

ABSTRACTS FOR CONFERENCE POSTER SESSIONS

POSTER SESSIONS I:

Thursday, May 25, 2006, 15.00-15.45

SESSION I-1. THE NEED FOR ACTION ON CHRONIC DISEASES: MODELS AND EXAMPLES FOR TACKLING DIABETES

THE GLYCEMIC CONTROL DURING PREGNANCY AND THE PHYSICAL AND PSYCHOMOTOR DEVELOPMENT OF OFFSPRING OF DIABETIC MOTHERS

Jūratė Buinauskienė, Evelina Buinauskaitė, Vitalija Marmienė

Maternal metabolic aberrations during pregnancy complicated by diabetes have a serious impact on the fetus, neonate, child and young adult. It is noticed that there is a correlation between the degree of mothers' hyperglycemia during pregnancy and psychomotor development and obesity of offspring.

THE AIM of the study was to evaluate the influence of mothers' glycemic control during pregnancy on the physical and psychomotor development of offspring of type 1 diabetic mothers.

Material and methods: The developmental analysis was made on 51 offspring of type 1 diabetic mothers (ODM), who gave birth in the Kaunas University of Medicine hospital.

RESULTS

The glycemic control during pregnancy was good of 33 (64.7%) observed mothers and of 18 (35.3%) cases it was poor or satisfactory. The weight of offspring correlated with diabetic control during pregnancy: 72.5% of ODM had a normal weight when mothers' glycemic control was good and 50% when it was poor or satisfactory. The development of ODM was closely linked with mothers' metabolism and psychomotor development of ODM was tightly associated with their physical development, especially with the children's overweight and obesity. The impaired fine motor function, receptive language, self-dependence and social adaptation correlated with the degree of diabetic control during pregnancy and the influence of glycemic control was not significant for the neurobehavioral functions such as expressive language, auditory and visual attention and memory.

CONCLUSION

We found that only 5.9 % women with type 1 diabetes had poor glycemic control during pregnancy. This means that the glycemic control during pregnancy became much better in Lithuania when the management of pregnant diabetic women became centralized and coordinated. Though good glycemic control reduces the negative effect of diabetes on child physical and psychomotor development, the danger still remains when the diabetes control is poor.

CONTACT:

Jurate Buinauskiene
Kaunas University of Medicine hospital
Eiveniu 2
LT 50009 Kaunas
Lithuania
Tel. +370 37 326359
Fax. +370 37 326427
E-mail: jbuinauskiene@yahoo.com
WWW address: <http://www.kmuk.lt/neonat.php>

THE PUZZLE OF DIABETES QUALITY MANAGEMENT IN BELGIUM: A GOOD EXAMPLE OF A CHRONIC DISEASE MULTI DISCIPLINARY AND MULTI STRATEGIES APPROACH

Jacques Dumont

Diabetes is one of the major chronic diseases in Europe. In term of morbidity, mortality, suffering,.Thanks to the "convention" developed by the federal public medical insurance since 1994, a lot of activities were built around the diabetes management especially for patient with diabetes 1. The furniture of auto control material, structured patient education activities, feet complications prevention.

A lot of hospitals are engaged in this process. They have developed a lot of strategies to reach a high level of diabetic patient management: patient education plan, structured evaluation, PC programs, patient association, group or individual patient education, staff training,.

This presentation will make a synthesis of all this process at a national level.

CONTACT:

Jacques Dumont
Erasmus Hospital
route de Lennik, 808
1070 Brussels, Belgium
Tel. +32 2 555 3420
E-mail: jdumont@ulb.ac.be

HEALTHY SCHOOL ENVIRONMENT PROJECT AND PREVENTION OF TYPE 2 DIABETES

Merja Ihanainen, Leena Pohjamo, Hely Muikkula

The most prevalent nutritional problem in Finland is obesity. Finnish children are gaining weight faster than adults are. With overweight becoming more widespread, an increasing number of people develop type 2 diabetes. The favourable development of dental health among Finnish school children has stopped. Consumption of sweets has increased and the eating pattern of Finns has changed more towards continuous snacking. Candy and soft drink vending machines in schools compete with regular school meals.

PROJECT DESIGN

The project was aimed to decrease overweight and to promote oral health of children. The children (N=807) were on 7th-9th grade in Finnish elementary school. Co-operation between schoolchildren, parents, schools, administrative authorities and school health care professionals was essential. Schoolchildren and respective people were given information about adequate and balanced meals and healthy snacks by nutritionist and dental professionals. The meetings with school administrative authorities aimed at removing candy and soft drink vending machines in schools.

The dietary data were collected by means of a self-administered questionnaire among schoolchildren on 8th grade. School nurses measured weight and height and body mass index in schoolchildren were counted. Dentists collected the DMF-data.

FOLLOW-UP

At the beginning of the project in 2004-2005 the prevalence of overweight among children was 22 %. The proportion of those eating sweets daily varied from 10 % to 25 % depending on the school. The DMF-index varied from 3,1 to 4,2.

After two years of follow-up we will expect the DMF-index to decrease by one unit and there will be no more candy and soft drink vending machines in schools.

The prevalence of overweight among children will be less than 20 %. It is important to encourage all children to adopt healthy eating habits and to continue with these into adulthood to decrease the risk of type 2 diabetes.

CONTACT:

Merja Ihanainen
Raahe hospital
Rantakatu 4
92100 Raahe, Finland
Tel. +358 8 4394655
Fax. +358 8 4394702
E-mail: merja.ihanainen@ras.fi
WWW address: <http://www.ras.fi>

THE IMPORTANCE OF EFFECTIVE COMMUNICATION IN CHRONIC DISEASES. AN STUDY ABOUT TYPE 2 DIABETES

Maria Sandin, Antonio Sarria, Eva Bolaños

Since the mid 80s, the Spanish public National Health System (NHS) has experienced a significant process of reform. The Spanish NHS is an integrated system with its own centers and staff. Health professionals are salaried employees within the system. Primary care professionals are the population's first point of contact with the health system; they screen patients and both diagnosis and provide treatment or refer patients to specialized services, if necessary. Consequently, these professionals are a key piece of the system. Besides Diabetes care has to be patient-centered, take into account factors as comorbidities and patient health self-perception.

Another important element in the good functioning of the system is that a good communication between health professionals and patients exist, to obtain the patient empowerment, one of the aims of Health Promotion. In chronic diseases, the contact between health professional and patient is "chronic" too.

Training courses in "Effective Communication" were realized to the health professionals of Primary care, to be able to study the changes in the perception and clinical variables of a group of 198 patients with type 2 diabetes of the Area 10 of Health of the Community of Madrid.

The hypothesis is that a good communication between health professional and patient influences both the physical health and the mental one, improves the empowerment and the good functioning of the system..

CONTACT:

Maria Sandin
University Alcalá de Henares. Facultad de Medicina.
Campus Univesitario Ctra.Nacional 2 Km 33,600
Alcalá de Henares
Spain
Tel. +34 918855137
E-mail: maria.sandin@uah.es

COMPARISON OF GROUP AND INDIVIDUAL EDUCATION REGARDING MEDICAL NUTRITION THERAPY IN PATIENTS WITH TYPE 2 DIABETES MELLITUS

Helena Scanlan, Linda Killeen, Sandra Mcateer, Seamus Sreenan

TITLE

Comparison of Group and Individual Education regarding Medical Nutrition Therapy in Patients with Type 2 Diabetes Mellitus.

AIM

The aim of this study was to determine if patient group education was as effective as individual dietary counseling in terms of improving patient knowledge and various clinical and anthropometric outcomes.

RATIONALE

Traditionally patient education regarding medical nutrition therapy for diabetes mellitus (DM) is individualized. This is time consuming and can be repetitive for the clinical nutritionist.

It was felt that a more effective use of the of limited resources would be to educate patients regarding cores themes in a group setting and offer a shorter individual follow up appointment if necessary.

METHODOLOGY

All 150 patients with type 2 DM (T2DM) diagnosed during 1 year were asked to volunteer for the pilot study. 54 patients consented and were randomized to either Group Education (n = 23 participants completers) or Individual Education (n = 14 completers). Anthropometric measures, fasting plasma glucose (FPG), lipids and hemoglobin A1c (HbA1c) were measured and a DM Diet Knowledge Questionnaire (DDKQ) was administered at baseline and six months. Individual Education participants attended four sessions and Group Education participants five to account for group dynamics.

RESULTS

Baseline parameters in Individual Education and Group Education were not different. Small but significant improvements were noted in weight, body mass index (BMI) and waste circumference (WC) in each group. DDKQ score increased similarly in both groups with no difference between final scores.

CONCLUSION

In conclusion, results indicate that Group Education is as effective as Individual Education in patients with T2DM. The out patient waiting list for dietary consultation is reduced. Suitable patients may be offered group education and there is therefore more effective use of limited resources in the Dietetic Department. There is an estimated 36% reduction in direct patient contact which can then be redirected to patients who require specific individual dietary counselling .

CONTACT:

Linda Killeen
Connolly Hospital Blanchardstown
Department of Nutrition and Dietetics
Blanchardstown
15 Dublin
Ireland
Tel. +353 6465722
E-mail: helena.scanlan@mailc.hse.ie

AN INTENSIVE NURSE-LED, MULTI-INTERVENTIONAL CLINIC IS MORE SUCCESSFUL IN ACHIEVING VASCULAR RISK REDUCTION TARGETS THAN CONVENTIONAL DIABETES CARE

Jacqueline Mac Mahon

BACKGROUND AND AIMS

Type 2 diabetes is characterised by excess vascular morbidity and mortality but it is difficult to achieve vascular risk reduction targets, derived from trial data, in routine clinical practice. This study aimed to determine whether an intensive, nurse-led, protocol driven clinic could achieve attainment of recommended vascular risk reduction targets.

METHOD

Two hundred patients with type 2 diabetes and one other vascular risk factor were randomised to receive either intensive nurse-led or conventional diabetes care in a one-year. Primary targets were: BP < 130/80 mmHg, total cholesterol < 4.8 mmol/l, LDL < 2.6 mmol/l, HbA1c <6.5 % according to American Diabetes Association guidelines.

RESULTS

94 patients completed the study in each group. The groups were matched for age and baseline HbA1c, BP and lipid profile. The intensive group had greater reduction in systolic BP (154 + 18 to 136 + 15 mmHg, $p < 0.001$) and diastolic BP (86 + 9 to 74 + 10 mmHg, $p < 0.001$) compared to the conventional group (157 + 19 to 151 + 21 mmHg, $p = 0.062$ and 86 + 10 to 81 + 11 mmHg, $p < 0.001$), between groups $p < 0.001$ for both variables. More patients achieved target systolic BP (< 130 mmHg) in the intensive (31.5%) than in the conventional group (12.1%, $p = 0.001$). The corresponding figures for diastolic BP were 75.5% and 40.2% respectively ($p = 0.001$). Target cholesterol was reached in 84.8% patients in the intensive group and 63.6% in the conventional group ($p = 0.003$); the corresponding figures for target LDL cholesterol were 73.4% and 54.5% respectively ($p = 0.007$). Target HbA1c was reached in 53.2% patients in the intensive group and 32.9% in the conventional group ($p = 0.005$).

CONCLUSION

An intensive, nurse-led, protocol driven clinic is more successful in achieving vascular risk reduction targets than standard diabetes care

CONTACT:

Michele McGettigan
Beaumont Hospital
Beaumont
9 Dublin
Ireland
Tel. +353 (0) 18092744
Fax. +353 (0) 18093370
E-mail: jacquelinemacmahon@beaumont.ie

HEALTH PROMOTION IN PATIENTS WITH TYPE 2 DIABETES AT ODENSE UNIVERSITY HOSPITAL (OUH), DENMARK

Lisbeth Minet, Else-Marie Lønvig, Lisa Korsbæk, Lene Sjöberg

BACKGROUND

Due to the massive increase in type 2 diabetes in Denmark the disease was singled out for action, and department of Applied Research and HTA established a multi-disciplinary, collaboration with the Endocrinology Department on a joint project. A literature study was carried out to ascertain the association between behaviour modifying intervention and change in life style to describe an effective non-pharmacological patient intervention program in patients with type 2-diabetes.

MATERIAL

163 scientific articles were included in the literature study based on a systematic literature search in the period 2001-2004.

METHOD

A research protocol was designed for traditional scientific databases such as Medline,, Embase, Cinahl, PsycInfo and Cochrane. The following MeSH-terms were used: "Diabetes Mellitus" AND "Patient-Education": explosion on both terms, and free terms such as for example: "tobacco*" OR "alcohol*" OR "motion*" OR "exercise" OR "food*" OR "nutrition". The selection procedure was carried out according to the recommendations for levels of evidence and grades of the Oxford Center for Evidence-Based Medicine and Grades of Recommendations'. A flowchart was made to illustrate the progress of studies through the literature study. Validity and reliability assessment followed validated lists by The Danish Health Department.

RESULTS

The literature study illustrated that the most successful life style intervention programs are structured and individualized courses combining diet restrictions, physical activity and behavioural modification.

ANALYSIS

22 articles were included in the analysis with direct objective measures relevant to the reference program. Several meta-analyses and randomized trials with high level of evidence and grade have described the effect of non-pharmacological treatment of type 2-diabetes patients. There is limited evidence of behaviour modifying intervention as an effective measure to change life style, but motivational interviewing described by Miller and Rollnick has significant effects on behaviour modification.

DISCUSSION

An evidence based project involving the results of the literature study will be performed to explore the effect of life style changes in patients with type 2 diabetes.

CONTACT:

Lisbeth Minet
Odense University Hospital
Department of Applied Research and HTA and Department of Endocrinology M
Klørvænget 8, 3.
5000 Odense C, Denmark
Tel. +45 6541 3447
Fax. +45 65918352
E-mail: lisbeth.minet@ouh.fyns-amt.dk
WWW address: <http://ouh.fyns-amt.dk>

FIN-D2D GROUP COUNSELLING PROCESS IN RAAHE AREA

Matti Honkala, Merja Ihanainen, Liisa Rasi, Eija Karsikko, Riitta Vainionpää, Sara Hakala, Heli Havia, Riitta Heikka, Auli Saario, Maarit Katainen, Erja Karhunen

FIN-D2D is an implementation project of the Programme for the Prevention of Type 2 Diabetes in Finland (2003-2007). Practical work will take place in primary health care and in occupational health care. The main goal of the FIN-D2D project is to identify subjects, who are at high risk for future type 2 diabetes, and provide them support for life-style changes required to reduce their risk.

FIN-D2D project started in Raahe area in 2004. In Raahe district, with about 32000 inhabitants, there are six local health care centres. To implement the project, the regional diabetes prevention strategy was formed and one of the aims was to develop group counselling. The goal was to start D2D group counselling at every health care centre and occupational health care unit. Earlier there had been weight-reduction and smoking -cessation groups only at the main health care centre.

FIN-D2D organization granted economic resources for the training health care staff of Raahe district for group counselling. During the training, D2D group counselling based on the national D2D group counselling scheme, was started at some health care centres. The topics were Diabetes prevention, Nutrition, Physical activity and Lifestyle modification. After the methodological training of health care staff there was further training in the contents of D2D groups. During the training process a multi professional team compiled a local instruction folder for D2D group counselling.

By the year 2006 the D2D group counselling has started at the occupational health care unit and four health care centres in Raahe area. There are also groups for newly diagnosed type 2 diabetes patients. There have been 11 groups with 97 subjects at high risk for type 2 diabetes. The health care staff is highly motivated in group counselling. There is also co-operation with local non-governmental organizations involved in physical education and sport.

CONTACT:

Matti Honkala
Raahe Hospital
PI 25
92101 Raahe, Finland
Tel. +358 8 4394906
E-mail: matti.honkala@ras.fi
WWW address: <http://www.ras.fi>

EMPOWERMENT APPROACH IN DIABETES CARE- FROM HOSPITAL TO PRIMARY CARE

Victoria Oladimeji

INTRODUCTION

Recent studies suggest that nurses across all levels of care find it difficult to apply the empowerment approach to client care (Whitehead et al 2004). Tones (1997) and Downie et al (1996) suggested that if nursing is to take health promotion seriously, it must be actively concerned with the empowerment of clients and patients within hospitals and the community at large.

AIM OF STUDY

This study was a literature review to find out how nurses promote patients' health and the approach that they adopt.

FINDING.

Nurses often adopt the medical approach with emphasis on diseases prevention or the traditional educational approach with emphasis on persuading patients to adopt a healthy lifestyle without offering support or enabling patients to achieve their health goals.

DISCUSSION

Rodwell (1996) defined empowerment as a helping process whereby groups or individuals are enabled to change a situation, given skills, resources opportunities and authority to do so. It is a partnership which respects and values self and others- aiming to develop a positive belief in self and the future through mutual decision-making and freedom to make choice and accept responsibility.

In diabetes care the emphasis should be on recognising the contributions that clients can make towards their own care, increasing their autonomy, and expanding freedom of choice rather than focusing on persuasive and compliance approaches. The impetus of care should be based on the principle of mutual goal setting. Every consultation with a client should be perceived as a meeting of two people who bring their own expertise to the situation.

CONCLUSION

Nurses should be willing to relinquish some power to their clients.

A person with diabetes has knowledge and experience about living with diabetes; as well as values and beliefs, which are unique to them. The health professional needs to understand these values and beliefs in order to adopt health promotion strategies that respect client's autonomy as well as promote their self- esteem.

CONTACT:

Victoria Oladimeji
City University St. Bartholomew
School of Nursing and Midwifery,
Philpot st White Chapel
London EC1 2EA
UK
Tel: +44 (0) 20 7040 5800
Direct Line. +44 (0) 20 7040 5887
Fax. +44 (0) 2070405811
E-mail: V.I.Oladimeji@city.ac.uk
WWW address: <http://www.city.ac.uk>

SESSION I-2. THE NEED FOR ACTION ON CHRONIC DISEASES: MODELS FOR TACKLING CANCER AND RESPIRATORY DISEASES

NEED FOR ADJUSTING THERAPY-METHODS IN THE TREATMENT OF CANCER PATIENTS

Brigitte Hüllemann, Klaus Hüllemann

BACKGROUND

Because of success of cancer treatment, cancer cure rates now approach 40 to 50 per cent in the industrialized countries. Worldwide millions of cancer patients can hope, that their survival rate after diagnosis will be about five years. So cancer disease changed from acute fatal sufferness to chronic illness with different stages of the disease and the need for different treatment methods. Surgery, chemotherapy, radiation therapy, hormone therapy and immune therapy have side effects reducing the patients' well-being, his/her physical, psychological and social functioning. Looking at the cardinal points of medical ethics: <To do good, to minimize harm, to foster patient autonomy and to ensure a fair distribution of resources> we have to adjust intervention- and treatment methods for cancer patients.

METHODS

Based on more than ten years of practical experience and expertise in cancer rehabilitation and the results of an European Study "CAWAC" 1999 a comprehensive programme was developed in our hospital with the main topics:<Information, Social Support (... reintegration in society), Psychological Support (...coping strategies), Training Skills, Physical Training (... sport group), Healthy Nutrition, Relaxation Techniques and a variety of Ressource oriented Therapies (...music-, art therapy). Training is given in lectures, small training groups and by individual consultation . Trainers are specialised nurses, physiotherapists, social workers, dietitians, occupational therapists, chaplains, doctors, psychologists and psychotherapists. The therapeutic methods are documented by an internal data base. Evaluation is carried out by Total Quality Management TQM of the German Pension Scheme.

RESULTS

The programme is now part of the general german rehabilitation programme of cancer patients. Patients questionnaires, carried out in our hospital show, that patients have less psychosocial problems in their private and professional lives, less physical problems, less pain, less psychological disturbances, an increase in communication abilities, in general an increase in quality of life.

CONTACT:

Brigitte Hüllemann
Klinik St. Irmingard
Osternacher Straße 103
83209 Prien am Chiemsee
Germany
Tel. +49 (0) 8662 8787
Fax. +49 (0) 8662 6653; 557
E-mail: Huellefrau@web.de
WWW address: <http://huellemann.net>

PROMOTING INTEGRATION IN NURSING PRACTICE IN HOSPITAL AND HOME CARE, FOR CANCER PATIENTS

Anne Marie Pietrantonio, Patrizia Guidetti, Angela Righi, Vilma Culpo, Lorella Rossi, Davide Milani, Barbara Lugli, Paola Liotti, Rita Franchetto

PURPOSE OF THE PATHWAY

Adopting common tools and organic programmes for an integrated cooperation between the hospital Oncological Department and Primary Home Care assistance, in order to guarantee therapeutic continuity for the oncological patient.

DESIGN OF THE PATHWAY

The nursing staff's capacity in promoting the care and assistance of terminal cancer patients, made it necessary to find a way for them to work in a cooperative manner.

This way the boundaries of different approaches are overcome in a perspective of quality improvement within health care assistance.

The integration of the nurses between hospital and home care facilities has been made possible sharing the knowledge about patient management in hospital, in home care situation and through the transmission of information between hospital and home care services.

METHODOLOGY

The nurses of the Oncological Department of Carpi Hospital together with the nurses of Primary Home Care Services, developed the following training pathway and operative instruments:

- work-group sessions analyzed models of hospital and home care nursing assistance and supervision;
- stages for the primary care nurses in hospital were held as well as stages for hospital nurses in home care assistance;
- realization and adoption of a computerized tool able to exchange information for a thorough and continual evaluation and for a structured management of oncological patients (for example: medical prescriptions for the disease treatment, description of the patient's capacity for self therapy management, counseling and education needs, indications about hospital contacts for follow up, necessity of medical devices, etc.).

CONCLUSIONS

The initiative of promoting integration in nursing practice in hospital and in home care for cancer patients, has resulted in positive changes by means of more effective work systems involving hospital nurses, home care nurses, cancer patient management and in an updated computer control of patient needs and clinical evolution.

CONTACT:

Anne Marie Pietrantonio
Anne Marie
Cav. Molinari 2
41012 Carpi (Modena)
Italia
Tel. +39 (0) 59 659402
Fax. +39 (0) 59 659401
E-mail: a.pietrantonio@ausl.mo.it
WWW address: <http://ausl.mo.it>

COPD - CUT OUT PEOPLES' DANGERS

Alexander Bock, Arno Schmidt-Trucksäss, Martin Halle

EPIDEMIOLOGY

Current statistics (OECD, WHO, CDC) confirm a decline in the overall mortality due to respiratory disease among developed countries over the past ten years. However the case for morbidity is the opposite. Chronic pulmonary diseases are a major stakeholder in this group and they affect more and more people's quality of life. Whereby this picture is not unique among all EU member states. For an example Sweden is better off than Germany.

ECONOMICS

In Germany the overall amount on primary health spending per citizen for respiratory disease is about one third of the leading cause - heart disease. With respect to the cost distribution COPD affects people at a much earlier point in life. The secondary costs are the economic impact and here COPD is the leading cause for inability of work days and early retirement.

Pathophysiology: The lung is unique among the organs to physiologically compensate. Chronic pulmonary disease cause irreversible and progressive structural changes. The major problem being a delayed time of diagnosis. For almost everyone a complete recovery is impossible. Thus resulting in lifelong treatment.

CONCLUSION

Early screening and diagnosis is paramount for prevention and treatment. Standard treatment protocols are focused on drugs but the only proven beneficiary in terms of rehabilitation is through sports interventions.

PROJECT PROPOSAL

Setup of a Network wide initiative against COPD for employees and patients. Check of prerequisites (infrastructure, hardware) as part of our SPRINT program (applied for federal funding, BMBF). Training of local multipliers to guarantee a standard for diagnostics and individual training prescriptions. Study center in Munich.

CONTACT:

Alexander Bock
Dept. Sports Medicine, Univ. Hospital Rechts der Isar, Technical Univ. Munich
Connollystr. 32
80809 Munich
Germany
Tel. +49 89 28924422
Fax. +49 89 28924451
E-mail: bock@sport.med.tum.de
WWW address: <http://www.sport.med.tum.de>

LET'S TAKE A BREATH. HEALTH PROMOTION PROJECT TO IMPROVE RESPIRATORY HEALTH AND PHYSICAL ACTIVITY IN ASTHMATIC SUBJECTS

Franco Falcone, Patrizia Beltrami, Franco Riboldi, Giorgio Ghedini, Donatella Draghetti, Stefania Aristei, Patrizia Farruggia, Francesca Raggi, Cristina Cinti

BACKGROUND

Asthma is underestimated all over the world. In Italy it affects 3 – 8% of the total population. The Health Authority of Bologna has sponsored a multidisciplinary panel to promote the educational project "LET'S TAKE A BREATH".

OBJECTIVES

To transfer knowledge on the risk factors of respiratory diseases to people who practice sport; to convert sport practitioners into advocates of physical health, in order to educate others on how to prevent exposure to respiratory diseases risk factors; to advance early diagnosis of asthma or allergy, in order to perform a more effective treatment.

METHODS/SETTING

The idea of the project came from several educational activities lead since 2000 by the "Pneumotisiatria" Unit in Bellaria Hospital in Bologna, e.g. a "School for Volunteers", trained in health promotion for asthmatic patients.

To achieve our scope we have engaged different types of professionals already members of the UISP sport associations of Bologna, which account about 40,000 memberships.

Activation of volunteers and cultural promotion, held also by sport trainers, toward citizens attending to Sport Societies UISP, can be a useful tool to help the overcoming of the above problems.

RESULTS/INDICATORS

The outcome indicators of the project will be: the activation of a coordinated pathway for the respiratory health promotion educational activities within the health authority; the citizens' level of satisfaction with the received educational services; the reduction of symptoms such as sinusitis and conjunctivitis during sport activities with an improvement in performance.

A limiting factor of the project is the number of professionals involved in the training activities to transfer required knowledge. These qualified professionals would dedicate their time and expertise in implementing important prevention strategies such quit smoking techniques within the local health authority.

Questionnaires have been created in order to detect satisfaction and learning. They can be modulated in accordance with specific indicators.

CONTACT:

Franco Falcone
Azienda USL di Bologna
Via Altura 3
40139 Bologna

Italy

Tel. +39 051 6225322

Fax. +39 051 6225272

E-mail: franco.falcone@ausl.bologna.it

**INTEGRATED HOSPITAL – HOME CARE PROGRAMME FOR ADVANCED RESPIRATORY
INSUFFICIENCY OF PATIENTS ASSISTED WITH HOME LONG-TERM MECHANICAL VENTILATION**

Marina Galetti, Giuseppe Dedonno, Vincenzo Galavotti, Elena Politano, Carlo Sturani

STUDY OBJECTIVES

Description of 7-year respiratory integrated care program for advanced respiratory insufficiency (1998 to 2005) of patients who were treated by long-term mechanical ventilation (LTMV for chronic respiratory failure). Prospective implementation of continuum of care from respiratory intensive care unit to specialized respiratory home care or long term care facilities (respite or deficit of caregivers).

DESIGN

Prospective descriptive study, integrated care project, risk management .

SETTING

1 tertiary hospital and 6 health districts of east Lombardia .

- Non professional paid caregivers
- Family caregivers
- no profit volunteers (ALIR)

PATIENTS: 266 cumulative patients in charge during 7 years

INTERVENTION

Annual, elective: program and case management with specialized respiratory nurses.

Program interventions

- Long-term weaning and setting of LTMV
- Consultation and planning with the district healthworkers (setting, monitoring, follow-up, troubleshooting, emergency)
- Instruction and training of:
 1. health care workers at home or in other sites,
 2. patients and their relatives,
- Home consultations (assessment of possible complications with planned and standardized monitoring at home)
- 24 hours on call

MEASUREMENTS

Pulmonary function tests, arterial blood gas levels, health status, compliance, survival and probability of pursuing LTMV, and hospitalization rates.

RESULTS

Overall, the compliance rate was high (87%). COPD and OHS became the most frequent indications for LTMV, increasing regularly, while other indications remained stable. The use of invasive mechanical ventilation increased in the long-term survivors with non invasive LTMV.

Hospitalization rates decreased after initiating LTMV, when compared with the year before home LTMV, for up to 3 years in COPD patients, and 4 years in non-COPD patients.

CONCLUSION

The increased skills and expertise of the programme network and the decrease in hospitalizations after initiating LTMV have had positive impacts on the cost-effectiveness of respiratory integrated care and on the safety and risk management in patients with chronic respiratory failure.

CONTACT:

Camelia Gaby Tiron
"Carlo Poma" Hospital Company
Albertoni
46100 Mantova
Italy
Tel. +39 376201441
Fax. +39 376201808
E-mail: camelia.tiron@ospedalimantova.it

SESSION I-3. THE NEED FOR ACTION ON CHRONIC DISEASES: MODELS AND EXAMPLES FOR TACKLING DIVERSE CONDITIONS – 1

IMPROVEMENT OF QUALITY OF LIFE OF THE PATIENTS WITH CHRONIC DISEASES IN EAST-VIRU CENTRAL HOSPITAL

Alevtina Uustalu, Tiina Nappa, Igor Muhhin

BACKGROUND AND OBJECTIVES

East-Viru Central Hospital joined Estonian Network of Health Promoting Hospitals-HPH and WHO HPH Network in 2004. The mission of East-Viru Central Hospital is to offer quality treatment and patient-centered medical services, improve the quality of life of chronically ill patients and promote the healthy environment for population in East-Viru county.

Service district of East-Viru Central Hospital is ca 100 000 people. In East-Viru Central Hospital there are 380 bedsteads, daytime treatment and care, rehabilitation, dentistry, diagnostics and lab services.

METHODS AND RESULTS

The integration of health promoting activities into hospital's everyday life is one of the main directions of East-Viru Central Hospital.

East-Viru Central Hospital provides patients with educational and counselling services in several subjects in order to advise them how to cope with chronic diseases and everyday life:

- asthma cabinet (245 asthma patients visited the counsellors and got advices in 2005)
- smoking cessation counselling cabinet (200 smokers visited the counsellors in order to quit in 2005)
- cabinet of prevention of cardiovascular diseases with the aim to influence unhealthy behaviours: unhealthy nutrition, heavy alcohol drinking, smoking, low physical activity etc. and to prevent cardiovascular diseases of population under the age 65 (700 patients visited counsellors and got advices in 2005).
- foot cabinet for diabetic patients (advices on treatment and care for diabetics with foot problems)
- psychological consultations for physically handicapped people and their family members (655 consultations were provided in 2005)

CONCLUSION

Rightly selected treatment, consultations about coping with sickness and everyday life and rehabilitation give the chronically ill patients more opportunities for integration into society and increasing their quality of life. Hospital achieves its purpose - integration of high-level medical aid with development of health promoting activities in health care field.

CONTACT:

Alevtina Uustalu
East-Viru Central Hospital
Ravi 10
30322 Kohtla-Järve
Estonia
Tel. + 372 33 95 146
Fax: +372 33 95 008
E-mail: alevtina.uustalu@ivkh.ee
WWW address: [http:// www.ivkh.ee](http://www.ivkh.ee)

IMPROVEMENT OF QUALITY OF LIFE OF THE PATIENTS WITH CHRONICAL DISEASES IN EAST-VIRU CENTRAL HOSPITAL

Alevtina Uustalu, Tiina Nappa, Igor Muhhin

BACKGROUND AND OBJECTIVES

East-Viru Central Hospital joined Estonian Network of Health Promoting Hospitals-HPH and WHO HPH Network in 2004. The mission of East-Viru Central Hospital is to offer quality treatment and patient-centered medical services, improve the quality of life of chronically ill patients and promote the healthy environment for population in East-Viru county. Service district of East-Viru Central Hospital is ca 100 000 people. In East-Viru Central Hospital there are 380 bedsteads, daytime treatment and care, rehabilitation, dentistry, diagnostics and lab services.

METHODS AND RESULTS

The integration of health promoting activities into hospital's everyday life is one of the main directions of East-Viru Central Hospital.

East-Viru Central Hospital provides patients with educational and counselling services in several subjects in order to advise them how to cope with chronic diseases and everyday life:

- asthma cabinet (245 asthma patients visited the counsellors and got advices in 2005)
- smoking cessation counselling cabinet (200 smokers visited the counsellors in order to quit in 2005)
- cabinet of prevention of cardiovascular diseases with the aim to influence unhealthy behaviours: unhealthy nutrition, heavy alcohol drinking, smoking, low physical activity etc. and to prevent cardiovascular diseases of population under the age 65 (700 patients visited counsellors and got advices in 2005).
- foot cabinet for diabetic patients (advices on treatment and care for diabetics with foot problems)
- psychological consultations for physically handicapped people and their family members (655 consultations were provided in 2005)

CONCLUSION

Rightly selected treatment, consultations about coping with sickness and everyday life and rehabilitation give the chronically ill patients more opportunities for integration into society and increasing their quality of life. Hospital achieves its purpose - integration of high-level medical aid with development of health promoting activities in health care field.

CONTACT:

Alevtina Uustalu
East-Viru Central Hospital
Ravi street 10
30322 Kohtla-Järve
Estonia
Tel. +372 3395146
Fax. +372 3395008
E-mail: alevtina.uustalu@ivkh.ee
WWW address: <http://www.ivkh.ee>

THE ROLE OF THE CKD NURSE SPECIALIST IN THE TREATMENT AND EDUCATION OF PATIENTS WITH CHRONIC KIDNEY DISEASE IN MAYO GENERAL HOSPITAL

Carmel Mcdermott

THE AIM of Chronic Kidney Disease (CKD) care is prevention of loss of kidney function, slowing the progression of CKD, amelioration of organ dysfunction and co-morbid conditions in those who progress to end-stage renal disease and prevention or delay of adverse outcomes of CKD such as cardiovascular and renal bone disease.

The Clinical Nurse Specialist role involves communication, negotiation and representation of the client/patient values and decisions in collaboration with other healthcare professionals.

In Mayo General Hospital, patient education is facilitated through structured and impromptu sessions. Patients and families need information about the illness in order to understand and manage the future. Education programmes for people with CKD are designed to meet the knowledge and support needs of individual patients. They are viewed as a sharing of information so that the patient is empowered to participate in his or her own care, makes informed decisions, and adopt self-care strategies.

In the hospital setting patient empowerment can be restricted by the institutional nature of the environment setting. However, in Mayo General Hospital, the Clinical Nurse Specialist plays a unique role in providing a setting where patients are encouraged to become involved. The Clinical Nurse Specialist sets individualised and realistic goals: provides information, discusses coping strategies, provides positive regard, support, advice, empathy and understanding - all of which help patients accept and adapt to the demand their illness place on them. Patients adopt strategies to manage lapses and relapse in their illness and make multiple life-changing decisions.

The quality of life for people with CKD can be diminished with reduced physical working capacity, inability to pursue full-time employment, dependency on life-long medical treatment, reduced mobility, dietary restrictions, body image and spiritual concerns.

Aiming to meet the educational, psychological and rehabilitation needs of patient allows for better self-esteem, improved compliance with prescribed care, patient empowerment and the adoption of self-care strategies. In Mayo General Hospital, we feel that patient education impacts positively on patient care, resulting in enhanced patient psychological and emotional well-being due to empowering and enabling patients to actively participate in their care.

CONTACT:

Fiona Falvey
Health Services Executive West
Health Promotion Services, West City Centre, Seamus Quirke Road
Galway
Ireland
Tel. +353 877977799
Fax. +353 91501413
E-mail: fiona.falvey@mailn.hse.ie

THE LIAISON MS SPECIALIST NURSE

Debbie Mcardle, Orla Hardiman, Jane Roche

Multiple Sclerosis (MS) an autoimmune disease is one of the most common neurological conditions and is the commonest cause of disability amongst adults (Paty et al 1997).

INTRODUCTION

To date much of the nursing care has been provided within the hospital leaving the patients to depend on their own external supports while in the community. The provision of a liaison nursing service contributes to improve quality of care for patients in the community but can help to fast track people who require early intervention and hence reduce waiting time and hospital admissions (Campion, 1996; Lesaux et al, 1999; Winters et al, 1989; Freeman et al 1997).

AIM

To improve the quality of life for patients by providing an individualised home visitation by the liaison MS nurse specialist.

OBJECTIVE

To assess the physical, psychological and emotional needs of the person along with their carers needs and to provide an appropriate pathway of care.

METHOD

From 2003 to end 2005 the nurse provided 279 visits within the hospital catchment area. The care pathway used to assess patients was the Roper, Logan, and Tierney model of nursing.

RESULTS

Firstly, the results showed: total number of visits in the 3-year period was 279. In 2003- 91 visits, 2004 -90 visits, 2005- 98 visits. The average was 93, showing a 9% increase.

Secondly, the result indicates the need for a liaison service to continue. The intervention of the MS Nurse facilitated fast-tracking of patients to other multidisciplinary services without the need of a consultant neurologist referral.

RECOMMENDATION

The patient can derive benefit from the many services available to maximise their own potential in life. A multidisciplinary approach along with comprehensive planning of home- based intervention implemented by the nurse specialist in conjunction with the interdisciplinary team may provide a cost-effective approach to management of MS and improve quality of life (Pozilli et al 2003).

CONTACT:

Debbie Mc Ardle
Beaumont Hospital Dublin Ireland
Beaumont Road
Dublin 9, Dublin
Ireland
Tel. +353 (0) 878261567
E-mail: brduffy99@hotmail.com

SUPPORTING PATIENTS WITH CHRONIC FATIGUE SYNDROME - MYALGIC ENCEPHALOPATHY (ME) IN LOTHIAN

Diane Loughlin

BACKGROUND

Within NHS Lothian various groups exist to support and involve patients with chronic diseases. NHS Lothian Chronic Fatigue Syndrome (CSF)- Myalgic Encephalopathy (ME) Task Group consist of health professionals, patients, carers and voluntary sector representaives. Members have lobbied politicians through the Scottish Executive Cross Party Group to raise the profile and provide appropriate health and social care service for people with CSF/ME.

This project commenced 6 months ago with development of an assessment clinic, lifestyle management programme and inclusion within the UK MRC PACE trial.

AIM

To develop an appropriate patient pathway and referral system for patients with CSF/ME between primary and secondary care.

METHOD

The referral protocol has been developed and sent to GP's, Paediatricians and Clinicians to assist in determining if the assessment clinic or lifestyle management programme will benefit specific patients.

Paediatricians had suggested that early referral is crucial in early diagnosis and subsequent treatments and now have access to a CFS/ME outreach worker for school aged children.

For those attending the clinic they are assessed and advised of care or referral to other appropriate services, which may include referral to the lifestyle management programme. Some patients are also being recruited for the national study.

OUTCOMES

Access to appropriate services
Improved quality of life
Improved information between primary and secondary care and
Identification of appropriate referral for patient pathway

CONCLUSION

The project remains ongoing and to date those attending the lifestyle management programme report improved quality of life. A report will be available in due course.

CONTACT:

Diane Loughlin
NHS Lothian University Hospitals Division
St John's Hospital
Howden Road West
EH54 6PP Livingston
Scotland
Tel. +44 (0) 1506 419666 Ext. 2486
Fax. +44 (0) 1506 460190
E-mail: diane.loughlin@wlt.scot.nhs.uk

MULTIPLE SCLEROSIS AN INTEGRATED THERAPEUTIC PATHWAY FROM THE HOSPITAL TO HOME CARE

Massimo Albuzza, Giorgio Reggiani, Gabriele Greco, Eros Forghieri, Mario Santangelo

Multiple sclerosis is a chronic disease which needs comprehensive multidisciplinary integrated treatment and a care approach to reduce impairment, control coexisting medical disturbances and to improve the mental well-being of these patients. From 1997, the rehabilitation unit and the neurological department of Carpi hospital together with the Modena association of multiple sclerosis patients (AIMS), set up a project whose aims are to improve the quality of life of these vulnerable patients. This paper examines the project in its description and the analysis of the results.

The patients pathway:

- Neurological and psychiatric:
- The patient is examined according to his / her neuromotor capacity and neuropsychological ability.
- Stabilometric test: the test evaluates the patient's posture and equilibrium to make a suitable programme of rehabilitation
- If necessary, a neuro-psychological test can determine the patient's mental degeneration.
- The "Fim measure scale" determines to what extent the MS patient has limited ability for work and/or daily life.
- Urological evaluation to know the degree of incontinence and to establish a programme of patient education and rehabilitation.

This multidimensional evaluation allows the hospital staff to schedule a neuro motor follow up and therapy from hospital to home.

During this passage another important evaluation takes place: domestic architectural barriers are analysed by the medical staff of the rehabilitation unit to prescribe suitable structural changes where necessary to improve the patient life at home.

Final consideration in this paper is the ISF-36 international questionnaire which the patient fills out as a self evaluation test measure.

Patient self assessment informs clinical decisions about patients care.

The project results show a beneficial control of patients in all the phases of disease evolution and all the levels of hospital and home care.

CONTACT:

Anne Marie Pietrantonio
Local Health Service - Carpi - Modena - Italy
Cav. Molinari 2
41012 Carpi
Modena
Italy
Tel. +39 (0) 59 659402
Fax. +39 (0) 59 659401
E-mail: a.pietrantonio@ausl.mo.it
WWW address: <http://ausl.mo.it>

EPILEPSY AND PREGNANCY A MULTIDISCIPLINARY PATHWAY FOR PATIENT'S EDUCATION AND EMPOWERMENT

Giuseppe Masellis, Anne Marie Pietrantonio, Mario Santangelo, Laura Sgarbi, Gabriele Greco

Epilepsy affects a significant percentage of the population.

It has been estimated that the proportion of population with epilepsy is close to 0,5%, this proportion rise to 2% of the population when epilepsy associated with others cerebral diseases are considered.

Epilepsy not represent an absoly contra-indication for pregnancy, but early multidisciplinary risk assessment and health promotion initiatives can significantly promote mothers health during pregnancy and prevent pregnancy complications prenatal damage and damage to new-born infants.

This paper describe the multidisciplinary programme set up by the neurological the obstetric and anaesthesiological Departments to assure systematic and early evaluation, support and education for epilepsy patients.

THE AIM of the programme was to improve the assessment, reduce the risk and minimize pregnancy complications in epylepsy patients, and to enhance competence and compliance in therapy managing.

The content of the cross disciplinary education, prevention and health promotion programme included:

Assessment of patient's delivery risk

Assessment of a medication regime tailored to the patient condition

Patient education in self medication management

Patients counseling and improve medication adherence regimen

The programme also include a tailored anaesthesiological support to control all the conditions that might affect the management of labor or delivery.

Programme set up from 2005 have already shown to be effective in improving medication adherence rates; this preliminary result allows to forecast improved outcomes in epilepsy management in pregnancy.

CONTACT:

Anne Marie Pietrantonio

Local Health Service - Carpi - Modena - Italy

Cav. Molinari 2

41012 Carpi

Modena - Italy

Tel. +39 (0) 59 659402

Fax. +39 (0) 59 659401

E-mail: a.pietrantonio@ausl.mo.it

WWW address: <http://ausl.mo.it>

SESSION I-4: HEALTH PROMOTION FOR CHILDREN AND ADOLESCENTS IN HOSPITALS- 1

PROTECTING THE HOSPITALISED CHILD "THE HOSPITAL MADE FOR CHILDREN" PROJECT IS BORN IN THE UNIVERSITY OF SIENA HOSPITAL

Anna Grasso, Lucia Rappuoli, Gianluca Tornese, Claudio Amato, Mariano Vincenzo Giacchi

INTRODUCTION

Hospitalization can be traumatic, especially for children, who are forced to leave everything behind: family, school, friends, etc. A hospital that is designed for children must allow for communication with the outside world and with everyday life. Working from this viewpoint, and with the support of the HPH project, the committee of "The Hospital made for Children" Project, created within the University of Siena in May 2005, has activated four subprojects with the following objectives:

POLLICINO: To help parents process and overcome the diagnosis;

HOW I WOULD LIKE THE HOSPITAL: To involve the local community with educational interventions within the schools, which allow healthy children to get to know the hospital, and help us to understand "how they would like it";

HOSPITAL AND MUSIC: To experiment a musical intervention within the hospital, and evaluate its effectiveness in reducing the child's pain;

PUPPETRY: To diminish the children's fear of the facility and those who work within it.

WORKING METHODS AND CONCLUSION

POLLICINO: The creation of a multidisciplinary work group that will meet periodically in order to evaluate cases and create individualized projects;

HOW I WOULD LIKE THE HOSPITAL: The involvement of a number of elementary schools in Siena in the creation of an informational booklet about the hospital, which will be distributed to all children when they are hospitalized;

HOSPITAL AND MUSIC: The presence of musicians, specifically trained in the aims of the project, who involve the children in their activities;

PUPPETRY: The children will invent illnesses for their stuffed animals, which may be cured at the Puppet Hospital.

In order to reach such objectives, the inclusion of new practices in current activities favour the full involvement of the community and place the central focus on the individual, is fundamental.

CONTACT:

Mariano Vincenzo Giacchi
Department of Public Health - University of Siena
Aldo Moro
53100 Siena
Italy
Tel. +39 (0) 577234092
Fax. +39 (0) 577234090
E-mail: giacchi@unisi.it

ORGANIZATION OF MEDICAL CARE FOR CHILDREN WITH PERINATAL NERVOUS SYSTEM DISORDER

Artamonova Galina, Belikova Darya, Artamonova Anna

The organization of treatment and rehabilitation care for children with perinatally injured nervous system in day department of the pediatric polyclinics shows 99% improvement of their health. The organization aspects include the criteria of the patients' screening for the treatment on the base of day department, material and technical equipment, and qualification and professionalism of the staff. In the day department of pediatric polyclinics there were children with such diagnosis as perinatal disorder of nervous system. Clinical syndromes were connected with the early restoring period and were classified as normal neurological status, high neuro-reflex stimulation syndrome, motion disorders syndrome, hypertension-hydrocephalic syndrome, convulsion syndrome, combination of some syndromes. 37,5% children in the period they were discharged from obstetrics hospital to 3 months age had no dysfunction in psychomotional development or reflex-motional area. Among the perinatal encephalopathy prevailed easy and middle degree of heaviness (78,9% and 13,6% respectively). Treatment and rehabilitation measures were carried out on the base of day department of pediatric polyclinics under the supervision of neurologist and nurse during 3 hours a day. The duration of the restoring treatment continues 20,2 days. There were drug therapy, electroforesis of vascular remedies on Ratner method, re-laxing or exiting amplipulse, paraffin-ozocerite applications, classical or point massage, treating gymnastics, acupuncture. The achievements in restoring statics and motion function depended from the perinatal encephalopathy heaviness degree, baby age, and rate of the treatment courses. So, most of patients had positive dynamics after 3-4 courses, that forms 68,9% totally. Two courses were enough for 28,2%, and one rehabilitation course - only for 2,9% children. The earlier beginning and the easier heaviness degree of the disease, the less time is necessary to restore the functions completely. 21,4% babies with easy degree got one rehabilitation course since they were 3 month old. If the treatment begins at the age from 6 to 9 months old (78,6%), with the same degree, it will need already two courses of rehabilitation therapy. Early rehabilitation influence the results greatly. 65,5% 1-year-old children were healthy; 9,6% had normal motion equilibrium, constant remission hypertension-hydrocephalic, convulsion syndromes; 24,3% babies with minimal brain dysfunction and only 0,5% patients got the diagnosis child's cerebral paralysis.

CONTACT:

ArtamonovaGalina
Kemerovo State Medical Academy

Voroshilova 22
650029 Kemerovo
Russia
Tel. +7 3842734887
Fax. +7 3842734887
E-mail: agv@kemsma.ru

THE ITALIAN MINISTRY PROJECT OF " HOSPITAL WITHOUT PAIN" .MEASURING PAIN IN CHILDREN

Valeria Bachiocco, Simonetta Baroncini, Mario Lima

Measurement of pain in neonates and children represents a fundamental premise for an adequate pain management. The physiological growth and cognitive-behavioral development which a child undergoes make it necessary to adopt various different instruments. As a consequence, a complex system of measurement, linked to well-defined age classes, needs to be used. The administration of each tool must be carried out according to specific modalities. Measuring and assessing pain therefore becomes a very difficult task.

Graphic representation is a quick and impressive means to effectively communicate technical instruments and cultural background. Accordingly, in order to facilitate the assessment of pain and decrease possible errors by the assessors, we have designed a series of graphic representations.

A poster was prepared with the aim of providing at the same time a cultural standard reference and an operative instrument. The document contains a series of scales divided according to age classes. Each scale has been selected on the basis of the psychometric properties published in the literature, i.e. validity, reliability and sensitivity. The scales have been ordered following a progressive age rank. For each instrument the cut-off for the administration for the rescue dose has been indicated according to our context. The document also provides a scale which categorizes the site of pain (3 items) and a scale which assesses the sedation level (GOHS). Due to the frequent resort to a regional anesthesia, a scale illustrating the different degree of motor blocks has also been introduced.

The poster also includes flash spots showing images taken from murals situated on the walls of the Pediatric Surgery Department. All the images are highly symbolic, but above all they strengthen in the young patient the sense of temporary membership to the context and broaden his/her imagination, fundamental to the distraction-diversion process.

CONTACT:

Valeria Bachiocco
Anesthesia and Intensive Care Unit for Children - S.Orsola Hospital
Massarenti, 9
40138 Bologna
Italy
Tel. +39 3339445153
E-mail: valebachiocco@libero.it

IDENTIFICATION OF ADOLESCENTS ALCOHOL USERS IN PAEDIATRIC PRACTICE

Lagle Suurorg, Inna Tur

CONTEXT

Alcohol is the drug most commonly used and abused by adolescents. It is responsible for the 3 major causes of death in this age group: motor vehicle accidents, unintentional injuries and homicide (Madak AK et al, 1999). Alcohol use and abuse is the most commonly missed teenage diagnosis (AAP, 1995).

OBJECTIVES

To assess alcohol use among 15 year old adolescents by school pediatrician; to compare the results with previous study; to investigate rate of alcohol abuse among adolescents.

METHOD

Self-administered questionnaire designed within the WHO CINDI Children's Program (1996 and 2003). The CRAFFT 6-items questionnaire to screen adolescents for alcohol abuse (Knight JR et al., 1999). A positive answer to two or more of the questions specifies the alcohol abuse and need for intervention.

Setting : 16 public schools in Tallinn - capital of Estonia.

RESULTS

One thousand sixteen adolescents (49,9% boys and 50,1% girls) enrolled in the study. Mean age of respondents was 15,0±0,5 years. The study propounded the scope of the problem:

- Almost all adolescents (91,2% of boys and 94,5% of girls) had tasted alcoholic drinks
- Mean age of the first trying of alcohol was 11 years in both sexes
- Comparison of two studies (1996 and 2003) showed increased rate of drinking every week/day bears in boys (from 14,6% to 22,2%) and use of strong alcohol among both sexes (from 3,8% to 6,0% among boys and from 1,1% to 2,0% among girls)
- The amount of adolescents never have been drunk decreased more than three times (from 82,2% to 35,0%)
- More than ten occasion of being drunk in life increased among boys from 5,0% to 24,4% and from 1,1% to 10,8% among girls.
- By CRAFFT questionnaire 53,5% of boys and 40,9% of girls matched substance abuse criterion.

CONCLUSION

In the consideration of the high level alcohol use and abuse among adolescents the special department for drug and alcohol users was opened in Tallinn Children's Hospital with the financial support of Tallinn City Government. The community-based alcohol use assessment by pediatrician and multidisciplinary in -and outpatient intervention are the most effective ways to diminish this major problem in adolescents' health.

CONTACT:

Lagle Suurorg
Tallinn Children's Hospital
Tarweise 28
13419 Tallinn
Estonia
Tel. +372 6977303
Fax. +372 6977143
E-mail: lagle.suurorg@lastehaigla.ee
WWW address: <http://www.lastehaigla.ee>

EXPLORATORY SURVEY ON HEALTH PROMOTION ACTIVITIES CARRIED OUT IN CHILDREN'S HOSPITALS AND PEDIATRIC DEPARTMENTS IN VIENNA

Irmgard Eichler, Peter Nowak

INTRODUCTION

Child and Adolescent Health and development was established as a top priority by the WHO (World Health Organisation 2005a-c). On April 2004, the WHO European Office of Barcelona has started a specific Working Group on 'Health Promotion for Children and Adolescents in Hospitals' (HPH-CA), within the 'Health Promoting Hospitals' network (Aujoulat, Simonelli 2003).

METHODS

The HPH-CA Working Group performed a non representative background survey on children's rights and health promotion activities in children's hospitals and paediatric departments in the WHO European Region to obtain a first basic overview. This information should allow to plan and spread subsequent useful actions for the development of health promotion activities in hospital towards children and adolescents. 114 questionnaires coming from 22 European countries were collected and elaborated. (HPH Working Group on Health Promotion for Children and Adolescents in Hospitals, Simonelli et al. 2005). In Vienna this background survey was subsequently repeated in all children departments and Children's Hospitals (N=7). The results were compared to those from other Austrian (N=13) and European Children's Hospitals.

RESULTS

In Vienna 2/7 hospitals had adopted a Charter on the Rights of Children in Hospital compared to 48/82 in other European countries. In Vienna 1/6 hospitals had a written policy for health promotion and 1/5 had declared some standards of health promotion versus 40/76 and 35/71, respectively, in other European countries. The mean number of health promoting activities per hospital was 7.4 in Vienna. In a second survey providing a detailed list with possible health promoting activities this

number increased to 29.3 per hospital. Whereas in Vienna the majority of health promoting activities was directed towards patients with a small percentage towards parents, this percentage was equally distributed in other European countries.

CONCLUSION

This explorative survey demonstrates striking differences in the implementation of rights of children in Hospitals and health promotion in Viennese children's Hospitals in comparison to other European Hospitals. It also demonstrates that a large number of health promoting activities are carried out without being considered as such. In addition, a large number of health promoting activities are carried out without any evaluation so far.

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CONTACT:

Irmgard Eichler
University Children's Hospital
Waehringer Guertel 18 - 20
A-1090 Vienna
Austria
Tel. +431 40400 3232
E-mail: irmgard.eichler@meduniwien.ac.at

THE EXTENSION OF NATURAL BABIES' FEEDING IN TAURAGE COUNTY

Iveta Pauliene

PSO and UNICEF have offered Baby-friendly Hospital Initiative – BFHI. The institutions admit that baby nursing and the mother's milk is the basis of their health and the ideal food. The materializing of these fundamentals ensures mothers in nursing their babies from their birth and babies in the right to be nursed. Each mother has the attention she needs when starting and continuing feeding.

Our hospital joined the movement in 2003. We had no babies, aged 6 months, who were being fed on a mother's milk in our Taurage district. We had no a well-prepared staff, who would have a certificate of PSO/UNICEF course on feeding babies, so mothers had no any initiative and support to it. Only mothers cared of sucking difficulties.

We started the project with instructing the personnel. We instructed 188 medicos:

- 98% of them were from the Obstetrics and Gynecology Department;
- 100% of them from the Nursing Department of the hospital;
- 85,7% of them from the Nursing Centre;
- 100% of them from the Maternity Clinic;
- 75% of them from the Health Centre;
- 79% of them from Medical Stations in villages.

The knowledge of the respondents was checked before and after the course. We found out that medicos changed their attitude to nursing mothers who have to be given knowledge about nursing their babies as early as it might be done: before getting pregnant, at the beginning and the end of a pregnancy. 28,3 % of the medicos discovered that a mother's physical condition has little influence to the length of nursing. The largest influence to feeding babies on mothers' milk have commercials about baby's formulas ($p < 0,001$), the usage of comforters ($p < 0,001$), medium (the shortage of family support, friends, who do not nurse and so on) – $p < 0,02$. After the course had ended most medicos were ready to teach mothers nursing technique and to help during the first nursing. Baby suckling is useful not only to babies, but it is useful to mothers as well (81,8 %) of the participants stated that, it also helps to create better relation between a baby and a mother (78,2%). Now 98,5 % of medicos will offer mothers to feed their babies longer and more often in order to have more milk and will support them with psychological assistance.

We have a Maternity School which was established in 2004 and which is attended by pregnant women and mothers. Well-prepared medicos introduce to the attendees mediations of their body during the pregnancy, anaesthetizing of throes, the use and technique of sucking a baby and nursing a new-born once a week. We hold mother parties to meet pregnant women and mothers each other once a week. They share their knowledge, experience, advice and support the mothers who already feed the babies and those ones who are going to start soon in a cozy atmosphere once a month. Some of them bring their babies together.

Each woman gets a leaflet about the importance of natural feeding, its advantages and the rules of nursing. Parents are given many thanks on behalf of their baby for feeding him naturally. All pregnant women are provided with information about the importance of natural feeding not only to a baby, to a mother as well.

Senior students at comprehensive schools are educated in the field of maternity.

We had 14,9 % nursing babies, aged 6 months, in Taurage district in 2005.

CONTACT:

Terese Kaminskaite
Taurage County Hospital
V. Kudirkos g.5
LT- 72214 Taurage, Lithuania
Tel. + 370 446 62719
Fax. +370 446 62700
E-mail: lignonine@tvk.lt

WHO CINDI CHILDREN'S PROGRAMME IN ESTONIA

Lagle Suurorg, Inna Tur

Standard 5 for Health Promotion in Hospitals deals with continuity, cooperation and planned approach for collaboration with other health service sectors and institutions. The example of the good practice for collaboration and integrated approach to health is WHO CINDI (Countrywide Integrated Non-communicable Disease Intervention) Children Program. CINDI Children Programme has two approaches : population and high risk approach.

ACTIVITIES IN POPULATION LEVEL

Capacity building -contribution to the development of new school health strategy and quality indicators in partnership with Ministry of Social Affairs and Sick Fund of Estonia. These data are available every school-year for children at the defined age .

Collaboration for children health with Tallinn City Social Welfare and Health Care Board . The project "Improvement of adolescents health by detection of health risks" was carried out among 9th grade adolescents in 16 schools in 2003 in Tallinn . Altogether 1417 adolescents and 1091 parents participated in the study and high level of RF NCD was found. . The data of the study have been disseminated among politicians, schools' head masters , teachers and public. These data served as basis for development of strategy of city and of school - based health promotion.

ACTIVITIES IN HIGH RISK POPULATION LEVEL

Heart health centre for the offsprings of families with positive CVD family history and longitudinal study of adolescents was carried out in 1991-2001 as scientific research and continued after that with financial support by Tallinn City Social Welfare and Health Care Board . The main RF of studied persons was hypodynamia (70,2%), followed by obesity (13.3%) , dyslipidaemia (13,9%), hypertension (3.2%) and smoking (3.2%). 30.1% had some NCD RF. 15.2% of children /adolescents referred to other specialists. 24-hour ambulatory blood pressure monitoring for more comprehensive blood pressure assessment , especially in those with risk factors of obesity, diabetes type I and hypertension was done by financial support of Tallinn Children's Hospital.

CONTACT:

Lagle Suurorg
Tallinn Children's Hospital
Tervise 28
13419 Tallinn, Estonia
Tel. +372 6977303
Fax. +372 6977143
E-mail: lagle.suurorg@lastehaigla.ee
WWW address: <http://www.lastehaigla.ee>

STUDY ON CHILDHOOD ILLNESS ATTITUDE

Lagle Suurorg, Inna Kramer

The objectives of the Childhood Illness Attitude (CIA) study were: 1) to understand child's health anxiety, fears and beliefs; help seeking; treatment experience and abnormal illness behaviour; 2) to find out children's attitude to illness; 3) to assess the usefulness of questionnaire Childhood Illness Attitude Scales (CIAS) in children's rehabilitation process. Participants. 57 chronically ill children (diabetes, cerebral palsy and asthma) and 58 practically healthy schoolmates. The mean age of participants was 13.7 (9-18) years. Method. The CIAS questionnaire (Kristi D Wright and Gordon J.G. Asmundson; 2005) was used by permission. Questionnaire was translated and pilot-testing with 10 children. At the survey time children self-completed the questionnaires. Statistical analysis was done with SPSS 8.0 for Windows. Results: health anxiety and worry about one's health is very often in all children but even more often in children with chronic disease (96,4%) comparing with healthy children (89,9%) ($p < 0.05$). Ill children are more often afraid that the pain is connected with new disease episode and more often than healthy children talked about the pain to mother (94,7% versus 76,9%). The help seeking in the case of the pain was equal in ill and healthy children (85%). Ill children were more watchful (69,1%) to the strange feelings in their bodies than healthy children (57,6%) and ill children tried not eat food that may not be good for them (91,5%) comparing with 86,4% of healthy children. Children with chronic disease are often afraid that they might die soon (47,2%) with comparing to the healthy children (37,3%). Almost twice often were fears about cardiac diseases in ill children (63,6%) than in healthy children (36,2%). Both in ill and healthy children the strange feelings in their bodies stopped from going to school or enjoying themselves (69%- 85%). Conclusion of the study: 1) Both ill and healthy children were often worried about their health but children with chronic diseases had more fears, they sought more often for physician's help and were afraid of dying more often than healthy schoolmates; 2) The CIAS appears to be a psychometrically sound instrument for measuring children's health anxiety in Estonia too. The study was carried out and financed within the PHARE project which was led by the Tallinn Children's Hospital Foundation.

CONTACT:

Lagle Suurorg
Tallinn Children's Hospital
Tervise 28
13419 Tallinn
Estonia
Tel. +372 6977303
Fax. +372 6977143
E-mail: lagle.suurorg@lastehaigla.ee
WWW address: <http://www.lastehaigla.ee>

CONCEPT ANALYSIS OF FAILURE-TO-THRIVE OR PROPOSED NEW TERM 'FALTERING GROWTH'

Doris Corkin

The aim of this POSTER presentation is to increase professional awareness and insight of a serious child health issue with particular reference to health promotion.

INTENDED LEARNING OUTCOMES:

- Create and utilise opportunities in the conference environment, to enhance the understanding and knowledge of professionals, enabling them to educate and promote the health care of children and families in the hospital and community.
- Demonstrate that the monitoring of growth by means of a centile chart remains the best way of identifying that a child has faltering growth /failure-to-thrive (FTT) and when deemed necessary refer children to hospital for further management.
- Highlight the need for a multidisciplinary approach to comprehensive clinical assessments and home checklists when FTT is suspected and are paramount in order to protect the child from severe physical and physiological harm.

In a developing specialised discipline such as children's nursing, the concept failure-to-thrive or the proposed new term 'faltering growth' is a complex issue, having been highlighted in children's nursing and child psychology literature for many years. This term also appears in medical literature and is used as an admission diagnosis within hospital in relation to malnutrition and weight loss.

A recent review of literature (Wells 2002; Iwaniec 2004) however suggests that this concept of FTT in young children has not been comprehensively defined and analysed as this concept can be evaluated on a continuum. Therefore, this concept of FTT may be neither concrete nor abstract, but in between. In order to form an analysis within the poster, mapping will illustrate the wider concept of FTT in children, representing an attempt not only to clarify the meaning, but will highlight the relationship,

if any, between 'organic' and 'non-organic' FTT. Defining attributes, cases, antecedents, empirical referents, consequences and implications for practice will be identified using Wilson's framework, as advocated by Walker and Advant (2005).

The important process within a concept analysis requires creative and critical thinking when attempting to lead to clarification and understanding of the concept. Furthermore, it is anticipated that this reflective analysis will provide nursing professionals and students with a useful educational insight into the concept of FTT, as it is a multifactorial problem. Parental concerns about poor feeding and inadequate weight gain should be taken seriously when addressing the monitoring of growth by means of a centile chart whilst addressing the practical implications of health promotion, as an ongoing multidisciplinary approach to assessment and management is essential.

As a teacher / practitioner in children's nursing, I feel the need to write about FTT, talk about FTT and share experiences from both the hospital and community setting.

CONTACT:

Doris Corkin
Queen's University Belfast
School of Nursing and Midwifery
97 Lisburn Road
BT9 7BL
Belfast
Northern Ireland
Tel. +353 (0) 28 9097 2339
E-mail: d.corkin@qub.ac.uk

SESSION I-5: MIGRANT FRIENDLY AND CULTURALLY COMPETENT HOSPITALS

INTERPRETERS ACTING AS MEDIATORS IN A PRIMARY CARE SETTING

Alexander Bischoff

Language discordance and misunderstanding in bilingual situations have been an increasingly frequent phenomenon in pluralistic countries in the West over the past several decades. Switzerland, along with many European countries, has become an immigration country, and the reality shows strong evidence that we are far away from the myth of a homogeneous society of a delineated culture. Nothing shows this more clearly than the linguistic variety of people living in Switzerland, and nowhere can this be seen more plainly than in public hospitals where a representative sample of Swiss residents use the health care system as clients or patients. In this context, interpreters have been found to be important 'liaison officers' between patients and health professionals.

The present contribution examines how interpreters perceive and describe the roles their roles in mediating between patients and professionals. We use data from a larger study into intercultural mediation in public institutions of two cities in Switzerland, Basel and Geneva. In particular, we interviewed six female interpreters that have long standing experience in working in primary care settings (ten years on average). We identified seven roles interpreters assumed in triadic communication: 1) linguistic mediation, 2) conflict mediation, 3) clarifying mediation, 4) mediation in decision-making, 5) mediation as intercultural understanding, 6) mediation as support of migrants, 7) mediation as 'rapprochement'.

Our findings suggest that interpreters are critical links in the care provided by hospitals dealing with high proportions of migrant patients. Health professionals, aware of the challenges in triadic communication, are likely to benefit from the different mediating roles interpreters can assume in healthcare communication.

CONTACT:

Alexander Bischoff
Institute of Nursing Science
Bernoullistrasse 28
4056 Basel, Switzerland
Tel. +41 61 267 09 54
Fax. +41 61 267 09 55
E-mail: alexander.bischoff@unibas.ch

EVOLUTION TOWARDS MIGRANT FRIENDLY HEALTH CENTERS

Elvira Méndez Méndez, Mariana Isla Viale

EVOLUTION TOWARDS MIGRANT FRIENDLY HEALTH CENTERS

This is a collaborative project developed during 2003-2005 by the Asociación Salud y Familia (ASF) and the public health care system (PHC) in Catalonia (Spain). 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 as immigrants, in social and cultural 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 PHC and ASF to encourage collaboration and the sharing of knowledge, expertise and innovation.

RESULTS

- The PHC is actively using the services of 19 intercultural mediators provided by ASF, covering the areas of North Africa, Pakistan, Rumania and Xina and giving direct support to more than 12.356 immigrant patients.
- The PHC is adapting, interculturally, numerous information and health education materials.
- The PHC has initiated a revision process for procedures that generated intercultural conflict.
- Intercultural organisational development has become part of PHC agenda.

CONCLUSIONS

The experience of PHC 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 Méndez Méndez
Asociación Salud Y Familia
Via Layetana, 40, 3º 2ªB
08003 Barcelona
Spain
Tel. +34 932682453
Fax. +34 933198566
E-mail: saludyfamilia@saludyfamilia.es
WWW address: <http://www.saludyfamilia.es>

THE DEATH IN THE HOSPITAL: EQUAL AND CULTURALLY INTERVENTIONS

Patrizia Sironi, Rosario Canino, Ermanna Derelli

He death is generally an event difficult to face and accept, above all when it happens in a traumatic way, but also when the death arrives at least of a long pain, especially in young people. Generally hospital staff has right ability to manage concrete aspects about death, but hasn't a good competence for human, cultural and etnopsychological factors. In the last years the number of foreigners that have access to the hospitalis increasing, so that also the foreigners whe die in the hospital are increasing.

THE AIMS of the "Intercultural Welcome" project include the improvement of the ability of the staff to face this event, the communication with the relatives and the change of the health system in order to improve the organization and the characteristics of the hospital structure in taking a care of persons in the occurence of death, with reference to the own culture, religion and life styles.

In order to achieve these objectives we have realized trainings for hospital operators and changed the procedures about death; in particular to save the equity of treatments and the respect of the ethnic differences, the family can stay near his deceased in an appropriate room, where they are free to realize their rituals and tradition about death, (for example: special washing, use of ointments, religious symbols and clothes), praying, singing, talking or crying together. Also in our hospital is possible to take advantage of a Mediation Linguistic-cultural Service that can offer a specialized consultancy in order to any questions about it.

THE RESULTS of this project improved the satisfaction of relatives that have to face a difficult moment; now the hospital has a good intercultural competence and is more human.

CONTACT:

Lucia Scrabbi
A.O. Istituti Ospitalieri
Viale Concordia, 1
26100 Cremona, Italy
Tel. +39 (0) 372405409
Fax. +39 (0) 372405552
E-mail: psiconeuro.aioc@e-cremona.it

“TELEPHONE HUGS” LONG DISTANCE MOTHERS: THE EXPERIENCE OF “LONG-DISTANCE” PARENTING FOR WOMEN FROM EASTERN EUROPE EMPLOYED IN FAMILY CARE ROLES IN OUR CITY

Piera Bevolo, Deliana Bertani, L. Gualdi

In the past few years our city has seen an increase in the number of women coming from the countries of Eastern Europe to provide care and assistance for the elderly.

This large-scale, steady phenomenon brings new life paths for families with it, as well as new relationships and emotional strategies.

As far as “local” families are concerned, work commitments and family management times lead to a process of entrustment and delegation of important areas of our own personal relationships, in particular the management of the elderly and the dying.

For these migrant women, coming from the countries of the ex-Soviet Union (mostly Ukraine, Moldova and Russia), the experience of migration not only to a foreign country but also to a foreign home, with its unknown yet both intimate and routine relationships, can be a painful and complex event, loaded with strong and intensely ambivalent feelings and emotions.

These women are also obliged to “suspend” their relationships with their own families, their own emotional, social, sexual lives, their own husbands, have to abandon the hopes of using their own qualifications to do a job of an equal level, and are obliged to relinquish their desire to oversee the growth and education of their own children.

This has extensive emotional costs, often leading to a feeling of uncertainty in their own choices and decisions. Their working life spent away from their own environment, the new relationships they have to create, the gratification of the success of their migratory path: all of these are experienced with the fear and dissatisfaction of living a life split in two, being homesick and missing their children, the regret of not being able to watch them grow or be able to play a parental role.

Once their working situation is consolidated, and their children are allowed to join them in Italy, often this reunion has idealised desires and disappointments. “Getting to know each other again” is time-consuming, and demands the will to rebalance relationships in a daily routine, which is sometimes tiring and far less “rewarding” than imagined. For mothers and children alike, matching needs and expectations can be difficult, and sometimes highly conflictual.

In order to begin to study and resolve this complex scenario, a project idea has been proposed, developed jointly by the Immigration Department of the municipality of Reggio Emilia and the Clinical Psychology department of the AUSL-RE (Health Board).

THE IDEA is to offer a place for listening to and sharing the thoughts and condition of the “long-distance” mothers and “reunited” children. The aims are clearly diversified, yet convergent.

For the migrant women, it involves the use of an already operational meeting point, managed by the municipality (the “Madreperla” project) to offer group opportunities for mothers to discuss their experiences and to reflect on their feelings and their situation, building more effective strategies to combat the more painful, complex experiences together.

And for the new-arrivals, a “mediation” area for children in the same situation has been envisaged, with the help of volunteers for a youth project (“Gancio Originale - Stanza di Dante”) to offer occasions for socialising with others of their own age and background, and group occasions for the discussion of typical youth issues.

CONTACT:

Piera Bevolo
Azienda USL of Reggio Emilia
Clinical Psychiatry Care Unit

Via Amendola, 2
42100 Reggio Emilia
Italy
Tel. +39 (0) 522335087
E-mail: piera.bevolo@ausl.re.it
WWW address: <http://www.ausl.re.it>

CONTINUITY OF CARE PROGRAMME "IMPROVING COORDINATION AND COMMUNICATION BETWEEN LEVELS OF CARE": HOSPITAL - PRIMARY HEALTH CARE

Rosa Suñer, Dolors Juvinyà, Carme Farré, Isabel Fernández, Montserrat Figuerola, Carme Bertran

JUSTIFICATION

Continued care is one of the aims which draws the benefit from the human and material resources invested in achieving the recovery of good health. At the same time, user confidence is increased, since the hospital stay is now shorter and it is therefore necessary to strengthen links between the hospital and the primary health care team and promote the participation of the user and the family.

METHODOLOGY

The programme began in March 2005 at the Hospital Dr. Josep Trueta. Target population: patients discharged and returning to their own homes who need continuity of care and fulfil one of the predetermined profiles: the chronically ill, frail patients, patients with complex treatments and/or techniques, patients who need continued health education at home and patients with palliative treatments. The criteria for inclusion are: having a carer at home and the agreement of the patient and the family.

A primary health care nurse acts as a link between the hospital and the primary health care centres twenty four hours before the patient is discharged. The instrument used to exchange information is the discharge form, an interview with the family and contact with the health centre nurse.

RESULTS

Since the programme began it has included 175 patients, representing 547 visits. The average age was 75. The most frequent patient profile was those needing treatment and/or techniques, followed by the frail patient and, in third place, those requiring health education.

CONCLUSIONS

Ten months after its implementation, the programme has achieved high levels of satisfaction among patients, family members and professionals. It is important to continue evaluating it so as to detect errors, take corrective action, optimise the use of available resources for continuity of care, coordinate the cases which are suitable and extend the programme to new user profiles and new requirements.

CONTACT:

Dolors Juvinyà
Josep Trueta University Hospital & University of Girona
Ctra de França
17001 Girona
Spain
Tel. +34 972940202
E-mail: rosa.suñer@udg.es or dolors.juvinya@udg.es

PROMOTING A MIGRANT FRIENDLY AND CULTURALLY COMPETENT HOSPITAL-BEAUMONT HOSPITAL

Orla Daly

PROJECT DESCRIPTION

It is currently estimated that 160 nationalities are now living in Ireland and approximately 200,000 persons from various minority ethnic communities, the majority of whom live in the eastern region. The author is a participant in the flagship leadership development programme for the Irish Health and Social Services. A strategic organisational project is undertaken as part of this programme. The project involved the concept of a migrant friendly and culturally competent hospital- specifically the introduction of an intercultural awareness component to the corporate induction programme for the hospital.

METHODOLOGY

Conducted questionnaires n = 60 and focus group n =17 - participants represented a diversity of health and social care staff. Submitted data for a report compiled by the Health Service Executive Eastern Region, Ireland - examining learning, training and development needs of health services staff in delivering services to members of minority ethnic groups.

RESULTS

Intercultural awareness, knowledge and skills are indicated as important to health services staff delivering healthcare to a diverse patient population.

OUTCOME

Participation in the Training -Subgroup of Regional Health Strategy for Ethnic Minorities Implementation Forum
Members of staff completed training with the National Consultative Committee on Racism and Interculturalism
Developed an Intercultural Awareness Component for the hospital's Corporate Induction Programme - including a brief evaluation of cultural awareness post programme delivery
Collaboration with The Children's University Hospital, Temple Street, Dublin, Ireland

CONCLUSION

It is essential to be responsive to Ireland's rapidly evolving demographic profile thereby ensuring that healthcare is effective and accessible to all. As a national clinical centre and a major academic teaching hospital the promotion of cultural awareness and culturally sensitive healthcare is of importance to Beaumont Hospital.

CONTACT:

OrlaDaly
Beaumont Hospital
Beaumont Road
9 Dublin
Ireland
Tel. +353 18092526
Fax. +353 18092282
E-mail: orladaly@beaumont.ie

SESSION I-6: HEALTH PROMOTING PSYCHIATRIC HEALTH CARE SERVICES AND MENTAL HEALTH PROMOTION IN THE HEALTH CARE SYSTEM - 1

SOCIAL REHABILITATION COMPLEX FOR MENTAL PATIENTS AT RVPH

Alma Buginyte

The hospital has 666 beds for c. 7500 admissions (average stay 27 days) and 753 workers on the staff: 96 doctors and psychologists, 233 nurses, and 32 social workers, united in Social Work Department. Of these, 6 specialists are employed in tackling of patients' social problems, 22 are busy with chronic mental patients in 18 occupational studios at wards, and 3 make the team of Social Rehabilitation Complex (SRC), in which special attention is paid to the organization of occupational therapy for patients with long term mental disorders.

Through motivation for occupational activities, patients develop and improve their communicative and social skills and everyday self-service. In ward studios and SRC patients are given opportunity to undertake activities in accordance with their preferences, hobbies, abilities and needs. At present they can choose groups communication or self help groups, relaxation lessons, sports, musical self expression, painting, drawing, handcraft, cultural and entertainment events, excursions, acquiring computer skills. All this is done with consideration for follow up and continuity of rehabilitation in community.

In 2005 analysis of occupational activities for chronic mental patients in hospital and community was carried out by the social work department with a comprehensive questionnaire. The study consisted of 3 stages:

- Theoretical research of the proportion of chronic mental disorders in global and national scale, deviations of psychic and social functioning, peculiarities of rehabilitative measures and acquaintance with the structure and activities of the Social Work Department.
- Practical research by reviews and questionnaire handed out to chronic mental patients in order to collect information about their knowledge and experience of occupational opportunities and services in the community, demand for particular activities, evaluation of the hospital and extramural social work performance.
- Conclusions and recommendations to adjust objectives and implementation of occupational therapy. For activities of frequent choice methods are worked out making use of multiple sources and shared experiences.

The project helped to make publicity for social work in psychiatry, to strengthen ties with families and institutions employed in occupational activities in community, passing and following up the process to ensure continuity of rehabilitation.

CONTACT:

Alina Stigiene
Republican Vilnius Psychiatric Hospital
Parko 15
11205 Vilnius
Lithuania
Tel. +370 5 267 44 80
Fax. +370 5 267 15 03
E-mail: a.buginyte@rvpl.lt
WWW address: <http://www.rvpl.lt>

SCOTLAND HPH MENTAL HEALTH HUB

Thomas Harrison, Mark Richards

Leverndale Hospital which is a mental health facility within the Greater Glasgow area region in Scotland has recently joined the WHO HPH Programme with support from NHS Health Scotland and identified as a National Hub.

Leverndale Hospital provides a National focus through which expertise and experience of promoting health and health education will help support the development of a National Framework for Health Improvement within mental health services in Scotland.

Activity associated with the Hub includes the development of a multi-agency steering group, hosting health promotion meetings, the organisation of an annual conference and the platform to share areas of good practice with our International community.

Instrumental with the delivery of the HPHS Framework Training to staff within Mental Health in Greater Glasgow.

It has also allowed us to identify and develop three areas of good practice around
Smoking Cessation and Harm Reduction
Physical Health Activity
Nutritional Health

promoting positive mental health and reducing stigma as it's overarching principle.

CONTACT:

Thomas Harrison
Leverndale Hospital HPH Mental Health Hub
510 Crookston Road
G53 7TU Glasgow
Scotland
Tel. +44 (0) 1412116448
E-mail: ThomasEdward.Harrison@glacomen.scot.nhs.uk

SIGNIFICANCE OF FUNCTIONAL BRAIN STUDIES TO THE HEALTH PROMOTION IN REPUBLICAN VILNIUS PSYCHIATRIC HOSPITAL

Kastytis Dapsys, Milena Korostenskaja, Dalia Rusteikiene, Alina Stigiene

Electroencephalography (EEG), event related potentials (ERP) of the brain and brain impedance plethysmography are methods used in Republican Vilnius Psychiatric Hospital to study the function of the human brain. Apart the clinical significance of these studies, these methods has influence on the health promotion as well. At first, the relevance and purpose of these clinical investigations are explained for the patients. Usually this helps to evoke their interest in the matters of brain function and its studies. Many patients also are interested in the results of the investigation of the function of their brain. This gives us an opportunity to relay important information to the patient about his health status and possibilities to enhance it. During such conversations we try to form a positive attitude towards health matters, to encourage them to refuse and avoid unhealthy habits.

In our hospital along with common drug therapy and psychotherapy we also started to use a method of weak pulsed electromagnetic field (BEMER therapy). This method, based on principles of bio-electro-magnetic-energy-regulation, helps to improve the tissue microcirculation, restore the balance of cell membranes, enhances immune system. It has no side effects and improves the overall well being of the patient. The patient also is aware, that we care not only about his psychic health, but about his somatic health as well.

CONTACT:

Kastytis Dapsys
Republican Vilnius Psychiatric Hospital
Parko 15
Vilnius
Lithuania
Tel. +370 5 267 00 70
Fax. +370 5 26715 03
E-mail: k.dapsys@rvpl.lt

USING THE PHYSICAL HEALTH CHECK TOOL IN AN ACUTE PSYCHIATRIC UNIT

Tricia Keogh – Hodgett

Mental health and well being are complex concepts and can be difficult to define. The concept of mental health and well being encompass many aspects, including behaviours, emotions, personality and relationships and how these fit in with the wider culture in which a person lives.

People with chronic mental health problems have a higher risk of premature death than the general population partly because their physical health is often neglected (Seymour 2003).

BACKGROUND

The Mater hospital sits in the locality of North and West Belfast. The community which the hospital serves has the following characteristics;

- highest rates of death from ischaemic heart disease, 23% above the N.Ireland average.
- within the UK, North and West Belfast records the highest incidence of suicide ie 19 per 100,000 population.
- death rates from lung cancer are almost twice the N.Ireland average.
- death rate from gastrointestinal cancer is higher than the N.Ireland average.
- 12 of the 20 Wards are classified as the most deprived within N.Ireland.

The Acute Psychiatric Unit.

To help ensure mental health promotion work has a structured and formal mechanism within the Psychiatric Unit, it was decided to devise a tool, to both capture information on patients' physical health and to assess needs re:mental health promotion.

The Physical Health Check(PHC)

The PHC, designed by Dr. M.Phelan et al, plus an additional page, was used as the tool to do this. The PHC enables an initial assessment which provides the first opportunity to assess physical needs and encourages patients to identify any concerns they have.

AIM of the health improvement initiative is;

To help improve the overall health and quality of life of patients with a mental illness.

IMPLEMENTATION

The PHC was introduced onto the wards in October 2005. Results from these are presently being collated. These results will act as a baseline on which to build health promotion structures for health improvement.

PROGRESS

To date 40 PHC have been collected from the wards and collated. Collection is done every 3-4 weeks. Many patients are now in hospital for longer so there is not much changeover of patients. The actual use of PHCs on wards denotes a change in practice: no formal addressing of patients' physical health was previously in place. This is the start of a process of having documentation which can be used as an action plan for physical and mental health promotion. Physical activity, either alone or as part of organised programmes can improve emotional well being. It can prevent the onset of mental health problems and improve the quality of life for people with such problems. As such, physical activities eg Chair aerobics; Boccia; gym and Green gym, form a large part of the present initiatives.

It is hoped that the PHC will identify deficits in patients' physical health; inform patients about how to improve their physical health and encourage them to participate in and use health improvement initiatives/services. It is hoped that the PHC will become standard documentation which is consistently used with Psychiatric patients. It is in this way that the aim of this initiative can be realised.

CONTACT:

Tricia Keogh - Hodgett
Mater Hospital Trust
Crumlin Road
BT14 6AB Belfast
Northern Ireland
Tel. +44 (0) 28 90802231
E-mail: Health.promotion@Mater.n-i.nhs.uk

HEALTH PROMOTING MENTAL HEALTH SERVICE

Lina Toleikyte, Stuart Eales

Improving mental health through health promotion, identifying and promoting innovative projects within psychiatric services is essential. The Whole System, Setting-based Approach has been introduced to the High Secure Mental Health Services of Ashworth Hospital (Mersey Care NHS Trust) as a yearlong pilot part funded by the National Institute for Mental Health in England NW Development Centre.

RESULTS

As part of a major project of modernisation for Ashworth Hospital, the plan for the pilot is to not only promote and improve health but also to free treatment to its optimum effect. The Stage One report set out the performance of Ashworth Hospital against the standards and sub-standards of the European Network. The Stage Two report addresses the areas where the Hospital was measured as only partly or not meeting the level of performance required. The Self Assessment was undertaken by members of the Steering Group who were identified as being stakeholders in the respective areas of responsibility.

IMPACT

The impact of mental disorder on 'health' goes far beyond a psychiatric challenge. Numerous factors associated with mental health problems influence vulnerability to physical illness. Incidents of substance abuse, smoking, alcoholism, stigma, exclusion, sedentary lifestyle and poor diet are easy to identify, yet difficult to address.

Psychiatric treatment itself can have a detrimental impact upon health.

Tie into that equation the health determinants of life within a Mental Health Setting and the attainment of 'health' becomes a greater enigma.

ISSUES FOR DISCUSSION:

- Minimising the damage to health caused by mental disorder
- Combating the environmental impact of a Secure Mental Health Setting
- Education and raising the awareness of service users
- Addressing organisational culture and non-engagement

Further details on the pilot will be provided for the conference.

CONTACT:

Lina Toleikyte
Sefton Primary Care Trust,
1st Floor, Burlington House, Crosby Road North
L22 0QB Merseyside Liverpool
United Kingdom
Tel. +44 1514796550
Fax. +44 1514796569
E-mail: linatoleikyte@yahoo.co.uk

THE PEOPLE SPEAK - SERVICE USER VIEWS ON MENTAL HEALTH SERVICES

Lorcan Martin, Gerard Farrell, Patrick Harkins, Carol Harrington, Richard Keogh, Denise Mccarthy, Marie Murphy, Regina Reynolds, Stephen Sibley

OBJECTIVE

To obtain the views of Mental Health Service users regarding service provision and identify areas of quality improvement

INTRODUCTION

Historically, mental health services have adopted a somewhat paternalistic approach though, in recent times, however, focus groups and consumer panels have been used in other branches of health care and are gradually being used in the Mental Health area. With this in mind, Athlone Community Mental Health Team decided to form a Consultative Group comprised of service users and carers who would advise on service development, etc. One initiative suggested by this group was a survey to elicit views of the wider group of service users regarding the service provided.

METHOD

A specially designed questionnaire was devised by members of the Consultative Group. Copies of this questionnaire were then given to clients attending the outpatient clinic for their regular appointments. They were invited to complete them either at the clinic or later at home, a pre-paid envelope being provided in the latter case. Members of the Consultative Group were available at the clinic to provide assistance, if required. Clients were not asked to identify themselves on the questionnaires. The completed questionnaires were then forwarded to the Department of Clinical Audit for analysis.

RESULTS AND CONCLUSIONS

In total, 81 clients completed the survey, highlighting a number of issues. Although the majority of clients expressed satisfaction with the service delivered, many were critical of the in-patient facilities. A significant minority reported not having had diagnosis/medication explained. A further issue raised was that clients do not see the same doctor each clinic visit, though the majority felt they were given enough time at clinic appointments. Some felt that the word 'psychiatric' should be removed from appointment cards. Additional recommendations included the provision of an out-of-hours contact service, leisure facilities, a 'buddy' system and availability of alternative therapies. These and other aspects of the results will be elaborated upon.

The development and implementation of this initiative is a significant step in service user involvement in mental health services. The challenge now lies with the service providers to respond in a meaningful way and pave the way for further such involvement.

CONTACT:

Lorcan Martin
Athlone Community Mental Health team
Re Nua, St. Vincent's Hospital
Athlone
00 Co Westmeath
Ireland
Tel. +353 906483190
Fax. +353 906483194
E-mail: lorcanmartin@eircom.net

PSYCHOLOGICAL CARE OF WOMEN IN PREGNANCY AND THE PUERPERIUM

Margaret Sheridan

Psychological care of women in pregnancy and the puerperium: Role of a Support Midwife for Mental Health.

THE FACTS

Postnatal Depression (PND) affects 10 -15% of women following the birth of a baby.

It affects the quality of a woman's life and her experience of mothering.

It can affect the whole family and lead to relationship breakdown.

It has adverse effects on the social, emotional, cognitive and intellectual development of children.

Research shows that 77% of women who subsequently develop PND could be identified prior to discharge from hospital.

Women who experience a low mood and /or raised anxiety levels during pregnancy and post partum benefit from extra professional support.

Most women express a preference for counseling and 'talking therapies' rather than medication.

By accessing counseling at an earlier stage in the stress cycle, exacerbation of mother's emotional and mental distress can be prevented.

ACTION

A Support Midwife for Mental Health was appointed to promote the psychological wellbeing of women in pregnancy and the puerperium and to provide extra support.

SUPPORT SERVICE:

The role of the mental health support service is to develop a strategy for the prevention, early detection and management of postnatal depression and other perinatal mental health problems, both antenatally at a Health Promotion Clinic and post nately by screening and follow-up.

To act as an advocate for vulnerable women to ensure that their needs are addressed, beginning at the first antenatal visit.

A Health Promotion Clinic is run four days a week. It offers an assessment and care plan for women identified as being at risk.

This includes women with a prior history of depression, a history of anxiety and /or previous difficult labour or delivery.

Women who have low mood without a history may also access this service.

Routine screening using the EPDS was introduced and is now part of patient discharge by midwives on postnatal wards.

It is accompanied by a discussion on symptoms, prevention and services available for PND.

The support midwife has the facility to refer patients to a perinatal psychiatrist when required.

BENEFITS

Through education and support there is now an increased awareness both for patients and the health care team of how negative emotions and/or anxiety impact on the pregnancy and the puerperium.

The availability of this support has resulted in increased referral from midwifery and medical teams and increased uptake of the service by patients.

This has benefits for mothers, their relationships, maternal attachment and children's social, emotional, cognitive and intellectual development.

CONTACT:

Margaret Sheridan

The Rotunda Hospital

Maternity Hospital

Parnell Square

9 Dublin, Ireland

Tel. +353 (0) 18730700

Fax. +353 (0) 18726523

E-mail: msheridan@rotunda.ie

AN INTEGRATED REHABILITATION PROGRAMME FOR PATIENTS SUFFERING FROM SCHIZOPHRENIA

Bodil Nørregaard Thomsen, Susan Allan

IRP has two aims: it prepares patients for life outside the hospital and prevents frequent readmissions.

IRP offers rehabilitation to ten in-patients and aims to prepare them for daily-life in the community via training in both practical and social-skills.

IRP is based on what we call "The Good Treatment Progression" and we have developed Quality Standards for four key areas:

- Admission
- Treatment Conference
- Activities and Structure
- Discharge

The Quality Standards guarantee a high standard of care and treatment.

1. Admission is preceded by a meeting between the patient, a member of staff who knows them well and our Ward Sister. IRP is presented to the patient, who can then come with their personal wishes for training. This meeting creates motivation and a sense of meaning for the patient.

2. Patients are invited to treatment conferences, where their treatment plan is discussed with the psychiatrist. The patient is met with respect and is able to influence their care and treatment. The treatment plan is regularly adjusted based on ratings from international functional assessments.

3. Central elements in IRP:

Psycho-education of both patients and their families.

A structured weekly programme of activities enables staff and patient to plan training towards individual goals.

The ward environment is designed to establish good daily routines as well as good dietary and exercise routines.

4. The final phase of rehabilitation is used to prepare for discharge. Practical and social-skills achieved on the ward are now integrated into the patient's daily-life outside the hospital. The emphasis is also on building up a personal network.

IRP is adjusted regularly based on the results of systematic surveys of patient satisfaction.

CONTACT:

Bodil Nørregaard Thomsen

Aalborg Psykiatrisk Sygehus, Afdeling E2

Mølleparkvej 10

9000 Aalborg, Denmark

Tel. 0045 96311230

E-mail: Psyk.BNT@nja.dk

TWELVE STEPS FAITH TEACHING PROGRAM FOR THE PATIENTS WITH CHRONIC PSYCHIATRIC DISORDERS

Valius Sruoga

Patients with chronic psychiatric disorders along with specific clinical symptoms (delusions, hallucinations, negative symptoms) have in common that they become egocentric, intolerant, full of fear, guilt and shame. They experience the feelings of uselessness, alienation; they lose faith and hope. These are the symptoms of their ailing souls and the cure is the faith (not in the religious sense of the word). It is necessary to revive and to restore their feeling of self-assurance and the faith in their selves as well as other people. The faith is not a single act, but the evolving process and its main feature is that you cannot restore faith being in solitude, but only with other people and among them. One of the most effective methods, which proves itself in practice is 12 steps program, used by patients with dependence disorders.

In the Center of Psychological Counseling and Psychotherapy of Republican Vilnius Psychiatric Hospital patients with chronic psychiatric disorders are being taught the faith in 12 steps program and are psychotherapeutically counseled individually. The results for the 25 patients taking part in this program are:

No patient had exacerbation of psychic state, which required hospitalization.

Several patients had mild exacerbation, but this was corrected in out-patient service.

20 patients were able to quit the use of psychoactive medication.

There was enhancement of the cognitive functions and behavior.

20 patients have joined various self-help organizations.

Their faith and self-assurance have remarkably improved.

They remain in families, keep working and studying.

The results of 2 years of work with chronically ill psychiatric patients using 12 steps program have proved, that this program deserves its place along with other psychiatric and psychotherapeutic forms of their treatment and rehabilitation.

CONTACT:

Valius Sruoga
Republican Vilnius Psychiatric Hospital
Parko 15
Vilnius, Lithuania
Tel. 370 5 267 03 19
Fax. 370 5 267 15 03
E-mail: v.sruoga@rvpl.lt

SESSION I-7: COOPERATION WITH OTHER HEALTH CARE SERVICES IN ORDER TO ACHIEVE OPTIMUM HEALTH OUTCOMES FOR PATIENTS WITH CHRONIC CONDITIONS

THE INTEGRATED TERRITORIAL DATA SHEET AS A TOOL NEEDED TO CREATE THE ASSISTANCE NETWORK OF THE AUSL HEALTH BOARD OF REGGIO EMILIA

Rosanna Carbognani, Pietro Penna, Adriana Costi, Giulia Calzari

BRIEF DESCRIPTION OF THE PROJECT

The need to assure uniformity, developing a single tool, to overcome the diversities among districts and residential or semi-residential care homes, springs above all from the acknowledgement of one of the biggest problems faced by operators who do not provide continuous assistance to the patients, such as the care continuity doctors.

GOAL AND OBJECTIVES

The scope of the project is to guarantee continuity and uniformity in the care offered to patients living at home or in residential facilities, through the shared use of a tool that assures the communication among the different professional figures. Teamwork and tool sharing are in fact fundamental assumptions in guaranteeing care continuity.

METHODS/ ACTIONS

The AUSL Health Board of Reggio Emilia has developed a single tool for use at territorial level (at home, in sheltered housing, nursing homes, hospices, day centres ...), called the integrated territorial care data sheet, which is currently being experimented in all health board districts and which must be kept at the place of residency/care of the user (at home, in the sheltered structure, etc.), in order to ensure its accessibility to all operators.

The focal point of the sheet is no longer one or more pathologies, but rather the patient's treatment and care programme. This allows the tool to be more easily consulted by all the different professional actors, who must be able to quickly understand the active problems, the patient's symptoms, and the patient's care objectives.

Therefore, in the integrated territorial care sheet some sections are to be completed exclusively for each professional field (medical history, social situation, care needs), but also, and above all, parts that must be completed by several people, as a kind of integrated care-clinical diary or an integrated care plan.

SPECIFIC ACTIONS

The different professional figures must be appropriately trained to be able to use the tool correctly.
The patient must be made responsible for the correct maintenance of the tool.

PRIMARY TARGET

Patients receiving care throughout the territory, in all phases of the care path.

EVALUATION OF RESULTS

This will be carried out by monitoring the process and result indicators in order to verify:

- The correct use of the tool, in particular the correct completion of those parts that are not exclusive to one professional field;
- The improvement of the care quality;
- The reduction in the number of emergency admissions of patients sent by care continuity doctors.

CONTACT:

Rosanna Carbognani
Azienda USL of Reggio Emilia
Via Amendola, 2
42100 Reggio Emilia
Italy
Tel. +39 (0) 522335122
E-mail: rosanna.carbognani@ausl.re.it
WWW address: <http://www.ausl.re.it>

FROM DIAGNOSIS TO INTEGRATED PLANNING IN THE AREA OF AT-RISK PARENTING: A MODEL FOR COLLABORATION BETWEEN HEALTH AND SOCIAL SERVICES

Deliana Bertani, Maria Lorena Ficarelli, Graziella Fornaciari, Gabriella Ghidoni, Rosaria Ruta

BRIEF DESCRIPTION OF THE PROJECT

The Health and Social Services increasingly come up against complex situations which are characterised by a web of sanitary and socio-relational problems and on the borderline of the respective skills. The cognitive references of the professionals involved are put into question. A complex problem is the difficulty in cooperation among Services which provide different services, have different mandates and different organisational structures.

The traditional approach to multi-problematic families, with parents who suffer from severe health and socio-relational hardships and with underage children to support, favours a situation of "social fragmentation" deriving from the tendency of the Services to attend only to one individual, in line with the logic of their specific skills.

METHODS

A group of professionals belonging to different Services in the territory of Reggio Emilia (Clinical Psychology Service, Mental Health Service, Pathological Addictions Service, Women's Health Service, Infantile Neuropsychiatry, Social and Council Health Services) has discussed several emblematic cases, has highlighted the critical states and has prepared a model for integrated planning in the area of at-risk parenting to deal with the whole set of problems within the family. In the integrated planning model, the common point for all the different Services derives from the construction of the problem which substitutes the logic of the skill. Information about the parents and their children is circulated, different points of view are compared, the problem analysis is shared, the family and service resources are networked.

SPECIFIC ACTIONS

In practice, the staff from the different Services, whether already involved or still to be involved in the management of the multi-problematic family, meet right from the start with the representatives of the promoting Group in order to analyse the problems and to share the preliminary remarks which will form the basis of the project of common responsibility. They form a temporary, inter-service organisation whose aim is to formulate work hypotheses, carry out the project, and periodically verify the results.

The operational pathway has been approved by the Director of Services, presented and discussed with all the staff and supported by training initiatives. The model for integrated planning stresses organisational flexibility, communication and the creation of common reference frameworks.

CONTACT:

Deliana Bertani
Azienda USL of Reggio Emilia
Via Amendola, 2
42100 Reggio Emilia
Italy
Tel. +39 (0) 522335087
E-mail: deliana.bertani@ausl.re.it
WWW address: <http://www.ausl.re.it>

IN SELECTED CHRONIC DISEASES, "HOME CARE" MAY REDUCE HOSPITALISATION

Federico Ruggeri, Barbara Clima, Luca Fruggeri, Alessandro Ingardia, Alessandro Gatta, Andrea Tognù

In these years, the increasing importance of the elderly classes of critically ill patients, the clinical weight of chronic diseases and the decreasing level of financial resources imposed a radical change in National Health strategies, with particular attention to increase the levels of Home care.

Our region, Emilia Romagna, noticed the importance of this approach for improving cares to patients with chronic diseases. In critically ill patients, who need therapies and flexible interventions, in terms of intensity of care and assistance, an "Home Care" team, with the help of Hospital medical doctors and nurses, who know these pathologies, may have a really important role.

"Hospital at home" may be cost effective for patients who are relatively independent but who require technical support, such as those receiving intravenous antimicrobial therapy or artificial nutritional support.

Our group was born with the objective of promoting health and well-being in patients undergoing treatment and to ease the therapeutic activity at home..

We have developed some suggestions for the home practice of enteral and parenteral nutrition, as composition of the nutrition team, criteria for selection of patients, methods of self-training, routes of access, follow-up, treatment of complications, materials.

Patients with chronic conditions often benefit from follow-up access by our team: at home, integrated care was delivered by a dedicated and oriented team.

Visits are multiple and interventions are individualized.

We treated 437 patients in Home Enteral and Parenteral Nutrition (1999-2005). It was mainly used in patients with cancer (39%) or brain pathologies (36%).

In enteral nutrition, the most commonly access route is the nasogastric tube, although there is an observed increase in the application of percutaneous gastrostomy (35%).

In parenteral nutrition, we treated mainly cancer and mesenteric ischemia: the majority of patients had central non-tun-
nelled or periferic vein cath (63%), 34% of this group had tunnelled cath.

We take care of 26 patients with Chronic Respiratory Pathologies or Progressive Neurodegenerative Deseases, mainly with mechanical respiratory therapy.

The acute and chronic pain like in neoplatic patients is treated at home, too.

There was an obseved complication index of 1,59 episodes/patient-year and our index of rehospitalization was 3,7 hospitalization/ patient-year.

These values are like those found in many other studies.

Maintaining independence in older people or restoring and encouraging self-management in those with chronic pathologies are models for increasing health-related quality of life and, at the same time, these models may achieve cost savings.

Anyway, it is necessary to underline that better education and greater awareness are necessary to improve the quality of care and the clinical outcome in this group of home-treated patients.

CONTACT:

Federico Ruggeri
Operative Unit of Anaesthesia and Intensive Care - Ausl Rimini
V.Cervi 48
47838 Riccione, Italy
Tel. +39 (0) 541 608660
Fax. +39 (0) 451 608606
E-mail: ruggeri.federico@libero.it

THE ATTITUDE OF THE CITIZENS'OF SIAULIAI TOWARDS THE PREVENTION OF CHRONIC NONCOMMUNICABLE DISEASES ON THE LEVEL OF GP'S INSTITUTION

Rezgiene Loreta Rasute, Mazeika Remigijus

THE INTRODUCTION

Increasing percentage of chronic noncommunicable diseases in ratings of morbidity has formed a necessity of management of these diseases. Evidence based on the effectiveness of prevention means and dependence of chronic noncommunicable diseases on community health awareness determinates the possibilities of management of chronic noncommunicable diseases.

THE AIM

To evaluate the attitude of citizens' of Siauliai towards the prevention of chronic noncommunicable diseases on the level of GP's institution.

THE OBJECTIVES

to evaluate the needs of prevention of chronic noncommunicable diseases of the citizens' of Siauliai to compare the attitude of citizen's of Siauliai towards prevention of chronic noncommunicable diseases on public and private GP's level.

METHODOLOGY

The anonymous questionnaire of 933 citizens' of Siauliai was carried out in May-April, 2005 in order to find out the need and their attitude towards chronic noncommunicable diseases prevention both at public and private GP's institutions. The respondents were asked about the need of and prevention means of such chronic diseases like diabetes, glaucoma, hypertension, cancer and about implementation of the prevention means at GP's.

RESULTS

The respondents related to private GP's institutions more frequently turned for regular check up, for advices on healthy lifestyle and nutrition, for prevention of diseases (25,3%) than related to public (17,5%). While for other reasons, such as treatment of disease, investigation, prescriptions, respondents related to public GP's institution turned more frequently than respondents related to private one.

32,3% respondents related to private and 21,3% respondents related to public GP's institution stated, that they get sufficient information how to avoid the chronic noncommunicable diseases. 26,5% of all respondents stated, that information they get was get insufficient, and 12,5% stated, that they were indifferent to information receiving.

29,3% of respondents related to private and 26,1% related to public GP's institution stated, that in the last two years they were suggested to check the level of cholesterol, whereas 48,4% of respondents related to private and 58,9% related to public GP's institution stated, that they were not.

28,2% of respondents related to private and 15,5% related to public GP's institution stated, that in the last two years they were suggested to check up for cancer, whereas 52,4% of respondents related to private and 68,6% related to public GP's institution stated, that they were not.

CONCLUSIONS

Majority of the respondents would like to know how to avoid the chronic noncommunicable diseases, but only 1/5 of the respondents turn to GP's for regular check up and information on prevention means of chronic noncommunicable diseases. The control (prevention) of chronic noncommunicable diseases is being carried out more actively in private GP's institution than in public.

CONTACT:

Jonaitiene Birute
Siauliai Hospital Oncology
Darzelio 10
76307 Siauliai, Lithuania
Tel. +370 41 526430
Fax. +370 41 526432
E-mail: onkoklinika@takas.lt
WWW address: <http://www.ligonine.su.lt>

PRIMARY CARE CENTRES: PROVIDERS OF PREVENTIVE AND PROMOTIVE CARE

Misra Preeti H.

This retrospective study has been done on a population living in remote area and all the three levels of medical care provider hospitals (primary, secondary and tertiary) have been taken into account. Objective is to evaluate which type is most effective in integrating treatment, care, prevention and health promotion for chronic diseases.

Records of patients were checked to find out quantum of all types of services (treatment, care, pervention and health promotion) provided to patients.

It was found out that hospital records available in primary care centre was elaborate and doing a lot, as far as prevention and promotion is concerned for particular community which it was catering. Off course there is only one hospital looking after primary health care.

Secondary and tertiary care centres had expertise and were concerned only about particular patient and particular disease. They look after a large and varied population and did practically nothing for prevention and health promotion.

Integration of treatment, care, prevention and health promotion for chronic diseases is best possible in hospitals/health centres providing primary care and in those health centres situated near community which they serve. Reason for this is

as explained-only primary care centres can take care of preventive and health promotion aspects in addition to treatment and care because these centres can reach the population whenever need is felt. Secondary and tertiary care centres are far away from population which they cater. Further primary care centres are geared to take care of health promotion and prevention. This can be substantiated by examples. Outcomes achieved are most of the times best not only optimum.

CONTACT:

Misra Preeti H.
D-63, P.O. Iffco Township
243403 Dist. Bareilly, U.P., India
Tel. +91 5812403401
Fax. +91 5812404227
E-mail: hsmisra@iffco.nic.in

**THE SELF-HELP/MUTUAL AID AS A SOCIAL LABOUR INSTRUMENT AND ON HEALTH PROMOTION:
THE EXPERIENCE ON THE HEALTH PROJECT**

Patrizia Beltrami, Michele Filippi, Maria Rosa Degli Esposti, Paola Furlini, Monica Marchesini

The approach of the self-help/mutual aid is based on the belief that the group holds significant potential to promote reciprocity of aid among its members. A mere group of people cannot automatically be considered as a source of real mutual aid based on reciprocity. In addition to the notions of the typical dynamics of a small group, obtaining mutual aid requires the capacity to make the most of the hidden positive potential of the group processes.

The initiative began in December 2003 in the realm of a project plan for the health situation of Bologna and its province. The project plans for the health sector, as provided for by the PSR 1999-2001, are worked out by the city or town councils in collaboration with health institutions. They define the specific health needs, objectives and intervention in health promotion and the prevention of illnesses that require urgent attention within the area. These project plans apply to inter-sectorial operations intended to act on factors responsible for the health conditions of the public and the community, and they are backed by a joint effort between the public institutions and the members of the community. In this way, they represent a tool of shared programming.

The implementation of the self-help/mutual aid is being utilised as a tool of support in relational duties as well as in the promotion of social welfare. Presently, the network has fifty (50) groups that deal with thematic areas, namely, mental health, drug addiction, dementia, parenthood, adoption and fosterage, organic illnesses, nutritional problems, obesity, loneliness, couples problems, work-related problems and others.

Experiences with different stories meet in the network of resources. And although they are not taken in through a single methodology, they become united by the importance of sharing each other's resources, and by the assumption of responsibility in facing with others one's own real problems. The evaluative approach takes into consideration the fact that if the aim of a self-help/mutual aid is to help people in helping one another, then these people have the right to evaluate whether it is effective or not.

Such does not preclude a professional analysis: the point is that, both the transformation of a mere group into a system of self-help/mutual aid as an undertaking that everyone engages in, and the evaluation of the success of this initiative, ought to represent a common and shared process.

Since the self-help/mutual aid forms both a process (related to the growth of aid exchanges) and a result (the aid that is received by way of this system dynamics), the evaluative approach, on one hand, measures how the process of team formation reflects the dynamics of help, and on the other, how much help the members perceive from such process. Both of these two extents are closely interrelated.

CONTACT:

Patrizia Beltrami
Local Health Unit of Bologna
Via Seminario 1
40068 San Lazzaro di Savena
Bologna, Italy
Tel. +39 (0) 516224228 or 330
Fax. +39 (0) 516224406
E-mail: p.beltrami@ausl.bologna.it

GRACER: A REGIONAL NETWORK OF COORDINATED REHABILITATION SERVICES FOR THE SEVERELY BRAIN-INJURED PERSONS

Salvatore Ferro, Alessandra Maietti, Paolo Boldrini, Piera Pallazzoni, Stefano Liverani

OBJECTIVE

To describe the rehabilitation network implemented in the Emilia-Romagna Region (Northern Italy, 4 million inhabitants) for severe brain injury (SBI) survivors.

BACKGROUND

Each year 40-50 persons/million in the Emilia-Romagna Region are affected by SBI (brain damage of traumatic, vascular or anoxic aetiology followed by a coma lasting >24 hours), requiring comprehensive inpatient rehabilitation after discharge from intensive care or neurosurgical units. In most cases SBI results in long-term disability requiring rehabilitation beyond the in-hospital acute stage. Prompt availability of appropriate rehabilitation services throughout all the stages following SBI is strongly needed to minimize disability and facilitate social function. To address these issues, the Emilia-Romagna Region Health Authority implemented a network of public and private rehabilitation services based on the "Hub and Spoke" model of care, called "GRACER Project".

PROJECT DESCRIPTION

The regional SBI rehabilitation network includes:

One highly specialized SBI unit (Hub unit) aimed at: 1) admitting severe patients from the regional acute units, whenever appropriate rehabilitation services are not available locally in the "spoke" centres; 2) providing consultation to the "spoke" centres and enhancing competences of the local rehabilitation teams; 3) coordinating the network services during the patients' transfers, in order to ensure appropriate interventions close to the patient's place of residence; 4) creating and maintaining a regional SBI database; 5) promoting clinical research on SBI.

Local rehabilitation units ("spoke" units) aimed at: 1) providing early rehabilitation during the patients' stay in the ICU or neurosurgical units; 2) providing acute and postacute inpatient and/or outpatient rehabilitation, when the patients can be cared for without transfers to the "hub" unit; 3) collaborating with all the other network units in providing appropriate clinical pathways (timely transfers from and to different services, transfers of information); 4) collaborating in data collection for the regional database and in research programs.

Intermediate rehabilitation units ("hub/spoke" units): local rehabilitation units with experience in the field of SBI rehabilitation, operating as a "spoke" with the specialized "hub", and, in turn, as a "hub" with local spokes.

CONTACT:

Salvatore Ferro
Emilia-Romagna Region Health Authority
Viale Aldo Moro 21
40127 Bologna
Italy
Tel. +39 51 6397268
Fax. +39 51 6397063
E-mail: sferro@regione.emilia-romagna.it
WWW address: <http://www.gracer.it>

POPULATION'S ASSESSMENT OF THE QUALITY OF OUTPATIENT HEALTH SERVICES IN LITHUANIA

Liudmila Dregval, Irena Miseviciene

THE AIM of the study is to assess the opinion of Lithuanian adult population about the quality of outpatient health services.

METHODS

A national random sample of 2,500 Lithuanians aged 18 years and older has been taken out of the National Population Register. The questionnaires were filled-in by 1,746 persons (response rate - 71.5%).

RESULTS

66.4% of respondents reported they have received health care at an outpatient health facility in the last 12 months. Women visited a doctor more frequently than men, older inhabitants more frequently than younger did. 59.5% of respondents answered they always got care as soon as they wanted. Patients' opinion about the quality of primary health care services

depended on how well doctors, nurses or other health care providers communicated with them, i.e. whether patients were treated with respect and dignity, whether they were listened carefully, whether they were explained things understandable, how often they were involved to take part in deciding about the care, and how often they were asked for their agreement to start a treatment or tests by doctors, nurses or other health care providers, etc. Overall, 73% of respondents reported that health care providers communicated with them good or very good. Older people assessed communication with doctors, nurses or other health care providers better than younger did. In the oldest age group 81.2% of respondents rated their partnership with health care providers as good or very good. In the youngest age there were only 63.2% of respondents reported their communication with doctors, nurses or other health care providers as good or very good.

CONCLUSION

The data of population opinion about communication and partnership with health care providers could be used improving quality of health services and dealing with health promotion problems.

CONTACT:

Liudmila Dregval
Institute for Biomedical Research of Kaunas University of Medicine
Eiveniu 4
LT 50009 Kaunas
Lithuania
Tel. +370 37 302965
Fax. +370 37 302959
E-mail: dregval@vector.kmu.lt

SESSION I-8: SMOKE-FREE HOSPITALS

BELGIUM FRENCH COMMUNITY: INTEGRATION OF HEALTH PROMOTION STRATEGIES IN SMOKE FREE HOSPITAL NETWORK

Jacques Dumont

This presentation will propose different ways to integrate the health promotion strategies for the thematic approach of Smoke free hospital. The 10-points of the Smoke free hospital European code are widely improved in a lot of Belgian hospitals. Based on the annual self-audit completed by more than 50% of the hospital, we can assess the development of patient smoking management (increasing the interest of patient to stop smoking, helping people to stop smoking), staff member smoking management, environmental modifications, training for staff,.

The integration of health promotion strategies (participation, community action, environmental,..) shows the way of development for next years. The recent law (January 2006) who prohibit smoking at work help us to implement all this strategies.

CONTACT:

Jacques Dumont
Fares
Rue de la Concorde, 56
Brussels
Belgium
Tel. +32 2 512 29 36
E-mail: jacques.dumont@fares.be
WWW address: <http://www.fares.be>

AUDIT OF SMOKE FREE POLICIES IN 1157 EUROPEAN HOSPITALS

Bertrand Dautzenberg

The ENSH self-audit QS is a very important tool for the implementation of a smoke-free hospital, as it helps to identify areas needing attention, provides a guide for policy development, by administrating it periodically ensures that progress is kept on track and rewards continuous improvement by categorising the hospitals' progress under four levels, i.e. membership, bronze, silver and gold.

METHODS

The self audit QS covers 33 items, gathered in 9 main sections. The maximum score is 102 points. In 2005, the degree of implementation of smoke free policies in the hospital setting was analysed by means of the ENSH QS in 1157 European hospitals from France, Germany, Ireland, Spain, Slovenia, Finland, Romania, Portugal and Belgium. The data synthesis and analysis has been conducted by ENSH.

RESULTS

The highest average score has been reported in Ireland (84.3), a country with a long experience in smoking prevention and a total smoking ban in hospitals. The lower score comes from Germany (36.1), a country that has recently adhered to the ENSH network. A comparative study of the mean score of ENSH members and non members has reported a higher mean score of hospital members, 55 against 35 for the non members. For hospitals having participated in previous evaluation, an improvement of individual hospital's score has been reported.

CONCLUSION

ENSH audit QS is easy to perform and enables the monitor, review and follow up of the progress made in the implementation of smoke free policies within all 25 European countries.

CONTACT:

Bertrand Dautzenberg
Office Français de Prévention de Tabagisme
66 boulevard Saint Michel
75006 Paris, France
Tel. +33 (0) 1 43 25 19 65
E-mail: bertrand.dautzenberg@psl.aphp.fr
WWW address: <http://ensh.aphp.fr>

THE PROTECTION OF THE NONSMOKERS

Dalibor Petras, Stefan Petricek, Zora Bruchacova

The Slovak Republic had been the seventh country in the world to ratify the WHO framework for the tobacco control (2003).

The authors will present some shocking (or not so) official data, concerning the increasing tendency to smoke in the younger generation, with the increasing tendency in the girls and the women, despite the fact that approximately 1/3 of the smokers try to quit the smoking, (but only up to 5 % of them succeed).

Knowing that in the year 2004 the smokers in the Slovak Republic had formed 41 % of the adult population (85 %, according to the Guidelines for the smoking cessation and the treatment of the nicotine addiction, being addicted), we had decided - as the member of the national and international network of the HPH Hospitals - to widen this activity to the community, outside the walls of our Hospital.

OUR AIM is - with the help of the media (both local and national, printed and electronical) - to intensify the screening of the risk groups. Using the Internet page (with simple Fagerströmov test) we are trying to bring the attention of the whole population to the smoking addiction and its consequences. In the routine daily practice (both in our in - and out - patients facilities) , we try to influence our selective population of the people with the respiratory diseases to quit the smoking, regardless of the cause of their disease.

Outside of the walls of our Hospital we try to approach the generation of the teenagers, by collaborating with the high schools in the Nitra district. The aim in this area is to map the situation, to identify the most sensitive points and places of the nicotine addiction and to react consequently.

CONTACT:

Stefan Petricek
Specialized Hospital of Saint Zoerardus
Klastorska 134
949 88 Nitra, Slovak Republik
Tel. +421 37 6513 133
Fax. +421 37 6510 616
E-mail: sekretariat@snzobor.sk
WWW address: <http://www.snzobor.sk>

IMPLEMENTATION OF THE ENSH SMOKE FREE HOSPITAL CONCEPT IN CENTRAL AND EASTERN EUROPEAN COUNTRIES

Sibylle Fleitmann, Ariadni Ouranou, Anne-Marie Schoelcher, Ann O'riordan, Bertrand Dautzenberg

Taking into account the high smoking prevalence, hospitals in Central and Eastern Europe have a particular interest to reduce the use of tobacco and its deleterious health effects. Since 2003, the European Network of Smoke free Hospitals (ENSH) has extended its activities to the countries of Central and Eastern Europe with a view to facilitate the implementation of a smoke free hospital concept by addressing them in a realistic and achievable manner.

In collaboration with the HPH network co-ordinators and national representatives of the European Network for Smoking Prevention, key leaders were identified in Lithuania, Estonia, Hungary, Slovenia, the Czech Republic and Romania to carry out pilot activities. Depending on the specific tobacco control situation in each country and the public awareness on the dangers of smoking, the ENSH concept is in different stages of implementation ranging from an informal exchange of information to the development of concrete action plans and the establishment of specific health targets.

The poster will present the current stage of development in the 8 new EU countries and Romania using following indicators:

- national smoking prevalence
- tobacco control legislation
- information activities - structural development
- implementation of the ENSH 10 point standard to become a smoke free hospital
- use of the ENSH self assessment questionnaire
- use of the ENSH questionnaire to assess staff smoking status

Currently, Lithuania, Estonia and Slovenia are actively implementing the ENSH concept. Hungary and the Czech Republic are in the process of identifying a pilot hospital. Active partners could not be identified in Poland, Latvia and Slovakia.

CONTACT:

Sibylle Fleitmann
European Network Smoke Free Hospitals
Union Gewerbehof Huckarderstr 10-12
44147 Dortmund
Germany
Tel. +49 231 7255964
Fax. +49 231 7255965
E-mail: s.fleitmann@gmx.de
WWW address: <http://ensh.aphp.fr/>

HEALTHCARE STAFF, EDUCATION AND COUNSELLING, SETTING A GOOD EXAMPLE. THE SMOKE-FREE HOSPITAL PROJECT

Stella Boaretto, Elisabetta Poli, Ester Delsante, Sandra Bosi, Angela Accardo, Eletta Bellocchio, Anna Maria Ferrari, Danilo Orlandini

BRIEF DESCRIPTION OF THE PROJECT

The smoke-free project in the Montecchio-Hospital takes place within the application of the HPH-WHO manual for the implementation of standards and indicators for health promotion in hospitals. The staff-members who smoke were 33.1% and have been involved in the stop-smoking programme. In the field of anti-smoking counselling, setting a "good example" could determine the achievement of the result.

GOAL AND OBJECTIVES

The realisation of a smoke-free environment in our hospital and the promotion of health education through setting a good example.

METHODS/ACTIONS

Individual and group behavioural therapy, with the participation of experts from the voluntary associations, with also counselling and substitute pharmacological therapy have been used with the staff who smoke. All staff carry out anti-smoking counselling on smoker patients in every ward, and register in the medical records. Plans are being drawn up for direct awareness campaigns and reinforcement of the educational initiative on patients by distance recall.

SPECIFIC ACTIONS: Specific staff training courses, patient information-education, cultural/organisational change, revision of procedures etc.

PRIMARY TARGET

Nurses who spend much of their time with patients, both in the wards and in the outpatient services.

EVALUATION OF RESULTS

Evaluation of the registration in the medical records is underway. The results expected shortly(1 year) are -5% of health-care staff who smoke; the smoking-addiction registration in the medical records and the implementation of anti-smoking counselling on hospitalised smoker-patients.

CONCLUSIONS

The educational and training programmes carried out and the material produced must be used to reduce the number of healthcare staff who smoke and, at the same time, to exploit the educational skills acquired for counselling patients. The creation of collaboration initiatives in the network throughout the outpatient services will also enable the evaluation of the long-term impact in terms of people addicted to smoking.

CONTACT:

Danilo Orlandini
Reggio Emilia Health Authority - Montecchio Hospital
Barilla, 16
42027 Montecchio (RE), Italy
Tel. +39 522335440
Fax. +39 522335120
E-mail: Danilo.Orlandini@ausl.re.it
WWW address: <http://www.ausl.re.it>

SMOKE-FREE HOSPITALS PROJECT IN LITHUANIAN HPH NETWORK

Aurelijus Veryga, Daiva Vainauskaite

Lithuania has already more than 10 years old traditions in smoke-free environment work. There is legal basis since year 1996 for smoke-free hospitals movement. Lithuanian Tobacco control law says that "1. It shall be prohibited to smoke (consume tobacco products) in the Republic of Lithuania as follows: 1) in all educational institutions, healthcare institutions and areas thereof, internet cafes (internet clubs etc.), also in premises where sports competitions and other events take place;).

A group of Kaunas Medical University and KMHU professionals developed a model including a well defined stepwise progress (9 steps) towards a total tobacco-free hospital for staff, patients and relatives. While implementing this project were prepared 9 steps for implementation:

- To declare the decision of the head of the hospital about implementing the "Tobacco-free hospital" concept in the hospital.
- To post signs banning smoking in the hospital.
- To equip special rooms for smoking.
- To evaluate the prevalence of smoking and attitudes towards smoking regulation policy in hospital among medical staff.
- To prepare a skilled specialist who could give assistance in smoking cessation techniques.
- To set up a consulting room for smokers who want to give up smoking.
- To train medical staff to encourage and help smokers with giving up tobacco.
- To organise and participate in events targeted against smoking (The competition "Quit and win", "World No Tobacco Day").
- To publish and distribute material and information warning about harmful effects of smoking.

Majority of steps were implemented in Kaunas Medical University Hospital. There was more HPH network hospitals participating in project. While implementing project-training seminars for hospitals co-ordinators were organised and smoking cessation guidelines in Lithuanian prepared and published.

The results indicated that non-smoking policy is well accepted by HPH hospitals and further development of these activities is needed in Lithuania.

CONTACT:

Aurelijus Veryga
Kaunas University of Medicine
Institute for Biomedical Research
Eiveniu g. 4
LT-50009 Kaunas, Lithuania
Tel. +370 614 05997
E-mail: aurel@centras.lt

SMOKING CESSATION - AN IMPORTANT PART OF TREATMENT

Leena Järvi, Maritta Kilpeläinen, Päivi Grönroos, Eeva Nordman

It is very important for patients with pulmonary and cardiovascular diseases to stop smoking, and for many patients with cancer as well. In our hospital a special unit for cessation of smoking was established at the Department of Pulmonary Diseases in 1998.

Group counselling is offered for all patients who smoke. The program includes a survey of their smoking habits and the test of Fagerström. Five to ten patients meet six times in five weeks and one more time after four weeks. Discussions are held concerning tobacco and diseases and nutrition and how to succeed to live without tobacco. The members of the group support each other.

After six months the smoking habits, spirometry, carbon monoxide and the quality of life are controlled. The quality of life is determined by the 15D-evaluation form.

284 patients with pulmonary diseases were followed for six months after group counselling. 110 were women and 174 men. 39 % were below the age of 50, 30 % at age 50-59, and 22 % 60 years or older.

The cessation rates were 34.4 %, 39.9 % and 48.6 %, respectively. In total 40.5 % stopped smoking, 39 % of men and 41 % of women.

Almost all of the patients were highly addicted according to of the Fagerström scale (at least 6/10 points). 171 used nicotine replacement therapy.

Patients who stopped smoking had used nicotine replacement therapy for 3.5 months (mean) and those continuing smoking 2.9 months.

Support for smoking cessation for hospital outpatients is an important task included in the treatment. Group counselling seems to be effective in all age groups and especially in the elderly.

CONTACT:

Eeva Nordman
University of Turku
Department of Pulmonary Diseases
Kiinamyllynkatu 4-8
20520 Turku
Finland
Tel. +358 2 3130000
E-mail: eeva.nordman@utu.fi

SESSION I-9: MONITORING, EVALUATION , REPORTING AND RESEARCH ON HPH INTERVENTIONS- 1

BENEFITS OF A SHARPS AWARENESS EDUCATION PROGRAMME IN A DUBLIN TEACHING HOSPITAL

Maura Cagney, Blanaid Hayes, Monica Donnelly, Ciara McGowan

INTRODUCTION

Occupational blood exposures present a significant risk to healthcare workers. Many are preventable by proper adherence to Standard Precautions. Beaumont Hospital, Dublin has experienced a gradual increase in reported incidents in recent years. It is believed that this is attributable to greater awareness of the problem and better reporting especially by the trainee doctors.

AIM

The main aim of the programme was to improve practice in relation to prevention and to further enhance reporting of incidents. OH undertook to educate staff on prevention, management and reporting of all occupational blood exposures.

YEAR 1

PROMOTION

All managers were notified by email of the forthcoming weeklong educational programme. It was advertised in the hospital newsletter (hard copy and Intranet).

METHODOLOGY

- A stand was erected outside the hospital canteen at lunchtime (4 days) which was manned by Occupational Health (OH) and Infection Control (IC), with posters on needlestick statistics, prevention and management.
- A pocket-sized card outlining exposure management was introduced to staff.
- A rolling programme of talks was delivered adjacent to clinical areas.
- Staff participation was encouraged with a quiz with sponsored prizes.
- The OH and IC staff wore T-shirts with needlestick prevention logos to further emphasise the point!

OUTCOME

A total of 118 staff (largely non-clinical) attended prearranged talks. Efforts by the OH team to engage clinical staff at a local level were fruitless, as they were 'too busy'. We were disappointed at the level of engagement of staff with our preliminary intervention (year 1) and felt there were opportunities for improvement.

YEAR 2

PROMOTION

In addition to Year 1 activities, personal invitations were sent to all managers (extended to their staff) to attend talks. OH highlighted management's legal responsibility and the unfavourable outcomes of recent hospital audits in sharps safety. Health and Safety and IC teams were invited to assist OH in promoting and delivering the campaign.

METHODOLOGY

Stands outside the canteen as before.

Formal talks to non-clinical staff as before. Having had poor attendance by clinical staff the previous year, we arranged short sharp education sessions adjacent to clinical areas.

Sharps quiz with prizes as before, only for those who attended education talks.

New sharps safety devices were launched

OUTCOME

The 2005 campaign was much more successful with approximately 400 staff engaging in education sessions. Positive feedback was received on rolling education sessions, which OH will use as a model for future programmes.

CONCLUSION

The objective of workplace education programmes is to engage employees in a manner which will lead to behavioural changes which will impact on the safe handling of sharps with consequent reduced occupational blood exposure. This experience shows how a multidisciplinary approach tailored to staff needs resulted in a higher level of engagement by staff. It remains to be seen whether this will be translated into better compliance with Standard Precautions and reduced exposures. This will be analysed following our Sharps programme in 2006.

CONTACT:

Maura Cagney
Occupational Health Department
Beaumont Road
Dublin 9
Ireland
Tel. +353 (0) 1 8093273
Fax. +353 (0) 1 8092315
E-mail: mauracagney@beaumont.ie

HPH BALANCED SCORECARD

Brigitte Bergmann-Liese, Hans Alsen, Babette Dietrich, Werner Schmidt, Hans-Joachim Standke

A regional working group of the German HPH network developed a Scorecard which addresses the specific key themes of health promotion. We are five authors, all working in different HPH hospitals in the region Berlin / Brandenburg. In a process of about half a year, we collected our different organisational strategies and experiences, focussed main strategic HPH goals within the system of a Balanced Scorecard.

This Balanced Scorecard (BSC) is mainly meant to be included in a comprehensive BSC of hospital. It lists proposals for different approaches to implement health promotion and is meant to be adjusted to specific needs of an health promotion hospital. It is a collection of ideas how health promotion could become part of the day to day practice in hospital.

It can help:

to integrate specific health promotion goals in the own overall strategy

to communicate health promotion strategies within the hospital

CONTACT:

Brigitte Bergmann-Liese
Schlosspark Klinik Berlin
Heubner Weg 2
14059 Berlin
Germany
Tel. +49 (0) 30 32641375
Fax. +49 (0) 30 32641600
E-mail: brigitte.bergmann-liese@schlosspark-klinik.de
WWW address: <http://www.schlosspark-klinik.de>

THE CLINICAL PATHWAY IN THE PROMOTION OF QUALITY HEALTH CARE TO PATIENTS SUFFERING FROM THORACIC PAIN

Gianpaolo Gambarati, Duilio Braglia, Lorena Franchini, Gabriele Desimoni, Enrichetta Bianchi, Paola Nasi, Danilo Orlandini

BRIEF DESCRIPTION OF THE PROJECT

Patients suffering from chronic diseases often have acute attacks. In cardiovascular diseases, thoracic pain should never be neglected, and even when due to non-dangerous causes (frequent in the elderly), it creates a state of worry and anxiety which can provoke real malaise.

GOAL AND OBJECTIVES

In order to create an effective setting in which one perceives the constant attention of the staff to the needs of the individual, in an environment which values the skills of each individual professional, we have defined a clinical pathway integrating the emergency department, cardiology, brief intensive observation and hospital wards, for patients who come to the emergency department with thoracic pain which does not require immediate hospitalisation in the cardiology unit.

METHODS/ACTIONS

The patient undergoes the urgent examinations in the reception unit, then is transferred to the brief intensive observation unit (OBI), with the medical report detailing all the procedures undergone up until that moment. Here the professional nurse and the internist pay special attention to the well-being of the patient and act to reduce worry and anxiety. At the same time, they explain to the family the necessary measures for their relative and the follow-up which will consist of frequent telephone calls, if at the end of the observation period the patient is discharged. Every six hours and for 24 hours, a standard re-evaluation of the situation is carried out, after which a decision is taken as to whether the patient should be hospitalised or discharged.

PRIMARY TARGET

The patient who comes to the emergency or cardiology department with thoracic pain, for which immediate hospitalisation for acute ischemic cardiopathy is deemed unnecessary, enters this pathway.

EVALUATION OF RESULTS

All the pathway is monitored by purposely prepared documentation available in the emergency department, in the cardiology department and in the OBI.

CONCLUSIONS: The clinical pathway definitely improves the caring process and the patient's perception of receiving good quality service; we will also seek to demonstrate improvement in the outcomes.

CONTACT:

Daniilo Orlandini
Reggio Emilia Health Authority, Scandiano Hospital
Martiri della Libertà, 6
42019 Scandiano (RE)
Italy
Tel. +39 522335440
Fax. +39 522335120
E-mail: Daniilo.Orlandini@ausl.re.it
WWW address: <http://www.ausl.re.it>

IDENTIFICATION OF LEGIONELLA IN THE HOT WATER SUPPLY OF A GENERAL HOSPITAL IN ISFAHAN, IRAN

Ali Asghar Neshat, M.R.Shahmansouri

BACKGROUND

Legionella is a gram negative, aerobic, and sporeless bacterium which is readily found in ventilation systems, cooling towers, hot water distribution systems, bathrooms, swimming pools, and fountains. Legionella is implicated in the legionnaires' and Pontiac fever diseases. Hospitals are common habitats for the bacterium, where the bacterial growths are amply found and that provide the most likely places for susceptible people to contract the diseases. Given the importance of Hospitals in this regard, this survey was carried out in a General Hospital in Isfahan, Iran.

METHODS

For the purposes of this study, a total of 30 samples were taken according to standard methods from hot water distribution system at various points in the kitchen, the bathrooms, the internal distribution system, and the cooling towers (8, 8, 8, and 6 samples, respectively). After that temperature, pH, and residual chlorine of samples were determined, the samples were transferred to lab where they were inoculated on a base medium of BCYE-a and two selective media of GPVA and CCVC. The plates were then incubated at a temperature of 37 °C and a humidity of 90%. The colonies were then identified and counted.

RESULTS

The tests showed that 11 from the total 30 samples were contaminated with Legionella, accounting for 36.6% of the samples. The numbers of Legionella positive samples from the kitchens, bathrooms, internal distribution system, and cooling tower were 4, 3, 3, and 1, respectively. From the total 30 heat and acid pretreated samples inoculated on base and selective media, 36.6%

were Legionella positive while from the untreated samples, 6% grew on the base medium and 23% on selective media. Total mean of residual chlorine was 0.25 mg/l, pH= 7.6, and average temperature was 31.1 °C. The results of biochemical tests Blood Agar, Catalz, Urea agar, Gelatin agar, Motility, and gram staining were -, +, -, +, +, and -, respectively. In addition to these tests, Legionella colonies were identified by Direct Fluorescent Antibody (DAF).

CONCLUSION

The results indicate that temperature is a critical factor in Legionella sp.'s proliferation. The hot water in hospitals can provide a suitable media for Legionella. An average 0.25 mg/l of residual chlorine showed to have no effect on disinfecting the bacterium, then it is necessary to attention this matter in hospitals where susceptible patients and staff are there. The cooling towers and ventilation systems can distribute the bacterium in hospitals, then we must goodly control the water of these systems. This study shows that even bathrooms and kitchens water in hospitals can lead to disease of legionella. Finally, the results of this search shows that the hospitals environment can lead to Legionella disease, and in doubtful cases we must sample from patients and inoculate them on the base and selective medias for Legionella identification.

Keywords: Legionella, water supply, hospital disease.

CONTACT:

Iraj Zareban
Medical University of Zabol
Ferdousi
Zabol
Iran
Tel. +98 (0) 9155421276
Fax. +98 (0) 542223943
E-mail: Neshat0511@yahoo.com

POSTER SESSIONS II:

Friday, May 26, 2006, 10.30-11.15

SESSION II-1. THE NEED FOR ACTION ON CHRONIC DISEASES: MODELS FOR TACKLING CORONARY AND CARDIO-VASCULAR PROBLEMS**INITIAL EFFECTS AFTER A FIRST-EVER STROKE**

Daina Kranciukaite, Diana Sopagiene, Daiva Rastenyte, Egle Milinaviciene

PURPOSE: to evaluate the outcomes of stroke during the first three months of illness.

OBJECT

331 men and women of Kaunas with the incident stroke during 1997.

METHODS

Prospective 3 month follow-up within the framework of the EU BIOMED-2 programme.

RESULTS

The average age of the patients was 69.8 ± 0.64 year (68.1 ± 0.99 years of men and 70.8 ± 0.89 years of women). 79.3 per cent of men and 78.7 per cent of women (Log-Rank=0.01; $p=0.9$) survived three months after the index stroke. During the study period, 11 patients were hospitalized repeatedly: 7 patients (3 women and 4 men) due to the worsening of health status, 4 - due to the recurrent stroke (one of these four patients died because of the recurrent stroke). Functional status of the female stroke patients as determined by the modified Barthel scale was worse than that of male stroke patients as at discharge as well as at three months after the stroke onset ($p<0.05$). Functional status of the patients who have had rehabilitation in hospital or during the first three months after the index stroke was improved by 1.71 ± 0.33 points on average ($p=0.006$). Functional status of the patients without rehabilitation has not changed (0.34 ± 0.51 points, $p>0.05$). During the three months of the follow-up there was an increase in the proportion of patient who was independent in their daily life activities.

CONCLUSION

Our data confirms that early rehabilitation should be applied for every stroke patient.

CONTACT:

Daina Kranciukaite
Institute of Cardiology, Kaunas University of Medicine
Sulikeliu 17
50161 Kaunas
Lithuania
Tel. +370 37 30 28 85
E-mail: daina.kranciukaite@med.kmu.lt

STROKE CARE ASSESSMENT IN TWO KAUNAS HOSPITALS

Diana Sopagiene, Daiva Rastenyte, Egle Milinaviciene, Daina Kranciukaite

BACKGROUND

Stroke is a major disease of socioeconomic and Public Health importance in the ageing populations of Europe. It is the third most common cause of death and most common cause of adult physical disability. It is important to examine the role in stroke care of support provided by hospital and community health services and by patients and their caregivers. So, the aim of this study was to evaluate the volume of medical care devoted to the stroke patient in the Kaunas, Lithuania.

METHODS

All first-ever stroke patients admitted to the two Kaunas city hospitals were registered. Data collection was performed according to the requirements of the EC BIOMED-2 Program "Towards cost-effective stroke care" and using the standardized questionnaires.

RESULTS

All together, 331 stroke patient (121 men and 210 women) were enrolled into the study. Mean age of the patients was 69.8 ± 0.64 years. Of all patients, 52% were admitted to the hospital during the first 6 hours of illness, and more than two thirds – during the first 24 hours. More than 85% of the stroke patients were hospitalized into the general neurological wards. Computed tomography was performed for only one third of all analyzed stroke patients. More than two thirds of patients did not undergo any of the possible neurodiagnostic procedures. During the hospital stay, rehabilitation was started for 53.2% of patients. Of all survived patients (83.5%), 29.9% were discharged to the rehabilitation unit.

CONCLUSION

Medical care for a stroke patient appeared to be of rather moderate level: delay time to the hospital medical care was too long, proportion of diagnostic examinations performed was too low, and the volume of rehabilitation and social services was not sufficient. Results presented should help to improve the quality of care of stroke patient as well as to allocate the resources in more effective way.

CONTACT:

Diana Sopagiene
Kaunas University of Medicine, Institute of Cardiology
Sukileliu str. 17
50009 Kaunas
Lithuania
Tel. +370 37 302886
Fax. +370 37 302872
E-mail: diana@kmu.lt

EFFECTIVE INTERVENTIONS FOR PROMOTING CARDIOVASCULAR HEALTH IN KAUNAS UNIVERSITY HOSPITAL CLINIC OF CARDIOLOGY

Remigijus Zaliunas, Lina Jancaityte

BACKGROUND AND AIM

Cardiovascular diseases are the main cause of all the deaths (54.5 %) in general population in Lithuania. The promotion health on population level led to a strategic decision to implement integrated program on cardiovascular prevention.

METHODS

The actual literature with regard to effectiveness and efficiency of evidence based behavior intervention programs for promoting cardiovascular health has been analyzed. The program was started in Kaunas University Hospital Department of Cardiology followed by systematic health education and other necessary diagnostic and therapeutic interventions. The program was categorized into six main topics: physical activity, nutrition, smoking, alcohol abuse, role of psychosocial factors, hypertension. Two doctors and two nurses work with patients in local group work and sessions.

RESULTS

78 patients measured their own cardiovascular risk index consisted of body mass index, total serum cholesterol level, blood pressure, smoking, exercise activity. They had one hour lectures every day. Patients take part in their own and family lifestyle changes and management of lifestyle related diseases. It make key health knowledge available at the service of changes through promoting and disseminating programs, approaches and other examples of good practice. The first results of preventive strategies on risk factors will be presented at conference.

CONCLUSIONS

Promotion of knowledge, attitudes and practices of patients in the reduction of cardiovascular risk factors at community level is a strong tool to improve control of risk factors.

CONTACT:

LinaJancaityte
Kaunas University Hospital, Clinic of Cardiology
Eiveniu g. 2
LT-50009 Kaunas
Lithuania
Tel. +370 610 49913
E-mail: lina_janch@hotmail.com

MORBIDITY OF ACUTE MYOCARDIAL INFARCTION IN KAUNAS (LITHUANIA) POPULATION FROM 1983 TO 2002

Ricardas Radisauskas, Gailute Bernotiene, Daiva Rastenyte, Lina Jancaityte, Domininka Sidlauskienė

BACKGROUND

Over the past 20 years morbidity rates of acute myocardial infarction (AMI) in many Eastern European countries an increasing trend was observed. The aim of study was to evaluate the trends in morbidity of AMI in Kaunas population during 1983-2002. Methods. Kaunas population-based ischemic heart disease (IHD) register is the source of data. The methods used for the data collection were those applied by the WHO MONICA project. The object – all permanent residents of Kaunas aged 25-64 years who experienced AMI in 1983-2002. Trends were analyzed using the method of linear regression on logarithms of the age-standardized annual rates.

RESULTS

According to the data of IHD register, among Kaunas men aged 25-64 years the average morbidity rate of AMI was 413.1/100,000 in 1983-2002. From 1983 to 2002, the morbidity of AMI among Kaunas men aged 25-64 years was decreasing significantly in the average by 0.7%/yr. ($p=0.04$). Among women, the AMI morbidity rates were about 5-fold lower compared to those among men and comprised 86.2/100,000 on average during the study period. Among women of the same age the morbidity of AMI rates were increasing statistically significantly (1.5%/yr., $p=0.002$). Analysis of the data during the two time periods revealed that during 1983-1992 and 1993-2002 periods the morbidity rates of AMI did not change significantly among both Kaunas men and women.

CONCLUSIONS

The morbidity of acute myocardial infarction decreased statistically significantly among Kaunas men aged 25-64 years, while it increased statistically significantly among Kaunas women of the same age during the last two decades.

CONTACT:

Ricardas Radisauskas
Kaunas University of Medicine, Institute of Cardiology
Sukileliu 17
LT-50009 Kaunas
Lithuania
Tel. +370 37 302886
Fax. +370 37 302872
E-mail: ricardas@kmu.lt

INTEGRATING ACTION ON PHYSICIANS' OF THE INTENSIVE CARE DEPARTMENTS CARDIOVASCULAR RISK INCLUDING THEIR WORKPLACES

Vidas Pilvinis, Kazimieras Viezelis, Egle Kalinauskiene

Cardiovascular disease remains the leading cause of death in developed countries. Its major risk factors are elevated blood pressure and cholesterol and smoking. Psychosocial factors also are important, especially big stress and burnout feel physicians of the Intensive Care departments and surgeons. Action on these determinants needs to involve health care systems, families and workplaces. Our aim was the integrating action on the physicians' of the Intensive Care departments cardiovascular risk including their workplaces.

At the beginning of 2005 physicians (n=30) in the Intensive Care Departments (n=30) of Kaunas Medical University and Kaunas 2nd Clinical hospital filled out the questionnaire regarding their cardiovascular risk factors. The data were discussed with the physicians and their chiefs. Physicians participated in administering decisions of their chiefs and the chiefs - in major family events of their physicians. At the end of 2005 their burnout was assessed by Freudbergs' scale and all data were compared with the data of other departments (n=55).

There were no differences between all departments regarding the physicians' awareness of their major risk factors; more physicians claimed unaware of their cholesterol level than blood pressure and body mass index in all departments. Physicians in the Intensive Care Department of Kaunas Medical University smoked more often than in other departments (26.1% vs 6.8%, $p=0.04$), excepted surgeons (36.4%). The separate room was designated for smoking. Physicians' of both Intensive Care departments choice of a healthy diet and physical activity were not so good as cardiologists', but their burnout level was less than cardiologists' and surgeons' (28.5+-19.1-Kaunas Medical University, 22.6+-17.8-Kaunas 2nd Clinical hospital vs 38.9+-18.8, $p=0.045$ and $p=0.03$), the same as in other departments without such big stress at the workplaces.

This integrating action on physicians' of the Intensive Care Departments cardiovascular risk including their workplaces was effective.

CONTACT:

Vidas Pilvinis
Kaunas Medical University
Eiveniu 2
LT-3007 Kaunas
Lithuania
Tel. +370 37 734573
E-mail: vpilvini@kmu.lt

MORTALITY FROM ISCHEMIC HEART DISEASE IN KAUNAS (LITHUANIA) POPULATION FROM 1983 TO 2002

Gailute Bernotiene, Ricardas Radisauskas, Lina Jancaityte, Domininka Sidlauskiene

BACKGROUND

Over the past 10 years in some Eastern European countries mortality from ischemic heart diseases (IHD) significantly decreased. The aim of study was to evaluate the trends in mortality from IHD in Kaunas population during 1983-2002. Methods. Kaunas population-based IHD register is the source of data. The methods used for the data collection were those applied by the WHO MONICA project. The object Ó all permanent residents of Kaunas aged 25-64 years who dead due to IHD in 1983-2002. Trends were analyzed using the method of linear regression on logarithms of the age-standardized annual rates.

RESULTS

According to the data of IHD register, among Kaunas men aged 25-64 years the average mortality rate from IHD was 167.0/100,000 in 1983-2002. From 1983 to 2002, the mortality from IHD among Kaunas men aged 25-64 years was decreasing significantly in the average by 2.7%/yr. ($p=0.003$). Among women, the AMI morbidity rates were about 6-fold lower compared to those among men and comprised 28.1/100,000 on average during the study period. Among women of the same age the mortality from IHD rates among women were tended to decrease (2.1%/yr., $p=0.07$). Analysis of the data during the two time periods revealed that during 1983-1992 the mortality rates from IHD increased significantly among men (in averaged 2.3%/yr., $p=0.04$) and during 1993-2002 the IHD mortality rates were decreasing significantly (8.5%/yr., $p=0.001$). Meanwhile, women's mortality rates from IHD during the first period (1983-1992) was without significantly changes and during the second period (1993-2002!) statistically significantly decreased (9.2%/yr., $p=0.001$).

CONCLUSIONS

The mortality from ischemic heart disease decreased statistically significantly among Kaunas men aged 25-64 years, while it tended to decrease among women of the same age during 1983-2002.

CONTACT:

Gailute Bernotiene
Kaunas University of Medicine, Institute of Cardiology
Sukileliu 17
LT-50009 Kaunas
Lithuania
Tel. +370 37 302886
Fax. +370 37 302621
E-mail: gailute.bernotiene@itc.kmu.lt

INTRODUCTION FOR CVD PREVENTION IN RAPLA COUNTY HOSPITAL (ESTONIA)

Mari Pöld, Liis-Mail Moora, Aili Laasner

GOAL: To prevent cardio-vascular diseases(CVD) in Rapla county.

SUB-GOALS

- to find out CVD risk-Groups
- to counsel those patients, to treat them- if necessary.

METHODS

1. Scriming

The research for CVD risk-factors among adult population of the county has been carried through since 2000. The target group have been people of age from 30-60, who have so far encountered with problems (or got a diagnosis) of the insufficiency of heart or morbus ischaemicus cordis.

Those are people living in out settlements, out-patients etc. But first of all we have got an overview of the health status of our hospital staff.

The obtained data include the levels of cholesterol and blood-sugar, blood pressure on both hands; electrocardiography(ECG) or ECG with load -if needed- was added.

All the information about family anamnesis, life style (include smoking habits, nutrition, physical activity), body mass-index was highly critical, too.

The risk for CVD was assessed using Score labels.

2. Counselling

All risky-patients have been counselled regarding their life style. The analyses and/or medical investigations were repeatedly carried out if needed. The smoking patients were given advices to quit smoking.

All in all 200-400 patients have been investigated per year

3. Two responsible persons for CVD prevention interventions are a medical doctor and a nurse of health-consulting room.

RESULTS

From 2000-2005 years are investigated 1280 patients, (589 female and 691 males).

12% males and 30% female had CVD risk <1%

29% males and 57% female had CVD risk 1%

37% males and 11% female had CVD risk 2%

11% males and 2% female had CVD risk 3-4%

11% males - had CVD risk 5-9%

25% of examined patients with risk-factors have been asked for repeated counseling/examination. 60% of those patients reported the decreased cholesterol-level due to changes in their life style.

SUMMARY

In general, the positive remarks regarding the health awareness and health behaviour could be observed among adult population of the Rapla county. The more concrete epidemiological data will be a goal of follow -up reseach in coming years.

CONTACT:

Mari Pöld
Rapla County Hospital
Alu tee 1
70515 Rapla
Estonia
Tel. +372 48 90746
Fax. +372 4890749
E-mail: mari.pold@mail.ee

THE CLINICAL AND CARE PATH FOR PATIENTS SUFFERING FROM CHRONIC CARDIAC DECOMPENSATION

Rosanna Carbognani, Maria Giulia Calzari, Stefano Bendinelli, Paolo Pietranera

BRIEF DESCRIPTION OF THE PROJECT:

An epidemiological panorama undergoing great change, differing social expectations, stimuli from new sensitivities (such as the WHO and their 21 health objectives for the 21st century) are paradigms that are created within the project on "Care paths centering on people with specific problems of chronicity", started by the AUSL Health board of Reggio Emilia in order to offer the patient all available services within his own community.

SCOPE AND OBJECTIVES:

- To develop a reference model able to offer operational and organisational responses based on the best scientific evidence available, care continuity and home care
- To improve the appropriateness of the interventions making them more results-oriented, understood not only as improved clinical efficacy but also higher correspondence to the needs of the patient (not only E.B.M. but also the patient's life history)
- To integrate the territorial resources, by creating networks, defining responsibilities, teamwork, collaboration between residential and territorial care units
- To make the system more "measurable"

Concretely this means:

- Guaranteeing patient centrality;
- Improving the organisation and quality of life of the patients, with a more effective and efficient territorial management of the disease, reducing or preventing unnecessary hospitalisation;
- Guaranteeing diagnostic, therapeutic and educational continuity;
- Optimising resources;
- Involving the care continuity doctor;
- Centering the "direction" of decompensated patient management around the GP.

SPECIFIC ACTIONS:

To improve the integration among the various professional figures working on the path, a follow up sheet has been designed, which is given to the patient at the time of diagnosis, and which must be taken to all medical and nursing visits, so that it can be updated by the various professional figures in those areas of their specific competency.

A further tool developed is the information booklet, which is given to the patient and his/her family at the time of notification of the diagnosis, which contains information on the lifestyle to be adopted and diet to be followed.

MAIN TARGET:

Persons suffering from cardiac decompensation

RESULTS ASSESSMENT:

Indicators:

- No. Of complete diagnoses carried out according to ebm protocol (ecg, chest x rays, echocardiogram, blood tests)/total no. of diagnoses carried out in the year
- No. Of patients stratified according to ebm protocol/ total no. of diagnoses carried out in the year
- No. Of follow up sheets given to the patient / total number of new cases of decompensation entering the care path
- Monitoring of the number of hospital admissions and patients with a diagnostic decompensation code and analysis of trends

- No. Of integrated home care services activated for class nyha iv decompensation or for patients with highly complex social and care conditions/total no. of cases of class iii/iv stratification

CONTACT:

Rosanna Carbognani
Azienda USL of Reggio Emilia
Via Amendola, 2
42100 Reggio Emilia
Italy
Tel. +39 (0) 522335122
E-mail: rosanna.carbognani@ausl.re.it
WWW address: <http://www.ausl.re.it>

INVESTIGATING OF CORONARY ANGIOGRAPHY COMPLICATIONS IN PATIENTS OF MEDICAL UNIVERSITY CENTERS

Rezvan Zarkeshan, Ghلامreza Khademi

Coronary angiography is an invasive diagnostic procedure. It may be dangerous for patient s immunity during and after. Some of the complications accompany with are: Death, MI, Heart rupture, femoral artery thrombosis, and peripheral vascular Nurses need to Know and to be expert in Coronary angiography complications to prevent and care they.

PURPOSE

The purpose of the study was to determine the complications of coronary angiography in patients of medical university centers.

METHOD: the study was descriptive, 502 clients(328 males and 144 females) were convenient selected in two medical centers. Questionnaire and check list were used for data gathering. They were about. Demography. And coronary angiographies complications which completed by observation.

RESULTS: the findings indicated one patient (.2%) died, 2 (4%) had MI and one had femoral artery thrombosis that required surgery, also 84 (16.8%) patients had mild complications, 04% Arhytmia, 2.4% prolong chest pain, 4.4% bradycardia, 1.4% hypotesion, 0.6% sever allergy to contrast media, 2.6% vomiting, 2.8% delayed hemorrhage, 1.8% retention or incontinence urinary, 0.4% sever urticaria, 418 clients (83.2%) had no complication. But the patients who were over 65 years had sever heart failure (EF< 30%).

CONCLUSION AND DISCUSSION: findings of the study showed that the complications of the coronary angiographies in two medical centers were acceptable and suggest that further studies spatially after 65 years is needed.

CONTACT:

Mehri Zarkeshan Isfahani
Isfahan univesity of medical sciences
Atash st.
81847-33831 Isfahan
Iran
Tel. +98 3112339697
E-mail: zarkeshan@nm.mui.ac.ir
WWW address: <http://www.mui.ac.ir>

A RISK HEALTH BEHAVIOUR MODIFICATION PROGRAMME TARGETING HYPERTENSIVE OUTPATIENT POPULATION IN A GENERAL HOSPITAL SETTING IN ATHENS

Yannis Tountas, Aristeia Berk, Anna Chondroleou, Iridi Mentziou, Sotiria Schoretsaniti, Georgia Thanasa, Emmanuel Andreadis, Emmanue Diamantopoulos

Introduction: Risk health behaviours such as smoking, unhealthy diet, over consumption of alcohol, stress and lack of physical activity are strongly related to serious health diseases and low health related quality of health, as well as to increased demand of health services and health related costs.

AIM

The aim of the intervention program is to voluntarily involve the hypertensive outpatient population of the 'Evangelismos Hospital' in Athens to a health education programme aiming to provide support in modifying the above risk behaviours.

OBJECTIVES

- Identification of health risk behaviours related to hypertension among the target group.
- Segmentation of the target group with regard to motivational stage according to the Stages of Change Model.
- Reduction / cessation of smoking, improvement of diet habits, control/ reduction of alcohol use, stress management and increase of physical activity according to the behaviour change selected to be targeted by each patient.

METHOD

The theoretical basis of the intervention is the Stages of Change Model and the technique applied is the Motivational Interviewing (four brief person-to-person sessions plus three short telephone follow up sessions). The intervention results will be compared to those of an outpatient matched control group in terms of hypertension levels, continuation or modification of the target health risk behaviour, health related quality of life indexes and client satisfaction indexes.

IMPLICATIONS TO PRACTISE

The project will assess the effectiveness and the applicability of providing brief professional support for modifying health risk behaviours within a hospital based setting to chronically ill hypertensive patients and explore the importance of establishing such a service in similar health care structures.

CONTACT:

Yannis Tountas
University of Athens, Medical School, Department of Hygiene and Epidemiology
25 Alexandroupoleos str.
115 21 Athens, Greece
Tel. +30 210 7482015
Fax. +30 210 7485872
E-mail: chsr@med.uoa.gr

SESSION II-2: THE NEED FOR ACTION ON CHRONIC DISEASES: MODELS AND EXAMPLES FOR TACKLING DIVERSE CONDITIONS – 2

EMPOWERING PATIENTS FOR CHRONIC DISEASE IN THE NSGD HOSPITAL NEFROLOGY AND DIALYSIS DEPARTMENT

Pier Luigi Tosi, Cristina Grimaldi, Giorgio Monzani, Vania Corti, Serena Del Puglia, Laura Graziani, Gabriela Kuhn, Marco Quercioli, Alberto Appicciafuoco, Vincenza Fusari

As a part of the HPH Program of the Nuovo San Giovanni di Dio Hospital in Florence, our Nephrology and Dialysis Department is providing an additional educational service for patients with End Stage Renal Disease that will soon need Renal Replacement Therapy (RRT).

Dialysis patients not only suffer from a chronic disease with all the physical, psychological and social consequences of their pathology, but are also often elderly, frail people who need support in collaboration with their families, to cope with a new and potentially stressful reality.

Patients and their relatives are followed by a group of dedicated nurses that provide them, before they start their treatment, with information and emotional support in order to:

learn to cope better with the important and often difficult changes in their life
help them chose the most suitable dialysis (Haemodialysis or Peritonealdialysis)

During various meetings they are given information and written material about the different kinds of treatment, changes in diet and lifestyle, and be encouraged to communicate their expectations, fears and difficulties with the help of a specially chosen nursing staff and, when necessary in collaboration with psychologists and dieticians. This enables them, to reduce stressful situations and suffering, cope better with their chronic disease, their life quality, improve compliance with the treatment and pharmaceutical therapy.

By educational, informative and psychological support patients have improved their lifestyle quality obtaining the following results:
reduction in hospital emergency admissions for acute pulmonary oedema and hyperpotassium cases
decrease in the use of central venous temporary catheter closing arteriovenous fistula
better compliance in treatment assuring a major psychic and physical health

Patients that have had the opportunity to approach RRT followed by this program are better prepared to the new environment and their treatment, feel more participant and co-operating adapting better to their new situation.

CONTACT:

Alberto Appicciafuoco
Azienda Sanitaria di Firenze Nuovo Ospedale S. Giovanni di Dio
Via di Torregalli 3
50143 Firenze, Italy
Tel. +39 (0) 557192466
Fax. +39 (0) 557192417
E-mail: alberto.appicciafuoco@asf.toscana.it

EPILEPSY AND PREGNANCY A MULTIDISCIPLINAY PATHWAY FOR PATIENT'S EDUCANTION AND EMPOWERMENT

Giuseppe Masellis, Anne Marie Pietrantonio , Mario Santangelo, Laura Sgarbi, Gabriele Greco

Epilepsy affects a significant percentage of the population.

It has been estimated that the proportion of population with epilepsy is close to 0,5%, this proportion rise to 2% of the population when epilepsy associated with others cerebral diseases are considered.

Epilepsy not represent an absoly contra-indication for pregnancy, but early multidisciplinay risk assessment and health promotion initiatives can significantly promote mothers health during pregnancy and prevent pregnancy complications prenatal damage and damage to new-born infants.

This paper describe the multidisciplinary programme set up by the neurological the obstetric and anaesthesiological Departments to assure systematic and early evaluation, support and education for epilepsy patients.

THE AIM of the programme was to improve the assessment, reduce the risk and minimize pregnancy complications in epylepsy patients, and to enhance competence and compliance in therapy managing.

The content of the cross disciplinary education, prevention and health promotion programme included:

- Assessment of patient's delivery risk
- Assessment of a medication regime tailored to the patient condition
- Patient education in self medication menagement
- Patients counseling and improve medication adherence regimen

The programme also include a tailored anaesthesiological support to control all the conditions that might affect the management of labor or delivery.

Programme set up from 2005 have alreedy shown to be effective in improving medication adherence rates; this preliminary result allows to forecast improved outcomes in epilepsy management in pregnancy.

CONTACT:

Anne Marie Pietrantonio
Local Health Service - Carpi - Modena - Italy
Cav. Molinari 2
41012 Carpi
Modena, Italy
Tel. +39 (0) 59 659402
Fax. +39 (0) 59 659401
E-mail: a.pietrantonio@ausl.mo.it
WWW address: <http://ausl.mo.it>

CHRONIC PAIN TREATMENT IN AMBULATORIES OUTSIDE THE HOSPITAL

Sandro Sottili, Fabio Rubino, Piergiacomo Puccio

San Carlo Clinic opened 3 outside ambulatories of pain treatment. The ambulatories are spread around the territory where the main structure works and the main aim is to get people who lives not close enough to the hospital to easily reach the structure. The main goal for an antalgic therapy ambulatory is that is to return the patient to a good quality of life, with no pain and enough physical strength. Criteria to admission are in these ambulatories are: Pathology with no surgical possibilities: Pain noxia not corrigible: No response to a physiotherapy approach: No response to medical interventions Evidence of psychological discomfort: Pain not related to lesions extent:

- Continued post surgery pain We need a coordinated approach with other specialists helping this kind of patients: physiotherapist, psychiatrist and in recent times the podiatrist in some uncertain cases Ambulatory activity provides
- A deep anamnesis and physical examination, a review of clinic documentation
- of patient, a pain questionnaire
- Antalgic therapy review, possible opioids addition or suspension
- Laboratory and X ray examination

After a diagnosis between pain, neuropathic somatic or idiopathic we can proceed with:

- Diagnostic nervous blocks
- Trigger or tender point infiltrations
- Joint faces infiltration
- Cryoanalgesia
- Medullar neurostimulation as control and screening

Frequent pathologies we meet in our experience are Low back Pain for muscle contracture or painful outcomes in previous herniated disk: Cervicomyalgia: cephalgia: shoulder pain: Herpes zoster neuralgia Facial or atypical Neuralgias: Post surgery pain

Patients are involved time by time in controls about the effectiveness on pain reduction and for further therapeutic valuations

CONTACT:

Sandro Sottili
Clinica San Carlo
Via Ospedale 21
20037 Paderno D.
Italy
Tel. +39 (0) 299038227
Fax. +39 (0) 299038223
E-mail: sandro.sottili@unimi.it
WWW address: <http://www.clinicasancarlo.it>

REDESIGN OF HIV SERVICES IN TAYSIDE, SCOTLAND

Wendy Peacock

Over 15 years ago the British government put in place public health measures to prevent feared pandemic numbers of HIV infection. At this time in Britain, HIV mainly affected injecting drug users (IDUs) and gay men. Injecting drug use is prevalent in the more deprived inner city areas like Dundee, Tayside, which is a city with a population of approximately 145,000 and despite 2 large universities and increasing economic growth, over 50% of residents are living in significant deprivation.

There is a strong association between HIV infection and poverty and social exclusion. There is also an unequal impact of sexually acquired HIV on gay men and as previously stated African communities. HIV therapies are complex and expensive and very demanding on patients. The human costs for people living with HIV are high. Many cannot work, and others still suffer from ill informed prejudice and discrimination.

There has been significant redesign of HIV services in Tayside over 6 years which have resulted in a managed clinical and non-clinical network of HIV services and since then numbers of newly acquired HIV have remained relatively low although we are still seeing small numbers of new HIV infections each year in Tayside, mainly through heterosexual spread acquired in Sub-Saharan Africa. To date there have been 538 people known to be infected with HIV in Tayside including 15 new cases of HIV recorded from January to September 2005.

The redesign process has brought together the NHS, primary and acute services, school and community education, and the voluntary sector to form a multi-agency strategic approach using pooled resources to collectively design an integrated response to HIV disease.

This co-ordinated approach has resulted in a managed network of service delivery that addresses all age groups and all groups living in Tayside as well as different stages of HIV disease.

Some examples of intervention are:

- teachers employed by the NHS to design risk reduction programmes to
- be delivered in schools
- school drama tour encouraging young people to access health services
- outreach 'home delivery' of needle exchange services
- midwives employed to work exclusively with drug users and those
- infected with HIV to minimise risks to the unborn baby
- one to one counselling for families affected by HIV

CONTACT:

Wendy Peacock
NHS Tayside
Kings Cross, Clepington Road
DD3 8EA DUNDEE
Scotland
Tel. +44 (0) 1382424073
Fax. +44(0) 1382424090
E-mail: wendy.peacock@nhs.net
WWW address: <http://www.taysidepublichealth.com>

RAPID ACCESS SERVICE FOR PATIENTS WITH INFLAMMATORY BOWEL DISEASE

Kelley Ryan

INTRODUCTION:

Inflammatory Bowel Disease (IBD) is an umbrella term used to describe Ulcerative Colitis and Crohns disease. Both are relapsing conditions that take unpredictable courses and in common with many other chronic diseases, require long-term follow-up. Due to the estimated volumes of patients with this condition it was decided by Beaumont Hospital, Dublin, Ireland, to employ an Inflammatory Bowel Disease Liaison Nurse. This position provides a telephone service so that patients can get advice and rapid access to the secondary care system when they relapse.

Aim: The aim of the service is to accelerate access for the IBD patient to secondary care systems and improve the patient's level of awareness about the disease in order to achieve an overall improved quality of life.

METHODOLOGY:

- The position of the IBD liaison nurse commenced in August 2002.
- Patient demographics, assessment results and blood counts are all entered onto a data base.
- Patient education and health promotion are an integral part of the telephone service and in the clinic.
- To assess the uptake of the patients using the telephone service when in relapse a study was conducted in conjunction with the medical team.
- n=80 questionnaires were distributed. The questionnaire raised awareness regarding their condition.

RESULTS:

Out of 80 questionnaires 58 were returned. 44% (23) of people said that they contacted the IBD nurse when they relapsed. Rapid access is now commonplace to patients who are in relapse. It is apparent that the availability of rapid access to the service benefits patients greatly as

- They are less likely to self medicate at home.
- They respond more rapidly via the telephone service when in relapse.
- Hospital admissions are reduced.

RECOMMENDATIONS:

- The expansion of the telephone service.
- Service to progress to a home based intervention reducing the number of patients attending outpatient clinics when in relapse.
- Further in depth evaluation of the telephone service.

CONTACT:

Kelley Ryan
Beaumont Hospital

Beaumont Rd.
Dublin 9
Co. Dublin
Ireland
Tel. +353 (0) 1 8093000 bleep 709
E-mail: kellearysmith@beaumont.ie

NOT JUST CHEESE AND CHOCOLATE! IDENTIFICATION OF MIGRAINE TRIGGER FACTORS - AN EDUCATIONAL STUDY

Esther Tomkins

BACKGROUND

The World Health Organization has rated migraine as the 12th leading disability disorder among women and the 19th disabling disorder overall. Frequent or severe migraine attacks impinge greatly on an individual's quality of life.

INTRODUCTION

The Headache/Migraine Clinic was established in Beaumont Hospital in 1997. Nurse-led care at the clinic is responsible for:

- Assessing, developing, implementing and managing a plan of care with the chronic migraine patient
- Patient education and knowledge of drug therapy is integral to the care plan
- Assisting patients in the identification of trigger factors and lifestyle issues that can provoke migraine attacks
- Directing self - help approaches to managing their own care

RATIONALE

A gap was identified in the service through the nurse-led clinic that not all patients could identify trigger factors.

AIM

To improve the management plan and therefore the quality of life for the chronic migraine sufferer by making the professional and patient more aware of the commonly reported trigger factors that provoke a migraine attack.

METHOD

Patients with a diagnosis of migraine completed a trigger factor related questionnaire.

Data was compiled from patient information collected under the following headings

Hormones / Stress / Sleep / Dietary / Alcohol

RESULTS

A total of 503 patients completed the questionnaire. Stress was identified by 76% of respondents. With drawal from stress was cited by 63% of respondents.

71% reported at least one hormonally related trigger factor with menstruation most common. Sleep-related trigger factors were identified by 73%. Alcohol by 64%.

Cheese (33%) and chocolate (41%).

CONCLUSION

This study identifies other trigger factors known to initiate migraine attacks and also identifies the need to address the factors with patients when developing a plan of care.

RECOMMENDATIONS

All patients should be advised as a self-help tool to keep a migraine record diary.

A stress management programme of care would prove useful to a plan of care where stress is identified as a trigger

CONTACT:

Esther Tomkins
Beaumont Hospital
Beaumont
Dublin, Ireland

THE NEEDS OF PATIENTS SUFFERING FROM RHEUMATOID ARTHRITIS. THE IMPACT OF THE DISEASE ON PATIENT QUALITY OF LIFE

Pasqualina Sottilotta

Rheumatoid arthritis is the most invalidating of the chronic inflammatory arthropathies, determining serious disability and severe social handicap for the patient. The central issue for chronic patients is that of living with their own disease. In fact, the awareness of being part of a situation that concerns them and that will last forever demands the arduous restructuring of their own lives in order to be able to live with the condition.

The problem of psycho-social issues of those suffering from rheumatoid arthritis has been widely studied since 1995 by the Rheumatology Ward. Semi-structured interviews have been carried out on 120 patients, highlighting the need for three priority areas of intervention:

Social - care
Social - educational
Psychological counselling.

Following this survey, the following improvement actions have been implemented to date:

Presence of a social worker within the ward available all year round to assess specific needs in specific cases;
Design of a social-health folder for use with new patients;
Definition of "preferential" pathways for the identified health needs;
Planning of courses and information brochures concerning joints and articulation;
Implementation of specific assisted water gymnastics sessions for this disease;
Introduction of a psychologist to assess individual cases (since 2006)

The objective pursued in the past few years has been to improve the patients' quality of life through an assessment that is not limited to clinical matters.

In 2005 a survey was started to examine the effectiveness of the aforementioned improvement actions. A questionnaire was prepared with open questions, which is delivered to all patients suffering from rheumatoid arthritis. The experimentation of self-help groups is also foreseen, together with the introduction of an expert physiatrist to supervise and assess the results obtained on the patients by the working group.

The work carried out until now has led to the development of clinical and care pathways for patients suffering from rheumatoid arthritis, increasing their satisfaction and improving the response to their psycho-social needs.

CONTACT:

Pasqualina Sottilotta
S. Maria Nuova Hospital
Viale Risorgimento 80
40138 Reggio Emilia
Italy
Tel. +39 (0) 522335087
E-mail: silvia.incerti@asmn.re.it

BRAIN ATTACK - PILOT INITIATIVE

Tricia Keogh – Hodgett

INTRODUCTION

Stroke is a serious condition -40% of the patients die during the first year after onset of the disease, and many patients are not able to return to their own homes.

A designated Stroke Unit was opened in the Mater Hospital in June 2003. Previous to this stroke patients were admitted to general medical beds.

This new unit created a specific, designated area with designated staff for the care and treatment of stroke patients. A multi-disciplinary team, including a specialised consultant, Allied Health Professionals, Social workers; mental health liaison, and Community Stroke team was established. The Unit has 18 beds and the age range of patients is 40's to 80's.

World wide stroke is the third most common cause of disability. 1,500 people get a stroke in N.Ireland a year, and stroke is the third most common cause of death in N.Ireland. Caring for long term/chronic diseases costs the Health Service.

Developing the quality of hospital services by improving the continuity of care is one HPH strategy to achieve better health gain for patients.

PILOT INITIATIVE

A Pilot initiative was developed, as part of a Partnership approach, between two acute hospitals and the neighbouring community.

THE AIM IS TWO -FOLD

- To reduce the risk to the patient of a recurrent stroke
- To educate Carers/family on how to prevent a stroke.

Stroke strikes all age groups. However, it is often assumed that only older people get strokes. To get the message across that potentially we are all at risk and to impact on younger people, we called the initiative Brain Attack.

SOME OF THE OBJECTIVES INCLUDE

- To devise, produce and make available patient information on all aspects of stroke and its prevention and to use this material to reinforce advice given at ward level. Aiming at empowering illness management, disease prevention and health promotion.
- To involve the Chest , Heart and Stroke Association - a N.I Voluntary organisation.
- To devise and run a Rehab. programme.
- To assess needs and to establish a Carers Support Group if appropriate.

OUTCOMES TO DATE

- Brain Attack booklet and posters devised and produced.
- New post of Medical Consultant for Care of the Elderly/Stroke Rehab. created .
- Development of "Am I at Risk of a stroke ?" form for Carers/family, as this is the most frequently asked question.
- Launch evening for current/ex patients, Carers/family members, to meet the Multidisciplinary team, learn about stroke/ risk factors, and have blood and Blood pressures measured.

Next steps:

- Rehab. programme agreed and to commence shortly for 6 weeks. This will be delivered in-house involving the multidisciplinary team and the Voluntary organisation.
- Finding re: needs etc will be collated during and after the 6week programme.

There is evidence that patients participating in rehabilitation in the form of comprehensive interdisciplinary treatment through all the phases of the disease may achieve -a reduction of mortality of 25-50%: a reduced need for residential homes of 40%: improved functional level. It is recommended that patients are admitted to special stroke units.

Health promotion initiatives are difficult to get established in acute settings. The success to date of this initiative is due to the enthusiasm and commitment of the Ward manager, consultant and multidisciplinary team; the existence of a specific, designated unit; and the support of an on-site health promotion co-ordinator. This initiative is in its infancy and is very new for this hospital. There is a desire to make the local population aware that :

- stroke is a medical emergency,
- can happen to young people,
- elements are preventable and
- support is available, both in the hospital and in the community.

CONTACT:

Tricia Keogh - Hodgett
Mater Hospital Trust
Crumlin Road
BT14 6AB
Belfast
Northern Ireland
Tel. 028 90802231
E-mail: Health.promotion@Mater.n-i.nhs.uk

SESSION II-3: HEALTH PROMOTION FOR CHILDREN AND ADOLESCENTS IN HOSPITALS- 2

INTEGRATED HOME CARE (IHC) FOR CHILDREN WITH SERIOUS CHRONIC PATHOLOGIES IN THE REGGIO EMILIA HEALTH DISTRICT (ITALY)

Mara Manghi, Cristina Marchesi, Enrica Bianchi

By IHC, we refer to a form of health care delivered at the home of the children with serious chronic pathologies, care that is covered by a group of care assistants with a range of professionalities and by the competencies of the family.

The care team comprises:

- Family paediatrician.
- Community paediatrician
- Nurses from the district nursing service.
- Specialist doctors.
- Rehabilitation therapist.
- Psychologist.
- Social worker.

GENERAL OBJECTIVES

To achieve the autonomous management by the family.

To limit the number of hospitalisations to only acute situations.

To promote the involvement and/or maintenance of the child in school.

To aim for the involvement of the "stock capital" of the community

The process of taking a child into the care programme starts with:

- The notification of the case to a "single territorial care management unit".
- Activation of the Paediatric Assessment Unit (PAU) made up of the working group.
- Preparation of the care programme.
- Start of home care.
- Periodical meetings between the team and the family.

QUANTIFIABLE RESULTS

In the province of Reggio Emilia on 30/9/2004 there were 63094 children aged between 0 – 14 years.

Between 2001, when this complex home care project began, and now there have been 28 cases of IHC.

Here there are 2 highly complex cases of neuro-muscular pathologies involving tracheotomy and PEG- feeding and assisted breathing Cristian and Federica.

FUTURE PLANS

This is a very complex activity, requiring high levels of technical skill from both the operators and the family, constant and accurate coordination between the hospital and the district care services, and psychological support for both the families and the operators. The burn-out risk is very high.

CONTACT:

Mara Manghi
Azienda USL of Reggio Emilia
Via Amendola, 2
42100 Reggio Emilia
Italy
Tel. +39 (0) 522335087
E-mail: mara.manghi@ausl.re.it
WWW address: <http://www.ausl.re.it>

FAMILY - CENTERED NEWBORN CARE: PRESENT AND FUTURE IN KMUH

Rita Balciuniene, Dalia Stoniene

GOAL

To study how sick newborn condition can influence the ability of parents to take care of a newborn in team with medical staff.

METHOD

Anonymous questionnaire to parents whose infants were treated in KMUH 1 to 2 months.

RESULTS

Parents accepted information about condition of their child variously. 29,4% of parents accepted information about very serious condition and possible long-lasting complications in future. When the newborn's condition was not serious 41,2% of parents accepted information ($p=0.04$).

Serious condition of newborn influenced medical staff's wish to involve parents into newborn care. Only 29% were involved in newborn care when condition was serious and 48,4% were involved when condition of newborn was not serious ($p=0.05$). 31% of parents wished to take part in newborn care with medical staff in serious conditions, and 51,7% in not serious situation ($p=0.003$). only 29% of parents knew about further treatment and care at home of previously very sick babies and 48,4% of those whose babies had not been in very serious condition.

CONCLUSION

Effort must be made to better involve parents of babies in serious condition into Family-centered care.

CONTACT:

Dalia Stoniene
Kaunas Medical University Hospital
Eiveniu 2
50009 Kaunas
Lithuania
Tel. +370 689 30595
E-mail: Dalia.Stoniene@kmuk.lt

EDUCATIONAL NEEDS OF ADULT PATIENTS AND MEETING THESE NEEDS OF THESE NEEDS IN TARTU UNIVERSITY HOSPITAL

Tiina Freimann

THE AIM of this study was to identify the needs for patient education among adult patients of the Tartu University Hospital and the degree of meeting these needs, as well as to establish correlations between the patients' background variables, the needs for patient education and meeting these needs. The data were collected using a questionnaire. The convenient sample consisted of adult in-patients of the Tartu University Hospital, who were discharged from hospital between August 2003 and September 2003 ($n=445$). Of the delivered questionnaires 87% were returned. Statistical data processing was performed with the data processing package SPSS and the MS Excel program .

THE RESULTS of the study showed that the needs for patient education among adult patients of the Tartu University Hospital were high regarding all information categories, and that these needs were not always met. The results also demonstrated that the needs were the highest for patient education in health problem, social coping and self-care, and slightly lower for drugs and procedures. Patient needs for patient education were met in the areas of health problem and social coping. The needs were not met in the areas related to self-care. Also, provision with patient education in cooperation with family members, was inadequate. The correlations of the patients' background variables and the needs for patient education with the meeting of these needs were not statistically significant ($r<0,3$).

CONTACT:

Tiina Freimann
Tartu University Hospital
Puusepa 8
51014 Tartu, Estonia
Tel. +372 7318110
Fax. +372 7318106

THE ITALIAN MINISTRY PROJECT OF "HOSPITAL WITHOUT PAIN". A PAIN EDUCATIONAL PROGRAM FOR PEDIATRIC HEALTH PROFESSIONALS

Valeria Bachiocco, Simonetta Baroncini, Elena Marri, Teresa Matarasso, Francesco Nonnino, Chiara Bagnoli, Carolina Guerrieri

A number of studies have shown that the level of education and experience of health professionals has a significant effect on relieving pain in children. In line with the Project established by the Italian Ministry of Health to fight pain in patients, we planned an educational program devoted to paediatric health care professionals in order to fill up cultural deficiencies, modify inappropriate beliefs and change erroneous attitude.

The course entitled "Relieving pain in children" consisted of different educational sessions. The themes were purposely very wide, since the main aim of the training was to provide participants with a well-founded cultural background. The following subjects were covered:

Physiology of the nociception: development of the pain pathways and mechanisms
Psychology of the nociception: development of the cognitive and behavioral systems
Physiology and psychology: when pain experience mirrors both dimensions
The ethics of pain control in children. Legal and social issues.
Evidence-based decision making: systematic reviews
Measurement of pain in children: tools and basic psychometric properties
Pharmacotherapy for different pains. Special techniques
Recommendations. Guide-lines. Protocols for pain management
Non pharmacological strategies. Special techniques. Limits and advantages.
Monitoring the performances: how to measure results.

Two hundred fifty three health professionals (nurses, medical doctors and psychologists) attended the course. All participants completed a test at the beginning and at the end of each session in order to monitor the teaching level. An evaluation form was also administered to find out how participants appraised the training. A significant increase in correct answers was registered in the teaching test (partial result: Man Withney, $p = 0.00015$). The best progress in the knowledge was registered in the physiology of nociception. The highest score in the evaluation form was reached in the item investigating the contents of the course (result on a sub-sample).

CONTACT:

Valeria Bachiocco
Anesthesia and Intensive Care Unit for Children - S.Orsola Hospital
Massarenti, 9
40138 Bologna
Italy
Tel. +39 3339445153
E-mail: valebachiocco@libero.it

PAIN-FREE HOSPITALS "INVASIVE PROCEDURES IN THE PEDIATRIC AGE GROUP": A PROJECT ON ONCOHAEMATOLOGY

Simonetta Baroncini

The presence of pain in paediatric oncohaematology is often linked to the performing of surgical and/or invasive procedures and requires evaluation and treatment. Indeed, not only the metabolic response to stress should be reduced, but it is important to avoid the pain memory which can determine behavioural changes.

In oncohaematology, analgosedation procedures are subject to different organisational pathways and pharmacological techniques, integrated with non-pharmacological methods.

The purpose of both conscious and deep sedation is well-defined in the guidelines of the American Academy of Paediatrics for child monitoring and management.

The patients who present such added risk criteria are inserted in the list of Operating Room activities. For the maintenance of safety measures, along with monitoring, exclusion criteria must be identified in order to perform sedation outside the Operating Room (SO):

Patients with serious mediastinal involvement affecting ventilatory dynamics or collapse of the respiratory tract

Patients with particularly difficult venous access whose positioning requires INHALATORY ANAESTHESIA techniques.
Patients who have eaten or assumed liquids with a protein content in the previous 3 hours
ASA >3 (apart from the original oncological pathology)
Allergy with severe symptoms
Presence of predictive criteria for difficult intubation

The approach to sedo-anaesthesia depends on age, general conditions and disease location. This can overlap into general anaesthesia and, however, requires instrumental monitoring by ECG, FR, SpO₂, PA.

In accordance with the oncohaematology paediatricians, a Local Healthcare Authority procedure has been planned and carried out for many years. This has now been substituted (May 2005) by the "Indications for the relief of pain from invasive medical procedures in paediatric oncology" diffused by Emilia-Romagna region and resulting from the activities of a dedicated working group.

PRIMARY TARGET: children, adolescents and indirectly family members.

EVALUATION OF RESULTS

In the year 2005, 240 sedation procedures were performed for paediatric patients undergoing invasive diagnostic techniques relating to primary diagnoses and staging of oncohaematological pathologies. Those patients who were excluded, as a result of the application of the adopted selection criteria, underwent the procedures in the Operating Room.

Sedation was performed with midazolam (50-300 mcg/kg) and propofol (1-3 mg/kg), with the occasional use of fentanyl (1 mcg/kg). Sedoanalgesic procedures were performed for

ASPIRATED BONE MARROW (AM) 145

LUMBAR PUNCTURE (PL) 56

AM+ PL 39

In all cases the use of monitoring and an oxygen mask were necessary.

The diagnostic procedures were always concluded, in two patients there were minor adverse reactions (1 bradycardia, 1 desaturation <94%) which were rapidly and successfully resolved.

CONCLUSIONS

After the effects of medication had worn off, the small patients were able to be evaluated for residual pain which resulted absent.

The criteria for discharge of a patient from the Day Hospital were respected and no patient was hospitalised for reasons connected to the sedoanalgesia.

The satisfaction of the parents and children as a result of greater tolerance to invasive procedures and the absence of pain and important adverse reactions, lead us to believe that among the criteria for accreditation for the units in the departments of Paediatric Oncohaematology it might be appropriate to include sedation for the invasive diagnostic procedures.

CONTACT:

Simonetta Baroncini

S'Orsola-Malpighi University Hospital in Bologna

Department of Anaesthesia Intensive Care and Antalgic Care - Anaesthesia and Intensive Care Unit.

Via Albertoni 15

40138 Bologna

Italy

Tel. +39 (0) 51 6364321

E-mail: baroncini@aosp.bo.it

WWW address: <http://www.med.unibo.it/>

LIVING WITH DIABETES – AN ADOLESCENT PERSPECTIVE

Helen Burke

BACKGROUND

Type 1 Diabetes: most common metabolic disease of childhood in US. There has been a 55% rise in usage of Paediatric Diabetes services within a two year frame.

Among children, Glycosylated Haemoglobin levels may be higher, which can be partly attributed to emotional upheavals, risk taking and poor compliance.

A study carried out in University College Hospital, Galway explored among adolescents what it was like to live with Diabetes.

DESCRIPTIVE PHENOMENOLOGY

The study guided by the empirical philosophy of Husserl (1859-1935). The aim of phenomenology is to arrive at an essential understanding of human consciousness & experience. Reflexivity was used during the study, aimed at sustaining objectivity (Dowling 2005). Participants were asked to use a reflective diary.

STUDY METHODOLOGY

Ethical considerations: sample from another hospital in Western HSE area chosen

Parental consent was obtained

Ethical approval was obtained by the hospital Ethical Committee

Data collection: Unstructured interviews (tape recorded)

Purposive sample of 5 (4 boys, 1 girl)

Data analysis: Colaizzi's (1978) 7 procedural steps.

Team analysis was used - Consultant Endocrinologist, Consultant Paediatrician, Paediatric Diabetic Nurse Specialist

RESULTS

Four major themes emerged:

Theme 1: Living in the shadow of hypoglycaemia

Fear of hypoglycaemia was the main concern for all participants, especially around sporting activities

"Hypos are my life and lucozade is my life. I carry lucozade everywhere with me in case I have a hypo". (Vincent)

Theme 2: Dietary mismanagement

All participants expressed struggle in trying to adhere to healthy eating plan. Regular mismanagement was expressed by two boys:

"...Sometimes I have crisps and sometimes I have chocolate. Some weeks I might have one bar of chocolate and sometimes I might have four."

Theme 3: Support

Peer

Peer support was paramount, along with family support

"Everyone knows I have got diabetes in school and everything, most of my friends know anyhow, what to do and nearly all my friends in the classroom would definitely know if anything happened they would know exactly what to do"

School supportSupport from teachers was important, but to a lesser degree:

"... the principle provided with a room. He lets me use the secretary's office."

DISCUSSION

- The adolescents had an excessive fear of hypoglycaemia.
- The role of dietary advice was extremely important
- Support from peers & family was very important
- School support was important
- Acceptance of their condition was vital

RECOMMENDATIONS

- Implementation of a support programme for parents and siblings of children with diabetes.
- Development of an information booklet for teachers.
- We have created a more adolescent friendly service

CONTACT:

Fiona Falvey

Health Promotion Officer, HSE West

Health Promotion Services, University College Hospital

Galway

Ireland

Tel. +353 87 7977799

Fax. +353 91 501413

Email: fiona.falvey@mailn.hse.ie

EDUCATION OF PARENTS ABOUT CHILDREN INFECTIOUS DISEASES, CARE, PREVENTION AND HEALTH PROMOTION

Egle Tamuleviciene, Giedra Leviniene, Rita Baneviciene

AIM

Education of parents about children infectious diseases, care, prevention and health promotion.

TASKS

- inform parents about the most common infectious diseases of children,
- provide the information about care, diet of the patient,
- promote breastfeeding,
- provide information and promote the correct complementary feeding of infants,
- introduce to the new children vaccination plan.

RESULTS

The leaflets were prepared and distributed to parents. The project meets the needs of parents coming for medical service for their children to some outpatient departments of Kaunas County as well as treated in the Second Hospital of Kaunas. The leaflets cover eight topics concerning meningitis and care of the febrile patient, tic born diseases and their prevention, children infectious diarrheas (rehydration, diet, hygiene and care to prevent the nosocomial infection), care of the patient with respiratory infections, promotion of breastfeeding and correct complementary feeding of infants, the new possibilities of vaccination plan for children. The first leaflets on few topics were prepared in 2000 and now the themes were widened according to the request of parents and doctors.

CONCLUSION

Project gives possibility for health promotion, providing useful information and better communication of doctors and parents.

CONTACT:

Egle Tamuleviciene
Kaunas Second Clinical Hospital, Kaunas University of Medicine, Clinic of Children Diseases
Baltijos 120
47116 Kaunas, Lithuania
Tel. +370 68332057
Fax. +370 37 363171
E-mail: egle.tamuleviciene@gmail.com

GRIEF-SUPPORT TO CHILDREN AND YOUTH AFTER LOSING PARENTS OR SIBLINGS

Inger Bårtvedt

" Now I can talk to Mam and tell her how much I miss her "
" It helped a lot to meet others like me" or: in the same situation as me"

Department of Preventive Health Care in University Hospital of Akershus has organized a Grief-Support-Senter for children and youth offering support and help following their loss of parents or siblings.

Fourteen communities with approx. 200,000 inhabitants participates in this initiative.

THE PURPOSE is to organize and implement instant practical support for those in crises and grief when the help is most needed.

With this registration at our Senter we are able to coordinate and implement the support needed without delay and select the proper actions to be taken for each individual.

One of the activities offered is meeting in small groups ("Grief-groups").

In these settings can the children and the youth meet others in the same situation, thereby helping in their feeling of being alone with their grief. This may generate an atmosphere of fellowship and they can achieve acceptance of their situation by helping others in the same situation. To obtain strength through personal empowerment is a main goal.

" I am not that mad any longer"

" I am not that lonely any longer,-- it is good to talk to others in the same situation"

" here I can talk about things I dont dare to mention to others"

Group-categories:

- Children, 6 to 11 years old, which have lost one parent or sibling.
- Youth, 12 to 17 years old, which have lost parents or siblings
- Young people, 18 to 30 years, which have lost parents or siblings.

20 Grief-groups each year:

- Loss of parents or siblings
- Loss after suicide
- Loss of children / youth
- Loss of spouse

The Senter also:

- offer individual support
- give education of leaders of groups
- offer courses for health personnel in tackling help in crises, and debriefing
- cooperate with 1. line health services crises team
- cooperate with the church
- cooperate with schools and kindergartens.

CONTACT:

Else Karin Kogstad
Akershus University Hospital
Nordbyhagen
1478 Lørenskog, Norway
Tel. +47 67928276
E-mail: inger.bartvedt@ahus.no
WWW address: <http://www.ahus.no>

SESSION II-4: HEALTH PROMOTION FOR THE DISABLED AND FOR THE ELDERLY

A STAFF DEDICATED TO SPECIAL CARE DENTISTRY FOR HANDICAPPED PEOPLE

Christian Bacci, Ettore Valesi-Penso

Since 1992 Operative Unit of Dentistry and Stomatology of Saint Lorenzo Hospital, Borgo Valsugana (Trento, North-Eastern Italy), follows the customers of residential and stay-in daily centers for handicapped people of the province of Trento. Here we propose a plan of dental care for patients with special needs.

Dental care for mentally or fiscally compromised patients it's not different for all the other patients, for specialistic point of view, but performing dental treatment is not always possible in a standard clinical setting.

Often it is sufficient a correct psychological approach, without hurry, in a quiet and friendly place.

In other cases it is necessary to proceed in general anaesthesia or conscious sedation.

But the most important thing is prevention: for this reason our staff follows those patients even in their residential and stay-in daily centers performing visits and training for customers and carers.

A dentist and a dental hygienist perform meetings and workshops explaining about oral pathologies and their systemic implications, correct feeding habit, why and how oral hygiene, for uncooperative, mild uncooperative and cooperative patients.

An other important thing is to create a special dentistry team in which can work together dentist, dental hygienist and nurse, and can be in strict contact with the other specialists in anaesthesiology, psychiatry, internal medicine, genetic, haematology and surgery, with logopedist and physiotherapist.

Dental procedures are performed in the dental ward of our hospital and even in 8 ambulatories in the region of Trentino, managed by our dentists.

So we can offer a good dentistry even for those patients, often condemned in the past to the mutilation of full mouth extraction.

CONTACT:

Christian Bacci
UO Odontostomatologia APSS Trento Italy
Ospedale San Lorenzo viale Vicenza,9
38051 Borgo Valsugana, Italy
Tel. +39 (0) 461755218
Fax. +39 (0) 461755138
E-mail: bax-1@libero.it

“DOLPHIN” PROJECT “THE HOSPITAL MESH FOR THE DISABILITY: PROTECTED WAYS FOR THE SERIOUS DISABLED PEOPLE

Storti Pier Vincenzo, Borsatti Graziella, Luppi Mario, Mezzadrelli Giovanna, Sturani Carlo, Tiron Camelia Gaby

The city of Mantova has got something like 1600 handicap carrier people who, when reached the adult age, lay heavily economically, logistically and emotionally on the families. The aim of the DOLPHIN project is to help this type of patients and promote the Carlo Poma Hospital a reference centre for these patients. The proposal is the reception, a dedicated reception especially for the serious disabled, carriers of serious neuromuscular pathologies or serious organ insufficiency (breathing) whether associated or not to serious communication deficit.

Its peculiar features are the rapidity, coordination, multidiscipline. The disabled - with impending chronic degenerative pathologies - when acceding to a sanitary structure, has particular necessities, connected to the peculiarity of his disability condition; dedicated and protected ways, reasonable rooms, presence of an escort during the permanence in hospital, minor waiting times. The sanitary staff must be reasonably competent regarding disability matters, not only for what concerns the medical topics but also for what concerns all social aspects connected to disability world.

Addressee of the project

Disabled subjects with neuromuscular pathologies (advanced rate of disability and/or communicational deficit)

Disabled subjects with organ insufficiency (breathing, advanced rate of disability and/or communicational deficit)

AIMS

- Isolation and defence of protected categories; planning and adoption of strategies which might support the achievement of the social-welfare continuity Hospital and Territory.
- Creation of easy and safe tracks for serious disabled and their families with necessity of diagnostic and therapeutic interventions and/or counselling and training ones.
- Evaluation of the familiar stress (care givers) and planning of support strategies (social-assistance continuity Hospital - Territory).
- Creation of "fast and protected" tracks with Voluntary Associations.

SPECIFIC AIMS

- Answering to specific requests sent for the following hospital services through Fast track ways:
- Diagnostic - invasive and non invasive operation
- Therapeutic operations which include following competences: gynaecology, facial surgery/ dentistry, ORL, general surgery, vascular surgery, dermatology, cardiology, pneumology, infectology, neurology, orthopaedics.
- Counselling, evaluation of care giver's stress and support strategy.

Planning, integration, evaluation of operations:

A. Multi disciplinary team in DEA (Emergency Reception Department)

Nursing manager planning, Medical manager planning, special referents, psychologist, URP relationship with voluntary associations.

B. Competency organization model:

Dedicated reception - telephonic availability 4 hours/day

Telephonic counselling and booking (in cooperation with a case manager who got specialized at the SSmu 118) - creation of dedicated ad hoc green number.

Time in bed room - two beds with availability of one bed for the caregiver

Visual indication through the code "dolphin" for the precise indication of the created specialized track

C. Processes connected to the process

Year 2005 - 2006 - training of dedicated operators and voluntaries

Year 2005 - 2006 - definition of tracks and tasks

Year 2005 - 2006 - pilot activity for facial surgery, DEA, disabled people completely dependent of mechanical ventilation.

Year 2005 - 2006 - preparation of operative manuals and informative brochures in cooperation with Voluntary Ass. URP 1°

Semester 2006 getting informed the MMG of the existence of the green number ASL

Year 2006 - 2007 activation of customer satisfaction

Year 2007 - 2008 - extension of the wire to all specialities.

D. Indicators of the project

Year 2006: Involving of at least 3 voluntary associations, enlisting in the pilot project of DEA, 118, facial surgery, gynaecology, pneumology, neurology, radiology, laboratory.

Year 2007: management of at least 100 cases with serious disability with positive customer satisfaction (more the 60% of treated cases)

Year 2008: more than 200 patients with positive customer satisfaction

CONTACT:

Tiron Camelia Gaby

"Carlo Poma" Hospital Company

Albertoni
46100 Mantova
Italy
Tel. +39 376201441
Fax. +39 376201808
E-mail: camelia.tiron@ospedalimantova.it

THE ACUTE ELDERLY: HOSPITAL-TERRITORY INTEGRATION MODEL

Anna Burattin, Maria Tonni, Maurizio Poli, Paolo Marzollo

Analysis of the critic ER activity - actual state and future prospective

Key words: Temporary Observation (TO)

The changes in the sanitary system and the public ask for a better medical assistance has modified the role of the emergency medicine in Italy and has redefined the role of the first aid department. The use of the temporary observation structure represent a factive solution for clinical situation at high risk of improper hospitalization. However, this resource has some critical points, expecially for the older and cronically ill patients, that need more diognostical tools and a delayed clincal evaluation. The aim of our work is to evaluate an analysis of historical data in the first aid unit of the Gardone Val Trompia Hospital, expecially in relation to the temporary observation. The population target is the "old fragile" patient (, with multiple or cronic illness, with disability or neoplasms, or with socio assistential problems). We have valuated the first five months of activity of the new ambulatorial of "Follow up" .Based on our data we ipotized a new pathway for these patients, that link the hospital to the territorial general practice.

CONTACT:

Paolo Marzollo
Azienda Spedali Civili di Brescia
Spedali Civili ,1
25123 Brescia
Italia
Tel. +39 (0) 30 3995818
Fax. +39 (0) 30 3995869
E-mail: pmarzol@tin.it

ASSISTANCE AND ACCOMPANIMENT TO THE DEATH IN R.S.A.

Roberto Caprioli, Teresa Ricciardi, Angela Monese, Ivana Pisoni, Anna Lisa Mazzoleni

OBJECTIVES:

The Don Gnocchi Foundation is now operating in 25 Centers in 9 different regions in Italy, the services offered are accredited through the National Health Service and cover a capacity of over 3000 hospital and day-hospital admissions.

The Palazzolo Institute, among the Centres for elderly in need of assistance (R.S.A.) of the Foundation, is the largest and the most important one, it hosts 700 elderly people affected by serious physical and psychological pathologies, high comorbidity and frailty. In this context the problem of the death is almost daily. The multidisciplinary approach is considered the most effective method to give support to the elderly dying and to accompany his family members in the elaboration of the mourning.

The accompaniment to death process aims at: making the staff department aware of patient's needs, attitudes and correct relationship with his family; exploiting the religious meaning; advising the family on good practice and organizational appearances; dealing with the dying host and his family, the emotional profile of the psychological process referred to the terminal phase.

ACTIVITY

It consists to set up department pilot and to define the methodology of intervention by means of: adoption of appropriate guidelines; proposal of a new formal procedure to administer the extreme unction; careful re-assessment of the medical assistance aspects of the dying host during the meetings to design the Individual Care (Assistance) Programme (P.A.I.). On the psychological side: programme of training meetings every two weeks for the department staff on subjects identified by focus groups. Psychological support to the dying host and his family members.

RESULTS

In the first six months of activity, we followed a group of eight patients, four of them were able to make use of psychological talks of support individual. Patients and their family units received all a weekly psychological support, also after the death, showing a good level of collaboration and receptivity. An emotional test of sensitivity on zero time was administered to the department staff.

CONCLUSIONS

The multidisciplinary team, the adoption of guide lines and shared procedures, performed a key role as tool to carry out a correct assistance programme bringing various meaning with a significant emotional impact. Multidisciplinary intervention improved identity and commitment of the group, helping a favourable atmosphere in managing the accompaniment to death process.

CONTACT:

Roberto caprioli
don carlo gnocchi foundation, palazzolo institute
don luigi palazzolo street number 21
20149 milan
Italy
Tel. + 39 (0) 2 3970-3410
Fax. + 39 (0) 2 3271011
E-mail: rcaprioli@dongnocchi.it
WWW address: <http://www.dongnocchi.it>

CARE FOR ELDERLY PEOPLE: OPTIMUM SCORE REALIZED BY CLINICAL AND ORGANISATION MODELS

Fernando Anzivino, Chiara Delli Gatti

BACKGROUND

Ferrara Health Organization (FHO) has some critical state about Care Process for old people, that this give a correct care after hospital for non self-sufficient elderly patients, improve welfare and health integration, find an alternative evaluate method for quality offer (not only on number of bed), and some critical state about Care Results Assessment given to elderly people, that this necessity to preserve residual skill of elderly patient, difficult to evaluate totally needs of patients for determinate who and which professional skills can be used on appropriated care process, shortage evaluation and control care results, difficult to build a data warehouse in which can be collect all data and information necessary to make a comparison with different reality, continuous and appropriated evaluation about case mix offer is deficiency.

OBJECTIVES

Project is finalized to following general objectives like: focus on a correct method of care after hospital, choice of method called Individual Care Project (ICP), integration of various medical professional, evaluation elderly medical facilities using ICP.

METHODS

Operative instruments and care action necessary to reach objectives are: using guarded demission (that is a correct care to hospital from home or elderly medical facilities), improve perception of Domiciliary Services (especially for its support to Hospitals) and form the Geriatric Inter-Department (realized to FHO and the other main health organization in Ferrara, S. Anna Hospital).

RESULTS

FHO obtained a continuous care for non self sufficient elderly people, growth integration between FHO and all the Town Council, for having welfare satisfaction together health satisfaction, obtained acceptance of new modalities to evaluate care (using ICP), obtained improve control of care result, realized the construction of data warehouse, with a sufficient collection of elderly patients information, and realized an appropriated case mix offer assessment.

CONTACT:

Erika Grandi
Azienda USL di Ferrara
Geriatric and Long Term Inter Department

Via Cassoli, 30
44100 Ferrara
Italia
Tel. +39 (0) 532235896
Fax. +39 (0) 532235799
E-mail: e.grandi@ausl.fe.it

HEALTH PROMOTION OF THE ELDERLY IN THE COMMUNITY: PREVENTION OF THE FALLS, URINARY INCONTINENCE AND PROMOTION OF ORAL HYGIENE

Jurgita Knasiene, Rita Baneviciene, Jurate Macijauskiene, Gyte Damuleviciene

With increasing numbers of elderly people, specific age-related conditions become consequential worldwide. Every long-standing disease and disability challenges the health and social care systems, demanding economic provision and human resources. One of the important methods in promoting health for the elderly is education.

THE AIM of the project was to promote health care for the elderly in the district of Kaunas.

The methods achieving the goals: education of staff in the inpatient institutions and elderly patients via the lectures and publications. The duration of the project was from November until December, 2005.

THE RESULTS

Three training lectures had been conducted for the nurses in the three inpatient institutions with the topics "Prevention of falls in the elderly", "Urinary incontinence: the causes, control and prevention in the elderly", and "The importance of oral hygiene in the elderly". Overall, 180 participants attended the lectures. Three brochures on the above-mentioned topics were published with the edition of 3000 copies. The brochures were spread among the elderly and staff in the health care institutions in the district of Kaunas. Three articles published and two submitted in the popular journals, which were designed for public.

THE CONCLUSIONS

1) Health care educational services had been provided for the elderly and staff of the institutions in Kaunas district. 2) The project has continuum and will be organised in other institutions of the district.

CONTACT:

Jurgita Knasiene
Kaunas 2nd Clinical Hospital
Josvainiu 2
Kaunas
Lithuania
Tel. +370 37 306071
Fax. +370 37 306070
E-mail: jurgaknasiene@takas.lt
WWW address: <http://www.2kkl.lt>

AUDIT OF A REHABILITATION UNIT FOR OLDER PEOPLE

Emma Bartlett, Fiona Keogan, Alan Moore, Ciaran Donegan

PURPOSE

St Joseph's Rehabilitation Unit opened in August 2004. The unit has 14 beds for older people from Beaumont Hospital and the community who need a period of multidisciplinary rehabilitation. The aim of this audit was to examine the outcome of rehabilitation of older people in a specialised rehabilitation unit using appropriate outcome measures. The selected outcome measures included Modified motor assessment scale(1) (MMAS) to measure functional motor performance following stroke, elderly mobility scale(2) (EMS) to assess locomotion, balance and key position changes in older people and Berg Balance Scale(3) (BBS) to measure balance and predict the risk of falling.

SUBJECTS

All patients (n=60) who were admitted and discharged from January to end of July 2005 were included (22 male, 38 female). Average age 80.1 (6.83) years.

METHODS

Appropriate outcome measures were completed on admission and discharge.

DATA ANALYSIS: Data was analysed with microsoft excel and data desk software using descriptive statistics. Admission and discharge scores for each outcome measure were compared using paired t tests.

RESULTS

Average (S.D.) length of stay was 33.15 (25.04) days. Forty one patients were admitted from the acute hospital, 18 from home and 1 from a nursing home. Forty five patients were discharged home, 12 were transferred back to the acute hospital and 3 to a nursing home. There was an average improvement of 14.29 in the MMAS $p=0.0211$, 5.07 in the EMS $p=0.0023$ and 9.84 in the BBS $p=0.0001$.

CONCLUSION

The majority of patients demonstrated a significant improvement in outcome measures related to balance, mobility and function following a period of multidisciplinary rehabilitation in a specialised unit. Seventy five percent of patients admitted to the rehabilitation unit were discharged home. These results demonstrate the value of a specialised rehabilitation unit for older people with a dedicated multidisciplinary team.

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CONTACT:

Emma Bartlett
Beaumont Hospital, Physiotherapy Dept
Beaumont Road
Dublin 9
Ireland
Tel. +353 868303470
E-mail: emmabartlett@beaumont.ie

SESSION II-5: HEALTH PROMOTING PSYCHIATRIC HEALTH CARE SERVICES AND MENTAL HEALTH PROMOTION IN THE HEALTH CARE SYSTEM - 2

THE WORK IN NETWORK: RAISE THE MENTAL HEALTH

Elena Bruni, Francesca Cigala

BACKGROUND

Psychiatric Day Centre (PDC) born in Italy when law 180/78 decreed the closure of madhouse and the opening of this structure where give treat, rehabilitation and reintegration of patient psychiatric. "Maccacaro" Psychiatric Day Centre (PDC) is the experience of Ferrara Health Organization (FHO); founded in 1989, gives care to 20-50 years patients which serious psychiatric disorder (psychosis, bipolar disorder, borderline personality disorder).

OBJECTIVE

Create a network formed by patients, patient's family, spare time and voluntary organization, able to support patients and to promote psychiatric health, whit the final purpose to get back individual skills, self-respect, self-confidence of all patients.

METHODOLOGY

Use network to develop therapeutic treatment individual projects by: Expressive group therapies (psycho motion, art-therapy, music-therapy, theatre-therapy), Creative workshop (kitchen, joinery, gift and fancy goods), Individual psychotherapy. Subject involved are 100 patients, 4 educationist, 5 nurses, 1 doctor.

Partner of the project are Ferrara Town Council, Volunteer Service Centre, major sporting and cultural association and G. Minguzzi Research Institute.

RESULTS

Project realized: Free Time and social Reinsert ("Integrate-Us" Club. Self-help patients association; Sports Club; Theatre Way), Work Reinsert (Foundation of Cooperative "NewMind" that develop "Riciclette" project, where patients mend bicycles, and "Restoration" project).

35 internship are be made.

4 people are be employees.

PDC is also become a training office for College and University students.

Events organized in 2005: 1 Play in Municipal Theater (with "Accademia della Follia" Company and Ferrara University), 2 videos of the play and its work broadcast at Italian National Broadcasting (RAI), 3 Concert, 3 debates (with Ferrara Cultural Association), 2 Newsletter about social acceptance (with "Integrate-Us" Club and Local Cultural Association), 4 Sport Tournament, 3 Training Courses (with Cooperative "NewMind" and Efeso), Party, Holidays, Tour, Hobby Courses (with Volunteer Services Centre) and the scientific publication "The work in network in promoting psychiatric health".

CONTACT:

Erika Grandi

Psychiatric Health Department

Via Cassoli, 30

44100 Ferrara

Italia

Tel. +39 (0) 532235896

Fax. +39 (0) 532235799

E-mail: e.grandi@ausl.fe.it

HEALTH PROFESSIONALS WITH A PSYCHIATRIC DIAGNOSIS

Karen Strangaard Poulsen, Karl Mathisen

The Psychiatric Services in the county of North Jutland are participating in the project "Health Professionals with a Psychiatric Diagnosis". Here can potential colleagues own experience of mental illness, be used in a constructive way.

THIS INVOLVES: training to use their life-experience when working in Mental Health. This project is career-oriented and not treatment-oriented. Therefore the participants must have a reasonable understanding of their mental illness.

THE PHILOSOPHY AND MOTIVES: this group has a special qualification which will give Mental Health a new perspective. We can gain a clearer understanding of these people and the job related resources and qualifications that they possess.

TARGET GROUP: People with a qualification that is relevant to Mental Health and a psychiatric diagnosis.

AIMS:

- To give psychiatry a boost
- To give patients/clients role-models and hope
- To destroy prejudice and discrimination in recruitment.
- Rehabilitation of employees with a psychiatric diagnosis.
- Find out what support is necessary for an employee with a psychiatric diagnosis, if they are to continue keep a job

WHAT THIS INVOLVES: the participants are appointed, for a minimum of one year, under special conditions and with in-service training.

THE ROLE OF PROJECT-WORKERS:

Informative

Support people with psychiatric diagnoses to apply for jobs in Mental Health

Deal with other colleagues scepticism and concern
Prepare job-descriptions
Carry out clarifying interviews
Carry out interviews which aim to match the applicant to a suitable job.
Carry out follow-up interviews
Plan and implement the theoretic training

ECONOMY: This project is financially supported by several organisations including the Ministry of Health.

WHO IS INVOLVED: Project-coordinator Karl Mathisen and Project-worker Karen Strandgaard Poulsen from the Quality and Development Department, Psychiatry in North Jutlands County.

EVALUATION STRATEGY:

The project, which runs for two years, will be evaluated nationally using anonymous data from the students. A rapport will then conclude if the project lives up to its aims and if there is basis to continue with the concept.

CONTACT:

Karen Strandgaard Poulsen
Mølleparkvej 10
9000 Aalborg, Denmark
Tel. +45 96311296
E-mail: ksg@psyk.nja.dk

THEATRICAL INTEGRATED LABORATORY TO SUPPORT CHILDREN'S AND ADOLESCENTS' MENTAL DISEASE

Luigina Cenci, Maria Antonietta Tavoni, Andrea Bartola, Claudia Pasqualini, Cesare Cardinali

The project configures as a theatrical laboratory for children and adolescents with mental diseases to foster their expressiveness through artistic creativeness and improvisation chosen like an ideal tool to express themselves and better socialize.

METHODS/ACTIVITIES

Theatrical Laboratory, **firstly** planed and entirely sponsored by a Voluntary Association (FA.NPIA), had been directed to eight subjects, aged between 7-17.6 years old, affected by different mental diseases (anxiety, emotional block, pervasive developmental disorders, mental delay) integrated with some teenagers so called "regular". The realisation of the experience lasted from January to April 2006, weekly meeting two hours each time near an experimental theatre in Ancona – Marche Region- Italy. The project's title was "Invent the theatre" and at the end of the meetings the performers produced an interesting show; it had been coordinated by two workers as educators supervised by a Neuropsychiatrist for relational troubles particularly joined to hypothetical, real and symbolic conversions from the experience.

Operating model derived from our Diurnal Therapeutic Hospital, which consists in a teamwork, intensive, integrated multi-modale Service for children with neurocognitive disorders in pre-school age, approach according to which it's possible to develop new forms of communicative and symbolic space within the Group stimulating reciprocal emotional comparison and exchange among realities sometimes too much far away one another.

RESULT/CONCLUSIONS

All the Actors have experienced a more integrated "oneself" through the interactive relationship with other players. Theatrical improvisation allows everyone to assert himself at the same time different from the other but above all from oneself, his own habits and real life. Moreover, being educator's training like a theatrical clown, the laboratory is oriented to let come out poetry and and comical aspects and to find rhythms and times to express oneself, all elements at clown's effect roots.

Only 1 case out of 4 children enroled affected by anxiety disorders had completed experience, as a proof of unsurmountable performance difficulties due to emotional block.

Some pictures will show main experience's moments.

For the Hospital it had been another experience "beyond the clinic", an example of clinic good practice for mental health promotion in the health care system and an educational way to the emotional expressiveness.

CONTACT:

Luigina Cenci
Azienda Ospedaliero-Universitaria Ospedali Riuniti "Umberto I°-Lancisi-Salesi"

Presidio Ospedaliero di Alta Specializzazione "G.Salesi" –Ancona
Via Corridoni ,11
60123 Ancona, Italy
Tel/Fax. +39 (0) 71 5962502
Fax. +39 (0) 71 5962504
E-mail: cenci.luigina@libero.it

MENTAL HEALTH PROMOTION: AN EXPERIENCE WITH SCHOOL

Matteo Vezzoli, Giovanni Lutteri, Claudio Moser, Francesca Girardelli, Deborah Pomiato, Maria Grazia Buso, Mauro Motter

The team at the 3° Operative Unit of the Department of Psychiatry, Alta Valsugana Health District (Trentino region, northern Italy), in collaboration with the Marie Curie school in Pergine Valsugana, located inside a pavilion that was formerly a Psychiatric Hospital, presented an informative project to 143 students, that varied in relation to their age and in their choice of studies, concerning various themes regarding mental health. The project is part of an Empowerment project whose goal is the promotion of mental health.

THE MAIN GOALS of the project are:

- To gather information regarding the level of knowledge and awareness concerning several areas that deal with mental health, by analyzing how a psychiatric patient is perceived by those that take part in the survey;
- To supply information regarding the organization and the ways in which the mental health services function in this particular region;
- The methods used were the following:
- A set of 10 questions was handed out regarding the level of knowledge and awareness concerning some of the areas that deal with mental health and the ways in which youth perceive a psychiatric patient;
- The film "Elling" was shown in order to portray the difficulties that a psychiatric patient encounters when reinserting him or herself back into daily life;
- The team from the Centro Salute Mentale (Mental Health Centre) met with the classes and discussed what was portrayed in the film in order to heighten the students' awareness of the stereotypes that are linked to psychiatric pathology
- The results of the survey were returned which led to a discussion amongst students, teachers, and regional experts;
- The teachers then evaluated the impact that these discussion sessions had on the students through individual work carried out by the students;
- Due to the importance of the data gathered, the O.U. will meet to analyze the repercussions that this data may have on daily effectiveness;.

THE MAIN RESULTS of this project were:

An increased level of knowledge and awareness with regards to:

- Areas concerning mental health;
- Services that are available in the region;
- Etiology and risk factors of the main pathologies;

Understanding the importance of a social support system and other support such as friends, family etc.

- A favorable response to the discussion sessions and the requests for more information and/or further analysis;

CONTACT:

Matteo Vezzoli
Azienda Provinciale per i Servizi Sanitari
Via S. Pietro
38057 Pergine Valsugana (TN)
Italy
Tel. +39 (0) 461 515456
Fax. +39 (0) 461 515291
E-mail: matteo.vezzoli@apss.tn.it

SESSION II-6: HEALTH PROMOTION FOR HOSPITAL STAFF

CLINICAL TRAINING OF STUDENT NURSES IN A HEALTH PROMOTING HOSPITAL

Neus Brugada, Dolors Juvinyà, David Ballester, Carme Bertran, Alicia Baltasar, Margarita Gou

Following the Ottawa Charter, health promotion is now recognised as an essential tool, since it allows people to control their own health in order to improve it, acts on the factors which determine good health so as to increase it, contributes towards the reduction of inequalities, guards human rights and increases the expectation of health. It is from this perspective, given the prevalence of chronic illnesses, that it is essential that the programme should become a strategy for contributing towards creating and changing lifestyles that will help to improve or maintain health.

The University Nursing School students, through their theoretical training and practical clinical training at the Hospital Trueta, the health promoting hospital, acquire the competence and abilities to put these strategies into practice.

METHODOLOGY

One of the clinical exercises carried out by our students in order to apply the knowledge they have gained is creating an individual education for health programme adapted to the needs of a patient who has suffered an acute myocardial infarction, so as to establish what knowledge they have and how we can teach them to take responsibility for their own health and acquire healthy living habits.

RESULTS

The students showed interest in the evaluation of patients' previous knowledge with respect to their illness and the main interventions involve correcting the patient's diet and a suitable physical exercise plan.

CONTACT:

Dolors Juvinyà
University of Girona
Emili Grahit 77
17071 Girona
Spain
Tel. +34 972418770
Fax. +34 972418773
E-mail: neus.brugada@udg.es

TAKING CARE OF WHO TAKES CARE OF US. ORGANIZATIONAL HEALTH THROUGH THE INTEGRATED USE OF PSYCHO-CORPOREAL TECHNIQUES

Gioacchino Pagliaro, Daniela Buriola, Rosa Costantino

The project is part of an initiative launched in the AUSL of Bologna in 2002 with the application on 80 patients of an experimental method called "integrative oncology." The aim of this initiative was to reduce stress and improve the patient's recovery and their response to treatment. It was meant to experiment a model that could be applied in other areas of welfare.

Since 2003, courses on stress management and well-being of the organization have been introduced. They are aimed at inter-disciplinarian groups of doctors, nurses and officers that encounter patients with chronic illnesses or work in critical areas: mental health services, intensive care, neurology, oncology and first aid.

The problems that arose during the well-being courses for officers brought about the creation of "Taking care of who takes care of us" project.

This is designed to integrate experimented actions of the previous phases and methods with the reengineering of critical organization processes recommended by the same officers.

Now a days our pilot action began with the Integrated Home Care Services, area that is directly linked to chronic illness treatment.

Our goals are: improve the psycho-physical well-being of the officers involved, raise the quality of care and relational skills, training courses on how to be able to work as a team.

The principal actions provided are: empower staff to improve their well being and manage their stress levels better so it could be considered a real and concrete health promotion initiative. In addition, therapeutic initiatives for Integrated Medicine, creation of inter-disciplinarian groups, training courses on the use of psycho-corporeal therapy such as bio-energetic and meditation techniques, for doctors, nurses and officers, psychological support for professionals and officers but also for patients, reengineering of integrated processes.

CONTACT:

rosa costantino
AUSL di BOLOGNA
via Altura n.3
40139 Bologna
Italia
Tel. +39 (0)51 6225003
Fax. +39 (0) 51 6225009
E-mail: gioacchino.pagliaro@ausl.bologna.it
WWW address: <http://www.ausl.bologna.it>

MONITORING WORKING CONDITIONS OF STAFF SUFFERING FROM (LOCO) MOTORIUM CHRONIC DISEASES DUE TO MANUAL ACTUATION OF LADEN AND PATIENTS IN HOSPITAL COMPANY OF PAVIA PROVINCE FROM YEAR 2002 TO YEAR 2005

Arch Gian Carlo Scarpini, Luca Abatangelo, Stefano Salvadori

BACKGROUND

Staff health promotion is one of the main objectives of company's management for a better and more efficient allocation of people working in hospital services.

OBJECTIVE

Monitoring incidence of (loco)motorium chronic diseases caused by the manual actuation of laden and patients (in the years 2002, 2003, 2004, 2005) after primary and secondary prevention interventions which took place in the year 2002.

DESIGN AND METHODS

Some measures have been taken to prevent actuation risks: management training introduced for a chosen group of educators (2003); staff exposed to risk trained (2004-2005); methods of risk evaluation confirmed by literature activated (2005). Prescription following medical examination to assess suitability for accidents at work caused by manual actuation of laden and patients was considered as proxy of chronic condition. Incidence of (loco) motorium chronic diseases was monitored by SCAN method (Wallenstein and Neff, 1987) for surveillance of rare health events, in order to evaluate occurrence of clusters of new prescriptions.

RESULTS

Statistically significant variation of the incidence of (loco)motorium chronic diseases was not detected, while the four years monitored showed a significant increase of notified accidents (from 9 in 2002 to 16 in 2005) and days of absence from work (from 111 in 2002 to 188 in 2005).

CONCLUSION AND DISCUSSION

Even if no significant evidence of decreasing of incidence of (loco)motorium chronic diseases was found, perhaps due to the shortness of the monitored period, the significant increase of notified accidents, as well as of days of absence, can be ascribed to a better understanding and awareness of staff regarding industrial accident research conditions following the prevention interventions conducted. The situation will be monitored for at least three more years in order to collect more measures on a greater quantity of data and to better identify cases with no diagnosis written due to privacy reasons.

CONTACT:

Gian Carlo Scarpini
Hospital Company of Pavia Province
Viale Repubblica 34
27100 Pavia
Italy
Tel. +39 383695218
Fax. +39 383695214
E-mail: gian_carlo_scarpini@ospedali.pavia.it

ACTION ON THE PHYSICIANS' CHRONIC BURNOUT INVOLVING ALL ADMINISTERING LEVELS OF A HOSPITAL

Egle Kalinauskiene, Rita Baneviciene, Tautvydas Jankauskas, Albinas Naudziunas, Laima Jankauskiene, Leone Cepinskiene, Kazimieras Viezelis, Ausra Bernotiene

Chronic burnout increases the risk of many diseases and decreases the working capacity. Our aim was to establish the main factors of the physicians' chronic burnout and to fight it involving all administering levels of a hospital.

METHODS

The data of the physicians' (n=62) chronic burnout from 6 departments of the Kaunas 2nd Clinical hospital assessed by Freudbergs' scale, their data regarding workload and their suggestions for burnout decreasing were discussed in the departments and with the administrators of the hospital and integrating action was started. After 1 year the physicians' burnout and workload were assessed again.

RESULTS

The largest level of burnout (41.6+-20.9) was in the Department of Cardiology where physicians worked overtimes most often (86%). While physicians of the Intensive Care Department worked overtimes less (14.3%, p=0.01), their burnout level was less than cardiologists', the same as in the departments of Internal Medicine (25.6+-17.4), Geriatric (27.5+-13.0) and Pediatric (26.5+-18.2), and they had time for profession related knowledge improvement (71.4%), as well as physicians of other departments, excepted cardiologists (14%). To decrease the time of writing medical documents, which was the main physicians' suggestion for burnout decreasing, standard forms of medical documents and the stamps of standard writings were prepared. The time of the physicians' morning meetings was designated according to their suggestions. A room for rest in the Department of Cardiology was established. After 1 year the cardiologists' burnout level decreased (18.14+-11.9, p=0.03), they had more time for profession related knowledge improvement (57%, p=0.047), the tendency to work overtimes less (43%, p=0.059) was noted.

CONCLUSIONS

There were found and corrected some causes of the physicians' chronic burnout by integrated action of various administering levels of a hospital; the biggest cardiologists' burnout level decreased. We are going to continue this work in the future and are preparing the stickers with the patient data for standard medical forms.

CONTACT:

Egle Kalinauskiene
Department of Internal Medicine of Kaunas Medical University
Josvainiu 2
47144 Kaunas
Lithuania
Tel. +370 37 306000
E-mail: eglekalin@yahoo.com

STAFF MATTERS

Kathleen Cooper, Sarah Bush

INTRODUCTION

The NHS is committed to protecting and promoting the health, safety and well being of its staff. A health promoting health service is also committed to providing opportunities at work for staff to improve their own health by gaining awareness and knowledge of health issues. Osteoporosis was the chosen topic as it is estimated that 1 in 3 women over 50 years will suffer an osteoporotic fracture. In addition, primary prevention through addressing key issues such as healthy eating, physical activity and smoking cessation are involved. The inclusion of partners is crucial and these will include; nursing staff and Allied Health professionals, National Osteoporosis Society and Health Promotion staff.

AIM

To raise awareness of osteoporosis and the lifestyle factors that may prevent it within NHS settings in Ayrshire and Arran as nursing staff are an at risk group.

OBJECTIVES

Establish HPHS Steering group
Plan a campaign to raise awareness of nursing staff regarding osteoporosis
Establish health promotion link nurses within the hospital and community setting.

METHODOLOGY

Literature review of osteoporosis was carried out
Develop networking and partnership locally
Design a local campaign to raise awareness of osteoporosis and the Health Promoting Health Service.

RESULTS/OUTCOMES

Osteoporosis campaign delivered by October 2006
Retrospective reporting of knowledge gained by nursing staff about osteoporosis and prevention.
A partnership approach will lead to an increased awareness of HPHS and Health Promoting Hospitals.

CONTACT:

Kathleen Cooper
NHS Ayrshire and Arran
Public Health Promotion
10 Arthur Street
KA7 1QJ Ayr, Scotland
Tel. +44 (0) 1292 885875
Fax. +44 (0) 1292 885894
E-mail: cooperk@aapct.scot.nhs.uk

AN ASSESSMENT OF THE VALIDITY OF THE SF-36 QUESTIONNAIRE AMONG THE EMPLOYEES IN THE KAUNAS HOSPITAL

Rita Baneviciene

BACKGROUND

The majority of the health related quality of life studies in Lithuania is oriented towards measuring patient quality of life using disease specific or generic instruments. However, research studies of healthy individuals are episodic or not developed at all. The aim of pilot study was to evaluate the validity and reliability of the SF-36 questionnaire among employees in hospital in order to use this questionnaire for the assessment of the quality of life employees in Kaunas hospital.

METHODS

Self - administered questionnaire SF- 36 was distributed among 60 hospital employees considering employees' sex, age and professional criterion. Validity and reliability were evaluated by Pearson's correlation coefficients and by Cronbach's;. Test- retest was measured by interclass correlation coefficients.

RESULTS

The reliability of the SF-36 was high (0,65-0,84.) for each domain. The correlation was high for all domains and reached statistical significance. The test-retest reliability was high or very high for all domains (0.64-0.89). Nurses and technical personnel reported poorer health status than medical doctor and administrative personnel. Regarding sex differences women reported poorer health status than men on all eight scales of the SF-36. With respect to age younger participants reported poorer mental health than their older partners.

CONCLUSIONS

The SF-36 showed high reliability and validity results and is suitable instrument for evaluating quality of life of the employees in Kaunas hospital.
Future studies will be evaluating the relationship between the hospital employee quality of life, health and work conditions.

CONTACT:

Rita Baneviciene
Kaunas 2nd Clinical hospital

Josvainiu 2
47144 Kaunas
Lithuania
Tel. +370 37 306000
E-mail: 2kkl@medi.lt

PROMOTING CHILDREN'S DENTAL HEALTH - DEVELOPING GOOD PRACTICE GUIDANCE FOR HOSPITALS

James Robinson, Kathryn Bailey, Nicole Bauwens, Wendy Doorghen, Alison Fenwick, Alana Ingram, Elizabeth Roebuck

Child dental health is a major public health concern in Scotland which has the poorest dental health in Western Europe. As a consequence there has been major investment in dental health promotion. However this effort has been largely focussed on the community and primary care setting with little involvement of the hospital service.

The Scottish Network of Health Promoting Hospitals for Children and Young People recognised the potential for hospitals to increase their role in this area and established a working group. Drawing representatives from Scotland's children's hospitals and general hospitals together with community health colleagues the working group has set out good practice guidelines drawing on evidence-based practice. In conjunction with the guidelines a survey tool has been developed to establish a baseline and to monitor impact on practice. The guidelines set out guidance not only on dental hygiene but also cover staff training, child and parent involvement, diet and changes in hospital culture and practice. The guidelines were distributed widely for consultation. Linkages have also been made with the NHS Education Scotland enabling the working group to contribute to national training and education programmes for health professionals.

CONTACT:

James Robinson
Royal Hospital for Sick Children
Sciennes Road
EH9 1LF Edinburgh
Scotland - UK
Tel. +44 131 536 0055
E-mail: james.robinson@luht.scot.nhs.uk

STAY HEALTHY AT WORK --STAFF PROGRAM

Rose Byrne, Martin Smith

RATIONALE

Workplace health promotion can reach hard to access groups of people and can have a positive impact on lifestyles and environmental approaches (Naidoo & Wills, 1994, pg 248) and studies have indicated that hospital staff have not always been exemplars of healthy lifestyles.

AIM

To plan, implement and evaluate a health awareness programme for hospital staff

OBJECTIVES

- To raise awareness of staff about the importance of vigilance in specific health matters leading to early detection of ill-health.
- To empower all staff to manage their health through information and education sessions
- Early detection of hypertension and diabetes.
- To raise awareness of the hazards of smoking.

METHOD

Coordinated lunchtime workshops on varied health topics for example:

- Breast cancer awareness, blood pressure/blood sugar and carbon monoxide level checks, and osteoporosis awareness. Also the importance of physical activity, healthy eating and weight and stress management techniques were incorporated in discussions
- Liaised with the Occupational health staff to facilitate keystone eye tests for staff in persistent use of Visual Display Units and to educate this target group in best practice in their safe use.
- Invited specialist health care professional to facilitate appropriate workshops.
- Advertised workshop venues, dates and topics widely throughout the hospital to ensure maximum participation.

EVALUATION

- Level of interest from staff monitored.
- Feedback by way of an evaluation form.
- Level of abnormalities detected through blood pressure and blood sugar analysis.
- Levels of staff knowledge measured through quizzes.
- Level of awareness of hazards of improper V.D.U. usage and workstation practises detected by assessor.

FINDINGS

- The programme is ongoing and is evaluated by quantitative and qualitative methods. Numbers attending talks were high (to date over two hundred staff have participated) and feed back was obtained by an evaluation form.
- Physical checks detected few abnormalities which may indicate that in future specific at risk staff groups should be targeted.
- All respondents felt the programme worthwhile and topics covered were relevant and informative to their own health, however, some staff indicated that they would have liked a full medical screen.
- Workshops were held at lunchtime which was a suitable time for most respondents.

In conclusion the programme is a very successful initiative which has generated a lot of interest from staff re- healthy eating and lifestyle awareness.

CONTACT:

Rose Byrne
Our Lady of Lourdes Hospital
Drogheda
111 Co. Louth
Ireland
Tel. +353 429381172
E-mail: Rose.Byrne@maile.hse.ie

STRESS AND MOOD DISORDERS AMONG INTENSIVE CARE UNIT NURSES'

Zemyna Milasauskiene, Irena Miseviciene

BACKGROUND

Hospitals employees are exposed not only to various chemical or physical agents but also to stress. For the mental health promotion strategy, it is important to reveal the relationship between stress and the mood disorders of medical personnel.

AIM

The aim of our study was to evaluate the prevalence of mood disorders and stress among the nurses working in intensive care units' (ICU) of one Lithuanian HPH network hospital.

METHODS

All the nurses of the central ICU were asked to fill in the standard diagnostic "WHO-5 Well-being scale" and questions related to nurses' health and behaviour. The response rate was 87.5%. The mood disorder was diagnosed if the score sum of "WHO-5 Well-being scale" was below 50. Univariate regression analysis was used in order to evaluate the factors related to the occurrence of mood disorders.

RESULTS

Mood disorders were diagnosed in 30.6% of nurses. Within the last moth 22.9% of the nurses claimed that they felt more tension or stress than people did in general. During the last year every tenth (12.6%) nurse noted that she was somewhat

more or much more depressed than before. Univariate regression analysis revealed that mood disorders was related to the nurses' age, stress and depression complaints. Each additional year of nurses' age increases the chance of having mood disorders by 5%. Nurses who experienced more stress or tension during last month had increased odds for mood disorders compared with those, who did not feel stress more than people in general (OR=1.90; CI 1.27-2.82). Nurses, who rated the degree of depression during last year as somewhat more or much more than before had higher odds ratio for mood disorders compared with those, whose degree of depression was rated as not at all or not more than before (OR=2.89; CI 1.12-8.82). It is notable that the majority (78.9%) of nurses requested stress management program.

CONCLUSION

In order to implement effective mental health promotion program for nurses, it is necessary to investigate psychosocial work conditions and other factors related with the occurrence of mood disorders.

CONTACT:

Zemyna Milasauskiene
Institute for Biomedical Research of Kaunas University of Medicine
Eiveniu str. 4
LT 50009 Kaunas
Lithuania
Tel. +370 37 302961
Fax. +370 37 302959
E-mail: zemyna@vector.kmu.lt

RELATIONSHIP BETWEEN NURSES HEALTH COMPLAINTS, RISK PROFILE AND SELF-RATED HEALTH

Zemyna Milasauskiene, Irena Miseviciene, Daiva Zagurskiene

BACKGROUND

While implementing health promoting intervention program at Kaunas Medical University Hospitals (KMUH) a great attention is paid to the health and health behaviour of medical staff. Many investigators have shown that self-rated health (SRH) can be used to screen for high-risk groups who need prompt and effective preventive intervention.

AIM

The aim of the study was to evaluate how nurses were rating their own health and health problems associated with SRH.

METHODS

For the study we used a self-administered questionnaire, which contains items about health problems and life style. SRH was evaluated using a single question asking nurses to rate their overall health on a scale from good (5 points) to poor (1 point). 147 nurses (response rate 82%) from three randomly selected clinics of KMUH took part in the survey.

RESULTS

The obtained data showed that half (51.8%) of the nurses assessed their health status as good and reasonably good, 43.4% of the nurses evaluated their health as average, the rest (4.9%) of respondents indicated that their health was rather poor or poor. The highest complaints were reported for musculoskeletal disorders: one half (52.8%) of the nurses complained about low back pains, a quarter of the nurses were troubled neck and/or shoulder pains (25.7%) and joint aches (24.3%). Every fourth (26.4%) nurse complained about swelling of feet and 18.8% of nurses suffered from varicose veins. Multiple logistic regression analysis revealed a relationship between nurses' health complaints, risk factors of chronic diseases and SRH. Nurses who had health complaints assessed their health as rather poor or poor, than those, who rated their health as good and/or reasonably good. Arterial hypertension and overweight were associated with rather poor or poor SRH. Smoking was not related with SRH.

CONCLUSION

The results of study revealed the need for health promotion programs addressing the health and healthy behaviour of nurses. We hope that regular health promoting activities among nurses will increase health of medical personnel.

CONTACT:

Zemyna Milasauskiene
Institute for Biomedical Research of Kaunas University of Medicine
Eiveniu str.4
LT-50009 Kaunas
Lithuania
Tel. +370 37 302961
Fax. +370 37 302959
E-mail: zemyna@vector.kmu.lt

THE INTERDEPENDENCE BETWEEN HEALTH CONDITION OF THE NURSING STAFF AND THE ERGONOMIC WORK CONDITIONS

Vidmantas Januskevicius, Audrius Spirgys, Paulius Vasilavicius

AIM OF THE STUDY

The present study aims to assess the interdependence between health problems among nurses and work environment in the health care institution (X) as well as to suggest means for the prevention of health problems.

RESULTS

For the assessment of the degree of physical strain involved in manual load lifting, the target group population was given an additional questionnaire. On the basis of this questionnaire, it was determined that work responsibilities of the target group included work with patients, distribution of the prescribed medicine, transportation of patients, transportation of laundry, etc. The assessment of these work responsibilities with respect to risk index showed that the turning, washing, dressing of patients and other works are ascribed to the category of high risk index. The transportation of patients was categorized as the increased risk index ($p < 0.05$).

The assessment of risk index served as evidence for the fact that a considerably increased physical strain was involved in the Brain Trauma Department (80.3 %) and the Intensive Care Unit (29.3 %); increased physical strain was determined only in the Department of Neurorehabilitation (37%) ($p < 0.05$).

CONCLUSION

- The assessment of work difficulty by risk index revealed that washing, dressing, and turning of patients is related to high risk of impairment in musculoskeletal system. Transportation of patients ($p < 0.05$) is ascribed to higher risk zone. The examination of the risk index among nurses working in different departments revealed that increased pressure on musculoskeletal system is detected in brain trauma and intensive care units ($p < 0.05$).
- It was found that nurses who lift, turn, or transport patients experience spinal, lumbar, and leg pains. Pain in the neck, shoulder, and carpal areas was found to be more common among the control group population working as laboratory staff, registrar staff, etc.

CONTACT:

Vidmantas Januskevicius
Kaunas medical university hospital
Eiveniu 2
LT 50009 Kaunas
Lithuania
Tel. +370 37 327110
E-mail: vidmantas.januskevicius@med.kmu.lt

THE INFLUENCE OF HOSPITAL WORK ENVIRONMENT TO THE QUALITY OF SERVICE

Laimute Radziunaite, Stasys Gendvilis, Loreta Treigyte, Virginija Juciuviene

The integration of principles of workers health strengthening to the activities of the institution and work of its staff, gives more opportunities to people for taking care of their health and for its improvement.

There are about 3% of working population in European health care institutions. Hospital is a special working place, where, despite of proper order in work environment, it is impossible to avoid the influence of risk factors to the health of staff. Most

workers of health care system suffer tiredness, stress, aggression at work. There is a higher risk of injuries and psychological problems than for representatives of other professions as well. New medical technologies, structural reorganizations in health sector, lack of personnel increase tension for medicians. Therefore the risk of undesirable events increases and the threat for security of patients appears.

AIM: to investigate hospital work environment and to estimate its influence to quality of service.

Methods: interviews of workers in hospital in 2004.

RESULTS: 20% of the respondents affirmed that load of their work is very high, half of the respondents evaluated load of their work as high. The results of the survey showed that most respondents are not satisfied with high work load (35%), unefficient work organization(18%), tiredness (15%). Work conditions were evaluated higher than medium, 3,17 point out of 5. 69% health care specialists stated that they are satisfied in doing their job and 5% pointed that they are unsatisfied.

CONCLUSIONS:

Hospital workers who are more satisfied with their job care more about the quality of their work. They are more loyal to organization and more productive in their work as well. Proper organisation of work could help to avoid the risk of undesirable events. For prevention of health damaging, it is important to ensure standarts of work security, to introduce new technologies.

CONTACT:

Laimute Radziunaite
Kaunas District Hospital
Hipodromo 13
45130 Kaunas
Lithuania
Tel. +370 37 342225
Fax. +370 37 342338
E-mail: laimarad@k3kl.lt
WWW address: <http://www.k3kl.lt>

A SURVEY OF FIRST YEAR NURSING STUDENTS' PERCEPTION OF THE HIV/AIDS PHENOMENON

Joseph Adepoju, Mary Watkins, Agnes Richardson

There have always been some assumptions about the knowledge of HIV/AIDS phenomenon among graduating high school students. To ascertain their knowledge, a survey questionnaire with Yes/No answers, and thoughtful comments about HIV/AIDS was administered to nursing students in their first semester in college. The freshman class of sixty-eight students, (two groups of thirty-four) enrolled in a course titled University Seminar were asked to anonymously fill out the questionnaire about their perception and knowledge of the HIV/AIDS phenomenon. Findings from the study indicate that the students were knowledgeable about the fact that HIV/AIDS can make one sick enough to die, whereas they were willing to submit to the sexual demands of their partners, even when the latter refused to wear condom. About half of the respondents rated as very important, the fact that using a condom may change their feelings of the sexual experience and therefore this situation may affect !

Their decision on whether or not to insist on using a condom. In conclusion, it is recommended that the students be exposed to intensive HIV/AIDS education as incorporated in the curriculum, and repeat the questionnaire again in their junior, and and senior years in the program to ascertain whether there has been a change or not in their attitude.

CONTACT:

Joseph Adepoju
Delaware State University
1200 N. Dupont Highway, Dover, DE
19901 Dover, U.S.A.
Tel. +1 302 857 6768
Fax. +1 302 857 6755
E-mail: jadepoju@desu.edu

FARMAMICO PROJECT

Daria Bettoni, Roberto Del Bono, Giuliana Martini, Roberta Volpi

The "Farmamico Project" is carried out in Brescia, Northern Italy, at Spedali Civili Hospital and applies to anticoagulated patients on dicoumarolic drugs. The Anticoagulation Centre of Brescia involves 1.366 patients (5.000 considering other associated Centres). The risk of interactions and anticoagulation related adverse events is very high. The aim of this project is to improve patients' education through extensive information and to check for clinical interactions.

Targeted interventions have been implemented giving two pocket guides to physicians, one concerning Warfarin and the other Acenocoumarol, and providing patients with information booklets. Several meetings and courses have been held for patients, general practitioners, nurses, family doctors and pharmacists.

Patients' compliance and their level of awareness on possible interactions, such as drug-food and drug-drug interactions, including phytotherapies and "alternative therapies" are under examination. The time spent in therapeutic ranges and the numbers of bleeding and thrombotic events will be collected. The following are criteria for the inclusion of patients:

- Time spent in therapeutic range >65% before event
- INR out of therapeutic range
- INR variation >1.0

Variation of INR must not follow invasive interventions, operations and dental surgery. The first 3 months of therapy and the related variations of INR must not be included. Clinical parameters will be checked periodically to evaluate the impact of intervention. The final goal is drawing up a "Clinical diary of adverse events" (draught during periodical visits) which could be a model for any patient at risk of ADR, not only anticoagulated ones, and to highlight events which might have not been acknowledged otherwise.

The results of this Project will be shared and spread to other hospitals and medical environs.

CONTACT:

Daria Bettoni
Spedali Civili di Brescia Italy
p.zzale Spedali Civili n.1
25133 Brescia, Italy
Tel. +39 303996523
Fax. +39 303996074
E-mail: dariabettoni@hotmail.it
WWW address: <http://www.spedalicivili.brescia.it>

SESSION II-7: IMPROVING THE HEALTH PROMOTING QUALITY OF HOSPITAL SERVICES

PLANNING A DENTAL TEAM FOR LATEX-FREE TREATMENTS

Christian Bacci, Ettore Valesi-Penso

With the latex term the rubber of natural latex is intended, made by the milk derived by the rubber-tree (*Hevea brasiliensis*); numerous other types of synthetic rubbers exist denominate in improper way "latex" but these they don't release the proteins responsible of the allergic reactions.

The allergy to the latex depends on the reaction of the organism to some proteins in it contained, the dose is accustomed to it is not known, nevertheless a relationship dose-effect exists.

In the sensitized subjects the symptoms can be varied: from dermatitis and skin rashes to allergic oculorhinitis up to the asthma and to the shock anaphylactic, with reactions type I and type IV.

Particular attention must be set during the anamnesis in subjects that had allergy to the banana, kiwi, avocado and chestnut and to the patients with spina bifida, repeated catheterizations and exposed workers, that can introduce allergy to the latex with great frequency.

In dentistry it is necessary to watch out particular for the latex presence in innumerable products and not only to the gloves but rubber dams, suction tips, suction tubing, prophylaxis cups, orthodontic elastics, face masks with latex ties, mixing bowls, bite blocks, anaesthetic cartridges and according to some authors, even cones of guttapercha.

Nevertheless to face a patient with serious allergy to the latex, with history of anaphylactic-like reactions, needs that the whole clinic is ready, eliminating all the possible sources of exposure, emptying the wastebaskets and aerating abundantly the places.

To be able to reach this is essential to not only consult the safety cards some employed products, but of all the present products inside the operating room, even the materials of the anaesthetist, if present.

In every case it is necessary to be prepared to the management of the emergency with live medical treatment.

CONTACT:

Christian Bacci
UO Odontostomatologia APSS Trento Italy
Ospedale San Lorenzo viale Vicenza,9
38051 Borgo Valsugana
Italy
Tel. +39 (0) 461755218
Fax. +39 (0) 461755138
E-mail: bax-1@libero.it

FEEDING AND NUTRITIONAL COUNSELLING

Daniela Mazzotta, Alberto Appicciafuoco, Barbara Niccoli, Rita Marianelli, Mariangela Manfredi, Vincenza Fusari, Isabella Frati

It's common opinion that nutrition has a very important role as a factor of risk and protection from chronic-degenerative pathologies of our time.

We consider that nutritional diseases are responsible for 60% of general mortality and for 43% of total chronic illnesses of the population (year 2000).

The Sanitary Plan of the Tuscan Region 2005-2007 defines an unitary project about "Feeding and Health" that is able to face the problem from all points of view.

To realize this plan of Primary Prevention, it's necessary to check food behaviours and promote healthy styles of life in the Tuscan population.

As above said, according to the relationship between hospital and territory about the health objectives, a Service of Nutritional Counselling has been started.

It's addressed to adult and healthy people, or overweight, or with a family disposition to dismetabolic and cardiovascular diseases.

This activity take aim to promoting healthy styles of life, by educative actions to make people clever consumers and careful of their own health.

The Nutritional Counselling, a new experience in Sanitary Service, is a special method that founds itself on the confidence and the active relationship between counsellor and people present at a little group (no more than ten people) and just this relation increases and keeps alive a shared will of change in everyone.

The service of Nutritional Counselling, led by a multi-disciplinary group of the professionals (dietician, public health doctor, professional nurse, sanitary assistant), is composed of four collective sessions at a distance of fifteen days and a fifth one as a control after two months.

The program also includes one individual session at the beginning and one more at the end.

This activity is connected with two hospital departments for dismetabolic and cardiovascular diseases.

These departments can use Counselling as a tool to prevent illness and promote healthiness for the family of their patients.

Family doctors too may send to Counselling patients that need to improve their health and reduce factors that cause chronic-degenerative diseases.

CONTACT:

Alberto Appicciafuoco
Azienda Sanitaria di Firenze Nuovo Ospedale S. Giovanni di Dio
Via di Torregalli 3
50143 Firenze
Italy
Tel. +39 (0) 557192466
Fax. +39 (0) 557192417
E-mail: alberto.appicciafuoco@asf.toscana.it

THE ROLE OF TEAM-WORK DURING THE TREATMENT WITH RADIOISOTOPES

Eve Kelk, Eve Palotu, Galina Shamarina

OBJECTIVES

Although nuclear medicine is commonly used for diagnostic purposes it also has valuable role in several therapeutic applications.

Goal in treatment: improve patient mobility, improve patient function, improve quality of life(QoL). Patient education during the treatment with radioisotopes is essential for successful result.

METHODS

In the department of nuclear medicine relevant guidelines for each type of treatment are used with the detailed procedure recommendations address the following: patient preparation; information regarding the radio-pharmaceutical; information pertinent to performing the procedure; reporting.

Before the therapy the physician provides information about indication of the treatment, evaluates the sequels of therapy and the preparation of the patient.

Before the treatment the radiographers inform and explain forthcoming procedures to the patient and his relatives. While taking care of the patient, they acquire adequate information of the patient's medical history to understand his illness and relate it to pendent therapy.

They educate the patient to behave in the radiation protected treatment room during the period of restrictions. As number of patients tolerate poorly the isolation, staff assesses the patient's needs and try to meet those in an efficient manner. The radiographers must recognize emergencies and initiate life-saving first aid when needed.

After the recommended restriction period the inquiries are made about situation at home and both oral and written instructions are given to the patient. Staff explains the importance of following these requirements and discuss them in detail with the patient.

CONCLUSION

Team of nuclear medicine department holds an integral part in providing a accomplished approach to the planning, implementation and evaluation of the treatment and the patient's requirements in order to facilitate the completion of the therapeutic procedures.

We are committed to improving health through excellence in patient care, research and education. As the therapy affects the patients really feel the improvement of their QoL.

CONCLUSION

Team of nuclear medicine department holds an integral part in providing a accomplished approach to the planning, implementation and evaluation of the treatment and the patient's requirements in order to facilitate the completion of the therapeutic procedures.

We are committed to improving health through excellence in patient care, research and education. As the therapy affects the patients really feel the improvement of their QoL.

CONTACT:

Galina Shamarina
East Tallinn Central Hospital
Department of Nuclear Medicine
Ravi 18
10138 Tallinn
Estonia
Tel. +372 6207190
Fax. +372 6207 002
E-mail: galina.shamarina@itk.ee
WWW address: <http://www.itk.ee>

OBLIGATION TO PROMOTE BEST PRACTICE: ENTERAL FEEDING

Doris Corkin, Julie Chambers

The following abstract highlights the topical issues surrounding enteral feeding.

The authors plan to take this topic further, as it was presented in Belfast (Sept2005) at RCN International Conference and proved popular with delegates.

The purpose of this presentation is to highlight the importance of 'best practice' when undertaking enteral feeding in the hospital and community setting. Children's nursing is viewed as a particular and identifiable approach to the delivery of care, which is distinct from other disciplines. Therefore theory and practice is inextricably linked in this sphere of nursing and have been utilised in the development of enteral feeding guidelines and a poster for use in the clinical and classroom environment.

The enteral feeding guidelines are in keeping with current literature and recommendations, userfriendly and focus on the management of oro / nasogastric and gastrostomy feeding. These artificial methods of supplying the child with nutrition are effective in improving growth and development (Huband and Trigg 2000; Green 2005). The Nursing and Midwifery Council (NMC 2004) outlines the exercise of accountability and places an ethical and legal obligation on every registered nurse, to work in a collaborative manner with those providing care within the team. Based on experience, the initial passing of a nasogastric tube can be a distressing experience for both the child and parent. The advantages of home enteral feeding however tend to outweigh the difficulties. Parents and carers are hungry for information and generally very positive about the value of enteral feeding, provided they are given adequate emotional and instrumental support. Community children's nurses respond to local needs, thus preventing unnecessary hospital admission and facilitate early discharge for children with complex and often life threatening conditions.

On reflection, it is possible to sustain progress knowing that it will benefit children, young people, their carers and the nursing profession now and in the future.

Recommended reading :

www.crestni.org.uk

Green, S (2005) Options and techniques in enteral tube feeding. *Clinical Nutrition Update* 9 (2), 6-9.

<http://www.dhsspsni.gov.uk/niaic>

Huband, S and Trigg, E (2000) *Practices in children's nursing*. London: Churchill Livingstone.

Nursing and Midwifery council (2004) *Standards of proficiency for specialist community public health nurses*. London: NMC.

www.npsa.nhs.uk/advise

CONTACT:

Doris Corkin

Queen's University Belfast

School of Nursing and Midwifery

97 Lisburn Road

BT9 7BL Belfast

Northern Ireland

Tel. +44 (0) 28 9097 2339

E-mail: d.corkin@qub.ac.uk

VOLUNTEERS IN HOSPITALS IN THE CZECH REPUBLIC – TOOL FOR THE HEALTH PROMOTION OF THE LONG-TERM AND SERIOUS ILL PATIENTS

Ivana Korinkova

Volunteers - which is to say people who come from the so-called healthy world - can provide much-needed human contact to help patients overcome the difficult moments they must go through at the hospital. They can bolster patients' psychological well-being and encourage an active, participatory approach to their recovery. They bring fresh air, comfort and joy. Another good thing about volunteers at the hospital is that they act as a compass pointing towards what's healthy, which patients lose sight of in the hospital and is very valuable for them. But it's also important that the system of volunteer help does not interfere with treatment regimes and respects the needs of patients on the one hand and operational procedures on the other. Both of these aims are important, essentially interdependent, and should be in equilibrium. The hospital volunteer program is a model of creative teamwork based on demanding approaches. Such approaches are requiring special sensitivity towards those who are based in the delicate terrain of a hospital within the clearly demarcated system of hospital treatment. Volunteers can help patients in creative ways, not only when they're hospitalized for a short period of time, but also in long-term cases or lifetime handicaps. Volunteers also deal with the remainder of a patient's days and filling them with meaning.

The pre-condition of the successful development are the transparent rules and methodics of the management of this program which include :

- the rules of the cooperation between the hospital and volunteer's organization (mostly NGO) and rules of the coordination and evaluation of the all program
- the rules of the selection and the volunteer's jobdescriptions which are different of the staff's jobdescription are based on the good understanding and cooperation of the hospital's staff
- the requirements and the rules of the systematic volunteer's education and supervision

This methodics was laid out according to the legislature of the Czech Republic and the pilot test in the Motol Teaching Hospital in Prague (the biggest hospital in the Czech Republic and member of the HPH network).

This experience with the volunteer's programme, we consider to be very positive, has been realized in the 20 hospitals in the Czech Republic since 1999.

CONTACT:

Ivana Korinkova
Guidance for HPH and volunteer programme in health care
17.listopadu 1287
293 01 Mlada Boleslav
Czech Republic
Tel. +420 326 320 861
E-mail: ikori@centrum.cz

THE DEVELOPMENT OF A BI-LEVEL POSITIVE AIRWAY PRESSURE (BIPAP) SERVICE

Geraldine Mcvey

OBJECTIVE

To develop and provide BIPAP training to staff to facilitate the provision of current best available care for Type 2 Respiratory Failure Patients who meet the criteria.

Rationale -

The author on reflective practice of the care of the Type 2 Respiratory Failure Patient, and following further study and networking with other respiratory nurses took congruent action towards developing increasing effectiveness of care in line with best international practice.

The British Thoracic Society Guidelines on Non-Invasive Ventilation guided our journey towards an efficient BIPAP service.

METHODS

The Nursing Practice Development Unit was contacted and Hospital Guidelines were formulated with nursing input from the medical respiratory ward, Medical Registrar, Physiotherapist and ICU staff. The author completed a 6 month open University programme on NIV from a UK university. Contacts were formed with other hospital to aid our initial service. The Nurse education centre helped with formulating an 8 hour study day which would achieve a Category 1 Certificate with the Irish nursing board. The BIPAP manufacturers provided lectures on the technical skills involved in the use of the machine.

Subjects studied included the Physiology of Respiratory Failure, Interpretation of Arterial Blood Gases, Management of NIV, Technical skills in the use of the machine and a written examination. A clinical competency assessment also formed part of the course.

RESULTS

A large proportion of nursing staff are educated in this service and one staff member on duty with the course facilitates its safe and competent usage.

Literature reviews show that BIPAP has a 70% success rate if inclusion criteria is met. An audit of the efficacy of BIPAP therapy in reversing Respiratory Acidosis from Jan. to June 2005 illustrates that 81% of patients treated experienced an improvement in quality of life and reversal of Respiratory Acidosis.

Bi-level positive airway pressure (Bipap) is specific to Type 2 Respiratory Patients.

It reverses respiratory acidosis if used appropriately. It is a non-invasive form of ventilation for patients who meet the criteria, it shortens hospital stay, reduces the complications of Nosocomial Pneumonias associated with mechanical ventilation and is cost effective to the hospital.

It promotes quality of life for these patients and therefore is a worthwhile intervention.

CONTACT:

Geraldine McVey
Connolly Hospital
Blanchardstown
Dublin 15
Ireland
Tel. +353 6466401
E-mail: ger.mcvey@mail.hse.ie
WWW address: <http://ger.mcvey@mail.hse.ie>

THE MAIN REASONS OF THE DEVELOPMENT AND PROPHYLAXIS OF BEDSORES

Laimute Radziunaite

AIM: to clear out the most common causes of the development of bedsores in Kaunas District Hospital.

METHODS: prospective study of patients who were treated and/or for whom the bedsores developed in Kaunas District Hospital, in the period of 2004-2005 years.

The limited activity, immobility, various satellite diseases could be the cause of fast development of bedsores. Clearly, the person who is debilitated and bedridden is a prime candidate for such complication. This happens when superficial body tissues, particularly those with thin layers are compressed between a firm surface and underlying tissue. At the site of pressure constricted blood vessels cause tissue ischemia and subsequent decreased or absent cellular metabolism. Friction, shearing forces, moisture, poor nutritional status, impaired circulation, anemia, infection, and certain medications increase the potential for bedsore formation.

Patients were found and data examined: 136 persons from home and hospitals.

CONCLUSIONS

1. Bedsores become a huge reservoir of hospital, resistant, pathogenic microorganisms. In the bed ulcers were found: 56% -S. aureus, 25%- Enterobacteriaceae spp. , Pseudomonas spp., 29% - other bacteria.

2. Guidelines for preventing bedsore ulcers:

- Maintain a high calorie diet rich in vitamins and proteins.
- Turn and reposition the client frequently to alter pressure areas.
- Keep the skin meticulously dry and clean to protect it from damage.
- Lubricate dry skin with natural oils.
- Avoid using lotions, soaps or other alkali products on the skin.
- Provide a smooth wrinkle-free bed surface appropriate with mattress pads, protectors. Do not use inflatable rubber rings.
- Assess the skin frequently on all clients at increased risk.
- Avoid using adhesive tape on especially friable, dry, or aging skin.
- Avoid brisk massage to bony prominences as this may cause an increased risk of deep tissue damage that may not be apparent upon inspection.

CONTACT:

Gintaras Cesnauskas
Kaunas District Hospital
Hipodromo
45130 Kaunas
Lithuania
Tel. +370 37 342225
Fax. +370 37 342338
E-mail: laimarad@k3kl.lt

A FORMATIVE PROJECT PLANNING FOR HEALTH PROMOTION IN HOSPITAL WELCOME PROCESS

Michele Cristofano, Fabrizio Simonelli, Angela Simonelli, Laura lia Bruschi, Rosalba Becherini, Rina Torrioli, Alberto Appicciafuoco, Vincenza Fusari, Giuseppe Remedi, Margherita Aliboni, Angela Brandi, Paolo Maria Ursino, Flora Coscetti

CONTEXT INTRODUCTION

The conceptual and operating reference in HPH Tuscany Project is based on a "setting-based approach" concept, by which life and work contexts are re-oriented towards health promotion which constitutes the winning strategy to reach specific groups of population to obtain a health gain. For "hospital setting" we mean all its logistic, physical, organisational and relational aspects which contributes to develop a health promotion culture. A health promotion hospital is characterised by a developed organisation based upon HPH standards and values aimed to improve medical assistance quality, life and work conditions as well as sanitary staff and users satisfaction. A health promotion hospital extends its responsibility beyond the narrow borders of the acute clinical episodes and co-operates with community empowering health care values. For a "welcome project" we mean not only the first welcome and reception offered to the users, but the whole cycle of hospital services process: preliminary contact with the hospital structure, reception and care, pre-admission service, stay in hospital, dismissal, out-patients services.

AIMS

To improve health care assistance and the customer satisfaction level through a comfort and welcome increase in services and people empowerment on health.

SPECIFIC OBJECTIVES

- People health promotion performs itself through welcome process
- the environment re-orientation dedicated to the welcome process towards health promotion;
- the improvement of the knowledge of the citizen awareness regarding hospital services to enable the access, the correct use and participation.
- To enable empowerment for health among operators, to facilitate relations between operators and users

ACTIONS

Actors: Medical Management Staff, Users, Community, "Welcome" team of each Azienda Sanitaria.

PRELIMINARY PHASES : to gather news on the state of the art of the various realities, to identify and to increase the value of the good practices already existing, highlight promotion standards implemented in the welcome process to the health inside every company, constitute a group of work targeted to the concrete realisation of the project.

SETTING : adjustment of the environment/structures

Re-engineering actions: New planning of the processes

INCREASING RELATIONSHIP VALUE: to train operators on communication, to interview medical staff and patients/relatives, to implement mutual support relationships, to prevent medical staff burn out.

ORGANISATIONAL CONDITIONS

Constitution in each Azienda Sanitaria of a multiprofessional work group to realise the expected actions in the project and to monitor the results by specific indicators.

FINAL RESULT INDICATORS

- achievement of at least 1 action for every level (setting, processes, relations)
- identification and experiences of health promotion standards in the welcome process.

STEPS

A first check on the project development is made by the group of Regional HPH Welcome and Comfort Co-ordination before October 15th, 2005.

CONTACT:

Alberto Appicciafuoco
Azienda Sanitaria di Firenze Nuovo Ospedale S. Giovanni di Dio
Via di Torregalli 3
50142 Firenze, Italy
Tel. +39 (0) 557192466
Fax. +39 (0) 557192417
E-mail: alberto.appicciafuoco@asf.toscana.it

Referent Author:

Dr. Michele Cristofano
Azienda Ospedaliera Pisana
Cisanello Hospital - Pisa
Tel: +39 (0)50 995603 - 995604
Fax: +39 (0) 50 995745
e-mail: m.cristofano@ao-pisa.toscana.it or direzione.medica@ao-pisa.toscana.it

PARTICIPATION OF DIALYSIS PATIENTS IN ASSESSING AND IMPROVING THE TREATMENT RECEIVED

P. Borgatti, M. Ravelli, M. Manini, L. Cerullo

This project springs from the desire of the operators to obtain detailed information on the expectations and subjective perceptions of the dialysis patients who, as chronic patients, feature a range of psychological and physical needs, psychological characteristics that differ from those of patients suffering from acute disease. The objectives cover both understanding and applicational purposes (to make available the information obtained to the operators in order to assure the implementation of improvements). The survey began in 2003 with a first edition, involving 49 of the 82 patients undergoing dialysis, to whom a questionnaire was delivered by interview. The topics included covered relationship, organisation and information issues, and the involvement of patients and their relatives.

A meeting was then organised between professional operators and patients to discuss the results together, and actions were identified to improve communication and listening to the patients, and to provide more information on specific issues. In particular, a reference doctor was identified for each patient, in order to create more direct and personal relationships.

In 2005 the survey was repeated, involving 57 of the 86 in dialysis, to check the effectiveness of the actions undertaken. An overall improvement in the level of patient satisfaction was noted, and the following improvement actions involving both patients and operators have been planned:

- Introduction of a dedicated dietician to follow the problems of dialysis patients;
- Preparation of dietary information sheets and organisation of meetings to discuss specific topics;
- Access by all patients to a psychologist;
- Organisation of six-monthly meetings between the patient and his reference doctor;
- Design of training courses for nurses and doctors on "dialysis diets" and "communication".

This information makes us realise that the users require not only the technical and professional skills of the health operators, but that there is increased need for attention to the human and communication sphere of the treatment relationship. Furthermore, with a view to continuous improvement, this experience has been shown to be fundamental in increasing the empowerment of dialysis patients through their active, conscious and intentional participation in the joint assurance of the treatment delivered.

CONTACT:

Loredana Cerullo
S. Maria Nuova Hospital
Quality Systems office
viale Risorgimento 57
42100 Reggio Emilia, Italy
Tel. +39 (0) 522-296995
E-mail: cerullo.loredana@asmn.re.it

DEVELOPING EMPOWERING COUNSELLING IN HOSPITAL

Leena Liimatainen, Tarja Kettunen, Ulla Perko, Jari Villberg

Patients suffering from chronic diseases need knowledge and support in order to promote their health, prevent the worsening of their disease, and enhance their working and functioning capacity in society. The most prominent results have been gained by empowering counselling through tailoring it individually for patients' personal needs and premises.

As a cooperative project with the Jyväskylä Polytechnic, the Central Hospital of Central Finland and with the University of Jyväskylä the empowerment of dyadic hospital counselling was evaluated. At the same time the operation of developed instrument was tested. By means of the scale, we assessed 127 nurse-patient counseling sessions and found evidence of the realization of empowering counseling.

We found evidence that nurses were the most successful in constructing a positive emotional atmosphere and in giving information. On the other hand, we found evidence that nurses need to improve the active mutuality of the counseling relationship by asking for patients' opinions and views, by facilitating the patients' assessment of their personal health and their participation in decision-making and coming up with options for their individual treatment.

Practice implications: The developed scale can be utilized, in addition to assessing the quality in hospital care, for improving empowering counselling skills in health practitioner's education. It enables performing a structured analysis of counseling and making the critical factors of empowering counseling visible. Further study is needed to evaluate the usability of the scale and to examine its stability and validity.

CONTACT:

Leena Liimatainen
Jyväskylä Polytechnic

Piippukatu 2
40100 Jyväskylä
Finland
Tel. + 358 40 8377710
Fax. +358 014 444 7132
E-mail: leena.liimatainen@jypoly.fi
WWW address: <http://www.jypoly.fi>

SESSION II-8: MONITORING, EVALUATION, REPORTING AND RESEARCH ON HPH INTERVENTIONS- 2

IS DIAGNOSES RELATED MORBIDITY APPLICABLE FOR MONITORING CHRONIC DISEASES?

Aldona Gaizauskiene, Rita Gaidelyte, Rasa Senkuvieni

INTRODUCTION

The information currently available for monitoring chronic diseases usually is based on Health Interview Surveys. This valuable information is, however, insufficient since it is based on symptoms or patient knowledge about diseases. The Sickness Fund data is another source for estimating diseases prevalence. Its benefit relies on the application of adequate methodologies. The object of the study was to find out whether the prevalence of diseases based on Health Insurance Database in Lithuania is applicable for monitoring chronic diseases.

METHODS

Prevalence was estimated as a number of 20-64 years old persons who had at least one verified record on a selected disease in Health Insurance Database during 2003. The data were compared with Health Behavior among Lithuanian Adult Population Survey for 2002 and 2004. The ratio of prevalence for selected diseases based on surveys and insurance data was calculated with 95% confidence intervals.

RESULTS

Prevalence calculated from Surveys was significantly ($p < 0.05$) higher than the respective prevalence obtained from the Health Insurance database. Referring to the 2004 Survey, the ratio for most selected diseases fall within the reasonable limits (1.9 for diabetes, 2.4-3.4 hypertension, angina pectoris, back illness, bronchial asthma, gastritis). Yet there was found 10-18 fold differences for myocardial infarction, heart failure, rheumatoid arthritis, chronic bronchitis and emphysema. The prevalence from the 2002 Survey was smaller for all diseases, the ratios being as follows: 1.5-2 for hypertension, diabetes, asthma, 2.1-2.5 angina pectoris, back illness, gastritis, 7-12 myocardial infarction, heart failure, rheumatoid arthritis, chronic bronchitis and emphysema.

CONCLUSIONS

The differences found under the study might be explained by health care utilization habits of the population, coding quality of general practitioners or hospital data underreported, with only one main diagnosis kept on the Health Insurance database record. More sophisticated methodology is needed for assessing prevalence from different data sources.

CONTACT:

Aldona Gaizauskiene
Lithuanian Health Information Centre
WHO Collaborating Centre
Kalvariju 153
LT-08221 Vilnius-42
Lithuania
Tel. +370 5 2773301
Fax. +370 5 2773302
E-mail: aldona@lsic.lt
WWW address: <http://www.lsic.lt>

AUDIT OF HEALTH PROMOTION ACTIVITIES WITHIN A UK HOSPITAL

Gary Cook, Charlotte Haynes

INTRODUCTION

There is clear evidence that modifiable risk factors - smoking, alcohol misuse, poor diet, lack of exercise, and obesity - are detrimental to health. UK public health policy now requires hospitals to have in place health promotion programmes aimed at empowering patients to change risky behaviours into healthy behaviours. This audit aimed to determine a baseline level of health promotion practice for modifiable risk factors in a UK hospital. And was designed to address the WHO health promoting hospitals project standards two and three: that patients' needs for health promotion, disease prevention and rehabilitation are assessed and met through health promotion advice and interventions.

METHOD

Five hundred case notes were audited for evidence of screening for risk factors (smoking, alcohol, diet, exercise, and obesity), and the provision of health promotion to change these risky factors. Case notes were selected on the basis that patients were not terminally ill, and discharged alive between January and June 2004 (retrospective audit) or January to March 2005 (prospective audit)

RESULTS

Findings from the retrospective audit indicate that standard two of the WHO health promoting hospitals project was partly met as there was evidence that smoking and alcohol were well screened (88% and 74% of case notes respectively), but very few patients were screened for obesity (18%) or asked about their normal diet (5%) and level of activity (3%). The organisation did provide ICP documentation with guidelines on identifying risk factors. However, these ICP documents varied between disciplines and between categories of healthcare professionals. Standard three was only partly met for alcohol misuse (delivered to 60% of alcohol misusers), poorly met for smoking (delivered to 30% of smokers), and practically non-existent for diet, exercise, and weight management. These data will be compared to the findings from the prospective audit.

CONTACT:

Gary Cook
Stockport NHS Foundation Trust
Clinical effectiveness Unit
SK2 7JE Stockport, England
Tel. +44 161 419 5984
E-mail: gary.cook@stockport-tr.nwest.nhs.uk

POST OPERATIVE TELEPHONE SERVICE FOR DAY CASE PATIENTS

Noreen Smyth

INTRODUCTION

St Finbars Day ward in Beaumont Hospital Dublin expanded its service in April 2003 from that of a 12 trolley facility to become a stand alone ward which houses 22 trollies. This new development provided an ideal opportunity for the nursing team to evaluate the care provided to patients by means of a post operative telephone service for all day cases, targeting specifically patients who have had general anaesthetic.

RATIONALE

The Eastern Regional Health Authority (June 2002) proposed further development of elective day surgery by expanding the then current level of day case activity of 39% to a possible 65%. With this in mind the setting up of a post operative telephone service for patients will be a valuable clinical audit in;

Examining the service.

Identifying strengths & weaknesses in nursing practice.

Identifying structural & managerial problems affecting provision of nursing care.

Developing action plans to implement changes.

Establishing a liaison between the "named nurse" & the client in the home environment.

AIMS

To assess the incidence of problems arising from surgery and/or anaesthetic.

To decrease the workload of primary care workers in the community.
To reduce the potential of unnecessary calls made to Gps.
To improve the quality of care, by providing support & reassurance for patients.
To improve staff morale & enhance job satisfaction.

OBJECTIVES

Construct a questionnaire for staff to use when calling patients.
Audit patient's perception about day surgery.
Improve continuity of care.
Provide a courtesy call for all patients following general anaesthetic day surgery.

METHODOLOGY

A telephone questionnaire was designed & modified by staff & both qualitative & quantitative information was obtained.

IMPLEMENTATION

The post operative telephone service was commenced in May 2003 & a record of responses was kept at ward level. It is a continuous process to date. This was developed primarily as a patient service but we soon realised that we were gathering vital information so we decided to audit our findings.
We chose 3 random months for our pilot study, May, June & July 2004. Data from 303 patients was used.

RESULTS

We have a table & graphs of results available but for the purposes of this abstract I will just include the following.

PROBLEMS SINCE DISCHARGE - 90% did not have any problems

PAIN CONTROL ACHIEVED - 95% achieved pain control.

IN THE FUTURE WOULD YOU PREFER TO BE A DAY CASE/ IN PATIENT - 97% would prefer to be a day case.

CONCLUSION & RECOMMENDATIONS

Overall the service was met with a very successful response from both patients & staff.

In light of the audit so far modifications have been made to the questionnaire.

Information obtained from the results of the audit helped to update, adjust or introduce new standards.

It has proved to be an important tool in the accreditation process.

The ultimate aim of the service is that of patient care but it has helped us to review our own nursing practice & identify potential areas for change such as introducing discharge analgesia packs & trying to find ways of reducing waiting times for patients going to theatre.

The journey through the day ward is very short so every effort must be made to ensure that it is one of such high quality that is remembered in a positive manner.

CONTACT:

Noreen Smyth
St Finbars Day Ward, Beaumont Hospital
Beaumont Road
9 Dublin
Ireland
Tel. +353 18092954
E-mail: noreensmyth@beaumont.ie

DEVELOPMENT OF AN USEFUL EVALUATION METHOD OF SHORT-TERM POST-EDUCATION COURSES FOR HEALTH PROFESSIONALS

Jutta Skau, Ditte Mølgaard-Nielsen, Louise Stage

INTRODUCTION

There is no tradition for evaluation of short-term post-education courses for health professionals. The Clinical Unit of Health Promotion (CUHP), Copenhagen, has developed post-education courses for health-professionals. One course, the Unit offers, is "Systematic efforts in health counselling" (SEH).

The purpose was partly to evaluate if the post-education course was in agreement with the purpose for the education, and partly to research how a multiple choice test (MCT) can be used as an evaluation tool, to evaluate if the participants expand their knowledge.

THEORY

Donald Kirkpatrick has developed the evaluation-model "The Four Levels". It describes four different levels of measuring effects of an educational course: The Reaction-, Learning-, Behaviour- and Result-level. It is one of the most used evaluation models in industrial organisation, to post-education.

The evaluation model is useful for evaluating the effects on SEH, but it has some limitation. The model does not take personal and contextual factors into account.

METHOD

Using the "The Four Levels" we chose to evaluate the effects on the Learning level and only to evaluate the effect of expanded knowledge. We found that the most validated tool was a MCT.

We developed a concrete MCT we used for the post-education SEH. We made a pilot-test of the MCT to see how it performed in practice. We chose to give the MCT as a post-test. We had a control group to measure the general knowledge of health professionals, who had not participated in the course.

RESULT

We found that an evaluation with MCT works in practice. All the participants filled in the MCT. But the proportion of correct answers was very high both with participants and control group.

CONCLUSION

We developed an evaluation-tool as a MCT and it works in practise, but the contents of the test have to be adjusted, before CUHP can use the test in the clinical daily work. The goal is to implement the MCT in the post-education course SEH.

CONTACT:

Jutta Skau
Clinical Unit of Health Promotion and WHO Coll.
Centre for Evidence-Based Health Promotion in Hosp.
Bispebjerg Bakke 23
DK-240 Copenhagen NV, Denmark
Tel. +45 35312796
Fax. +45 35316317
E-mail: js39@bbh.hosp.dk

EDUCATIONAL INTERVENTION PROMOTING AWARENESS OF PREGNANCY AT WORK

Maura Cagney, Blanaid Hayes, Monica Donnelly, Eimear Burke

INTRODUCTION

The healthcare environment exposes pregnant staff to many hazards including biological and chemical agents, shift work and manual handling of loads. The Occupational Health (OH) Department, Beaumont Hospital, Dublin was aware that many pregnant employees were not having formal risk assessments carried out in accordance with legislation. The OH team undertook to educate staff and management on individual and organisational legislative responsibilities in this area. Two 'Road shows' were held in April 2005 with the aim of facilitating the introduction of the OH department's procedure on 'Pregnancy Risk Assessment'.

PROMOTION

Emails were sent to all managers. The hospital newsletter (printed and Intranet) promoted event.

METHODOLOGY

A stand was erected outside the hospital canteen at lunchtime on each occasion. Members of the OH nursing team engaged staff as they passed by. The stand depicted the following posters:

- Pregnant at Work - 'Legislation - know your rights'
- Looking after yourself when pregnant don'ts

- Looking after yourself when pregnant do's
- Benefits of breast feeding

Adjacent to OH stands were sponsored stands by well-known manufacturers of formula feeds with relevant health promotional literature specific to pregnancy. They sponsored prizes (not their products) for those who entered a draw by participating in a pregnancy quiz.

Pregnant at Work - What Beaumont Hospital Provides

Safety Statement

Risk Assessments

Adjustments to workplace where appropriate

Moving and Handling training

Creche Facilities

Breast feeding room

Staff counselling service

Smoking cessation programme

Infection control / Health promotion/ Occupational health advice

OH Procedure for Management of pregnant staff

Pregnancy confirmed. Inform manager

Preliminary risk assessment with manager / review safety statement for area

Manager refers employee to OH

Pregnancy risk assessment undertaken

Recommend appropriate work alterations to manager

Employee to report any changes in work practices /work area

OUTCOME

For 16 months prior to the educational intervention, approximately 1.5 employees per month attended OH in relation to pregnancy issues. After the intervention, OH saw 46 employees over an 8 month period i.e. an average of 5.75 per month. This trend is continuing into 2006.

CONCLUSION

An educational intervention aimed at managers and employees resulted in a marked increase (over 3 fold) in referrals to OH for pregnancy risk assessment. OH plans to compare the attendance figures with actual recorded pregnancy in the organisation to determine how compliant our organisation is with the statutory legislation on Pregnancy at Work.

CONTACT:

Maura Cagney

Occupational Health Department

Beaumont Road

Dublin 9

Ireland

Tel. +353 (0) 1 8093273

Fax. +353 (0) 1 8092315

E-mail: mauracagney@beaumont.ie

EXPERIENCE OF CLINICAL AND ECONOMIC RESEARCH IN RUSSIAN HOSPITALS

George N. Golukhov, Izolda S. Cherepanova

Conducting of clinical and economic research and using their results while observing the rules of documentary registration and submission from the results serve as a guarantee of reliability and safety of patients' health, protection of patients' and researchers' rights.

METHODOLOGY of clinical and economic research includes solution of the following tasks:

unification of approaches to conducting and utilization of the results of clinical and economic research;

ensuring safety, rights and health of people taking part in clinical and economic research;

protection of researchers' rights;

substantiation of choosing drugs and medical techniques to develop regulations ensuring their efficient application;

unification of drafts of basic programs for compulsory medical insurance;

development of interconnected clinical and economic requirements for efficiency, safety, compatibility and interchangeability of medical interventions and their assessment criteria;

scientific substantiation of developing a unified system of interconnected assessment of clinical and economic indices of medical services' efficiency, determination of science-based requirements for their nomenclature and scope; economic substantiation of updating regulations for the system of standardization in subjects of the Russian Federation, healthcare and medical institutions.

The essence of clinical and economic analysis methodology lies in comparative quality assessment of two or more methods of prevention, diagnostics, drug and non-drug treatment on the basis of a comprehensive interconnected registration of medical intervention results and expenses for its execution. Clinical and economic analysis methodology is applicable to any medical interventions, e.g. drug (pharmacoeconomics) and non-drug methods of treatment, diagnostics, prevention and rehabilitation, in order to determine cost efficiency of their utilization.

Basic methods of the proper clinical and economic analysis include: "expenses – efficiency" analysis, "minimization of expenses" analysis, "expenses – utility", "expenses – profit".

Subsidiary kinds of clinical and economic analysis include: "illness cost" analysis, "modeling", "sensitivity analysis", "dis-counting", "clinical and economic research", "clinical and economic monitoring" and others.

RESULTS of clinical and economic research are aimed at solving the issue of expediency of including these or those medicines or non-drug methods of treatment in relative regulations for the system of standardization in healthcare. In hospitals of the Russian Federation clinical and economic substantiations of drug or non-drug treatment expediency are taken into account while developing patients' records, list of vitally important medicines, official lists, other kinds of regulations governing scope and structure of medical assistance rendered to the population. Clinical and economic substantiations of these or those medical interventions expediency are carried out while developing methodic recommendations, guidelines, reference books, manuals describing approaches to diagnostics, treatment, illnesses prevention and rehabilitation.

CONTACT:

Izolda S. Cherepanova

Health Management and Sociology Department of the Russian State Medical University,
Scientific Department of City Clinical Hospital 31

Moscow

E-mail: nmo1@inbox.ru

MEN'S PERSPECTIVES OF HEALTH PROMOTION BOOKLET AND THE IMPLICATIONS FROM A HEALTH LITERACY PERSPECTIVE.

Jacinta Mc Aree-Murphy

PURPOSE

The purpose of this study was to explore men's knowledge, attitudes and beliefs with regard to Health literacy, their understanding of information in an Irish Cancer Society booklet (Banks, 2004) concerning men and cancer prevention.

METHODOLOGY

A qualitative study using focus groups as research tool. Sample participants were males from pre existing groups.

FINDINGS

Exploring knowledge, attitudes and beliefs of the group's findings revealed use of humour unacceptable in cancer health promotion. Positive comments made concerning quality, readability, style, visual appeal, and technical term usage and health literacy standards achieved. Health literacy standards achieved. The findings add to research into men's health by bridging the gap between health literacy and men's interpretation of health promotion information leaflets.

Limitations - Sample size was small and predetermined limiting the generalisation to a larger population. Results had tendency for bias due to a dominant group member. Researcher bias was avoided by good group facilitation skills and not by active participation. The moderator may affect the results by unknowingly encouraging certain responses.

IMPLICATIONS

Ideas developed can increase men's knowledge on cancer by disseminating appropriate information. Use of humour was unacceptable. Booklets require focus testing prior to production and dissemination. Booklets design for specific group needs. Similar booklets are recommended. This study adds to the research by bridging the gap between health literacy and men's interpretation of health promotion information leaflets. Findings will be used to inform future health promotion information leaflets.

ORIGINAL VALUE - Fulfills an identified health promotion information gap.

Keywords: Men's health, health literacy, Cancer, leaflets.
Article Type: Research paper

CONTACT:

Jacinta Mc Aree-Murphy
Monaghan General Hospital,
High Street
Monaghan
Ireland
Tel. +353 4738832
E-mail: jacintamcareemurphy@eircom.net

SESSION II-9: NETWORKING FOR HEALTH AND COOPERATION WITH OTHER SETTINGS

NEW SETTINGS FOR HEALTH PROMOTION: THE USE OF THE LOCAL PRESS AS INSTRUMENT TO IMPROVE CITIZENS' INFORMATION. THE EXPERIENCE OF MODENA LOCAL HEALTH SERVICE

Paola Artoni, Maria Monica Daghigho, Simona Adalgisa Anna Giuliano, Loredana Luisi, Anne Marie Pietrantonio, Pina Lalli, Giuseppe Fattori

INTRODUCTION

The abstract describes an experimentally project, which is developed in the context of "The Health Promotion Programme" realized by the Modena Local Health Service. It represents an example of integrated actions across various settings for the prevention of chronic diseases: health professionals "go out of" the traditional healthcare services to test new communication channels, in order to reach a wider number of people using the language of everyday life.

AIM

Aim of the project is to collaborate with (i) the local press and (ii) a periodical targeted to foreign citizens in order to give correct information about both healthcare services and behaviours to keep a good health.

METHODS

The Local Health Service of Modena has activated a partnership with a local newspaper. Every week, the Local Health Unit's professionals (hospital and primary care services) write a whole page of the newspaper with articles on topics related to health and the prevention of chronic diseases.

The Modena Local Health Service pays also particular attention to health information for foreign citizens, whose presence in Italy is increasing in recent years. For this reason, the Local Health Service has activated a collaboration with a periodical targeted to foreign citizens and run by a voluntary association. The journal translates the health information in seven languages.

RESULTS

The collaboration with the local newspaper had a preliminary phase in the period May-July 2005; last November, the partnership started working with a longer and more articulated project that is going to last one year. In all, about 50 articles has been published by the end of January 2006.

The collaboration with the periodical has began in the first weeks of the 2005 and is continuing during the present year.

CONTACT:

Paola Artoni
Azienda USL di Modena (Local Health Unit, Modena) - Sistema Comunicazione e Marketing
Via San Giovanni del cantone 23
41100 Modena
Italy
Tel. +39 (0) 59 435799
Fax. +039 (0) 59 435327

FROM HEALTH EDUCATION TO SOCIAL MARKETING: THE HEALTH PROMOTION STRATEGIES IN THE DIFFERENT SETTINGS OF EVERYDAY LIFE. "THE HEALTH PROMOTION PROGRAMME" CARRIED OUT BY MODENA LOCAL HEALTH SERVICE

Giuseppe Fattori, Paola Artoni, Maria Monica Daghigho, Simona Adalgisa Anna Giuliano, Loredana Luisi, Anne Marie Pietrantonio

INTRODUCTION

Chronic diseases are the major cause of death in the province of Modena, as well as in the rest of Italy. Health promotion, through integrated actions on health determinants (environment, socioeconomic factors, lifestyles and access to services) in the different settings of everyday life, is an effective way to prevent diseases.

In this view the Local Health Service of Modena (Italy) set up a multisectoral "Health promotion programme". In order to test new and more effective strategies, the programme develops some experimental projects that use social marketing as a tool to promote healthy behaviours.

AIM

The programme involves large sectors of the society, for instance the Health Services, the Social sector traffic, Working life, Schools and the Local Community.

The aim is to extend cooperation across sectors and professional groups for Community Health improvement.

METHODS

"The Health Promotion Programme" is based on the concept of continuity in health promotion's actions through settings. It integrates the traditional activities of health prevention done by hospitals and healthcare organizations (ex. screening, immunizations) with experimental interventions in the settings of everyday life, that include - together with healthcare services - schools, workplaces, local fairs and events, points of purchase (ex. health promotion in trade centres and through food vending machines) and mass media (ex. local newspaper, radio).

The Programme is developed using various strategies of health promotion, from social communication and health education to the innovative social marketing. Social marketing strategies integrate health communication initiatives with the other elements of the marketing mix (product, price and place) to create new opportunity for people to test healthy behaviours.

Conclusion: "The Multisectoral Health Promotion Programme" is a good example of how health services can contribute to the development of a strong infrastructure for prevention and Health Promotion in the local Community.

CONTACT:

Giuseppe Fattori
Azienda USL di Modena (Local Health Unit, Modena)
Via San Giovanni del cantone 23
41100 Modena
Italy
Tel. +39 (0) 59 435799
Fax. +39 (0) 59 435327
E-mail: g.fattori@ausl.mo.it
WWW address: <http://www.ausl.mo.it/pps>

A NETWORK STRATEGY TO PRODUCE EFFECTIVE COMMUNICATION TOOLS FOR LOCAL COMMUNITY: THE EXPERIENCE OF THE ITALIAN LABORATORY FOR CITIZEN EMPOWERMENT

Maria Monica Daghigho, Anne Marie Pietrantonio, Anna Vittoria Ciardullo, Giuseppe Fattori

BACKGROUND

People with chronic disease need health information from multiple providers on numerous treatment options. Problems resulting from low literacy often create significant health risks for these patients. Empowerment is one of the strategies - together with social capital and community capacity - to strengthen social protective factors of health. The challenge to

healthcare authorities is to shape public health communication that is effective, culturally and linguistically appropriate, and in plain language.

Therefore, our local health organisation has equipped with a permanent network - called "Laboratory for Citizen Empowerment" - in order to promote citizen and community empowerment.

OBJECTIVES

The most important tool of "The Health Promoting Programme" is the creation of healthier settings for every day life through communication initiatives involving professional groups, patients, municipal institutions etc..... The "Laboratory for citizen empowerment" is also an important way to spread Health Promotion in the Community.

METHODS

The "Laboratory for citizen empowerment" works in the field of health literacy and empowerment related to the experience of don Lorenzo Milani (School of Barbiana) and Paulo Freire. The Laboratory practices the three levels of healthy literacy and empowerment from Nutbeam.

RESULTS

The Laboratory produced evidence-based, validated and simple written booklets about Osteoporosis and Bone Densitometry, Chronic-degenerative Diseases, Diabetes, Menopause, Breastfeeding, and Nutrition.

The "Laboratory for citizen empowerment" pathway:

- Priority setting: The Laboratory undergoes a priority setting to identify the topic, the professionals and representatives required.
- Design: Based on the topic's characteristics the Laboratory designs the project, the timetable, and the target level of empowerment to reach at each step.
- Task-force appointment: The task-force on the specific topic is formed by methodologist, communicators, philosopher, hospital doctors, general practitioners, pharmacists, nurses, citizens and patients representatives.
- Tools' production: The tools are produced adopting a five-step process: (i) Critical appraisal on the writing topic with the help of physicians and methodologists. (ii) Group discussion on doubts, concerns, and recommendations. (iii) Identification of key points (iv) Collective writing. (v) Comment on the final output.
- Readability assessment: We assess readability in two consecutive and non-alternative ways: (i) the task-force compute the international readability indices adapted for the native language of the target people, and (ii) direct qualitative readability assessment.
- Dissemination & Multidisciplinary meetings: The final tool is disseminated to the general public through mass-media and multidisciplinary meetings.
- Clinical practice: The communication tools are used by health operators in their daily work to improve the patient-doctor [patient-nurse, patient-midwife, etc.] relationship.

CONCLUSIONS

Effective tools that make health information accessible and understandable will benefit not only those at higher risk for low health literacy but also everyone (general practitioners, hospital physicians, nurses, citizens, etc.). Besides, doctors themselves use the tools to ease the doctor-patient therapeutic communication.

CONTACT:

Maria Monica Daglio
Azienda USL di Modena (Local Health Unit, Modena)
Via S. Giovanni del Cantone, 23
41100 Modena
Italy
Tel. +39 (0) 59435502
Fax. +39 (0) 59435327
E-mail: m.daglio@ausl.mo.it
WWW address: <http://www.usl.mo.it/pps/lab/01.html>

HEALTH PROMOTION AND EMPOWERING OF THE LOCAL POPULATION IN MUNICIPALITIES OF FAST CHANGES

Pia Ahonen, Vappu Syrjälä

THE PURPOSE of this project and study has been to create a flexible model to draw a map of the risks of the well-being and health and the promotion of health especially in the areas and municipalities with fast changes. The aim has been to develop instruments for evaluation and effectiveness. In the project there have been several objects:

- to develop health promotion and well-being according to the strategic courses,
- to produce information about the current situation about the well-being strategy in order to identify the local need for the development of the instruments for the evaluation and effectiveness,
- to enable the students of health care to study in the environments where there are possibilities to become familiar with the items of health promotion in different levels of local authorities in planning, decision making and activities by using variety approaches - including intersectoral involving, policy development and community development.

The project was composed of three different municipalities and Turku University of Applied Sciences and was carried out in 2004-2006. In the municipalities there were participants from Public Health Units. There were integrations of prevention and health promotion for chronic diseases such as metabolic symptoms and heart diseases. In different sub-projects directed to all age groups there were interest also to health behaviours in sexuality and overweight empowering lifestyle development.

THE OUTCOMES of this study and project has been several:

1. the strategic know-how has increased in the knowledge of indicators, and the measures of effectiveness
2. several studies (N = 19) done by the health care students. There were several outcomes within the studies:
 - the descriptions and explanations of the experiences of different populations about the health promotion and prevention on chronic diseases,
 - concrete interventions and developments on health promotion.
3. information about the study of health promotion and well-being by examining the different documents of the local authorities (such as annual reports, policies).
4. concrete actions across settings within Public Health in the context of health promotion.

CONTACT:

Pia Ahonen
Turku University of Applied Sciences
Ruiskatu 8
20720 Turku, Finland
Tel. +358 44 9072067
Fax. +358 105535451
E-mail: pia.ahonen@turkuamk
WWW address: <http://turkuamk.fi>

HPH INTERREGIONAL PROJECT "ALLERGY AT SCHOOL": THE FOUR YEARS EXPERIENCE INTEGRATING HOSPITAL SERVICES AND TERRITORY FOR HEALTH PROMOTION ON ALLERGIC DISEASES IN CHILDREN

Mariangela Manfredi, Alberto Appicciafuoco, Paola Minale, Giuseppe Ermini, Paolo Campi, Emanuela Cammelli, Isabella Frati, Daniela Mazzotta, Rina Brunetti, Roberto Predonzani, Fabrizio Simonelli, Paolo Morello Marchese

Allergic diseases may be considered as a public health problem being chronic diseases with a complex prevention and sometimes difficult treatment. Regarding patients, especially children, they have difficulty in understanding the causes, symptoms and consequences of their disease. Allergic diseases impose a low quality of life and patients and their families might not know how to deal with them. That is why it is so important the role of physician in explaining the disease and its treatment. The more the patient knows about allergic diseases, the better the prevention and treatment. Preventive programs could have great advantage by multidisciplinary cooperation. Allergy Units in St. Martino Hospital in Genoa and in San Giovanni di Dio in Florence have developed in the last four years a common action plan to apply similar strategies and 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.

AIM of the project: 1) to create an educational program for adolescents for identifying, preventing and 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 have been also inserted in the web site of ASL 10 Florence(www.asf.toscana.it) and in the Tuscany HPH network web site(www.meyer.it) in order to help patients and their families to be actors of their own 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.

CONTACT:

Alberto Appicciafuoco
Azienda Sanitaria di Firenze Nuovo Ospedale S. Giovanni di Dio
Via di Torregalli 3
50142 Firenze
Italy
Tel. +39 (0) 557192466
Fax. +39 (0) 557192417
E-mail: alberto.appicciafuoco@asf.toscana.it

DEVELOPING A LOCAL NETWORK, SUPPORTING HEALTH PROMOTING ORGANISATIONS/ SETTINGS

Lina Toleikyte, Cathy Warlow

Changes and reorientation of Health Services is an important challenge and a fundamental opportunity to be pursued in the context of this movement. The NHS is increasingly trying to become a Health Improvement and prevention service, thus real progress depends on effective partnerships and efficient collaboration between health sector and governmental bodies.

AIM

To develop an effective Network which facilitates Health Improvement in a variety of settings across Sefton.

RESULTS

A Health Promoting (HP) Settings Network steering group was established for supporting the agenda of Health Promotion, sharing HP resources and examples of good practice which supports the implementation of the National Health strategy and addresses national health priorities and shares this across organisations working together as a HP Settings Network. Primary care is a key setting for Health Improvement. The steering group was established to take local responsibility for strategic direction and facilitating support for local delivery by working on key-areas and achieving the objectives. Developing links with other settings and the wider community is essential. Representatives joining the network commit to leading local implementation with their own organisation.

A number of initiatives has been developed to take the agenda forward targeting the HP resource initially to achieve 'quick wins' in organisations:

- Six information cards have been developed (and will be piloted) regarding the need to provide resource with simple health messages for primary care professionals.
- Advice about healthy lifestyles are provided by practitioners therefore a Training Needs Assessment tool was developed to help gain information about the training needs of Primary care staff, front line workers of the Local Authority and Voluntary Sector organisations.
- Both hospitals and other settings are going Smoke free and trying to reduce numbers of smokers among staff and visitors.

CONCLUSIONS

The Health Promoting Settings Network was established and its representatives are meeting regularly. The Network provides support to the local delivery of Public Health priorities and works on providing a vehicle for developing Public Health capacity and capability with/for individuals and settings.

CONTACT:

Lina Toleikyte
Sefton Primary Care Trust,
Crosby Road North
L22 0QB Liverpool Merseyside
United Kingdom
Tel. +44 1514796550
Fax. +44 1514796569
E-mail: linatoleikyte@yahoo.co.uk

GUESS WHO'S COMING FOR DINNER? SOCIO-SANITARY RESEARCH ON FREE FOOD SERVICES AND ATTITUDES OF INDIGENT ITALIAN AND FOREIGN USERS IN BOLOGNA

Debora Previti, Augusta Albertini, Francesca Celenza, Marika Sardo Cardalano, Stefania Ricci, Giovanna Vittoria Dallari, Franco Riboldi

In order to prevent and reverse indigent's malnutrition, Public Health Service, City Council and Volunteer's Organizations collaborated on a survey on food services for the indigent people, to put forward a plan to promote and establish better food for better health, starting from cultural needs and emotional fulfilment for both Italian and foreign indigents, referring daily to food charity caterings.

Semi-structural interviews were conducted to the charity caterings users as well as to the staff.

Sample survey: 65 individuals, ages ranging from 20 to 70, average 41; 86% male; 32,3% foreigners (all of whom being new immigrants, not necessarily involved in an indigent situation directly, but facing complex problems due to migration related factors).

Quali-quantitative evaluation of nutrition related parameters was carried out.

Most of the people eat only one meal a day, the menus seem to be scarcely varied and the food is not very tasty.

Nutritional observations show normo/ipercaloric weekly menus, fairly balanced in macro and micronutrients. The menus need revisions without necessarily increasing the cost.

Users refer to be affected by chronic diseases such as: liver complications, hypertension, gastrointestinal problems, diabetes and obesity.

THE RESULTS suggest a widespread lack of sense of satisfaction among the guests; the recurrent theme relates to the different habits and taste of the interviewed. Food preferences are always related to the countries they originally come from; Italian users describe strong and deeply-felt emotions related to the food they used to eat and its taste.

To achieve a good nutritional prevention plan, medical and nutritional recommendations have to be considered in a context strictly related to ethical and cultural issues. The need to vary the food in order to improve daily menu with respect to nutritional value was brought about by the consumers themselves through the careful listening by the interviewers.

CONTACT:

Franco Riboldi
Local Health Unit of Bologna, Italy
via Castiglione, 29
40124 Bologna
Bologna
Tel. +39 0516584806
Fax. +39 0516584923
E-mail: franco.riboldi@ausl.bologna.it
WWW address: <http://www.ausl.bologna.it>

ASPECTS OF HEALTH OF KAUNAS SPORT VETERANS

Juozas Skirmantas Paukstys, Lolita Sileikiene

THE AIM of the study was to form a register of sport veterans and evaluate the impact of the end of sports career on their health.

METHODS

Kaunas Red Cross Hospital has conducted Adaptation of Sport Veterans to Public Life programme in Kaunas. Inclusion criteria for the study population were age (> 35 years) and sportsmanship (no less than master of sports). A register of 383 sport veterans living in Kaunas and its region has been created. Postal anonymous questionnaire inquiry was conducted in 2003.

RESULTS

Data from 133 answers received to the questionnaire was used. Most of the participants were men (n=100). Mean age of men and women was 57 years ($p>0.05$). There were no differences among the participants according to their education; differences in family status were observed: 83.3% of men were married, while 60.6% of women were single ($p<0.05$).

Most of the study population were active sportsmen for the period of more than 15 years. Among the reasons to stop sports they indicated age (37.0% of men and 42.4% of women, $p>0.05$), as well as former traumas (14.0 % in men, 9.1 % in women, $p>0.05$).

Health behaviour, quality of life changes after active sports career were observed. 25.8% of men and 23.3% of women indicated worsening of their health after the end of big sports. Their present health complaints concerned joints, high blood pressure, cardiovascular diseases, digestive system problems. Sport veteran women (12.1%) had more oncological problems than veteran men (2.0%), $p<0.05$. More than a half of the respondents (51.1% of men and 56.7% of women) answered that they needed help of health care professionals.

CONCLUSIONS

Sport veterans is a group of population which needs a special attention and is at increased risk of developing health problems during the active age of life.

CONTACT:

Lolita Sileikiene
Kaunas Red Cross Hospital
Laisves al. 17
LT-44320 Kaunas
Lithuania
Tel. +370 37 426027
Fax. +370 37 422785
E-mail: skirpauks@takas.lt

PAST HPH CONFERENCES:

“Empowering for Health: Practicing the principles”

13th International Conference on Health Promoting Hospitals (HPH)
Dublin, Ireland, May 18 – 20, 2005
www.univie.ac.at/hph/dublin2005

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

12th International Conference on Health Promoting Hospitals (HPH)
Moscow, Russia, May 26 - 28, 2004
www.univie.ac.at/hph/moscow2004

“Reorienting hospitals for better health in Europe: New governance, patient orientation and cultural diversity in hospitals”

11th International Conference on Health Promoting Hospitals
Florence, Italy, May 18 – 20, 2003
www.univie.ac.at/hph/florence2003

“The contribution of HPH to reorient health services: Improving health gain by developing partnerships and quality”

10th International Conference on Health Promoting Hospitals
Bratislava, Slovakia, May 15 – 17, 2002
www.univie.ac.at/hph/reports.html#10ic
www.univie.ac.at/hph/10ic/proqamm.html

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

9th International Conference on Health Promoting Hospitals
Copenhagen, Denmark, May 16 – 18, 2001
www.univie.ac.at/hph/9ic/proc9ic.html

“The Health Promoting Hospital in the 21st Century - Challenges and Opportunities, Strategies and Scenarios for Patients, Staff, Communities and the Hospital as an Organisation”

8th International Conference on Health Promoting Hospitals
Athens, Greece, June 14 – 16, 2000
www.univie.ac.at/hph/8ic/programm.html

“Health Promotion and Quality: Challenges and Opportunities for Health Promoting Hospitals”

7th International Conference on Health Promoting Hospitals
Swansea, Wales, April 21 - 23, 1999
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INDEX OF AUTHORS

A

Abatangelo Luca.....	192
Accardo Angela.....	156
Acevedo Jaime.....	82
Adepoju Joseph.....	199
Ahonen Pia.....	217
Albertini Augusta.....	219
Albuzza Massimo.....	129
Aliboni Margherita.....	205
Allan Susan.....	147
Alsen Hans.....	160
Amato Claudio.....	130
Andreadis Emmanuel.....	169
Antonia Bettinelli.....	71
Antonin Montserat.....	90
Anzivino Fernando.....	185
Appicciafuoco Alberto.....	169, 201, 205, 217
Aristei Stefania.....	123
Artamonova Anna.....	131
Artamonova Galina.....	131
Artoni Paola.....	214, 215
Ashton John.....	
Avisani Rosaria.....	91, 105

B

Bacci Christian.....	182, 200
Bachiocco Valeria.....	132, 178
Backer Vibeke.....	84, 86
Badiali Cinzia.....	65
Bagnoli Chiara.....	178
Bailey Kathryn.....	195
Balciuniene Rita.....	177
Ballester David.....	191
Baltasar Alicia.....	191
Baneviciene Rita.....	181, 186, 193, 194
Baroncini Simonetta.....	132, 178
Barrueto Luis.....	82
Bartlett Emma.....	186
Bartola Andrea.....	189
Bårtvedt Inger.....	181
Baruzzo Sara.....	75
Bassi M. Beatrice.....	43
Battaglia Marcella.....	105
Battaglia Silvia.....	105
Bauwens Nicole.....	195
Becherini Rosalba.....	205
Belikova Darya.....	131
Bellaz Marina.....	71
Bellocchio Eletta.....	156
Beltrami Patrizia.....	123, 152
Bendinelli Stefano.....	167
Berger Hartmut.....	66
Bergmann-Liese Brigitte.....	160
Berk Aristeia.....	169
Bernotiene Ausra.....	193
Bernotiene Gailute.....	164, 165
Bertani Deliana.....	139, 149
Bertran Carme.....	140, 191
Bettoni Daria.....	200

Bevolo Piera.....	139
Bianchi Enrica.....	176
Bianchi Enrichetta.....	160
Bichecchi Leana.....	65
Bickerstaffe Gary.....	55
Biltery Robert.....	107
Bischoff Alexander.....	137
Biskys Virginijus.....	81
Blasco Cristina Iniesta.....	90
Boaretto Stella.....	156
Bock Alexander.....	122
Bolaños Eva.....	117
Boldrini Paolo.....	153
Bologna Maria.....	67
Bombarda Stefano.....	45
Boni Stefano.....	71
Borgatti P.....	207
Borsatti Graziella.....	183
Bosi Ezio.....	80
Bosi Sandra.....	156
Braglia Duilio.....	160
Brandi Angela.....	205
Brandt Elimar.....	97, 101
Breen A.....	46
Bresciani Antonella.....	105
Breviglieri Ida.....	51, 78
Brodeur Jean-Marc.....	88
Bruchacova Zora.....	155
Brugada Neus.....	191
Brunetti Rina.....	217
Bruni Elena.....	
Buginyte Alma.....	141
Buinauskaite Evelina.....	115
Buinauskiene Jurate.....	78
Burato Enrico.....	184
Burattin Anna.....	191
Buriola Daniela.....	211
Burke Eimear.....	179
Burke Helen.....	95, 193
Bush Sarah.....	190
Buso Maria Grazia.....	69
Butler Mary Pat.....	105
Buzi Fabio.....	54, 195
Byrne Rose.....	

C

Cagney Maura.....	158, 211
Calamari Carlo.....	93
Calzari Maria Giulia.....	148
Cammelli Emanuela.....	217
Campani Alessandro.....	114
Campanini Isabella.....	110
Campi Paolo.....	217
Candela Silvia.....	75
Canino Rosario.....	138
Capelli Rossella.....	59
Caprioli Roberto.....	184
Carbognani Rosanna.....	67, 148, 167
Cardalano Marika Sardo.....	219

Cardinali Cesare.....	189
Carey Eileen.....	108
Carra Mentore.....	78
Carzana Mario.....	50
Casali Anna Maria.....	73
Casari Susanna.....	112
Castellani Alfonso.....	105
Cavina Augusto.....	72
Ceccarelli E.....	71
Celenza Francesca.....	219
Cemnalianskiene Lolita.....	60
Cenci Luigina.....	189
Cepinskiene Leone.....	193
Cerullo L.....	207
Chalom David.....	53
Chambers Julie.....	202
Cherepanova Izolda S.....	212
Chervinskaya Alina V.....	81
Chiarenza Antonio.....	48, 103
Chiaroni Maria Teresa.....	105
Chiarucci Simonetta.....	78
Chierici Giuseppina.....	80
Chiu Lai Fong.....	50
Chondroleou Anna.....	169
Christensen Mette Enevold.....	96
Christodoulou Kostakis.....	113
Ciardullo Anna Vittoria.....	215
Cicchelli Roberta.....	105
Cigala Francesca.....	187
Cimino Nino.....	76
Cinti Cristina.....	123
Clerke Charlie.....	113
Clima Barbara.....	
Consonni Anna.....	105
Contandriopoulos André-Pierre.....	107
Conti Adelaid.....	105
Cook Gary.....	209
Cooper Kathleen.....	193
Corkin Doris.....	136, 202
Corkin Doris.....	
Cornella Chiara.....	105
Corr Bernie.....	110
Corsini Giovanna.....	45
Corti Vania.....	169
Coscetti Flora.....	205
Costantino Rosa.....	191
Costi Adriana.....	148
Costi Dorella.....	75
Cristiana Brunazzi Maria.....	71
Cristofano Michele.....	205
Culpo Vilma.....	122

D

D'agata Emanuele.....	105
Daghio Maria Monica.....	214, 215
Dallari Giovanna Vittoria.....	219
Daly Orla.....	141
Damuleviciene Gyte.....	186
Danieliute E.....	80
Danyte E.....	80
Dapsys Kastytis.....	143
Dautzenberg Bertrand.....	79, 154, 156
Davidoniene Ona.....	58
De Bigontina Gualtiero.....	76

De Pieri Paolo.....	75
de Travesedo Ana Sancho Gomes.....	90
Deasy Christine.....	68
Dedobbeleer Nicole.....	107
Dedonno Giuseppe.....	124
Del Bono Roberto.....	200
Del Puglia Serena.....	169
Delanty Norman.....	102
Delsante Ester.....	156
Derelli Ermanna.....	138
Desimoni Gabriele.....	160
Di Ciommo Saverio.....	45
Di Domenicantonio Paolo.....	105
Diamantopoulos Emmanue.....	169
Diana Luisa.....	45
Dieplinger Anna Maria.....	77
Dietrich Babette.....	160
Dietscher Christina.....	109
Domenighini Serena Giulia.....	105
Donegan Ciaran.....	186
Donnelly Monica.....	158, 211
Doorghen Wendy.....	195
Draghetti Donatella.....	123
Dregval Liudmila.....	153
Dumont Jacques.....	109, 116, 154
Dzerve Vilnis.....	

E

Eales Stuart.....	144
Eichler Irmgard.....	133
Elmala Zahra.....	107
Ermini Giuseppe.....	217
Esposti Maria Rosa Degli.....	152

F

Falcone Franco.....	123
Farella Giuseppe.....	105
Farré Carme.....	140
Farrell Gerard.....	145
Farruggia Patrizia.....	132
Fattori Giuseppe.....	214, 215
Faurschou Pernille.....	86
Fava Danila.....	76
Federzoni Guido.....	112
Feltri Gaetano.....	112
Fenwick Alison.....	195
Fernández Isabel.....	140
Fernandez Manuel.....	52
Ferrari Anna Maria.....	156
Ferretti Giovanna.....	105
Ferretti Tiziano.....	67
Ferro Salvatore.....	72, 153
Ficarelli Maria Lorena.....	149
Figuerola Montserrat.....	140
Filippazzi Giuliana.....	62
Filippi A.....	71
Filippi Michele.....	205
Fleitmann Sibylle.....	79
Flynn Cora.....	102
Foldspang Anders.....	
Fontanesi V.....	71
Forghieri Eros.....	129

Fornaciari Graziella	149
Frampton Susan	46
Franchetto Rita	122
Franchi Fabia	65
Franchini Lorena	75, 160
Fрати Isabella	201, 217
Fruggeri Luca	
Furlan Manuela	114
Furlini Paola	152
Fusari Vincenza	169, 201, 205

G

Gaby Tiron Camelia	71, 78
Gaidelyte Rita	208
Gailiunaite L.	63
Gaiti Dario	80
Gaizauskiene Aldona	208
Galavotti Vincenzo	124
Galetti Marina	124
Galimberti Daniela	73
Galli Giorgio	71
Gallifuoco Maria Pia	71
Gambarati Gianpaolo	160
Gannon Rachael	56
Gastaldi Stefania	105
Gatta Alessandro	
Gatti Chiara Delli	185
Gauvin Lise	88
Gendvilis Stasys	198
Genevieve Thomas	109
Ghedini Giorgio	123
Ghedini Teresa	45
Ghidoni Gabriella	149
Giacchi Mariano Vincenzo	130
Giacomino Ivano	51
Gill Gurwinder	49
Girardelli Francesca	190
Giuliano Simona Adalgisa Anna	214, 215
Gnaccarini Giuseppina	105
Goldoni Carlo Alberto	112
Golukhov George N.	212
Goodheir Claire	88
Gou Margarita	191
Grabauskas Vilius	
Grassi Gaddomaria	67
Grasso Anna	130
Graziani Laura	169
Greco Gabriele	129, 130, 170
Grigoli Cristina	71
Grimaldi Cristina	169
Gröne Oliver	96
Grönroos Päivi	158
Gualdi L.	139
Guarnaccia Sebastiano	105
Guerrieri Carolina	178
Guidetti Patrizia	122

H

Haas Willi	83
Hakala Sara	119
Halle Martin	122
Hallman-Keiskoski Maria	95

Hand C	46
Hansen Poul Erik	96
Hardiman Orla	127
Harkins Patrick	145
Härm Tiiu	96
Harnett A.	46
Harrington Carol	145
Harrison Thomas	66, 95, 142
Havia Heli	119
Hayes Blanaid	158, 211
Haynes Charlotte	209
Heiath Eva	66
Heikka Riitta	119
Hellstrand Mats	106
Henning Bernhard Ferdinand	
Himel Susan	96
Honkala Matti	
Hübel Ursula	75
Hüllemann Brigitte	100, 121
Hüllemann Klaus-Diethart	

I

Ihanainen Merja	116, 119
Ingardia Alessandro	
Ingram Alana	195

J

Jancaityte Lina	163, 164, 165
Jankauskas Tautvydas	193
Jankauskiene Laima	193
Janusauskaite J.	80
Januskevicius Vidmantas	198
Järvi Leena	158
Joa Inge	58
Juciuviene Virginija	198
Juvinyä Dolors	140, 191

K

Kalfus Patrizia	45
Kalinauskiene Egle	165, 193
Karhunen Erja	119
Karl-Trummer Ursula	49
Karsikko Eija	119
Katainen Maarit	119
Kautzky Laszlo	83
Kelk Eve	201
Keogan Fiona	186
Keogh – Hodgett Tricia	143, 174
Keogh Richard	145
Kerr Ann	95
Kettunen Tarja	207
Khademi Ghlamreza	168
Killeen Linda	117
Kilpeläinen Maritta	158
Knasiene Jurgita	186
Korinkova Ivana	203
Korostenskaja Milena	143
Korsbek Lisa	119
Kottke Thomas	70, 107
Krajic Karl	49

Krakauskienė E.	63
Kramer Inna	136
Kranciukaite Daina	162, 163
Krause Andreas	101
Kristenson Margareta	106
Kuhn Gabriela	169

L

Laasner Aili	166
Lalli Pina	214
Lamothe Lise	107
Larsen Trine	84
Levinienė Giedra	181
lia Bruschi Laura	205
Liberati Alessandro	72
Liimatainen Leena	207
Lima Mario	132
Liotti Paola	122
Liverani Stefano	44, 64, 72, 99, 153
Loader Suzie	111
Lolli Antonella	45
Lombardi Francesco	110
Lønvig Else-Marie	119
Loughlin Diane	128
Lugli Barbara	122
Luisi Loredana	214, 215
Luppi Mario	183
Lutteri Giovanni	190
Luvisi Marco	65

M

Macca Claudio	105
Macijauskienė Jurate	186
Macintyre Paul	88
Maciulis Valentinas	69
Maeltseemes Helle	98
Mahon Jacqueline Mac	118
Maietti Alessandra	153
Majer Katalin	61, 62, 65, 97
Manfredi Daniela	105
Manfredi Mariangela	201, 217
Manghi Mara	176
Manini M.	207
Marchese Paolo Morello	97, 217
Marchesi Cristina	176
Marchesini Monica	152
Marianelli Rita	201
Markuniene E.	63
Marmiene Vitalija	115
Marri Elena	64, 99, 178
Martin Lorcan	145
Martini Giuliana	200
Martini Mariella	
Marzollo Paolo	184
Masellis Giuseppe	130, 170
Masiello Matthew	104
Matarasso Teresa	178
Mathisen Karl	188
Mazeika Remigijus	150
Mazzoleni Anna Lisa	184
Mazzotta Daniela	201, 217
Mazzucco Raffaele	71

Mc Aree-Murphy Jacinta	213
Mc Keown Nuala	54
Mcardle Debbie	127
Mcateer Sandra	117
Mccarthy Denise	145
Mcdermott Carmel	127
McGowan Ciara	158
Mcvey Geraldine	204
Meloncelli Ilidio	76
Méndez Méndez Elvira	138
Mentziou Irini	169
Merlo Andrea	110
Mezzadrelli Giovanna	183
Micheletti Serena	105
Milani Davide	122
Milasauskienė Zemyna	196, 197
Milinauciene Egle	162, 163
Miller Audrey	95
Minale Paola	217
Minet Lisbeth	119
Miseviciene Irena	153, 196, 197
Misra Preeti H.	151
Mojžišová Adéla	92
Mølgaard-Nielsen Ditte	86, 210
Monese Angela	184
Monopoli D.	71
Monzani Giorgio	169
Moora Liis-Mail	166
Moore Alan	186
Morini Giovanni	75
Morris Denise	96
Moser Claudio	190
Motter Mauro	190
Muhhin Igor	125, 126
Muikkula Hely	116
Murphy Marie	213

N

Nagrelli Maurizio	71
Nappa Tiina	125, 126
Nardi Roberto	45
Nasi Paola	160
Naudziunas Albinas	193
Nehrkorn Manja	53
Nelbom Bente Munkholm	84
Neshat Ali Asghar	161
Nguyen Hung	107
Niccolai Francesco	114
Niccoli Barbara	201
Nini Antonia	103
Nonino Francesco	72
Nordman Eeva	158
Notarangelo Luigi Daniele	105
Noto Giuseppe	
Novak-Zezula Sonja	49
Nowak Peter	75

O

Oladimeji Victoria	120
Olo -Laansoo Katrin	98
Olsen Vibeke	84
O'Riordan Ann	79
Orlandini Danilo	75, 76, 80, 156, 160
Ouranou Ariadni	79, 156

P

Padaiga Zilvinas	
Padovani D.	71
Pagliani Lucia	105
Pagliaro Gioacchino	191
Pallazzoni Piera	72, 153
Palotu Eve	201
Paola Mariani	71
Parogni Pierpaolo	93
Pasqualini Claudia	189
Pasqualini Mario	71
Paukstys Juozas Skirmantas	219
Paul Rainer	66
Pauliene Iveta	134
Peacock Wendy	171
Pedretti Roberto	71
Pedroni Cristina	
Pelikan Jürgen M.	109
Pellegrino Patrizia	105
Penna Pietro	148
Perko Ulla	207
Pession Andrea	64
Petey Patrizia	89
Petras Dalibor	155
Petricek Stefan	155
Pietranera Paolo	167
Pietrantonio Anne Marie	122, 130, 170, 214, 215
Pilvinis Vidas	165
Piñero Maribel Perez	90
Pini Francesco	105
Pinilla Maria José Caldés	61, 62
Piontek Daniela	53
Pisoni Ivana	184
Pluda Ada	105
Pohjamo Leena	116
Pöld Mari	166
Poli Elisabetta	156
Poli Maurizio	184
Politano Elena	124
Polsini Italo	105
Pomiato Deborah	190
Poulsen Karen Strangaard	188
Pozzetti D.	71
Prandi Elena	105
Prandi Franco	103
Predieri Sabrina	65
Predonzani Roberto	217
Previti Debora	219
Puccio Piergiacomo	171

Q

Quercioli Marco	169
-----------------	-----

R

Rabitti Liliana	80
Radisauskas Ricardas	164, 165
Radziunaite Laimute	198, 205
Raggi Francesca	123
Ragni Pietro	103
Ralov Helge	86

Rappuoli Lucia	130
Rasi Liisa	119
Rastenyte Daiva	162, 163, 164
Ravelli M.	207
Reggiani Giorgio	129
Remedi Giuseppe	205
Resegott Luigi	50
Reynolds Regina	145
Rezgiene Loreta Rasute	150
Ribeliene J.	63
Riboldi Franco	123, 219
Ricci Stefania	219
Ricciardi Teresa	184
Riccò Daniela	103
Richards Mark	142
Richardson Agnes	199
Righi Angela	122
Rigo Alberto	78
Riviera Emma	105
Robinson James	90, 95, 195
Rocabado José Luis	82
Roche Jane	127
Roebuck Elizabeth	195
Rosaria Avisani	91, 105
Rossi Lorella	122
Rousseau Louise	107
Rubino Fabio	171
Ruggeri Federico	
Rusteikiene Dalia	143
Rustler Christa	53
Ruta Rosaria	149
Ryan C.	46
Ryan Kelley	172

S

Saario Auli	119
Saccardi Angela	78
Salucci Mariangela	105
Salvadori Stefano	192
Sandin Maria	117
Sandrini Rita	71
Santangelo Mario	129, 130, 170
Sarria Antonio	117
Sarzi Braga Simona	71
Scanlan Helena	117
Scarpini Arch Gian Carlo	192
Scarponi Dorella	64
Schmidt Werner	97, 160
Schmidt-Trucksasess Arno	122
Schoelcher Anne-Marie	79, 156
Schoretsaniti Sotiria	169
Scrabbi Lucia	91
Sedláková Gabriela	92
Senkuvienė Rasa	208
Sgarbi Laura	130, 170
Shahmansouri M.R.	161
Shamarina Galina	201
Sheridan Margaret	60, 146
Shiue Ivy	94
Sibley Stephen	145
Sidlauskienė Domininka	164, 165
Sileikiene Lolita	219
Silingardi Mauro	73
Silini Antonietta	105

Simon Richard.....	92
Simonelli Angela.....	205
Simonelli Fabrizio.....	61, 62, 65, 96, 97, 205, 217
Sinclair Don.....	111
Sironi Patrizia.....	138
Sjöberg Lene.....	119
Skau Jutta.....	210
Skorobogatova N.....	63
Smith Martin.....	195
Smyth Mary.....	56
Smyth Noreen.....	209
Søgaard Ib.....	56
Sopagiene Diana.....	162, 163
Sottili Sandro.....	171
Sottilotta Pasqualina.....	174
Spanò Andera.....	112
Spiazzi Raffaele.....	105
Spirgys Audrius.....	198
Spivock Michael.....	88
Sreenan Seamus.....	117
Sruoga Valius.....	147
Stachenko Sylvie.....	
Stage Louise.....	210
Standke Hans-Joachim.....	160
Stigiene Alina.....	69, 143
Stoniene D.....	63
Stoniene Dalia.....	177
Storti Pier Vincenzo.....	71
Straßmayr Christa.....	49
Sturani Carlo.....	183
Sugden Moira.....	113
Suñer Rosa.....	140
Survilaite Danguole.....	57
Suurorg Lagle.....	132, 135, 136
Syrjälä Vappu.....	217

T

Tall Steve.....	113
Tamuleviciene Egle.....	181
Tavoni Maria Antonietta.....	189
Teodori Caterina.....	62, 97
Teoli R.....	71
Tersalvi Carlo Alberto.....	94
Thanasa Georgia.....	169
Thomas Grete.....	86
Thomsen Bodil Nørregaard.....	147
Tiberti Alessandra.....	105
Tiron Camelia Gaby.....	183
Tognù Andrea.....	
Toleikyte Lina.....	144, 218
Tomkins Esther.....	
Tønnesen Hanne.....	84, 86, 96
Tonni Maria.....	184
Tornese Gianluca.....	130
Torrioli Rina.....	205
Tosi Pier Luigi.....	169
Tóthová Valérie.....	92
Tountas Yoannis.....	169
Tragnone Antonella.....	45
Treigyte Loreta.....	198
Tur Inna.....	132, 135
Turnbull Janice.....	66

U

Ursino Paolo Maria.....	205
Utermann Anna.....	77
Uustalu Alevtina.....	125, 126

V

Vainauskaite Daiva.....	157
Vainionpää Riitta.....	119
Valenti Danila.....	99
Valesi-Penso Ettore.....	182, 200
Valseriati Daniela.....	105
Valseriati Laura.....	105
Vasilavicius Paulius.....	198
Velemínský Miloš.....	92
Venturelli E.....	71
Vernero Sandra.....	75
Vernon Sue.....	74
Veryga Aurelijus.....	157
Veskimagi Madis.....	85
Vezzoli Matteo.....	190
Vezzosi Guido.....	110
Viale Mariana Isla.....	138
Vibe Peder.....	96
Vienonen Mikko.....	
Viezelis Kazimieras.....	165, 193
Villberg Jari.....	207
Volpi Roberta.....	200

W

Warlow Cathy.....	218
Watkins Mary.....	199
Weisz Ulli.....	83
Wienand Ulrich.....	75
Wilson Barbara.....	66
Wind Bente.....	84

Y

Yáñez Christian.....	82
----------------------	----

Z

Zagurskiene Daiva.....	197
Zalinkevicius R.....	80
Zaliunas Remigijus.....	163
Zarkeshan Rezvan.....	168