provision of rights and legal interests of both medical professionals and patients.
The aim of the study was to analyze information knowledge of ethical and legal issues among physicians, working in different hospitals –Republican Clinical Children's Hospital (RCCH), municipal children's hospitals and central regional hospitals. 164 physicians from 10 medical institutions of the Republic of Tatarstan took part in the sociological survey.
On the whole only 16,9% of the physicians were satisfied with their knowledge on legal and ethical issues, 43,3% were not fully satisfied, and practically more than one third of the physicians (33,8%) – were dissatisfied.
38,2% of the respondents follow a principle of "autonomy" (a right to choose a kind of treatment, information, a full control of any medical intervention, a possibility to refuse any treatment and diagnostic procedures). 10,3% of the respondents don't accept the above mentioned principal, 22% don't follow it in full measure.
Most of the physicians observe the principal "do not harm" and the principal of equity (78,4 and 69,9% of the respondents).
Most physicians choose information (73%) and consultative (38%) types of relationship with patients and parents. However, an authoritarian type is more characteristic of the physicians from Republican Clinical Children's Hospital and Central Regional Hospital (34%), physicians from municipal hospitals prefer a conventional one (18%). Physicians' authoritarianism from RCCH is probably determined by the intensity of a treatment and diagnostic process, pressure of work, lack of time to communicate with parents and children, as well as by a corporate character of leading specialists of the Republic, whose opinion is often "truth of ultimate authority". Country physicians' authoritarianism is conditioned by paternalist relations with patients and parents.
The results of the study show that 79,4% of the physicians consider receipt of parents' information consent to treatment and diagnostic measures to be necessary, while 20,6% think on the contrary. 85,5% of the respondents from RCCH, 70,5% and 71,4% from children's hospitals and central regional hospital answered in the affirmative concerning the necessity of information agreement.
The physicians mentioned the following most important reasons for parents' complaints and references to the court: medical staff's rudeness (49,3%), growth of legal literacy among the population (35,3%), absence of informed consent to a patient's examination (33,1%), aspiration for receiving a compensation for the child's illness (27,9%).

Thus, the study showed an insufficient level of ethical and legal knowledge; domination of paternalism in relations with parents and children; insufficient observation of the principle of patents' informed consent to treatment and diagnostic procedures by physicians; objectivity and self-criticism on issues concerning the reasons for parents' complaints and references to the court.
The study resulted in developing practical measures to solve the above mentioned problems: suggestions to include ethical and legal issues into curriculums of certification cycles on pediatrics were made; creation of "Patient Information Place" in different hospitals with emphasis on patient's legal rights; establishment of ethical committees in medical institutions.

Contact:
E.V. Karpukhin
Republican Clinical Children's Hospital, Kazan,
Republic of Tatarstan

Poster-topic 20: Developing health promoting hospital organisations

A HPH Regional group to ensure quality and effective communication across the board

Rose BYRNE, Jacinta Mc AREE-MURPHY, Emer SMYTH, Elizabeth McARDLE

Aim: To identify areas of common interest through a health promotion culture that actively promotes and supports clients ,staff and the community in the attainment of health gain for all and to achieve this through effective communication.

Objective:
- To facilitate the sharing of information/experience/skills through collaboration, communication and networking.
- To identify areas of common interest among the acute, mental health and care of the elderly services within our region.
- To facilitate and encourage better integration and communication between these services to achieve the optimum, evidence based outcomes in the area of health promotion.
- To work in partnership with the regional Health Promotion Department to
- To provide a forum for two way communication for group members who sit on National committees.

Method:
- Representatives from all relevant services invited to attend exploratory meeting.
- Following detailed discussion support for group attained.
- Terms of reference agreed chair and secretary elected.
- Support for group attained from chief executive officer.

Outcome:
- The formation of an effective interest group which facilitates cross care and service communication in the area of health promotion.
- A raised awareness of Health promotion among health care personnel in a region which serves a population of approx. 300,000 people.
- The planning, implementation and evaluation of collaborative quality projects on a regional basis.

Contact:
Rose BYRNE
Louth County Hospital, North eastern Health Board
Health Board
Dublin Road, 12
Dundalk, Co.Louth
IRELAND
Rose.Byrne@nehb.ie

Intermediate evaluation of the Health Promoting Hospital - programme for 2001-06 - Management interviews

Eeva HÄKKINEN, Maria HALLMAN-KEISKOSKI

The Central Finland Health Care District is located, as the name suggests, in the middle of Finland, about 3 hours drive from Finland's capital Helsinki. The Health Care District is responsible for the specialised medical services of the region's 265 000 inhabitants, which corresponds to 5 % of Finland's population. The District has been a member of HPH-network since year 2001.

The purpose of this research was to collect information about how the management-level personnel of the Central Finland Health Care District evaluate the on-going Health Promoting Hospital-programme. The basic research group was the district's managerial personnel, of whom a ten-person sample was interviewed. The sample was selected with a quota system by drawing representatives from the district's Council, Board of Directors and Executive Group. Managers and their partners from the different units were also drawn to be among the interviewees. A structured thematic interview frame was drafted for the research. The questions for the thematic interviews were chosen to address Central Finland Health Care District's Health Promoting Hospital-programme and its basic principles. The interviews were carried out on four separate days. They were transcribed and listened to several times before analysis. The used method of analysis was qualitative content analysis.

According to the research, the managerial personnel of the Central Finland Health Care District value the health promotion work carried out in the district. The interviewees believe health promotion to be a self-evident aspect of the basic mission of hospitals. They described the importance of setting a good example both at individual and organisational levels as one of the most important tasks of health promotion. The strategy and health policy of a health care district were considered to be important

supporting elements of health promotion. The most crucial aspect of the Health Promoting Hospital-programme was believed to be its holistic ideology and way of thinking. Negative attitudes of the staff and poor knowledge and skills in the area of health promotion were considered to be factors that prevent health promotion, as were the short hospital stays of many patients and feeling rushed at work.

The conclusions stated that the visibility of the Health Promoting Hospital-programme needs to be increased further. As the programme proceeds, the importance of health-promoting work must be emphasized in all units and at all organisational levels. Continuing active cooperation in health promotion in all its forms also supports the development of the programme.

Eeva Häkkinen, Student of Health Sciences, Ward Nurse; University of Kuopio, Mikkeli Central Hospital
Maria Hallman-Keiskoski, MSc, Head Nurse; Central Finland Health Care District

Contact:
Eeva HÄKKINEN
(via Maria Hallman-Keiskoski)
Central Finland Health Care District
Keskussairaalantie 19
40620 Jyväskylä
FINLAND
maria.hallman@ksshp.fi

Health promotion at Letterkenny General hospital Donegal

Mary KELLY

Letterkenny General Hospital is a 351 bedded Acute General Hospital providing a wide range of acute hospital services the hospital serves a population of 112,00 in North Donegal It provides a full range of clinical and non-clinical support services on site. Letterkenny General hospital Employs approx 1,100 staff. The hospital is an active member of the International Network and the Irish National Network of Health promoting Hospitals. Values that guide our work are Self Reliance, Holism. Accountability Confidentiality and continuous Evaluation. As a health promoting hospital it aims to promote positive health and well-being for patients, staff and community. This poster describes health promotion activity at the hospital

Contact:
Mary KELLY
Health Promotion Co-ordinator
Letterkenny General hospital
Letterkenny
Donegal
IRELAND
marybkelly@nwhb.ie

"Well being in hospital", a global HPH program, at the Terni Hospital. Results of the first two year.

Orietta ROSSI, Lamberto BRIZIARELLI

At the end of 2001, the Santa Maria Hospital in Terni (Umbria, Italy) decided to enter the HPH network and started to implement, jointly with the University, a global project directed towards personnel, patients, their families and visitors as well. The project included three main strands according to the priorities that came up from a first analysis of the hospital conditions named: Against latex allergy, Smoke free hospital and Well being in hospital.

Two strands started the following year, Latex and Smoke, the third one started in the 2003. The first one is already achieved, fulfilling all tasks and now we are in the follow up phase. The second is in its last phase of development: educational and counselling for heavy smokers. The global action is in its first phase: data collection on the structure of the hospital and what is around it, and also on what personnel, patient and visitors think about on the hospital and their idea on wellness.

Contact:
Orietta ROSSI
Santa Maria Hospital
Hospital Trust
Via Tristanio di Joannuccio
05100 Terni
ITALY
igiene@aospterni.it

HP in Läänemaa Hospital

Kai TENNISBERG, Lea HEERINGAS

Läänemaa Haigla(Läänemaa Hospital) belongs to the Network of HPH since November 2000. Thus, health promotion and disease-preventive activities have been planned as a part of the hospital's development program.

We consider it important to:
encourage the patient's participation in the process of healing (empowering)

- For that purpose, we have set up an interview room where the doctor or the nurse can talk to the patient undisturbed.
- We conduct researches on the patients satisfaction to identify the patients special needs and demands.

Create a pleasant hospital environment which promotes the process of healing.

- We have renovated the wards procedure rooms, which makes it easier for the personnel to meet hygiene requirements and reduces the risk of the patients hospital infection.
- We consider colour-therapeutic principles and an artist's instructions in our choice of colours.
- To grant the patients modern contact with the world, public accesses to the Internet are available in the rest rooms. We no more allow smoking in any hospital rooms.

Train the personnel to improve the workers` ability to cope in stressful situations and to guarantee the patients quality care considering their psychological profile in any situation

- Two training cycles have been conducted for the hospital's entire personnel in order to improve their ability to communicate with the patients and their relatives, and to enhance teamwork
- We regularly train nursing and basic nursing staff.
- We have opened a diabetes-room where a nurse, who has received special training, counsels diabetics and their family members.
- Propagate healthy ways of life among the hospital's personnel, patients, and their relatives, as well as among all the inhabitants of the county
- By the maternity welfare centre, we have set up a counselling-room for young people
- We contribute to thematic health-days and –weeks.
- We organize health-, sports-, and relaxation-days for the personnel

Contact:
Kai TENNISBERG
Läänemaa Hospital
6 Vaba
90505 Haapsalu
ESTONIA
kai.ten@mail.ee

Poster-topic 21: Quality development in Health Promoting Hospitals

Early detection of malignant neoplasms of visual sites

Rustem KHASANOV, Ildar GILYAZUTDINOV, Kamil SHAKIROV

One of healthcare issues is early detection of malignant neoplasms in outpatient clinics. According to the data obtained in 2002 cervical carcinoma amounts to 5,2% among women of the Republic of Tatarstan, Russian Federation. The highest levels of structural representation of diseases are registered in the age group of 40 – 49.

Mortality in the first year after the disease was diagnosed is 23,4%. Hence we realized the following measures on early detection of cervical carcinoma in the Republic of Tatarstan:

- training of medical staff;
- adaptation of population's consciousness to participating in mass screening of cervical carcinoma;
- preventive inspection of women by means of cytologic analysis.

The programme consists of two-stage examination to pick out risk groups during screening examination in antenatal clinics, family planning centres, rooms for patients' examination.

A form for oncologic preventive inspection of the 1st stage which allows picking our risk groups was developed. As a result risk groups for an in-depth examination of cervical carcinoma, endometrium carcinoma, ovarian carcinoma, breast cancer are formed. We consider mandatory annual cytologic analysis of vaginal and cervical smears in women from the beginning of sexual life to be a significant component. The second stage of the programme includes by indication: vaginoscopy, target biopsy, diagnostic endocervical curettage, electrical conization for the purpose of wide biopsy with histologic study of serial sections, ultrasound, mammography, hysteroscopy, diagnostic endometrium curettage, puncture through posterior vaginal fornix, laparoscopy.

As a result of the programme there has been a considerable growth of detecting background processes and pre-cancerous conditions. In the city of Kazan there was a growth of detecting cases of neck of uterus dysplasia from 177 in 1994 to 218 in 2002. That's why cases of cervical carcinoma in situ reduced from 22 in 1999 to 19 in 2002.

Timely detection of these processes allows performing minimum surgical operation preserving menstrual and reproductive functions. Annual lethality form breast cancer, cervical carcinoma, ovarian carcinoma reduced from 2,5% to 1,1% in Kazan.

Contact:
Rustern KHASANOV
Deputy Head Physician
Clinical Oncologic Dispensary
Sibirskyi Trakt, 29
420029 Kazan, the Republic of Tatarstan
RUSSIAN FEDERATION
onko@mi.ru

Lithuanian HPH Hospitals managers´ attidude towards health promotion standards

Zemyna MILASAUSKIENE, Irena MISEVICIENE

Since 1996 ten Lithuanian hospitals have been taking part in WHO Health Promoting Hospitals (HPH) project with the aim to integrate health promotion (HP) and education as well as disease prevention in the curative care. In 2001 a working group under European HPH network developed a preliminary set of standards for HP in hospitals, which address the activities in all hospitals and should be complementary to quality standards for health care institutions. Currently the HP standards are not included into existing Lithuanian health care quality assessment system, that is why the investigations of the accessibility and relevancy of the implementation of HP standards are very important.

The aim of the study was to evaluate the general opinion of the Lithuanian HPH network managers on the acceptability of the HP standards.

Methods. The WHO pilot test was sent to hospitals (n=10) of the Lithuanian HPH network. The response rate was 100%. While filling up the pilot test questionnaire, the respondents were asked to express their general opinion on whether HP standards criteria proposed by WHO could be applicable and relevant in Lithuanian hospitals.

Results. The majority (80%) of hospital managers agrees that hospital should have a written policy for HP, which must be implemented as part of the overall organisation quality improvement system. As the main obstacles in implementation of this criterion hospitals managers indicate the fact that Lithuanian Ministry of Health has not passed a normative act to regulate HP policy in hospitals as well as hospitals need for additional financing resources for HP implementation. Most (86.7% - 85.3%) of hospitals managers agree that hospitals should ensure that health professionals, in partnership with patients, systematically assess needs for HP activities as well as provide patients with information on risk factors concerning their disease and health. The respondents noted that the main difficulties in fulfilling of these criteria in Lithuania are the absence of universally accepted HP policy in hospitals and a very short time of patients' stay in hospitals. All Lithuanian HPH managers agree that a healthy workplace should be promoted in hospital. 88% of Lithuanian HPH managers agree that hospitals should collaborate with relevant partners and initiate networks in order to optimise the integration of health promotion activities in patient pathways.

Conclusion. The managers of Lithuanian HPH network hospitals have a positive opinion on the acceptability and relevancy of the HP standards; however, they indicated that HP standards acceptability should be certified on the level of Ministry of Health, furthermore corresponding guidelines and recommendations should be prepared and legislated.

Contact:
Zemyna MILASAUSKIENE
Associate Professor
Kaunas University of Medicine Institute for Biomedical Research
Eiveniu 4
LT-50009 Kaunas-7
LITHUANIA
zemyna@vector.kmu.lt

Professional Accreditation of AMD (Scientific Association of Italian Diabetologists) for Promoting Health of People with Diabetes

Danilo ORLANDINI, Luigi SCIANGULA, Pasqualino CALATOLA

The effectiveness of professional actions (excellence) is achieved by conscientiously, explicitly and carefully applying the best scientific evidence which is currently available in order to make decisions which are shared with the individual patients; it is indeed evidence-based medicine that considers the results of clinical research, the health professional's skills and the patient's preferences and that allows to take care of the patients and accompany them throughout their disease process; this is even more important for the chronic diseases such as diabetes where the perspective of the patients, who have very limited technical background, makes it possible to center care on the patients, involving them in the definition of the health care plan through therapeutic education thus improving their quality of life.

Improving the quality of care provided by the Diabetes Care Units through the active participation and leadership of those who deliver such services is the goal of the AMD professional accreditation system.

AMD has set up a national board called VRQ-Accreditamento which has developed the guidelines(manual) for professional accreditation which contains the activity indicators and process indicators closely linked with the outcome, as well as perceived quality and outcome indicators.

The project is targeted towards all Italian Diabetes Care Units (both hospital and outpatient) which are supported in the process of self-assessment and preparation for the peer review visit, are visited by a team of qualified assessors and are kept monitored so that over time they retain the requirements which have led to the professional accreditation certificate being issued.

Since 1998 more than 200 Diabetes Care Units have participated in the self-assessment program.

Since 2001 the above accreditation procedure has been applied on a routine basis and professional accreditation has been granted to 13 Diabetes Care Units while another 8 are in the preliminary external auditing phase.

Contact:
Danilo ORLANDINI
Responsible for Accreditation Unit
Reggio Emilia Health Authority
Via Amendola, 2
42100 Reggio Emilia

Italy
Danilo.Orlandini@ausl.re.it

EFQM Italian Network for Promoting Health

Danilo ORLANDINI, Sandra VERNERO

The European Foundation for Quality Management(EFQM) Model for the management to excellence of organizations has made it possible to identify the “best in class” organizations in Europe.

The Model focuses on the key performances, customers, staff and society results.

Excellent results in these areas mean a high attention to the promotion of health among the patients and the community, as well as to the well-being of the employees; for this reason some Health Authorities (Asolo, Gorizia, Reggio Emilia, Trento) and some Health Trusts (Ferrara,Firenze-Meyer, Udine), that are particularly sensitive to the health promotion issues, have started a national Network for the implementation of the EFQM Model, in conjunction with SIQuAS-VRQ(Italian Society for Quality in Health Care).

Following an initial period during which the EFQM values were shared, a comparison with the Model was carried out by means of self-assessment tools and shared analysis of the results. This led to the identification of two areas that were regarded as being of common interest and particularly critical:

- The results which relate to the society
- Staff management and the results that relate to the staff

Two working groups have been established nation-wide to analyse these issues in depth and define, on the basis of the EFQM Model, common management criteria which may be applied to allow for a comparison between the processes and the results; such initiatives guide towards continuous improvement the Health Authorities and Trusts that are part of the Network. The resulting best practices will be proposed to other organizations in order to target their development towards excellence.

At the same time the Network started cooperating with AICQ(Italian Association for Quality), the EFQM National Partner Organization, in order to adapt the Model to the Italian Health Service and make the external audits more specific for the health care sector.

Contact:
Danilo ORLANDINI
Responsible for Accreditation Unit
Reggio Emilia Health authority
Via Amendola, 2
42100 Reggio Emilia
ITALY
danilo.orlandini@ausl.re.it

Graduates in Health Management - introducing interdisciplinary operational areas in hospitals

Anja BÖHM (DE), Doreen KRASKA (DE)

Regarding the present and future demographic changes within the western industrialized countries with its enormous challenges, the awareness of health promotion the chances of its implementation became more important within the past years. In order to solve the problem, conceptions must be created both powerful and effective population based prevention and health promoting strategies should then be implemented.

The course of studies “Health Promotion and Health Management”
After studying “Health Promotion and Health Management” at the University of Applied Sciences Magdeburg-Stendal, the graduates are qualified to use the health promoting approach in an interdisciplinary generalist way. Disposing of basic knowledge in historical, social, political, economical and institutional basis of the health care system the students get a holistic insight of the diverse factors influencing health. Their perspective is expanded by the acquisition of theoretical and practical skills in the fields of psychology, pedagogy and sociology. The manifold education should contribute to face and approach future challenges and problems.

The student project “Health Promoting Hospital”
With this background the students can chose to work for three semesters during the main course in the university project “Health Promoting Hospital”. This project lives from the vivid cooperation between practical work and theoretical background. The practical experience is provided by the Association for Health of Saxony-Anhalt which allows the students to involve themselves into different hospital projects or within different hospitals as well as hospitals within different states of certification. The students can accompany hospitals from the first idea of being certificated over the state of the implementation of project structures until the certified “health promoting hospital”. The practical experience provides students with the knowledge in project management and its implementation in operating sequences. Students benefit of attending the project by acquainting advisory skills in health management.

The scientific background is given by the University of Applied Sciences Magdeburg-Stendal and its professors who teach the students the theoretical component of scientific methods and their utilization. For the students’ on-site work assignments it is indispensable to consult within the university project. Only by combining the influences of practical work with theoretical background, the university project is able succeed to such an extent.

The students' operating ranges are diverse. They can offer advisory services for the hospitals regarding questions of project management and its details. They also coordinate and moderate the sub-projects, assist with presentations and public relations in health concerns, suggest and develop contacts to external partnerships and networks, advice the employees in charge of the project and reflect and evaluate external influences on the success of the sub-projects.

External Alliances
The City Clinic Magdeburg and the District Hospital Gardelegen are the most important project partners. In the City Clinic Magdeburg students established a project office for internal health communication and internal public health affairs. The students also contributed to the external as well as internal public relations by assisting the organisation and preparation of an open house day. New structures in health communication have been established by using postings, blackboards and road shows. In order to create a new status for the hospital as a local health centre, conceptual preparation has been made to combine the hospital with local self-help groups. According to the departments of the hospital, self-help groups have been chosen and preliminary contacted. They will have the chance to contact possible members in the hospital directly to ensure a smooth transition from hospital to the private environment. The groups support the patients in dealing and living with the disease. For the initiation of health promoting courses targeting staff members, students working in the project ascertained questions concerning their sensed physical and psychological workload and their ways of dealing with this incriminatory situation. That analysis constituted the basis for a specific development of health course proposal for staff members. The cooperation with the City Clinic Magdeburg facilitated the students gain of important theoretical and practical experiences in planning, activating and evaluating complex health promoting measures on the basis of various economical conditions.

The activities in the District Hospital Gardelegen enfolded the survey of patients regarding their satisfaction with the hospital (satisfaction with the personnel, physical structure, procedures during their stay). This survey was realised by students of the project, who devised the questions and the design of this survey, questioned the patients and analysed the data. Finally, the measures and ideas for projects were derivated from the given answers. On-site students taught employees new skills in using the computer and its software. Local informational events for the inhabitants of Gardelegen were promoted and supported. The students assisted the Association for Health of Saxony-Anhalt with the organization of an road show relating to the health of children. This occurrence was a great success in order to strengthen the status of the hospital as a local partner and centre for health.

Being educated in an interdisciplinary way, during their studies the students also learned how to network. To extend their skills from the theoretical to the practical level, the students supported the Association for Health of Saxony-Anhalt in organising a founding ceremony for a regional network of health promoting hospitals.

Due to the external influences we made by working in projects and internships and by participating in several national and international conferences, the idea of founding a health management consultancy arose and we commenced to develop the basic concept. Hospitals offer diverse fields of activities for us, due to their complex structures.

Contact:
Anja BOEHM
University of Applied Sciences Magdeburg-Stendal
anja.boehm@sbk.org

Information technologies in modern healthcare
Boris MACHTAKOV (RU), Sergey GUSEV (RU), Natalia GOLOVINGA (RU), Vera ZHIVOTKEVICH (RU)

Organization of efficient medical care nowadays is based upon effective use of medical information technologies and systems. It means, first of all, knowledge of these technologies' potentials as applied to health care tasks and ability to use them.
Introduction of modern information technologies in healthcare is carried out parallel to existing "paper" documents circulation and, as usual, it is added to it. It has two negative consequences.
First. Generalized information feasible to human processing is accumulated at all levels. It gives an opportunity to conduct only a rough analysis of morbidity rate and doesn't allow evaluating, for example, a continuity of a treatment process between medical institutions of different levels (out-patient clinic – in-patient hospital, district hospital – regional hospital) and its efficiency, complexity of a clinical case, necessary and real scope of medical care, etc. Generalized accounts of local units is collected and analyzed at the level of healthcare management institutions. This approach (a principle of "information pyramid") which is the only natural and possible in conditions of "paper" documents circulation should be called in question while there is an opportunity of programme processing of information corpus of unlimited size.
Second. The information collection and processing of which is impossible and laborious isn't accumulated and therefore isn't processed. A system of statistic registration of morbidity rate existing at the level of a medical institution is poorly sorted with real diagnoses and forms of clinical course. There is neither common directory of complications nor common directory of operative interventions. There are no common criteria of evaluating treatment and diagnostic process quality which are necessary for analyzing its efficiency. An extremely important quantity and cost registration and evaluation of prescribed and utilized medicines and articles for medical use (the directory of which is also missing) efficiency is hardly possible to realize manually.
An attempt to resolve these contradictions was made in Krasnoyarsk regional hospital by means of a developed information system. The technology we use is directed not only to paper documents circulation but also to a business process, to a possibility of using modern information technologies in a medical institution. The established system allowed excluding a number of paper reports which became useless. A procedure of preliminary appointment with the doctor by means of E-mail has been realized for the residents of remote districts of the region. It allowed optimizing patient flows out-patient clinics.

Contact:
Boris MACHTAKOV
Krasnoyarsk Regional Clinical Hospital
kkb@medgorod.ru

Poster-topic 22: Developing HPH networks

Relevance and pertinence of the interventions of HPH. Analysis of 111 Italian projects.

Lamberto BRIZIARELLI, Orietta ROSSI, Matteo ZERBINI

One hundred and eleven projects, (57) poster and communications (54), presented during the National HPH conference held in 2003 in Turin, have been examined by the research group considering the HPH philosophy and standards elaborated at European Level.

For each project has been considered: the promoting corporate body, place, target, the contents, the phase of realization, the context with the purpose to determine the relevance and the pertinence.

From the analysis it results that the promoting subjects are in most cases hospitals or health agencies. In only very few cases these two subjects worked together. Few projects interested more then one hospital or the whole regional territory. The target are both: patients and health professionals, but often the interventions are directed to the external population, as the pupils of schools or groups of population interested in some screening. Regarding the contents, in most cases it deals with single themes, linked to a department or service, while are a minority those that concern the whole hospital or the consumers in toto. Often is considered a specific risk factor for the workers or for the consumers, simple programs of improvement of the quality that should represent a normal intervention in the management of services or departments.

From above we can state that the HPH movement found in Italy a good response, that interests a wide part of the Country, sometimes whole regions. Nevertheless the pertinence with the rules drafted for HPH is low and the importance of the problems faced not always seems in relationship to the existing priorities in the various areas of the Country. It seems that most initiatives are done thanks to the will of the single and not as part of a coordinated action and planned as it should be.

Therefore on one hand we have a partial satisfaction for the consideration that HPH receives in the Country, but on the other it is necessary to recommend to the stakeholders responsible of the governance of health and in particular the Regions to make a step further: in order to coordinate local initiatives and promote the international orientations and standards.

Contact:
Lamberto BRIZIARELLI
Dept.of Hygieneand Public Health, Univ. of Perugia
Via del Giochetto
06100 Perugia
ITALY
lbrizigi@unipg.it

Health Promotion Strategies in Irish Hospitals - the health promotion journey

Kate FRAZER, Anna CLARKE., Leslie DALY

Health promotion in health services, in particular, hospitals has been emphasised by the World Health Organisation through its policy reports. The adoption of the hospital as a key setting enabled health strategies to be developed for patients, employees, staff and communities. In Ireland, life expectancy in less than the European average and many deaths are attributable to preventable causes e.g. smoking related cardio vascular disease and cancers.

A recent national hospital survey (Frazer et al 2003) highlighted the health promotion strategies that are successful in Ireland in areas of smoking cessation and breast feeding. More efforts are needed to promote physical activity and improve nutrition. The results highlighted the discrepancies in the provision of health promotion strategies for patients, employees and communities. Hospitals are often viewed only as curative centres and the availability of health promoting activities seen as only for a minority or a specific group.

The study highlighted the statistically significant impact of the role of a Health Promotion Co-ordinator. The hospitals where a Co-ordinator was employed were more likely to have a greater range of health promoting strategies in the organisation. These strategies included the development and implementation of health policies; evaluation of activities and policies; strategies for smoking cessation; a health promotion committee structure and to report on hospital health surveys. The hospitals where no Co-ordinator existed were less likely to have health promoting strategies in place.

The recommendations from the study highlighted health strategies that hospitals could adopt based on the best practice found nationally. The study enables hospitals in Ireland to compare their health promotion strategies with the strategies that are achievable and successful. Guidance for the development of a health promoting hospital and are in line with the standards for hospitals produced by the network (WHO 2003).

Contact:
Kate FRAZER
School of Nursing and Midwifery
University College Dublin
Earlsfort Terrace
Dublin 14
IRELAND
kathleen.frazer@ucd.ie

The integration between the Health Promoting Networks: a project of the Local Health Unit n° 3 of Pistoia (Italy)

Galileo GUIDI, Maria José CALDÉS PINILLA

Rationale: The Regional Health Plan 2002-2004 of Tuscany (Italy) aims openly to the realisation of Health policies able to confront the idea of the people's Health Promotion based on their centrality, sense of responsibility, values of solidarity and social participation, moral and cultural assets of the Community. In order to reach this objective the tool chosen is the implementation of the "Integrated Health Plan" on the local level. The Region of Tuscany has been participating in different International Networks which consider the Health Promotion as a central element of their development. Nevertheless, in the scenario appear gregarious and significant actions of the single Networks, but there are not sufficient co-ordination and integration.

The project: The Local Health Unit n° 3 of Pistoia in the ambit of its Health Promotion activities, with regard to the "Integrated Health Plan" on the local level, has decided to experiment the possibility to integrate two of these Networks, Health Promoting Hospitals and Health Promoting Schools. The general goal is to define common and shared objectives with the finality of adapt the answers to the needs of the population. Concretely, we are experimenting an inter-institutional methodology, also with the integration in the everyday activities of aspects of excellency, like the University: the integration of the Faculty of Motor Sciences as resource for the development of connections between the Networks for a more efficacy use of their own assets. In the HPH Project exists a rehabilitation programme addressed to the patients with chronicle diseases, aimed to the facilitation of the motor activity. On the other hand, Schools are going to use more and more the physical activities in the ambit of their educational programmes. Our project plans the research and the use of common principles and strategies to be shared by the two Networks for the Health gain of the population and for the development of a culture of the physical activities like instrument for Health.

Contact:
Galileo GUIDI
HPH Co-ordinator
Local Health Unit n° 3 of Pistoia (Italy)
Viale Matteotti, 19
51100 Pistoia
ITALY
ga.guidi@mail.vdn.usl3.toscana.it

Estonia is strengthening International Networking

Tiiu HARM, Helle MAELTSEMEES

The aim of international networking is to develop knowledge, competencies and good practices of health promotion for patients, staff and the community following the principles and the criteria of the WHO International Network of Health Promoting Hospitals - HPH.

Networking: The 4th Estonian HPH Conference "The Role of Health Promoting Hospitals in Health Service Development: Quality Assurance and Enhanced Co-operation Leads to Better Health" took place on September 25-26, 2003 in Tartu. The conference was also attended by 9 colleagues from hospitals within the International HPH Network: Slovakia, Russia, Lithuania and Finland.

Since 1999, when Estonia joined WHO International Network of HPH, it has become a tradition to visit each year the Health Promoting Hospitals of the host country of HPH international conference. In 2001 in Copenhagen, Denmark, the Nordic model of Geriatric Rehabilitation in HPH was introduced; in 2002 in Slovakia we discussed about the Baby-Friendly Hospital Initiative and Estonian -initiated Humane Neonatal Care Initiative and learned about the lung cancer and osteoporosis prevention in the community; in 2003 in Italy we learned about the health promotion for children and adolescents in hospital.

Our closest and oldest co-operation partners have been Lithuanian HPH members: Kaunas Medicine University Hospital and Palanga Rehabilitation Hospital. The areas of common interest include quality of health care services, patients' satisfaction, the implementation of WHO Health Promoting Standards in national HPH networks, and exchanges of medical personnel.

On February 17th, 2004 we will participate in a national evaluation conference of the Finnish HPH Network in Jyvaskyla and create contacts with the Central Finland Central Hospital.During the 12th Conference on HPH in Moscow, May 26-28, 2004, we will visit the Moscow City Clinical Hospital No 31 and "Ex Medica Club" to discuss the HPH-action in various situations.

Contact:
Tiiu HARM
National coordinator of Estonian HPH Network
National Institute for Health Development
HIIU 42
11619 Tallinn
ESTONIA
Tiiu.Harm@mail.ee, tiiu.harm@itk.ee; **tiiu.harm@tai.ee**

Implementing settings based health promotion in health services: baking a good cake

Ann KERR; Claudia MARTIN, Erica WIMBUSH, Sandy WHITELAW

In 1996, in partnership with health promotion specialists and NHS representatives, the Health Education Board for Scotland (HEBS)[1] began developing a 'settings' based framework that would inform work across Scottish health services – *the Health Promoting Health Service Framework (HPHS).* The Framework took the form of a flexible guidance document, attending to foundations of practice and specific areas like partnership work, policy development & staff health.

The project has been undertaken over an extended period, comprising 3 phases: initial development (1996-1997); piloting (1998-1999); impact assessment (1999-2003). This paper reports on one aspect of the latter phase, involving a 2-year investigation of 9 pilot case studies:

- Rural pharmacy and elderly care
- Sexual health services for young people
- Hospital staff health
- Staff awareness of depression
- Health promotion in a psychiatric unit
- Health promotion for co-ordinating & developing work between primary and secondary care
- Health promotion work and strategy across an integrated primary and secondary care service
- Head & neck cancer awareness
- Physical activity in older people

As well as assessing impacts (e.g. health outcomes and individual learning) a significant element of the work explored the nature of the implementation support required to develop capacity and achieve impacts within sites. This poster presentation will focus on the latter area.

From grounded experiences, a variety of 'necessary conditions' (ingredients) were identified; namely, 'organisational commitment'; 'health promotion competencies'; 'a critical mass of committed individuals'; 'responsiveness to a health improvement agenda', 'access to a "tool"/framework'). Further work was undertaken to consider the relationship between these elements. Using the metaphor of cake baking, the poster will proposes the need to have the right ingredients, in the right quantity and introduced in the right order. The poster will finally offer a formal framework "Conditions for effective health promotion practice".

Contact:
Ann KERR
(via Sandy WHITELAW)
University of Glasgow
Crichton Campus
Bankend Road
Dumfries DG1 4ZL
UK-SCOTLAND
s.whitelaw@crichton.gla.ac.uk

Poster-topic 23: Arts and health promotion

Childrens' Art Competition to raise awareness of road safety issues

Rose BYRNE, John TUITE

Rationale: Our town, Dundalk has one of the highest rates for road traffic accidents in Ireland.

Aim: To raise the awareness of school children on all aspects of road safety.
To advocate and support road safety among the children in our community.
To facilitate communication with Primary schools and encourage further initiatives which may be appropriate for children.
To educate schoolchildren on proper procedures for making an emergency phone call.

Methodology: By inviting local schools to participate in an art competition depicting some aspect of road safety.
By encouraging maximum participation by providing a desirable prize for the winner.
By including in the prize, a trip to visit ambulance control and the Accident and Emergency department for the winner's classmates and teacher.
By informing the media of the event and displaying all entries on the walls of the A&E department.
By circulating a colourful leaflet, outlining the procedure for making an emergency call, to all schools in the area, designed by local emergency medical technicians and aimed specifically at children.

Outcome: A partnership between the Health Promotion Dept., A&E and the Emergency Medical Technicians resulted in a very successful initiative involving local school children.

Feedback from participating schools and the public was very positive.
The event received a lot of media coverage which it is hoped will raise awarenes of road safety among both schoolchildren and their parents.
It is envisaged that this media interest will lead to an increased level of participation for further initiatives between local schools and our hospital.

Contact:
Rose BYRNE

[1] In 2003 HEBS was renamed NHS Health Scotland.

Louth County Hospital
Dublin road, 12
Dundalk, Co.Louth
IRELAND
Rose.Byrne@nehb.ie

"Children of Lir" Intergenerational project

Mary DALY

Aim: To examine the potential, for using art in Residential Care Centres, as a catalyst, to enable residents progress towards self actualisation.

Objectives:

- Develop consultation process, with all partners to address participant needs.·
- Use art as a communication tool, linking into wisdom ,experience, skills and knowledge of residents.
- Enable more effective communication through art and capture the process on video.
- Utilising resources available, through partnership development.
- Create a suitable environment, enabling participants express their ideas, feelings and experiences through visual and tactile forms.

Methodology:

- Project team established.
- Terms of reference clarified.
- Funding and resources sourced.
- Communication with key stakeholders.
- Liaise with other professional experts ,in response to needs identified.
- Artistic material researched.
- Weekly site visits by students.
- Exploration of different art media.
- Introduction of new skills, marbling /plaster techniques.

Results: The art project afforded aphasic patients and those with communication difficulties a unique opportunity to express themselves. The environment encouraged communication using tactile, visual, and aural elements as well as the spoken word, this culminated in a beautiful array of art and group achievement.

Contact:

Mary DALY
(via Kate Brickley)
Midland Health Board
Tullamore
Co Offaly
IRELAND
Kate.Brickley@mhb.ie

Artwork "Healing Walls"

Rea NURMI

The artwork murals are on The hospital walls painted wall size or window size directly onto the wall. The intention is to bring colour and light to the windowless areas and facilities where it is most needed. Bringing the seashore, blooming garden or any scenic view into the hospital setting improves the psychological environment and helps the emotional opening of the person viewing it. The painting process done together with the hospital staff creates conversation and co-operation between the staff members. The interaction with the artist and the patients bring pleasure and meaningful activity to the adults as well as to the children during the long hospital stays. Creativity stimulates the mind creating pleasant memories or visions for the future. The art brings hope and positive thinking through beauty. Currently there are "windows of opportunity" and healing walls at the Yale University Hospital in New Haven, CT. USA, Anna Mayer Hospital, Florence, Italy, University Children's Hospital, Bratislava, Slovak

Contact:

Rea NURMI
Artist
300 Meadowside Rd 304
06460 Milford CT
USA
reanurmiC2C@cs.com

HPH Project "Music in the Hospital": toward the realization of a better welcome and quality of assistance at the Nuovo San Giovanni di Dio Hospital ASL 10 Firenze.

Alberto APPICCIAFUOCO, Gianna RANDELLI, F. BUONO, D. BELLUCCI

Voice is the oldest and the easiest instrument given to mankind. Music is a language of the spirit, just like crying or laughing. Everyone can sing and/or feel joy and relax hearing music, because music helps you to feel better. Our purpose is to help patients and operators to feel better with our singings.

Aim of the project:
1. Strenghten the idea of a Hospital which makes the patients welcome during their stay;
2. Help patients to feel better during their therapy;
3. Transmit the feeling that music increases a mutual cooperation between operator and patient.

Methods: The chorus started its cooperation with the Nuovo San Giovanni di Dio Hospital two years ago and began the project called “Music in the Hospital” one year ago in the Reumathology Dept.. We first introduced in a soft way twice a month popular songs and evergreens, paying attention not to disturb the privacy or interfere with patients and operators. We gave to “long term patients” copies of our songs, to make them able to sing with us for the following visit.

Subsequently we participated in some special events organized by the Reumathology Dept. and performed concerts all around the Hospital during Christmas period or “Open Days”.

Presently we are running two new projects:
1. Immunology and Allergy Dept, where we are requested to sing once a week for and with people waiting for therapy and
2. Maternity Home where we are introducing lullabies during a selected moment when fathers and mothers are together with their new born baby to create an intimate and relaxed atmosphere.

Results: Patients welcome the chorus with curiosity and gratitude and often try to do their best to sing with us no matter what their situation is. They seem to like the project and ask us to come back soon. This is our biggest reward.

Contact:
Alberto APPICCIAFUOCO
Direzione Sanitaria
Azienda Sanitaria di Firenze Nuovo Ospedale S. Giovanni di Dio
Via di Torregalli 3
50143 Firenze
ITALY
alberto.appicciafuoco@asf.toscana.it

Poster-topic 24: Promoting health through nutrition

Improving multidisciplinary communication through development of a nutrition project

Christ GRIPP, Catherine O´KEEFFE, Niamh O´KEEFE, Grainne FLANAGAN

Objectives: To establish an efficient and effective multidisciplinary relationship for the purpose of progressing a pilot nutrition project, at St. Vincent’s Hospital

Method:
- Consult with staff, patients and management in the hospital
- Contact Catering department, Speech & Language therapy and Dietician services, Establish multidisciplinary project team.
- Hold regular ward team meetings, to ensure that all staff are aware of proposed project plan, have an opportunity to contribute and are involved in implementation.
- Provide training for staff in nutrition; swallow disorders, feeding practices, etc.
- Establish open, direct lines of communication with multidisciplinary project team/services.

Result:
- Improved communication between ward staff, hospital departments, staff/patient relationships, between the multidisciplinary team and between professional services/departments
- Ethos of participation at all levels with willingness to listen, share ideas, learn from the experience of others and be open to adopt changes in practice, attitude, etc.
- Examples of Nutrition project outcomes – food diaries maintained, change in feeding/meal times and menu choices, change in feeding practices, introduction of nutrition screening tool and recording of monthly weights

Conclusion:
A pilot nutrition project has led to improved multidisciplinary communication between all of the professional disciplines involved. This project has demonstrated that effective communication is vital to the success of any project and the learning from this experience could be applied to a variety of initiatives, in many types of settings.

Contact:
Christ GRIPP
(via Kate Brickley)
Midland Health Board
Tullamore
Co Offaly
IRELAND
Kate.Brickley@mhb.ie

Concurrent introduction of a Mediterranean Diet in several hospitals

Ulrich HILDEBRANDT, Christa RUSTLER, Gerald WÜCHNER

The first clinical-trial evidence of reduction of cardiovascular mortality with the Mediterranean diet came from the Lyon Diet Heart Study in the 1990s. There patients after a myocardial infarction had a 70 percent mortality reduction through a food which is comparable with the food of Crete population in 1950s. The concept of the Mediterranean diet originated from the Seven Countries Study in the 1950s. The study showed that, despite a high fat intake, the population of the island of Crete had very low rates of coronary heart disease and certain types of cancer, and had a long life expectancy.

Due to the favourable effects, it is reasonable to also offer the Mediterranean diet in hospitals. In July 2003 the St. Irmingard Clinic therefore introduced a Mediterranean menu as a second daily choice in addition to the standard menu. Since the Bavarian food with its large share of meat and a few vegetables is in great contrast to the Mediterranean diet, careful planning was necessary, with training for the kitchen staff and numerous informational meetings for the clinic staff and patients. The introduction was then so successful and enjoyed such acceptance from patients and personnel that in October 2003 the kitchen staff won second place among 70 participation hospital in the competition of the Bavarian State Ministry for Environment and Health: “Essen Pro Gesundheit” (Food for Health”).

In addition, the hospital motivated other hospitals in the German Network of Health-Promoting-Hospitals to introduce the Mediterranean diet. After founding a working group, the other hospitals also began with the Mediterranean diet in early 2004. The St. Irmingard Clinic published a comprehensive guide for the patients with information and numerous recipes, and established a cooking school. Patients and their families can learn to cook the Mediterranean diet at heart training weeks that the hospital offers in a monastery and in a hotel on Crete.

This project is particularly suited to emphasise the concept of the health promotion as a common goal.

Contact:
Ulrich HILDEBRANDT
Chefarzt
Klinik St.Irmingard
Osternacherstr.
D-83209 Prien
GERMANY
u.hildebrandt@st-irmingard

Organisation of dietary nutrition, nomenclature of diets, indications, nutritional recommendations, energy and nutrients intake

Liidia KIISK

The new System and nomenclature of diets has been developed in the hospital on the basis of theoretical and practical experience obtained over several years of co-operation with medical scientists from different fields of specialisation. The experience of the medical scientists of the Department of Clinical Nutrition of Kuopio University and the dieticians of Meilahti Hospital of Helsinki University obtained from 1991-1995 has been taken into consideration.
In 1997 we started to organise the ordering system of nutritional food portions by the computer program MediC and nutritional therapy program 7+7. The system includes the menus and recipes of nutritional food portions.
The new nomenclature of diets includes ordinary food and eight groups of diet food with subgroups.

The normative values of the basic nutrients are in accordance with the Estonian nutritional recommendations, the nutrition guidelines of the WHO Regional Office for Europe and Regulation no. 131, Health Protection Requirements for Nutrition in Health Care and Social Welfare Institutions, issued on 14 November 2002 by the Estonian Minister of Social Affairs.

The complete nomenclature of diet food and additional data - a list of foodstuffs, Daily requirement 2000mldiet food and daily specimen menus- form a computerised system of diet nutrition that has been linked to the clinic´s integrated computer system since 1997 and has been printed in Estonian as a handbook (L. Kiisk, Diet Nutrition, Tartu, 2002, 223 pp.).

This enables the catering service of the Tartu University Clinic to provide for the special needs of 17 clinics with ca 1000 patients every day. The share of diet food is about 25-28%.

Contact:
Liidia KIISK
Food servise
Tartu Universtity Clinics
L. Puusepa 8
50406 Tartu
ESTONIA
Liidia.Kiisk@kliinikum.ee

Sweet Free Zone

Diane LOUGHLIN

Background: Staff within a surgical ward, specialising in abdominal surgery, wanted to adopt healthier eating patterns as part of the health promoting health service framework. They identified the amounts of chocolates, sweets and biscuits presented by patients and relatives were a precursor to a high fat and sugar diet. Staff developed the concept of the sweet free zone through the promotion of fruit and healthier options.

Although they hoped to influence staff behaviour they also hoped to influence and increase knowledge with patients/relatives and wider community.

Aim: The project aim was to raise awareness of a 'sweet free zone' and develop health-related changes in staff behaviours.

Method: A collection of chocolates, sweets and biscuits gifted to staff over a 2 week period were analysed for fat and sugar by the dietetic department. A poster was developed showing the collection of chocolates with the equivalent fat and sugar pyramids.

A formal assessment of staff health needs and patient views were undertaken using a self-assessment questionnaire to identify changes in eating patterns.

Monitoring of chocolates, sweets and biscuits continued as well as the fruit and healthier options gifted.

Results: Staff monitored and reported a reduction in the amount of chocolates gifted and an increase in fruit and healthier options. Some staff noted reductions in weight, with one member reporting the absence of migraines.

Outcomes:
- Increased awareness of healthy eating programmes
- Participation and awareness of personal and health development staff programmes
- Development of patient information
- Ongoing programme of health eating displays
- Inclusion within QIS colorectal cancer evaluation

Conclusions: This project achieved what it set out to do. Staff lead by example, patients and relatives are provided with improved information on benefits of a health eating programme. Other areas within the Trust have adopted the concept.

Contact:
Diane LOUGHLIN
West Lothian Healthcare NHS Trust
NHS Trust
Howden Road West
LIVINGSTON EH54 6PP
SCOTLAND
Diane.loughlin@wlt.scot.nhs.uk

Communication Nutrition needs: Patient participation in care of older people setting

Niamh O´KEEFFE

Aim: To facilitate a patient participation approach, in identifying nutrition needs and ensuring a quality, patient-centred, meal service.

Objectives: Address patient's satisfaction with:
a. Special modified consistency diets
b. Presentation of special therapeutic diets
c. meal choice
d. The meal ordering system
e. meal times

Methods:
1. Establish Nutrition Team with Community Dietitians, Quality Facilitator, Managment and Staff
2. Patient Satisfaction Surveys analysed.
3. Implementation plan.
4. Repeat Satisfaction Surveys

Results:
1. Patients indicated a need for; consistent meal times - and freed to order own meals from menu.
2. 2- week menu cycle developed.
3. Modified texture and therapeutic diets, incorporated into menu, to standardise choice and nutritional content.
4. Protein included in evening meals.
5. Suitable crockery purchased to improve presentation of modified texture meals.
6. Standardised meal times throughout the week.
7. Meal ordering system introduced to improve communication between patients, wards and kitchen.

Conclusion: The initiative demonstrated the benefits of an 'integrated' patient-centred approach, in addressing nutrition and food issues. The project focused on patient empowerment, with residents voicing their needs, rather than adapting to the 'system'.Food and nutrition was identified as a priority issue by residents. A quality approach was adopted and communication links between departments were strengthened as a result of this project.

Contact:
Niamh O´KEEFFE
(via Kate Brickley)
Midland Health Board

Tullamore
Co Offaly
IRELAND
Kate.Brickley@mhb.ie

Hospital catering: an opportunity for nutritional information and education

Cesare SACCHI, Daniela VASTA, Valeria MANICARDI; Marica IEMMI

In the framework of the "HPH-Nutrition" Program of the Reggio Emilia Health Authority we have felt the need to revise the Hospital Catering Service with a view to improve it and standardize it throughout the local health care facilities (5 hospitals, 6 canteens, several residential and semi-residential facilities). We also wanted to turn the meals into an opportunity to provide nutritional information and health education to the users, their family members and the health care workers.

Overall goal: Improve the catering service, standardize it throughout the local health care facilities and turn the meals into an opportunity to provide nutritional information and health education to the users, their family members and the health care workers.

Specific goals: Offer a menu which is in line with the principles of healthy nutrition, respecting different tastes, cultures and religions also through the development of multi-lingual information material.
Turn the meals in the hospital canteen into an opportunity to provide nutritional health education to the users and their family members.
Train and make the kitchen and ward staff increasingly aware of the role of nutrition so that they can convey information and education to all the users.

Methods/Actions:

1. Develop a single menu for all health care facilities based on the principles of healthy nutrition specified by the WHO.
2. Re-arrange the meal booking system.
3. Monitor the degree of satisfaction with the menu by administering an appropriate questionnaire.
4. Develop a Training Project for the staff working in all departments and services with a view to:
   - Develop increasing knowledge and awareness of the nutritional aspects which form integral part of the preventive and therapeutic activities carried out on in- and out-patients;
   - Make the health care workers increasingly aware of the respect for cultural diversities.
5. Pay increasing attention to the nutritional requirements of foreign citizens, not only from the nutritional standpoint but also from the cultural perspective in order to respect the different ethnic groups and religions. (Such requirements have been identified during meetings with cultural mediators belonging to the most widespread ethnic groups identified by analysing the admissions to the local hospitals).
6. Dissemination of information on the menu offered within the local health facilities by means of the following material:
   - A MENU notice to be hung in all stay ward rooms including the colour/image codes and the explanations in other languages for foreign citizens (essentially with an indication, day by day, of the meals which contain pork or beef);
   - An information/education leaflet on Hospital Catering which aims at providing adequate information to choose the meals according to the patient´s disease and which gives a guarantee on the raw materials and the production processes used.

All this information will be translated in several foreign languages and will be given to the patients and/or their family members upon admission to the hospital. At a later stage specific disease-related information sheets will be handed out to the patients including a practical recipe booklet.

Main target group: Users of the catering service in general (patients, health care workers, patients´ family members).

Expected benefits: Menu diversification on the basis of the patients´ nationality and religion. Better information on the catering service both concerning the menu and its nutritional and qualitative characteristics.

Project organization: The Project is coordinated by the Logistics and Accomodation Service which is responsible for its implementation and takes care of the various implementation phases in conjunction with the "HPH-Nutrition Project" team of the Reggio Emilia Health Authority. It involves all the meal-serving staff from the stay wards of the Guastalla, Montecchio, Scandiano and Correggio hospitals, the kitchen staff, the hospital HACCP teams, the Dietary Service, the Hospital Management, the SIAN (Food and Nutritional Hygiene Service), the Veterinary Service and the Nutritionists.

Contact:
Cesare SACCHI
Director of Logistics and accomodation Service
Reggio Emilia Health authority
Via Amendola, 2
42100 Reggio Emilia
ITALY
cesare.sacchi@ausl.re.it

The evaluation of the in-patient's hospital food quality in Kaunas Medical University Hospital

Daiva ZAGURSKIENE, Zita ZAILSKIENĖ, Odeta BALTIKAUSKAITĖ

The aim: To achieve better nutrition of the patients in Kaunas Medical University Hospital (KMUH) by improving work of the Nutrition service.

Material and methods: The quality of hospital food and the patient's satisfaction were evaluated by an anonymous 280 questionnaire were distributed to the in-patients treated in KMUH departments. The response rate was 90 %.The questionnaires included 20 questions subdivided into general data about the respondent, general evaluation of the hospital nutrition quality, evaluation of the food menu. The patients' satisfaction with food quality was assessed by the scores from very bad to excellent.

Results:

- Evaluation of respondents haven't belong to age, sex or particularity of departmental.
- The majority of the participants evaluated the food quality excellent (4 %) or good (40 %) while 56 % of the patients' evaluations were lower.
- Most of the patients noted that they were satisfied with the feed time (98 %), the frequency (89 %) and the aesthetics (54 %). The patients (56 %) noted not always warm enough food.
- 30 % of the respondents pointed out that they eat their own extra food. Half of the patients (56 %) responded that they felt lack of vegetables.
- The majority of the respondents (81 %) considered that the food menu should be supplemented. Whereas 63 % of respondents wished to have possibility to choose their dinner dishes of several dinner variations.
- The patients remarked that the food in KMUH is better to compare with other hospitals where they had been treated.

Conclusion:

1. The quality of the hospital food was evaluated positively by respondents.
2. The patients were satisfied with the feed time, frequency and food aesthetics, only food warmth needs improvement.
3. Almost every third patient pointed out insufficient food supply and every fourth – that the hospital food lacks vegetables.
4. The patients wished to have opportunities to choose their dinner dish from several food variations.

Contact:
Daiva ZAGURSKIENE
Director for Nursing
Kaunas Medical University Hospital
Eiveniu 2
50009 Kaunas
LITHUANIA
zemyna@vector.kmu.lt

Poster-topic 25: Supporting smoking cessation and developing smoke-free hospitals I

A smoking cessation programme in a care and research hospital: 1 year follow up.

Stefano BONI, Margherita NERI, Roberto FE PEDRETTI, Giorgio BERTOLOTTI

The aims of the study was to reduce the smoking behaviour of the staff and obtain a global health gain in the Institute.

Thirteen smoking employees (50% of total smoking employees, 12.5% of total employees), who expressed the desire to quit smoking and agreed to participate to a smoking cessation programme, were enrolled.

The programme was 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 (Fagerström AS scale), ability to abstain from smoking in high-risk situations (Smoking Self-Efficacy Questionnaire) self-perceived competence and autonomous motivation (Treatment Self-Regulation Questionnaire);
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) Possibility to request pharmacological support for all subjects who resulted heavily dependent at the Fagerström scale;
5) Individual sessions (psychologist/physician). Results. Baseline Stages of change: 6 employees who expressed the desire to quit smoking were in the contemplation phase and 7 in the preparation.

Twelve (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 quitted smoking and 6 (46%) had greatly reduced the habit. At 12 month follow up 4 were still quitting, 5 are smoking less cigarettes than pre course period; 3 smoke the same amount and 1 increased in number of smoked cigarettes. In conclusion the long-term outcome of this intervention suggest that this initiative helped the quitting behaviour and confirmed the importance for advise and assist during the effort to quit. This experience will lead the organization aimed to design a tailored programme for in hospital patients. This research was partly supported by founds of Italian Health Ministry for current biomedical research.

Alessandra Ianni - the 5th author
Giorgio Belleli - the 6th author

Contact:
Stefano BONI
Medical Director
S. Maugeri Foundation – IRCCS
via Roncaccio 16
21049
Tradate

Italy
sboni@fsm.it

European Code for smoke-free hospitals - a European strategy for health promotion

Bertrand DAUTZENBERG, Annie BOURDIL, Anne-Marie SCHOELCHER, Ariadni OURANOU

The “European Network for Smoke-Free Hospitals” is a European growing partnership of 16 member states, involving more than 700 hospitals, with the aim to identify common priorities within EU member states and accession countries.

Objectives: The first goal of hospital is to treat patients, but others goals have been incorporated within the smoke-free hospital´s network.

Methods: The activities of the network are based on the ten pointed « European Code for Smoke-free Hospitals ». This Code together with the European Standards consist an important tool in the step by step implementation of a smoke-free policy, as their objective is to acknowledge the current implementation difficulties and to address them in a realistic and achievable manner.

Results: The role of all health service organisations, in particular hospitals is not only to treat diseases. In 2003, two major changes have been made to the ENSH Code, outlining the importance of the health promotion aspect within our smoke-free strategy. Hospitals should become safe and healthy environments for staff, patients and relatives. As any other workplace, hospitals should be smoke-free for preserving the health of worker by protecting the non-smoker from environmental tobacco smoke and by helping the smoker to quit. Hospitals must play a key role in health promotion. Health service organisations can have a lasting impact on influencing the behaviour of patients and relatives, who are more responsive to health advice in situations of experienced ill-health. Finally, hospital also a place to promote health outside of hospital, in the community setting.

Conclusion: All health service organisations, in particular hospitals should play a lead role in promoting health through their smoking-free policy. Taking into consideration that more than half of the smoke-free hospitals participating in the ENSH are also smoke free workplaces and health promoting hospitals, the collaboration of the two Networks demonstrates concrete efforts towards a higher level of health.

Contact:
Betrand DAUTZENBERG
(via Ariadni Ouranou)
Assistance-Publique- Hopitaux de Paris
French Hospitals Administration
3 Avenue Victoria
75004 Paris
FRANCE
ariadni.ouranou@sap.ap-hop-paris.fr

Smoking Cessation in Enduring Mental Illness

Gabrielle HEALY

Background: For many years, cigarettes have been the “currency” of psychiatry. They have been used in token economy in institutions and for the sedative effect, often used to “settle” an agitated patient. Although the health risks associated with smoking have long been established, both the habit of smoking and the practice of distributing cigarettes moved into community along with the patients when institutional care declined. The imperative to improve client health along with new impending legislation resulted in the formation of a group to facilitate smoking cessation in clients attending a Community Mental Health Day Centre.

Aims: To promote health of clients by reducing or stopping smoking, promote a healthy environment, to educate in the hazards of smoking and to create awareness of the benefits of not smoking.The group consisted of 7 clients and was of 12-week duration. It met twice-weekly during which time goals were set, various methods looked at and support given. The support of the Primary Care Physician was also engaged.

Results: After 12 weeks, 3 of the group were smoke-free and 3 were persisting with the support of the group; 1 had dropped out. Aside from obvious health benefits, clients also identified financial benefits and increased enjoyment in activities such as eating. It is striking that such results were achieved in clients with chronic mental illness for whom smoking was such a significant part of daily life. Details of method, the role of the facilitator, problems encountered and future plans will be presented.

Contact:
Gabrielle HEALY
(via Patricia Carroll)
Midland Health Board
Tullamore
Co Offaly
IRELAND
patricia.carroll@mhb.ie

The first results of the Danish Clinical Database for smoking cessation programmes.

Mette JENSEN, Vibeke THYGESEN, Hanne BECH MÜLLER, Hanne TØNNESEN

Background: A national-wide Clinical Database (CD) is now established for continuous quality assessment and development of smoking cessation programmes in Denmark. The CD is based upon an original research project with data inclusion in 2001-2003 and ongoing analyses. The research group* will publish their results within the next year.

Aim: The aim was to establish a permanent CD, which met the criteria and needs for external monitoring and evaluation of established smoking cessation programmes in order to assess and develop the quality.

Methods: Any stop smoking unit in Denmark can participate in the CD, if they offer standardized smoking cessation programmes and include systematic follow-up after 6 and 12 months. The inclusion period began March 2002. Data is collected by the participating units through registration forms for baseline data including the smoking profile, the intervention given and smoking status at follow-up. The forms are sent to the CD secretariat of database in Unit of Clinical Health Promotion, Bispebjerg Hospital. The registration forms are scanned, controlled and finally registered in the CD.

Results:
1. Participation: At January 2004 more than 230 stop smoking units throughout Denmark have entered the CD. The units located at hospital as well as units located outside hospitals (e.g. pharmacies, primary care sector) are included. All the fifteen counties are represented, however 3 counties by 1-3 units only, and about 8,000 participants are included.
2. Effectiveness: Stop smoking rates from the CD will be presented at the conference.
3. Information and use of results: Every half-year the units receive a report on effectiveness of their local intervention programmes and the national results for comparison. The technical data from the counties is placed on our homepage visible for the participating units, exclusively. The National Board of Health uses the CD for external evaluation of programmes supported by the Board.
4. Future: We have experienced that it is important to inform about the main results on our homepage opened for all visitors, to include more local represents in the organisation and to improve the data collecting procedure by local quality control and directly IT input to the secretariat. Accordingly, the structure and procedures are undergoing improvements.

Conclusion: A national Clinical Database for smoking cessation programmes has successfully been established, and lot of units have show interest in the project. The database serves as documentation of the health promotion activities within the field of smoking cessation.

Authors: Evald T, Fugleholm AM, Hiladakis H, Jhul HH, Mosbech H, Schiønning H, Sonne T, Dalum P, Kjær NT.

Contact:
Mette JENSEN
Information officer
Bispebjerg Hospital – KESF
Bispebjerg Bakke 23
2400 København NV
DENMARK
mj10@wanadoo.dk

Partnership is the effective way of prevention (based upon CINDI-Tomsk program)

Irina KONOBEEVSKAYA, Rostislav KARPOV

Regional strategic program on health promotion and non-communicable disease prevention was developed within the frameworks of CINDI-Tomsk programme. An example of effective way of prevention through wide partnership is the International Anti-Smoking Campaign “Quit & Win”. Based upon international protocol WHO/EURO CINDI ‘Quit &Win’ the antismoking campaign was organized and performed in Tomsk region. Regional coalition united partners from medical and non–medical sectors. We cooperated with the Administration of Tomsk Region, received the support of Health Care structures and of practical medical staff, voluntary organizations. Wide partnership with several structures including mass media, public organizations, universities, pharmacology and insurance firms was used in our work. Each member was encouraged to enlarge the network within the sphere of his work. Special initiative was developed to organize head-quarters for smoking cessation and to form anti-tobacco lobby using mass-media (radio, local newspapers, press-conferences and distribution of press-releases, video-clips on TV, interviews with the participants of the program, round-table talks, exhibitions, research conferences and in-hospital conferences). In hospitals, we used different antismoking materials (booklets and doctor’s consulting for individual smoking cessation, 5 types of leaflets, brochure for the physicians). The Governor Viktor Kress stopped smoking, which was good example for the population. Antismoking head-quarter worked very successfully. More than one-half of participants addressed it. In general, more than 3 thousands of subjects (0.52% out of smokers) at the age of 18-80 took part in three campaigns “Quit & Win” in Tomsk in 1998, 2000, 2004. Thus, we can state that partnership with not only Health Care departments but with several non-medical structures allowed us to reach good results in quitting smoking and to attract attention both of medical staff and of population to problems of health promotion.

Contact:
Irina KONOBEEVSKAYA
Institute of Cardiology
Kievskaya 111 a
634012 Tomsk
RUSSIA
kin@electropulse.tomsk.ru

Smoking of students and possibilities of its prevention.

Irina KONOBEEVSKAYA, Anna BORODINA

We investigated possibility to stop smoking using practical Health Care stuff. The study was performed as part of study "Epidemiology and Prevention of the main risk factors of IHD in young persons of different regions of Russia". Standardized cross sectional population surveys were used for the evaluation. A randomised (91%) sample was screened (n=2650, aged 17-25 years) in Mezhvouzovskaja hospital using the Coronary Risk Profile Questionnaire and physical examination. Prevalence of other risk factors for males and females: smoking 7-41%, high blood pressure 4.3-9.2%, overweight 14-11%, low physical activity 61-37%, family history of CVD 42-33%. Students from two universities entered into the study: university of intervention and university of control. Lectures about smoking hazards, discussions and briefings were performed for both non-smokers and smokers of the university of intervention. Smokers received support for giving-up smoking consisting of three levels: University level: Meetings with the Principal and teachers of the university of intervention; using of University mass media (students' radio, newspapers, press conferences and distribution of press release, TV – video clips, participant interviews, round - table talks), participation in exhibitions "Siberian Yarmarka", "Health Promotion" , research conferences and regional physicians' conferences, information materials (leaflets, booklets, brochures, posters etc). Group level: Teaching and training in the University "Healthy Heart", group talks with smokers, round -table talks, training of Health groups in Anti-Tobacco Centre. Individual level: Personal consultations, D. Horn and K. Fagerstrom tests performing. Also, individual recommendations for quitting smoking, information support and pharmacological recommendations were given by the physicians of Mezhvouzovskaya hospital. The students were monitored by the same physicians during the following year as well. Students of the university of intervention revealed decreased (by 19 %) smoking rate. Smoking rate of students of University of control increased by 23%. Thus positive experience was received concerning using practical staff of a hospital to better promote the health of youth.

Contact:
Irina KONOBEEVSKAYA
Institute of Cardiology
Kievskaya 111 a
634012 Tomsk
RUSSIA
kin@electropulse.tomsk.ru

Motivational counselling in acute internal medicine

Hanne TØNNENSEN, Bente M. NELBOM, Vibeke BACKER

Background and aim: Bispebjerg University Hospital offers systematic motivational counselling to all smokers, which is however a challenge at the department for acute internal medicine. Therefore, we have evaluated two organizational settings.

Methods: 2 x 100 consecutive patients were included in 2 groups; one group was offered motivational counselling by the staff nurses at the department and the other group by an experienced nurse ("stop smoking instructor"). In both groups the experienced nurse performed the motivational counselling herself.

Results: In total, 144 of the 200 patients received the motivational counselling. The level of motivation was significantly increased after the counselling. In total, 11% and 33% wanted ad-mission to the outpatient clinic for smoking cessation before and after the counselling, respectively.

Significantly more patients (97/100) wanted the motivational counselling, when it was offered by the experienced nurse, compared to offering by the staff nurses (47/100), $p < 0.01$.

Conclusion: Motivational counselling is implementable in a department for acute internal medicine. The implementation rate increases by an experienced nurse trained in smoking cessation programmes.

Contact:
Hanne TØNNESEN
Bispebjerg University Hospital
Clinical Unit of Health Promotion
Bispebjerg Bakke 23
DK-2400 Copenhagen NV.
DENMARK
ht02@bbh.hosp.dk

The effect of implementing a smoke-free policy among staff at Bispebjerg University Hospital, Copenhagen

Vibeke THYGESEN, Vibeke BACKER, Hanne TØNNESEN

Introduction: Bispebjerg Hospital (BBH) coordinates Network of Health Promoting Hospitals in Denmark. Since 2000 BBH has been a smoke-free hospital. The purpose of the study was to evaluate the effect among staff members of implementing a smoke-free hospital policy.

Material and Methods: An anonymised questionnaire was send to 3,606 staff-members. The response rate was 75%, highest among staff with a high education, nurses and women.

Results: The frequency of daily smokers was reduced compared to the Danish population in general: 21% versus 27%.

The highest proportion of smokers was found among social and health assistants; men: 48% and women: 34%, respectively. Second highest proportion was in the group of skilled and unskilled workers in total 29%. 9% of the physicians and 19% of the

nurses were daily smokers, with no significant differences among genders. Among the administrative staff 19% were daily smokers and the proportion among women was 20% and among men 11%, respectively.

Every fourth smoker and ex-smoker find it difficult not to smoke while working. Approximately 40% of employees were exposed to passive smoking, in particular from the patients (32%) but also from staff members (18%).

Conclusion: After implementation of the policy of smoke-free hospital the proportion of smokers among staff has decreased significantly. In particular physicians, nurses and administrative staff have quit smoking completely in the study period.

Group of authors: Helena Alring, Ulrik Becker, Else Wad Bjørn, Ninna Brinch, Janne Elsborg, Finn Gyntel-berg, Ulrik Hesse, Annette Kann, Charlotte Klinker, Leila Hjort Lind, Birgit Mollerup, Pelle Carlo Nilsson, Niels Kristian Rasmussen, Bo Andreassen Rix, Kristina Robins, Ole Lander Svendsen Christine Wolff.

Contact:
Vibeke THYGESEN
Bispebjerg University Hospital
Clinical Unit of Preventive Medicine and Health Promotion
Bispebjerg bakke 23
2400 NV Copenhagen
DENMARK
VT01@BBH.HOSP.dk

Implementation of Framework convention on tobacco control (FCTC) articles into hospital work in Russian Federation

Galina TKACHENKO, Olga PRIESJEVA

According to the WHO data smoking causes development and rapid progress of nearly 25 diseases. In 1999-2003 over 10 ministries and institutions were engaged in working out draft FCTC. The draft was subject to negotiation under the WHO auspices at the intergovernmental sessions in Geneva. The draft has been signed by 75 countries, the Russian Federation is ready to sign it in the near future. The main objective at this stage is to work out the strategy of implementing the FCTC provisions. A number of FCTC articles are devoted to health promotion via tobacco control. For example, Article 12 "Education, communication, training, and public awareness" suggests promoting:

- "effective and appropriate training or sensitization (awareness) programmes on tobacco control addressed to persons such as health workers."
- "public awareness about the health risks of tobacco consumption."

In Article 14 the countries undertake commitments to

- -"design and implement effective programmes aimed at promoting the cessation of tobacco use in such locations as educational institutions, health care facilities."
- "establish in health care facilities and rehabilitation centres programmes for diagnosing, counselling, preventing, and treating tobacco dependence"

The necessary prerequisites for health promotion include

- awareness of health care decision makers of these and other FCTC articles;
- designing tobacco cessation programmes;
- setting up counselling services on cessation of tobacco use;
- creating tobacco control training material for health care decision-makers, physicians, nurses as well as for patients. The National Action Plan against tobacco includes activities aimed at health promotion and tobacco cessation on the hospital level. The Coordinative Tobacco Control Centre of the Ministry of Health that has been participant in 6 sessions of intergovernmental negotiations and in designing the National action plan against tobacco is poised to collaborate on all levels (federal, regional, and local) in health promotion, including the FCTC implementation.

Contact:
Galina TKACHENKO
Head of coordinative tobacco control center
State Research Preventive Medicine
Petroverigsky per. 10
101990 Moscow
RUSSIAN FEDERATION
oganov@online.ru

Improving Tobacco Control in Teaching Hospital

Gianluigi TRIANNI, Elena VECCHI

Smoking is the biggest form of preventable death in Italy and in the European Union. Dependence on tobacco smoke is classificated in the International Classification of Disease X as a mental and comportamental alteration (ICD X, F 17.2). The European Council Recommendation of 2 December 2002 (2003/54/CE) recommends that member states have "to implement legislation and/or other effective measures in accordance with national practices and condition...that provide protection from exposure to environmental tobacco smoke in indoor workplaces,...Priority consideration should be given to, inter alia, educational establishment, health care facilities and places providing services to children".

Emilia-Romagna, a region situated in the north of Italy, adopted a "Regional project on tabagism" providing for an underproject named "Hospital and Health Services without smoke". Aims of the underproject are:

- application of banning smoking in hospital;
- emphatisation of nursing staff educational work;
- implementation of stop smoking courses for healthcare staff in the hospital and in the general population.

The Policlinico Hospital in Modena, Emilia-Romagna, Italy founded an Antismoke Centre (ASC)inside the hospital itself that provide for the above mentioned underproject:

1. Assistance targets: Organisation of antismoke classes and correlated supporting activities for:
    - Physician, Health- and not-Healthcare assistants, employees and partners of Policlinico Hospital;
    - smoking patients in dismission indicated by physicians of Policlinico Hospital;
    - outpatients in treatment for chronic lungs diseases and cardiovascular diseases;
    - smoking people between the population in general and/or social categories on risk (pregnants), coordinated with other ASC in province and general physicians.
2. Educational targets:
    - tutoring for graduating and post-graduated students in medicine and psychology;
    - education for hospital and university physicians;
    - tutoring for nurses.
3. Research targets:
    - effects in vivo of stop smoking tobacco on respiratory function;
    - effects in vitro of exposure to tobacco smoke in cells of respiratory apparatus;
    - effects in vitro of exposure to products and metabolitis of tobacco of tobacco smoke in cells of other apparatus.

Contact:
Gianluigi TRIANNI
Staff General Director
Azienda Ospedaliera Policlinico di Modena, Italy
Via del Pozzo 71
41100 Modena
ITALY
trianni.g@policlinico.mo.it

Poster-topic 26: Promoting community health: community health education and environmental management

Recycling Project at Letterkenny General Hospital

Mary KELLY, Peter BYRNE

The recycling project at Letterkenny General hospitals segregates certain waste products from the normal waste stream and processes these products for recycling. Letterkenny General hospital currently generates 10 tonnes of domestic waste per week. All this waste is sent to landfill at no consideration to the environmentThe majority of waste 75% is paper and cardboard which can easily be recycled. There are also numerous skips used on a weekly basis which again ends up in landfill.

Aim of project:

- To remove paper, glass and cardboard from the waste stream
- To help provide a greener, cleaner environment and to reduce the amount of waste going to landfill

Methods:

- Purchase of large industrial shredder
- Purchase of cardboard baler
- Provision of colour coded bins for paper, glass. plastic and aluminium cans

The project has made significant progress resulting in reduction of waste going to landfill by 50% and a cost saving of 30,000euro Plans are at an advanced stage to develop and extend this programme.

Contact:
Mary KELLY
Health Promotion Co-ordinator
Letterkenny General Hospital Donegal Ireland
Letterkenny
Donegal
IRELAND
marybkelly @nwhb.ie

Prevention of head injuries in the community

Evelyn O' KEEFE, Anne-Marie Mc KEOWN, P MORAN, E O'SULLIVAN

Introduction: In response to the increasing number of assaults and head injuries in the younger population, the neuroscience multidisciplinary team from Beaumont hospital organised a conference on “Prevention of Head Injuries”. This group combined multidisciplinary team-work in hospitals and health promotion in the community. Eighty transition year students attended from local schools.

Aims and Objectives:

- To develop links between the national centre of neurosurgery and the local community.
- To emphasise the importance of prevention rather than cure.
- To network with community agencies.
- To raise the profile of the Neuroscience Unit and the work carried out there.
- To deliver knowledge in a format that was interactive and enjoyable for students.
- To outline roles healthcare workers play in the recovery phase post head injury.
- To provide information on career opportunities in the above fields.

Methods: Representatives from ambulance services, fire brigade, gardai, nursing, physiotherapy, occupational therapy, speech therapy and social workers manned information stands where the students could ask questions. A practical demonstration of immobilisation of trauma victim was then given by the fire brigade. Three oral presentations were then given, the gardai, focusing on road safety and public order offences, a former patient outlining his personal experiences and the impact head injury has had on his life, and lastly a talk by a consultant neurosurgeon on head injury and importance of prevention. The hospital P.R. team organised a media shoot that featured in newspapers and medical magazines and refreshments were provided through sponsorship by local firms.

Conclusion: Indices of success were evident, such as positive feedback from students and teachers, their attentiveness, and willingness to attend future sessions. Positive links were forged and these can further develop with community agencies. Media coverage successfully highlighted the work of the neuroscience units and willingness to involve the local community.

Recommendations: Future events could incorporate methods to assess whether objectives were achieved. This would take the format of pre and post event questionnaires and focus group/class discussion.

Contact:
Evelyn O´KEEFE
Health Promotion Co-ordinator
(via Michele McGettigan)
Health Promotion Department, Beaumont Hospital
Beaumont Rd. Beaumont
Dublin 9
IRELAND
michelemcgettigan@beaumont.ie

Perceptions of young people who are at risk of, or who are engaging in violent behaviour: An exploratory study

Mary KENNEDY, Patricia MANNIX McNAMARA

Research question: The purpose of this study was to examine the perceptions of young people who are at risk of, or engaging in violent behaviour in the context of Health Education and Promotion.

Methodology: This study was located within a Qualitative paradigm and employed Grounded Theory Methodology. Initial data collection consisted of unstructured interviews employing narrative techniques and art work with selected young people. As the emergent themes illuminated the research question, the young research participants were then invited to participate in the second phase of the research which comprised of a focus group. The final phase of the research involved individual semi-structured interviews with adults who were selected on the basis of their knowledge and expertise. The emergent themes served to illuminate the research question.

Findings: The research findings indicate that the perceptions of the research participants can be grouped under six conceptual themes. These themes reflect the life experience of these young research participants and this study found that such young people experience very narrow social networks with low levels of social capital.

Recommendations: Violent behaviour impacts negatively on the lives of young people, on their friends, families and on society in general. Greater awareness of the issue of youth violence and its social determinants need to be highlighted and addressed at a societal level.

Contact:
Mary KENNEDY
Mid Western Health Board and University of Limerick
Health education and Health Promotion
Parkview House Pery Street
Limerick
Ireland
marykennedy@mwhb.ie

The Development of public relations at Kaunas Medical University Hospital: The Project "Week of Prevention of burns"

Jurate VAIDELIENE

Introduction: Every year almost 10 000 people are admitting to hospitals due to burns, in Lithuania. One third of them are children. Two thousand people are being hospitalised. In Kaunas Medical University Hospital Burns centre are hospitalised over 400 people due to middle and heavy burns from whole Lithuania. Every year 100 people die from burns. According to investigations, people get aware about seriousness of burn, only when they have burns or see burned people. Mainly, the

leading cause of burns is carelessness. Practice from developed countries showed, that preventive programs mange to reduce burns 2-2.5 times. This caused the development of project “Week of prevention of burns”.

Aim: To present the development and first results from the project “Week of prevention of burns”.

Results: The main objectives of the project was: (i) to pay attention of society about complications, which develop due to burns; (ii) to inform people how to avoid burns and how to provide first aid for injured. Two articles were published during this project: in the first one the problem was stressed and recommendations for providing first aid was given; in the second - recommendation how to prepare the domestic environment and how to act to avoid burns. Information was spread in few ways. There were press conference organized, in which the idea of “Week of prevention of burn”, aims, and information for press were presented. In addition, the information was spread through Ministry of Health, regional press, etc. All information about “Week of prevention of burn” was published in the hospital Internet site.

Conclusions: During this project society through mass media was informed how to avoid burns and to provide first aid in case of burns. The coming projects should involve more medical staff, non-governmental organizations, public health specialists, fire services and etc. It will increase the collaboration, reciprocal understanding, and the reduction of burns in Lithuania.

Contact:
Jurate VAIDELIENE
Kaunas Medical University Hospital
Eiveniu Str. 4
LT- 50009 Kaunas
LITHUANIA
jvaideliene@kmu.lt

Analysis of information flow affecting development of drug addiction among adolescents

Mikhail VODYANOV, Igor EFIMOV

Information base as a set of concrete, available and reliable data plays an important role in preventing different kinds of chemical dependence (tobacco, alcohol, drugs). The above mentioned characteristics of information base allow informing an adult about reality instead of myths, thus giving a chance to make a correct choice of behaviour concerning drugs.

We carried out a study by means of anonymous questionnaires among 1142 students of 5-11grades in schools of one of Moscow districts.

An analysis of ways and methods of information dissemination about drugs allowed determining two of its main flows: dissemination of information by peers (including those who use drugs) and information received from the mass media, teachers and parents.

Information of the first flow is in 80% of cases of an insufficiently reliable and deliberately wrong character. It is intentionally and exaggeratedly positive and therefore favours use of drugs, appearance and strengthening of dependence. This information affects both the verbal level and a diversity of behavioural responses – demonstrations of methods of preparation and use of drugs with a personal example. Information weight of the first flow is about 45%.

The second flow of information dissemination about drugs can be indicated as an official (formal) one and it is about 55% from the total weight. It includes TV, radio, Internet, the periodical press and fiction. It is natural that these communication facilities are not originally intended to popularise drugs. In practice, however, journalists and other art workers exaggerate the facts of drug addicts’ prevalence. Then if the radio broadcasts about harmless animals-drug addicts, TV shows songs about drugs and there are a lot of “teaching” sites in the Internet does it really mean that somebody is interested in it?

It’s also necessary to add that one of the favourite subjects while searching for scandalous matters on TV is an endless discussion about “light” and “heavy” drugs, although this question was unambiguously solved by experts long ago.

Information received by adolescents from teachers and parents (17 and 13% accordingly) is of rather a reliable character, but it is not full because of a number of reasons.

Taking into account the above-mentioned it is possible to formulate the following main requirements to the information base affecting development of drug addiction among adolescents. They are reliability, simplicity, and clearness. All participants of an information process should take into account these requirements. And as for information users (adolescents), age, personal development level, character and other factors should be considered.

Contact:
Mikhail VODYANOV
Head Physician
Narcological Dispensary No. 9
Schetininskyi per., 4, str. 3
119017 Moscow
RUSSIAN FEDERATION
21centuryhosp@aport2000.ru

Notes