



Health
Promoting
Hospitals

15th International Conference on Health Promoting Hospitals (HPH)

Vienna, Austria
April 11-13, 2007

**„Contributions of HPH
to the Improvement of Quality of Care,
Quality of Life and Quality of Health Systems“**

Conference and Abstractbook



WHO/Europe

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Scope and Purpose

The last decades have proven by mounting evidence that quality strategies in health care can contribute to better health outcomes and more cost-efficiency of hospitals and other health care services. But quality is a rather open concept. It offers specific tools and strategies for professionals and decision makers - accreditation, performance assessment, guidelines, continuous quality improvement, managerial control mechanisms, accountability etc.. But what good quality is needs to be defined and gain the consent of key stakeholders of health care: patients, professionals and providers, financiers, health care and public health policy. For defining and implementing good quality, Health Promotion already has demonstrated that it can make a distinct and relevant contribution.

What specific synergies can be expected when linking quality and health promotion? From its beginning, HPH has aimed at contributing to hospital quality development by reorienting the hospital towards targeting and investing in increased and more sustainable health gain: for patients, but also for staff and the community population. Many hospitals in diverse health systems in Europe and overseas have taken up this approach, which is outlined in policy documents like the Budapest Declaration (WHO, 1991) and the Vienna Recommendations (WHO, 1997). With the 18 HPH core strategies and 5 Standards for Health Promotion in Hospitals, an explicit link of HPH to quality has been established: Hospitals can now rely on specific tools for strategic planning, performance assessment and continuous improvement of their health promotion activities.

What can participants expect to take home from this conference? There will be opportunities to learn from experiences of HPH with quality tools, to share concepts, evidence and experiences on achievements so far, and to open the discussion on future developments. The Scientific Committee has decided to highlight especially 4 topics that link HPH to quality:

Making the hospital a more effective agent for individual and public health by implementing the comprehensive vision of HPH

Hospital health gain depends on the quality of clinical services and on the kinds and quality of preventive and rehabilitative services offered beyond cure and care. But the health promoting or health damaging impact of the hospital setting is also of importance, i.e. the effect of material and social structures as well as organisational culture and hospitals' efforts to contribute to community development for better public health.

In order to release the full potential of HPH for the health gain of patients, staff and the community population, these aspects need to be combined into a comprehensive approach. This is in line with developments in clinical medicine, where the comprehensive management of complex diseases has proven to produce more effective outcomes. Also general management has recently seen a trend towards comprehensive approaches like corporate social responsibility. Such a comprehensive HPH approach needs explicit support within the organisation and beyond, especially from the health policy framework. The conference shall present and discuss concepts, strategies and examples of comprehensive HPH.

Transforming the hospital organisation – integrating wider HP strategic and quality criteria into hospital governance

How can the comprehensive overall HPH concept be implemented into the complex, dynamic, heterogeneous and fragmented context of a modern hospital? In order to fulfil its whole potential, HPH needs to be integrated into hospital governance and organisational development, and needs to be supported by a systematic and complex integration into hospital (quality) management structures.

The conference shall present and discuss specific strategies, experiences and recommendations to develop health promoting organisational structures and cultures, and to convince key stakeholders to participate in such an approach.

Empowering patients for healthy lives by enhancing the supportiveness of health care systems

If health care systems aim at increased and sustainable health gain for their patients and at avoiding unnecessary hospital readmissions, the contribution of the hospital can be to accept more co-responsibility for the long-term illness and health behaviour of in- and outpatients. There are many ways to do so, from systematic patient empowerment to increased interface management and cooperation with other levels of care.

While lengths of stay are constantly decreasing, one and the same patient has often repeated hospital contacts (e.g. because of pre-check and diagnostics, intervention, follow up and consultation). What new opportunities do these developments offer for patient empowerment, and what requirements for interface management arise? The conference shall present and discuss knowledge and experiences on effective communication strategies and techniques for health promoting illness management and lifestyle development. Another focus will be on the necessary organisational frameworks to integrate patient empowerment into daily hospital routines and to safeguard sustainability after discharge.

Contributions of the hospital to developing health promoting communities

The hospital's core business is to provide services to acute or chronically ill patients. Why should hospitals in addition trespass the border to primary prevention and health promotion interventions in their community settings? Because many avoidable hospital admissions, which can also be troublesome to and influenced by hospital organisations, are not only due to unhealthy personal behaviour but also to unfavourable living and working conditions in the community setting. As experience shows, hospitals have opportunities to improve community conditions for health.

Partnerships and healthy alliances are core instruments for sustainable health promotion in communities, as documented e.g. in the Jakarta Declaration (1997) and the Bangkok Charter on Leading Health Promotion into the 21st Century (2005). There are many interesting examples from hospitals who have become initiators of or contributors to such alliances, and who have done a good job in reducing avoidable burdens of disease. Strategies and examples shall be presented and discussed at the conference.

The Scientific Committee

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The Pre Conference Programme

Tuesday, April 10, 8.45-15.45

"Summer School: Evidence-Based Health Promotion – Hands on!"

(Venue: University of Vienna, Institute for Sociology, Rooseveltplatz 2, 1090 Vienna)

Wednesday, April 11, 8.45-15.45

"Summer School: Evidence-Based Health Promotion – Hands on!"

(Venue: University of Vienna, Institute for Sociology, Rooseveltplatz 2, 1090 Vienna)

Wednesday, April 11, 10.00-17.00

Pre conference „Searching for the stripe of the tiger – quality of life as a core concept in health promoting mental health care“

(Venue: Medical University, Währinger Gürtel 18-20)

Wednesday, April 11, 10.00-17.00

Workshop of the Vienna Information Network "Health Promotion in Hospitals and Long Term Care" (in German language): Austausch- und Lernwerkstatt für Projektleiter/innen in Gesundheitsförderungsprojekten

(Venue: Medical University, Währinger Gürtel 18-20)

Wednesday, April 11, 09.00-17.00

General Assembly of the HPH Network

(Venue: Austrian Ministry of Health, Women and Youth, Radetzkystraße 2)

The Main Conference Programme on Thursday, April 12

All events at: Medical University Vienna, Währinger Gürtel 18-20

08.00

Registration

09.00-09.30

Opening and welcome addresses

09.30-10.30

Plenary 1: "Making the hospital a more effective agent for individual and public health by implementing the comprehensive vision of HPH"

10.30-11.00

Coffee, tea, refreshments

11.00-12.30

Parallel Sessions 1.1 – 1.7

12.30-13.30

Lunch Break

13.15-14.15

Special Meeting of the Austrian, German and Swiss Delegates: Joint preparation of 3rd Transnational Conference of German Speaking HPH Networks in Zug, Switzerland, September 2009 (open for all German speaking delegates)

13.30-14.15

Guided Parallel Poster Session I

14.15-15.45

Parallel Sessions 2.1 – 2.7

14.15-15.45

Special Meeting on HPH and International Cooperation (upon invitation)

15.45-16.15

Coffee, tea, refreshments

16.15-17.45

Plenary 2: "Transforming the hospital organisation – integrating wider HP and quality criteria into hospital governance"

20.00-23.30

Conference dinner
(opening at 19.30)

The Main Conference Programme on Friday, April 13

All events at: Medical University Vienna, Währinger Gürtel 18-20

09.00-10.30

Plenary 3: Empowering people for healthy lives by improving the supportiveness of healthcare systems

10.30-11.00

Coffee, tea, refreshments

11.00-12.30

Parallel sessions 3.1 – 3.7

12.30-13.30

Lunch break

13.30-14.15

Guided Parallel Poster Sessions II

14.15-15.45

Parallel sessions 4.1 – 4.7

15.45-16.15

Coffee, tea, refreshments

16.15-17.30

Plenary 4: Contributions of the hospital to developing health promoting communities

17.30-17.45

Distribution of poster awards
Announcement of 16th HPH Conference
Conference Closing

17.45-18.00

Farewell Cocktail

Post Conference Events

Saturday, April 14, 9.30-13.00

Meeting of Task Force on Migrant Friendly and Culturally Competent Hospitals

(Venue: Ludwig Boltzmann Institute for the Sociology of Health and Medicine, Rooseveltplatz 2, 4th floor)

Saturday, April 14, 14.00

Jogging in the "Prater": HPH Runners' Group

Meeting place: LCC Laufsportzentrum Ernst Happel Stadion

Plenary 1:**Making the hospital a more effective agent for individual and public health by implementing the comprehensive vision on HPH****Making the hospital a more effective agent for individual and public health by implementing the comprehensive vision of HPH****Jürgen M. Pelikan**

From the outset, HPH was developed as a comprehensive vision, addressing all target groups, the core business and the hospital as a setting. First conceptual developments started in the 1980s, were formalised in the Budapest Declaration on HPH (1991) for the first time, and further developed in the Vienna Recommendations on HPH (1997). The latest codifications are the 18 HPH core strategies and the more selective 5 standards for health promotion in hospitals (2005). But, as became visible already in the model and pilot projects in the 1990s, it seems difficult to fully implement this comprehensive vision. The alliance with quality in the last decade (e.g. standards, EFQM, Balanced Score Card) allowed some further progress concerning comprehensive implementation. But there is potential for further development, and, from the perspectives of demography, economy, and wellbeing, a substantial contribution of hospitals to individual and public health by (primary) prevention and health promotion seems to be more relevant than ever.

Against this background, what is needed today to make the hospital a more effective agent for individual and public health? The lecture will try to answer this question by analysing the demands of the comprehensive vision of HPH, by looking for hindering and supporting factors for implementation on local hospital, national and international level and by developing recommendations on strategies to facilitate implementation. Strategies will have to include tool development, further research on effectiveness and implementation, and lobbying and capacity building.

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Plenary 2: Transforming the hospital organisation – integrating wider HP strategic and quality criteria into hospital governance

Health promotion in today's hospital quality and governance systems

Oliver Groene

An increasing evidence-base has become available on the effectiveness of health promotion services provided in hospitals. Evidence demonstrates the positive impact of health education, patient involvement and patient activation strategies (in self-managing their condition) on treatment outcomes and sustained quality of life on the one hand and reduced length of stay or hospital readmissions on the other.

Despite this growing evidence-base, patients frequently do not receive important information on their condition and options for self-management, partly because hospitals have adapted the implementation of health promotion services only slowly or in a non-systematic manner and/or have not integrated it into their quality management systems.

Many hospital accreditation or quality management systems address generic issues such as patients' rights and informed consent and require hospitals to carry out patient satisfaction surveys. However, the engagement of patients as co-producers in the care process remains less a focus in quality management systems, despite the growing evidence-base in this field.

The presentation will provide an overview on common quality management tools and to what extent they address health promotion: To what extent do quality agencies operationalize health promotion? Is health promotion a part of quality management or should health promotion be subject to quality management? What are the limitations in evaluating hospitals' responsibilities for health promotion as compared to other institutionalized responsibilities (such as for infection control, medication safety or facility management)? And how do hospital characteristics, such as ownership, size, teaching and research activities and the development of the quality management system affect the institutionalization of health promotion?

The presentation will be based on published literature in the field and present data collected in a recent study on the implementation of health promotion in hospitals.

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Integrated governance and health promotion in Italy: The Trentino experience

Carlo Favaretti

Italy's contribution to the HPH movement has been very important since its inception. It has been characterised by the choice to develop autonomous regional networks (currently 11), independently recognized by the WHO. In addition, the National Coordinator promotes internal networking and acts as national representative.

Most of the public and private hospitals have joined their regional networks. The various networks provide training courses and projects on: lifestyle development, continuity of care, health services integration, multidimensional and multicultural approach to health care, safety of staff and patients, and environment and amenities. Network relationships are found to support an exchange of experiences and benchmarking. Inter-regional collaboration was established on pain free, smoke free and "migrant friendly" hospital projects.

Major strengths of the regional approach are the engagement of stakeholders in activities, the establishment of project management technical committees in hospitals and trusts, and the exchange of experiences among hospitals and institutions. Regional steering groups enhance the quality of initiatives. However, difficulties are encountered in integrating health promotion activities into daily practice. Several aspects were pinpointed including the need to improve financial viability, and to boost the informative system supporting regional projects.

How is the Trentino Regional HPH dealing with these difficulties? Based on the EFQM (European Foundation for Quality Management), approach, the following ENABLERS can be described:

The Healthcare Trust APSS ("Azienda Provinciale per i Servizi Sanitari") of Trento and the Autonomous Province of Trento have been cooperating for years to advocate empowerment for health. To sustain the initiatives of the regional network, the Province of Trento assigned health promotion objectives to the Trust, advocating partnerships with all the stakeholders of the local community (i.e. schools, workplaces, voluntary groups, municipalities and other institutions). The APSS, which is the only public NHS provider of the Province of Trento (Northeast Italy), operates with approximately 7,400 people, serving around 500,000 inhabitants. It manages 2 hub hospitals and 13 healthcare districts with an additional 5 spoke hospitals.

In order to balance needs and expectations of patients, staff, partners, providers and society, the APSS adopted the EFQM model as an integrated governance framework. Health promotion is one of the three main strategic directions set out in the APSS Strategic Development Plan (2001-2004 and 2005-2009), with corporate management and many staff members involved in the issue. Management's strong commitment to quality management and improvement supported an integrated development of health promotion issues together with actions on health technology assessment and evidence based medicine. The budget is used as planning tool for managing the concrete implementation and monitoring of health promotion activities in clinical, technical and administrative processes. Yearly budget plans were established, pertaining to staff and patient safety, staff education and privacy.

In the annual planning of every hospital connected to HPH Trentino Network, specific health promotion projects were set out. Corporate projects (a smoke free hospital, early diagnosis and counselling for alcohol-related problems and staff safety) with broader impact are included in all hospital budgets. Furthermore, an operating budget on health promotion issues is specifically allocated to wards / district units. The development of projects following the objectives assigned by the Autonomous Province of Trento has been followed by project management techniques. The effectiveness of the health promotion strategy in the clinical context was further supported by an improvement of internal and external communication, a review of the patient charter, by training activities and an accreditation process.

Results

The culture and goals of health promotion were supported in accordance with all the WHO health promotion standards in all 7 officially registered HPH hospital members. Health promotion was also addressed in community services. An important health promotion project addressed the district role and involved activities that empowered patients, relatives, staff and citizens in the mental health field. Another project targeted the role of the nurse case manager in planning patient discharge and post-discharge. Several projects across different settings were developed that should develop into routine activities over time. For example, the organizational change following the implementation of the Migrant Friendly Hospital project resulted in introducing a cultural mediation service and other migrant empowerment actions (staff empowerment, communication and needs assessment, migrant education, pamphlets, social networking, etc). Corporate projects involved the following:

patients needs assessment, early diagnosis and counselling for alcohol-related problems, smoke free hospitals, pain free hospitals, hospital safety, informed consent and review and updating of patient charter. Several other projects are also worth mentioning: promotion of breastfeeding, cognitive-behavioural therapy, dental health promotion in ambulatory services and communities, communication between hospital departments, education of chronic and cancer patients (at discharge and post discharge), dynamic therapy for staff, establishing guidelines and procedures for a better workplace, labour and delivery preparation courses with educational activities targeted to migrants, and empowerment in disease management (for dialysis, psychiatric and other chronic patients). Currently, monitoring shows that, in addition to the recognized projects, many health promotion activities (often locally) are in place, even if they are not always well set and formalized. In 2004, the APSS took part in the European pilot project to apply the health promotion standards self-assessment tool. In addition, the Directorate of Education and Health Promotion promoted educational interventions and campaigns for healthier lifestyles in the general population and risk groups through surveillance, school networking, institutional partnerships, advertisement, circulation of information material, and other measures. Likewise, APSS made widespread use of tools for analysis (technical committee, working groups, and focus groups) and surveys to manage the relationship with patients, staff and community. The accreditation of the main APSS hospital (Ospedale Santa Chiara), based on Joint Commission International standards helped to achieve health promotion aims and goals about safety, informed consensus, uniformity of treatment and patient rights. During 2006, the experience on patient education and rights, and continuity of care was extended to all the corporate hospital facilities.

Conclusions

The Trentino Regional Network experience can be judged positively. It showed the importance of a transformation of the business culture focusing on a comprehensive health promotion strategy for hospitals, but also for community settings. Currently, health promotion approaches and activities are being strengthened and expanded to improve self-assessment practices and trying to translate actions into quality improvement plans based on the RADAR logic. Finally, an exciting perspective in the next few years will be the opportunity to apply the Health Promoting Hospitals approach to the design of a new hospital in Trentino.

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Plenary 3: Empowering people for healthy lives by improving the sup- portiveness of health care systems

“The empowerment approach to dia- betes: facilitating health related life- style decisions”

Robert Anderson

Empowerment is a patient-centered, collaborative approach to diabetes care and education designed to facilitate self-directed behavior change and psychosocial adaptation. Most health behavior change theories and traditional approaches to patient education are viewed as means of influencing the behavior of patients to improve their diabetes self-management decisions, i.e. follow the recommendations of health professionals. Empowerment on the other hand is grounded in, and honors the patients lived experience of diabetes and their right to decide how to care for it on a daily basis. The empowerment process focuses on problems and issues deemed important by the patient. Empowerment based discourse encourages patients to explore the aspects of living with diabetes that concern them the most. They are helped to identify and choose behavior changes that will help them achieve their own diabetes care goals. The responsibility of the health professional is to ensure that their patients are making informed decisions i.e. decisions that are informed by an understanding of the health implications of their diabetes self-management options and an awareness of what approach to diabetes self-management is best suited to their priorities and resources.

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“Health Promoting Hospitals as a set- ting for successful patient empower- ment: Concepts and experiences”

Margareta Kristenson

Health promotion is, according to WHO's definition, a "process where people gain control over their own health". A term often used for this process is "empowerment". In stress research, a corresponding term is coping ability, or mastery; the psychosocial resource which enables people to handle stress. There is today ample evidence that empowerment and coping ability

not only lead to better future health prospects in terms of a better self-rated health but also, via psychobiological mechanisms of psychoendocrinology and psychoneuroimmunology also lead to reduced risk of morbidity and mortality.

Can this be achieved in a hospital setting? Yes, it can, and is indeed, the core of the idea of Health Promoting Hospitals. It is today of increasing importance to lift this perspective. The mean age of hospital patients has increased and the major part has chronic diseases where the role of health services is to help patients to cope with their disease and rest-handicap. The medical progress in surgery and pharmaceutical interventions has been paralleled by hospital services being developed according to industrial management systems of "lean production", and financial incentives have been developed accordingly. One drawback of this is that a holistic view on patients and interventions on psychosocial factors lead to the risk of being neglected.

"Empowerment" strategies have often been seen as problematic as they are (seen as) less concrete compared to other interventions. However, today many concrete models have been developed with the common frame of being patient centred, focusing on giving trust, hope, confidence, social support and coping ability. They build on patient involvement, and often use pedagogic methods such as problem based learning. Examples range from patient with cancer or chronic obstructive lung disease, rehabilitation after heart attack, dancing school for patients with leg prosthesis and motivational counselling at lifestyle interventions. One organisational problem for hospitals to integrate effective high quality and sustainable patient empowerment education into daily routines is that they have been difficult to visualise.

The Swedish HPH-network has, since several years, worked to introduce measurements of patients' health related quality of life (HRQoL) as outcome measures. These measurements of patients' physical, social and mental well-being and role function are helpful in visualising a more holistic view on patients, and to recognise patients' psychosocial needs. By doing so, learning systems can be created, building on perceived outcomes. It is also a way to change the bottom line in purchasing systems from "economism" and activity driven management towards outcome-oriented government. HPH networks can support this development by building a system for continued learning. Instruments to further develop and use for this purpose are: the HPH-database to help identify colleagues, ideas and "good practice"; self-evaluation via a comprehensive set of standards on the quality of performance along the patient pathway; a brief sheet of indicators for self-assessment, benchmarking, and feed back to management of the hospital; and the use of HRQoL as outcome measures in routine health services management as a means to reorient services towards health.

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Plenary 4: Contributions of the hospital to developing health promoting communities

Hospital-community collaboration to address determinants of health in the community: Lessons from Canada

**Blake Poland, Ann-Marie Marcolin, Susan
Himel, Richard Edwards**

Collaboration between hospitals and community organisations has been promoted over the past 20 years by various levels of government, hospital associations, health promotion advocates, and others at the state/province, national and international levels as a way to improve the 'efficiency of the system', reduce duplication, enhance effectiveness and service coordination, improve continuity of care, and enhance community capacity to address complex issues. Hospital-Community Collaboration (HCC) is a cornerstone of the recent WHO/Euro HPH Standards (Groene, 2006). Nevertheless, and despite a growing literature on inter-agency collaboration, systematic documentation and empirical analysis of HCC is almost completely lacking in the literature, particularly as regards collaborations that address the determinants of health beyond the hospital walls (see COM-6: hospital contribution to health-promoting community settings in Putting HPH Policy into Action, Brandt et al, 2006). In this presentation, we describe:

- the methodology and key findings from a mixed method research study of HCC in Ontario (Canada)
- local examples of forward-thinking HCC in the Toronto metropolitan region (multi-agency coalitions of hospitals and community organizations addressing key determinants of health such as falls prevention, free dental clinic for the homeless and underhoused, new models for chronic care management and outreach to new immigrant, homeless and underserved populations)
- guiding principles and lessons distilled in a newly developed Resource Guide on Hospital-Community Collaboration

Connex to HPH

- Addresses role of the hospital in the community and vis a vis the determinants of health (as stipulated in WHO/Euro HPH Standards, esp. COM-6 - see abstract).
- Addresses issues of hospital-community collaboration (mandated in Canada and elsewhere as part of hospital accreditation standards but on which there is very little formal guidance).

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"Who doesn't smoke ... WINS! An Italian initiative for health promoting community development"

Simone Tasso

Introduction

The Italian Regional HPH Network in Veneto organized an anti-smoking campaign for the young generation called "WHO doesn't smoke...WINS!" which was subsequently developed also in other Italian Regions such as Trentino, Liguria, Valle d'Aosta.

The campaign is formed by a lot of actions rotating around an anti-smoking Contest addressing students 11-14 years old. Students have to produce short advertising videos and other creative works against tobacco.

The initiative

This initiative started in 1997, as HPH Project, during the first steps of HPH regional / national networks, with the general aim to create a health promoting setting around the hospitals, applying the concepts of main health promotion documents. The first step was to choose a subject to deal with. It would be ideal to have the following characteristics:

- Frequent health problem in the population
- Good cost / benefit ratio
- Well-accepted by our community
- Able to gather the interest of mass media, institutions, voluntary organisations and our other foreseen partners
- Acceptable costs for the hospitals

An anti-smoking campaign for the young generation was considered the best subject having these characteristics. Hospitals and health care services had a central role to promote the different actions with two main aims: reducing smoking consumption in the young generation and also building alliances with different important partners in the community. The architecture of the Contest was designed in two levels: a local level for the concrete work with the young people; and the regional level for having high visibility through mass-media.

Each participating hospital (or group of hospitals) organized its own local part of the Contest, designated its own local winner, organized a local celebration, and created the very important working relationships with schools, teachers (e.g. health education for teachers, meeting at schools with teachers and students) and local communities.

The local winners go on to the regional finals which take place on the World Day Against Tobacco. On this day the Regional Winner is appointed, in the presence of important people of the Region (mayors, artists, journalists, politicians, focus persons of voluntary organizations).

During the finals a well-known person appreciated by youth (usually a sports champion) is our guest of honour, handing out our best prizes to finalist students, inviting TV and other mass-media.

Finalist videos are given to Television Networks that usually broadcast their favourite one, during the tele-journal of the

World Day against Tobacco. In this way the winners can watch themselves –as actors on television.

Evaluation

A high number of alliances was built with different partners who collaborated in an active way in the initiative: schools, municipalities, politicians, medical associations, nurses associations, voluntary organizations, mass-media, well-known people, artists, opinion leaders of our communities.

As regards smoking behaviour in youth, an evaluation trial was realized in 2001: an anonymous questionnaire was completed by a sample of 647 students of 2 different groups: one was formed by the students participating in the contest (and in the actions linked to it), the second one was formed by students who didn't participate. The frequency of students who quit smoking was higher in the participating group vs. the control group (20,8 % vs. 16,2%).

Conclusions

By means of this HPH initiative, more than 20,000 students have already participated in the 4 regional editions of the Contest that involved hundreds of partners, spreading the HPH principles of Ottawa Charter, Budapest Declaration and Vienna Recommendations.

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zen in health. The hospital as an institution of the 19th and 20th century has yet to find its role within these new parameters.

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Hospitals: What role in the health society of the 21st century?

Ilona Kickbusch

Health is central to modern societies. The "global risk society" poses new governance challenges and highlights the limits of governance structures that were developed in answer to the problems of industrialization. The industrial notion of control and discipline is replaced by the late modern notion of flexibility and reinvention of self. Modernity is highly dynamic and it has one big message: expansion. This drives the continuous increase of options, the increased participation in these options and the extension of rights to minimal participation in the options that are available. Increasing individualization and differentiation also in health is a central dimension of this pattern.

With this in mind the presentation will explore the four domains of what we call the health system - personal health, public health, medical health and the health market – and outline their relative importance in the 21st century health society. It is specific to the health society that all four domains of the health system continue more or less to expand but there is a growing dominance of the market and a newly defined role of the citi-

Pre-conference of the Task Force on Health Promoting Psychiatric Health Care Services (Wednesday, April 11, 10.00-17.00)

Scope and programme

The pre-conference shall function as an agora for those who work on health promotion within psychiatric health care. It allows more intense discussions than within the main conference and addresses thematic points of the main conference, which should be more precisely understood in the field of mental health care.

So one of the objectives of the pre-conference is to discuss the concepts of quality of care and quality of life; but our work will be not only conceptual. We also want to encourage our skills in working on HPH-projects, so we will have a second part in which we will look upon ongoing and planned project work in psychiatric HP-work.

Part I: Making tools and concepts of HPH understandable and more useful: "What do we mean when we talk about quality of life and quality of care in psychiatric health care?"

- **Methods:** keynote, group discussion
- **Outcome:** cleared concepts, papers on the concept of quality of life and adaptation of HPH standards to psychiatric services
- **Keynote/input 1:** Reform of Mental Health Care and public attitudes: Analysis of time trends and international comparison (Prof. Dr. Angermeyer, Vienna)
- **Keynote/input 2:** Are suicide-rates useful indicators to measure the quality of mental health care? (Prof. Dr. Rutz, Uppsala)
- **Keynote/input 3:** Quality of care – adaption of the HPH standards to psychiatric health care (Prof. Dr. H. Berger, Riedstadt, Speaker of the standard group, Taskforce Health Promoting Psychiatric Services)

Part II: Going into practical health promoting work in psychiatric health care

1. Window of good practice: Who is interested to have their ongoing HPH project within psychiatric health care broadly presented and intensively discussed?
 2. Window of conceptualisation: Who is interested in presenting his / her institution and idea for a future project?
- **Methods:** fair guided discussion, group work
 - **Outcome:** feedback on the ongoing project or the project idea/expert-evaluation of the project/recommendations for the further work

Part II of the pre-conference is open for all, who want to present their own Health Promoting Work; the projects for II.1 should not have been closed, aim and objective of the project

and the work done so far should be presented; the presentation for part II.2 should concern planned projects, the organisation in which the project will be implemented should be described, so to speak the why and what of the project idea

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Promotion as the core principle in Mental Health Care planning and practice. The experience of Italian region Emilia-Romagna

Angelo Fioritti

Mental Health Promotion is often quoted as a key principle in most European health policies, though rarely defined in action plans and in practice. The deinstitutionalization process which has shifted in many European countries the balance of care from the hospital to the community has meant dealing with the issue of what means promoting mental health in the community. Given the process of devolution occurred in Italy regional councils have now large autonomy in drawing policies and in adopting different strategies in health promotion. Regione Emilia-Romagna (a 4 millions inhabitant area in Northern Italy) is finalising a mental health policy based on few key points:

- involvement of users and carers association in all processes of care (planning, implementation, evaluation);
- further reduction of inpatient care and shift of resources to outpatient care;
- investment in child mental health care;
- careful choice of rehabilitation models and practices;
- full integration of health and social care;
- social communication and stigma prevention.

This presentation will give examples on how each of the objectives is implemented.

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- Smoke-free policy on hospital premises
- Flexible work time models, chains of two months unpaid leave
- Free access to hospital sauna and swimming pool.

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Applied health promotion at work-places in a psychotherapeutic hospital

Joachim Gross

The Heiligenfeld hospital group provides inpatient psychotherapeutic services in three hospitals in Germany. The analysis of workplace hazards for the staff showed that typical hazards in hospitals (for example infectious diseases spread to the staff, vertebral disorders due to bedside patient care) do not play a major role in this hospital. The main risk at work for therapists and nurses are the psychological stressors that come along with psychotherapeutic work. The aim of any health promotion activity is the physical and emotional well being of the employee. Therapists can only function as such when they are in a considerable state of well being themselves. Heiligenfeld has implemented measures in four fields to improve the health of staff:

Management of positive experiences:

- "Caring" offers like massages
- Free fruit and beverages
- Individual supervision
- Staff talks referring to destiny and aims of the work

Management of behavioral factors:

- Individualised health coaching
- Individual workplace survey
- Guidelines for management of acute and chronic stress
- Class for the prevention of backpain.
- Class for relaxation techniques (AT and PMR)
- Smoking cessation class
- Individual nutritional advice
- Reduced price (subsidised) to local fitness studio

Management of the cultural environment at workplace:

- Aesthetic workplace
- Culture of thankfulness
- Common events like chanting
- Staff disco
- Placement of employee's health in the fundamental guidelines of the company

Management of workplace conditions:

- Healthy meals with low meat and high vegetable and fibre content, mostly
- Biological and local products
- Ergonomic furniture and computer workplaces

Session 1-1: Health promotion for older persons

Enhancing patient empowerment opportunities during respite care

Anne Quinn, Paula Lane

Long term care facilities for older people must be tailored to respond effectively to patient empowerment processes. Such strategies offer health promotional opportunities for older people as well as their carers, thereby enhancing health and social outcomes.

This study explored the in-hospital respite care needs of older people and their family carers, as identified by nurses. The study explored how in-hospital respite care contributed to benefit or lack of benefit, depending on whether or not health promotional opportunities during respite care were captured. It is imperative to service quality that key issues important to patients and carers are reflected in client-centred respite care services.

Findings from the study reveal a 'functional' approach to providing respite care as opposed to actively seeking ways to expand or develop the service in a proactive way. Respite was viewed more positively where it moved beyond providing functional care to providing some identifiable benefit for the care recipient. A recommendation of the study is that rather than providing respite care solely in response to family stress or crises, the educational and health promotional potential of respite care should be harnessed.

This requires conceptualisation of respite care from that of a reactive service to a proactive service providing the necessary supports and resources to adapt care-giving practices that more effectively meet the needs of older people and their carers. Enhancing the supportiveness of the health care system for care recipients can delay institutionalisation while promoting increased and sustainable health and social gain.

Including patients and carers in the identification of their needs leads to patient and carer empowerment and increased levels of control in their lives. In an era where the older population is steadily rising and healthcare costs are increasing, the opportunities that respite care provides for implementing health promotional activities must be exploited.

Connex to HPH

Identification of need for respite care services to move beyond provision of 'functional' care to giving patients and carers an opportunity to benefit from provision of information, education, health maintenance and health promotional activities. Anne Quinn (Joint-author) is currently undertaking site preparation for an advanced nursing role in dementia care, in a 135 bed care of the older person hospital. Part of this preparation will involve exploring and developing ways in which patients and carers are empowered and their quality of life improved by enhancing the supportiveness of health systems.

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Routine assessment of geriatric patients for risk of or actual malnutrition

Ulrike Sommeregger, Thomas Frühwald

Contrary to the situation of the general population in the Western world, malnutrition is a common problem among geriatric patients, leading to a serious deterioration of their health status: A direct negative influence has been established on muscle and bone mass (which again is contributing to falls and fractures), on the immune system and on cognitive function. Malnutrition is also known to have negative impact on complication rates, length of hospital stay and on functional independence of geriatric patients. Avoiding or reducing such a development is the most important task of geriatric departments.

Therefore, assessing the risk of malnutrition and the actual nutritional status is a definite part of our core diagnostic procedure – the comprehensive geriatric assessment.

Every new patient is screened by using the Mini Nutritional Assessment Pretest, and any patient below the cut-off of 11 points is visited by our nutritionist. A thorough history of the patient's nutritional habits is taken, followed by counselling, including a written handout containing the individual "prescription".

Our presentation will show assessment data, an analysis of monitoring our patients' nutritional intake, data from our participation in two big multicenter studies and our next step to meet the challenge of open questions which still remain.

Connex to HPH

Malnutrition in geriatric patients is a frequent risk factor for deterioration of health and functional decline. Therefore, routine screening and consecutive nutritional intervention is indicated.

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Healthy ageing initiative for residential care

Patricia Jaycock

As the average age of the population worldwide is rising, the number of older people in residential care is on the increase and the necessity to focus on the quality and effectiveness of long-term care services, rather than the provision of those services to a minimum standard is a key setting for future development.

In 2005 a partnership of The Irish HPH Network and Irish National Council for Ageing and Older People launched an initiative to support best practice towards Healthy Ageing Status in residential care facilities caring for older people. The initiative is based on the Ten steps to healthy ageing. The first step being consulting with the residents as to their preferences on ways to improve the quality of their lives. Early into the rollout it became clear that the consultation tool needed to change to encompass the large percentage of residents with cognitive impairment. The partnership felt it would be useful to evaluate the success of this tool and indeed the success of the initiative over the two year period.

The aim of the qualitative and process evaluation is to provide an insight into the experience of the initiative, from the point of view of the key stakeholders, including the residents, the family members and staff. This approach is particularly relevant in that it will aim to provide an understanding of the processes, by providing an insight into how the initiative operates, who is involved in it, any barriers to successful implementation and aspects which need to be improved. This evaluation is due for completion in March 2007 and preliminary results will be available for this presentation.

The partnership recognised that supporting best practice in residential facilities is crucial to the promotion of healthy ageing. The goals of the initiative are to support residential care facilities in realising and acting upon their health promoting capacity, to assist residential care facilities to adopt a health promotion aspect to their daily work and to achieve the above through supporting facilities in completion of the Ten Steps to Healthy Ageing. Above all the co-working with the residents on this initiative gives them a sense of empowerment and the staff a sense of achievement.

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An experience of imaginative short psychotherapy with patients aged eighty +

Ivana Pisoni, Michela Bergamini, Riccardo Sandri, Annamaria Puccio, Mioli Chiung Ching Wang, Giuseppe Galetti, Roberto Caprioli

Objectives

The Don Gnocchi Foundation belongs to an Italian chain of more than 25 research, care and rehabilitation hospitals. One of these is Palazzolo, a great R.S.A. that accommodates 700 older persons who are affected by serious physical and mental pathologies, advanced comorbidity and brittleness. Most of the patients are female and about 85 years of age. As is also confirmed by the psychiatric literature, an institutionalization may at first cause a destabilization of the mood. This involves depressive conditions, fears of abandonment, is characterized by experiences of separation, limitations with regard to affective relationships, and may consequently lead to a disintegration of the stability in the whole life of every patient.

The main objective of our job is to improve the quality of life of the patients, acting on aspects of affectivity which may contribute to a disturbed relationship with the reality. This is possible through short psychotherapy, which is a dynamic walk: The body in the center of the suffering is a transfiguration of the language of the soul's pain. The technique invokes again the calm mental functions, it acts on the individual conflicts and stimulates the unconscious creative resolution.

Activity

We identified RSA patients aged 70 to 90, with a condition of brittleness and with an appraisable suitable critical ability, through a cut-off to the MMSE of 24/30. The level of anxiety and depression was investigated through the administration of evaluation scale (SCAD and GDS). Patients with a moderate degree of anxiety and depression were recruited. The Cook test was administered. 10 patients participated in the treatment for 3 months, once a week. The tests were administered before and after.

Results

After treatment, the levels of anxiety and depression were reduced, in relationship to some conditions of the institutionalization process, with a reduction of mental uneasiness caused by the use of hostile dynamics, particularly concerning the perception of the environment, the diminution of the sense of abandonment, the positive attitude towards social relationships, the use of resources of the self and a more suitable examination of reality.

Conclusions

The activity of short psychotherapy seems to be useful in the resolution of anxiety and depression problems. The patients went through the experience with enthusiasm, showing good compliance.

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Session 1-2: Health promotion for children and adolescents in hospitals

Health promotion for children and adolescents by hospitals (HPH-CA): update on task force activities

**Fabrizio Simonelli, Katalin Majer, Maria José
Caldes Pinilla**

Background

Within the international HPH network there is a specific Task Force active on the theme of health promotion for children and adolescents by hospitals (HPH-CA). Its mission is to "apply HPH principles and criteria to the specific issues of children and adolescents, providing an organic conceptual and operational framework as an authoritative scientific support".

The attention was focused on the following priority thematic areas: definition of specific conceptual and operational background; promotion of the respect of children's rights in hospitals; mapping and evaluation of current practices of health promotion addressed to children and adolescents in hospitals; HPH-CA Online Community. The Task force meets twice a year: in specific workshops and in the annual international HPH conferences.

The most significant developments of action carried out in the last year:

- HPH-CA Background: in the last international HPH conference the "Background document on Health promotion for children and adolescents by hospitals (HPH-CA)" elaborated by the Task force has been presented; now its updated version is being prepared.
- Children's rights in hospitals: in order to increase the awareness on this theme, specific actions have been started up (contacts with international/national/local authorities and elaboration of draft "Recommendations on Children's Rights in Hospital").
- Current practices: a plan for mapping and evaluation of current practices has been elaborated, and a template for their collection is being finalised.
- HPH-CA Online Community: a six months long experimentation was conducted with the support of EFQUEL (European Foundation for Quality in E-learning), based on an online platform. Now the evaluation process and definition of future work perspectives is in progress.

The Task force is also continuing its efforts in building up links with another bodies at international level, and in particular with the Child and Adolescent Health and Development Programme of the WHO Regional Office for Europe.

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Report on the actions in 2006 of the task group on the rights of children in hospital (HPH-CA Task Force)

**Giuliana Filippazzi, Katalin Majer, Maria José
Caldes Pinilla, Fabrizio Simonelli**

At the 3rd Workshop on Health Promotion for Children and Adolescents by Hospitals (HPH-CA) held in Florence Dec. 2-3, 2005 it was agreed that the members of the Task Group on Children's Rights in Hospital contact the national/local authorities for children's rights requesting an interview/audience with the following purposes:

- To inform the authorities about the activity of the HPH-CA Task force.
- To ask the authorities to check, promote and support the implementation of the children's rights in the country's hospitals, through the adoption of special charters and relative check tools in the single hospitals. As an example, the EACH (European Association for Children in Hospital) Charter was presented, which is fully in line with the UN Convention on the Rights of the Child (UNCRC), ratified by all EU Countries, that includes several articles referring to children's health matters.

In spite of the limited official reactions to the letter, something has started moving in the various countries for the implementation of the rights of children in hospital. Very encouraging responses came from Austria and Hungary.

The HPH-CA Task Force, on proposal of the specific Task Group also prepared the Recommendations on Children's Rights in Hospital, that has been presented in draft version in the last international HPH Conference of Palanga, Lithuania (May, 2006). Update on this issue will be given in the forthcoming international Conference of Vienna, based on the decisions taken during the 4th HPH-CA Workshop of Florence (November 20, 2006).

The results of these actions will also be presented at the EACH (European Association for Children in Hospital) Conference in Vienna (April 12-14, 2007).

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United Nations Secretary-General's study on violence against children: implications for HPH's

James Robinson

On 11 October 2006 Professor Paulo Sérgio Pinheiro presented the United Nations Secretary-General's Study on Violence against Children to the Third Committee of the General Assembly. This study highlights the stark fact that in every State child are still subject to violence and abuse. In many jurisdictions responsibility for child protection lies mainly with social services, primary health care and law enforcement agencies. However the Health Promoting Hospital can also make a valuable contribution. While all twelve recommendations contained in the study have relevance to Health Promoting Hospitals four are of particular relevance.

- Recommendation 5: Enhance the capacity of all who work with and for children
- Recommendation 6: Provide recovery and social reintegration services
- Recommendation 7: Ensure the participation of children
- Recommendation 8: Create accessible and child-friendly reporting systems and services

Taking up the challenge of the Study recommendations child protection is further explored in relation to two cases of child death, one in England the other in Scotland, which had significant implications for hospital staff. These two cases illustrated that even where there are apparently robust systems in place many factors complicate the reality of child protection in practice.

Of particular note from these cases is the message, also reflected in Professor Pinheiro's report, that child protection is a matter for everyone, not just those working in children's services. The presentation concludes with an invitation to conference delegates to engage with the HPH Children and Adolescent Taskforce community of practice for child protection.

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HPH interregional project "Allergy at School": Four years of experience with integrating hospital services and territory for health promotion on allergic diseases in children

M. Manfredi, Alberto Appicciafuoco, P. Minale, G. Ermini, P. Campi, E. Cammelli

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 the role of the physician in explaining the disease and its treatment is so important. Preventive programs could greatly benefit from multidisciplinary cooperation. Over the last four years, allergy units in St. Martino Hospital in Genoa and in San Giovanni di Dio in Florence have developed a common action plan to apply similar strategies and to create an alliance among hospital-based allergists, health educators, paediatricians, teachers, associations, patients and their families.

This project has been developed in the HPH Program as a cooperation between the Tuscan and the Ligurian Network. It aims at creating an educational program for adolescents for identifying, preventing and treating allergic diseases, to enhance and strengthen the relationship between hospital and territory, and to set up an educational web site.

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 was also inserted in the web site of ASL 10 Florence and in the Tuscany HPH network web site.

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.

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The "Area of knowledge dissemination for health" at Hospital Sant Joan de Déu

Nuria Serrallonga, Josep Planas

The question "where is health created?" binds health promotion to the necessity of reorienting the sanitary services and to the creation of surroundings that support health, increasing the coordination of support centers and incorporating new actors like hospitals.

Sant Joan de Déu Hospital is developing initiatives with the purpose of providing greater information and sensibilisation of patients and their parents in aspects related to health.

The "Area of knowledge dissemination for health" is an organizational ambit that includes and interconnects all actions related to dissemination of paediatric health knowledge developed in the hospital. It is created with one primary goal: to promote the work of the hospital as a promoter of children's health in its surroundings, achieving greater information and social sensibility.

Other goals:

- To turn the hospital into a point of social reference in the area of mother and child health.
- To contribute to the progress of sanitary attention systems.
- To be a socially responsible hospital.
- To stimulate the development of new initiatives.

These are some of the initiatives that have been put into action:

- "Paediatric Classroom for parents": conferences and courses directed to parents offered within the hospital and television and radio programs promoted by the hospital
- "Health Observatory" for children and teen-agers to study a topic identifying its associated effects
- Space for the dissemination of healthy lifestyles: creation and continuous maintenance of an interactive space for children and parents where diverse activities are held with the objective of promoting reflections and awareness to the development of healthy lifestyle and nutrition
- Websites that provide health assessment tools
- Publications
- Dissemination of health advice through internal pamphlets

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Session 1-3: Implementing comprehensive organisational approaches for smoke-free hospitals

Quality levels for health promotion – the certification process of the standards of the European Network for Smoke-free Hospitals

Christa Rustler, Manja Nehrkorn, Felix Bruder

In 2003, the German Network of Health Promoting Hospitals has initiated a German Network of Smoke Free Hospitals. The code and the standards of the European Network for Smoke-free Hospitals ENSH are the basis of the implementation. This has mobilised hospitals to implement the ENSH concept and motivated decision makers and politicians on regional and federal level to support the initiative. So far, this effort has shown following results:

- Establishment of a central co-ordinating office funded by the German Health Ministry under the patronage of the Federal Drug Commissioner in 2005.
- Establishment of regional working groups in 10 of 16 states in Germany, with support from the regional ministry of health and / or the regional hospital association.
- Registration of about 100 hospitals as members of the network (in 13 of 16 states in Germany) of which over 45 have been awarded bronze level and 13 hospitals silver level certification (Dec. '06).
- Organisation of regional workshops and trainings and in September 2006, the 1st Conference on Smoke-free Hospitals in Germany was organised as part of the National Conference of the German HPH Network.

EU Commissioner Kyprianou gave on behalf of the European Network Smoke free Hospitals the 2006 Special Network Achievement Award to the German Network Smoke Free Hospitals, for its sustained development in a very short period and effective growth. Members of the smoke-free hospital network can achieve European certificates depending on their score in the self audit, one of the basic tools of the ENSH concept. A designed process to achieve these levels of certification, an evaluation of the implementation by conducting an annual re-assessment of the ENSH-self audit for all members is developed and implemented. Methods, experiences and results will be presented in the session.

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HPH and ENSH collaboration: East Tallinn Central Hospital's experience

Tiiu Härm

Tobacco remains the leading preventable cause of heart diseases and cancer. All HP hospitals and health care professionals should play a leading role in tobacco control and smoking cessation. These obligations include not only a smoke-free environment, but also an active counselling and support for smokers in their quitting process, concerning patients, hospital staff and community population.

45% of men and 19% of women are daily smokers in Estonia. In recent years the remarkable growth in smoking prevalence among schoolchildren and especially in young women needs to be mentioned.

East Tallinn Central Hospital (ETCH) is part of the Estonian HPH Network since 2002. The ETCH has 560 beds and more than 1800 staff members and provides health care services for the population of Tallinn and Harju County.

One of the main priorities in ETCH is to become a smoke-free hospital. Under protection of the New Tobacco Law, which will come into force in May 2007, the hospital managers together with personnel decided to prohibit smoking inside the hospital building from January 1, 2008.

The HP activities of ETCH in the implementation of smoke-free hospital strategies are the following:

1) In the frame of National Strategy for Cardiovascular Diseases Prevention 2005-2020, ETCH provides smoking cessation counselling services for an adult population (since April 2005) and smoke-free maternity service for pregnant or breastfeeding women (since September 2006). Over the last 2 years about 355 smokers were counselled and supported in the quitting process. An average of 21% of quitters remain non-smoking after 1 year.

52 health professionals were trained as smoking cessation counsellors for Estonia by the ETCH Educational Centre.

2) To assess the smoking habits among hospital staff in the ETCH a survey was performed in November / December 2006, using the special questionnaire of the European Network of Smoke Free Hospitals (ENSH). The survey was considered as the first step in testing and evaluating the starting situation of tobacco control in the hospital.

The questionnaire was distributed to all personnel. The response rate was 70.7%. From the responders, 9.5 % were men and 90.5% women, 15.7% were doctors, 37.4% nurses, 7.6% administrative, 23.2% other health professionals and 16.1% other non-health professionals.

Smoking prevalence among the hospital staff was as follows: 61.9% were non-smokers, 10.7% ex-smokers, 21.0% daily smokers and 6.4% occasional smokers. 20.0% of women were daily smokers and 6.5% occasional smokers; 30.8% of men were daily smokers and 5.1% occasional smokers. 15.7% of doctors were daily smokers and 3.4% occasional smokers; 20.8% of nurses were daily smokers and 7.3% occasional

smokers; 25.2% of other health professionals were daily smokers and 7.9% occasional smokers.

When comparing ETCH data with other hospitals belonging to the Estonian Smoke Free Hospitals Network, the smoking prevalence among staff in the other hospitals was remarkably lower: 7.0% of doctors and 13.4% of nurses are smokers.

3) ETCH is an active participant in WHO Health Days, as May, 31 – World No Tobacco Day or in September – World Heart Day etc. In the frame of the HELP campaign in 2006, 175 CO measurements were performed in the population.

Conclusion

The collaboration between the European HPH Network and the ENSH is very important in the development of strategies and support materials to assist hospitals in their efforts to become smoke-free environments.

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Supporting the integration of Health Promoting and Smoke-free Hospitals

Pamela Fagan, John Sweeney, Ann O'Riordan

"Health Promoting Hospitals – Why?" was a question asked in the 90's and "A Smoke Free Hospital – Why?" the question in the early 2000's. Do we really have to justify the importance of implementing these concepts? – I think not! Hospitals are now accepted as important settings for the promotion of health and implementing a Smoke Free Hospital is a key criterion for Health Promoting Hospitals. The question now being asked is – What are the standards for Health Promoting Hospitals and Smoke Free Hospitals and how are they being implemented and monitored?

World Health Organisation (WHO) International Network of Health Promotion Hospitals (IHPHN) has established five standards that describe the principles and actions that should be part of care in every hospital. The WHO standards were developed in accordance with the international requirements of the ALPHA programme and so can complement the accreditation standards that apply to hospitals in many countries. At the same time, the European Network of Smoke Free Hospitals (ENSH) established a code and standards for the implementation of a smoke-free hospital.

In Ireland as in many other countries, the network of smoke free hospitals is an integral part of the HPH Network. It seemed reasonable therefore to promote the implementation of both standard sets as an integral package and where possible to link key aspects into the Irish Acute Care Accreditation Scheme (ACAS)

This paper will demonstrate the compatibility and relevance of linking the Smoke Free Standards (ENSH) with the WHO Standards, discuss how each individual measurable criterion is a linkage with the relevant ENSH standard(s) (note: in some cases there may be more than one ENSH standard linked with each HPH criterion) and how evidence of compliance is provided for the linkage of each ENSH standard to an HPH criterion.

Connex to HPH

The key link is that through partnership working and the integration of key activities within a single organisational change initiative, healthcare workers will be empowered and organisations/hospitals become more effective health promoting settings.

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An evaluation of the current smoke free status of staff in Cavan General Hospital

Mary Gaffney, Jacinta Mc Aree-Murphy

Rationale

As members of the European Smoke Free Hospital initiative a yearly audit is carried out by the European HPH Network to determine our current smoke free hospital status. One issue that we were unable to address was the number of staff who smoke. This audit will address this anomaly.

Aim

To determine the number of staff who smoke in Cavan General Hospital.

Objectives

- To conduct an audit of the entire staff working in Cavan General Hospital.
- To set up a working group to look at the feasibility of improving the smoke free status of the workers in an incremental manner using a partnership approach

Methodology

- Smoke free hospital committee convened.

- One page audit form designed and agreed by partnership committee.
- Anonymity of the staff protected.
- Data analysed using QUASAR
- Devised action plan for implementation taking into account the current climate of staff workloads and difficulty in releasing staff.
- Compiled information presentation outlining the benefits and operational details of implementation (PowerPoint)
- Launch of presentation to key staff to ensure commitment from management and relevant staff

Outcome

There is concrete evidence of the number of staff who smoke within the organisation and evidence to indicate that those smoking want to quit. An action plan is currently under development based on the results and will form the basis for ongoing development in reducing the number of staff smoking within the organisation.

Conclusion

An incremental, partnership approach is useful in order to achieve a realistic outcome for the implementation of an improvement in the smoke free status of our staff working in our hospital.

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Session I-4: Workshop: Mental health promotion in hospitals: Is there need for, and interest, in a working group?

Christina Dietscher, Jürgen M. Pelikan

„Health is a state of complete physical, mental and social wellbeing”, proclaims the WHO constitution. This definition has been revised later on, and health is today more understood as a resource than a status. But, especially in health care with a traditional focus on physical health, we are still far away from the holistic, somato-psycho-social approach towards health which is suggested in the WHO constitution – despite the fact that, according to epidemiological data, mental health problems already are, and will even more become one of the major public health problems. This is why WHO and the European Commission emphasise mental health strategies: In 2005, WHO launched a Mental Health Action Plan in, and in the same year, the European Commission published a Green Paper on

Mental Health, and numerous international projects have been organised around mental health issues.

What can hospitals contribute?

Health services including hospitals are explicitly listed as key actors in achieving better mental health of the population. But although research in psychoneuroimmunology and also stress research clearly demonstrate the interaction and interdependency between physical and mental health, mental health promotion is a topic which is often neglected in general hospital care and also in Health Promoting Hospitals.

From the health promotion perspective, this is a problem because mental health disorders appear to be frequent comorbidities in patients with chronic and serious health problems, and are also an important – maybe even the most important – occupational health problem of hospital staff: Research shows that healthcare is amongst the most risky workplaces, with a special risk for staff to suffer from stress, and, if stress persists, from consequences like burn-out, addiction, and early drop-out or retirement. Therefore, health gain in Health Promoting Hospitals could be improved by paying more attention to mental health issues.

For this reason, we would like to discuss with interested participants the need and interest in setting up a HPH working group around this issue, aiming at identifying specifically problematic areas, and exchanging options for possible solutions which can be applied in hospital settings.

If time and interest allows, the workshop would start by discussing mental health problems and needs of hospital staff.

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Session 1-5:

Workshop: HPH-Policy implementation with EFQM Excellence Model and/or Balanced Scorecard

HPH-Policy implementation with EFQM Excellence Model and / or Balanced Scorecard

Werner Schmidt, Oliver Groene, Carlo Favaretti, Elimar Brandt, Karl Purzner

The general aim of the workshop is to discuss a practical tool for hospitals that want to follow the process of using the EFQM Model and / or the BSC to incorporate the HPH Policy into their organizational culture and structure.

Input-presentations

- Methodical guide for integration of HPH policy into hospital culture by using the EFQM Excellence Model (EFQM) and the Balanced Scorecard (BSC) (Elimar Brandt, Oliver Groene, Werner Schmidt): The presented results stem from a WHO pilot project "HPH / EFQM / BSC" which was accomplished in hospitals of the Hospital Holding IMMANUEL DIAKONIE GROUP (IDG) in Berlin and Brandenburg from 2002 to 2007. The report will relate to five years experiences with strategy development and implementation based on HPH core strategies and standards for HP in hospitals (HPH-Policy) in the IDG: on the implementation of the HPH Policy into basic values of the holding, during self-assessments according to the EFQM Model and during the utilization of the BSC as a management tool to develop a strategy-focused Organization.
- Results and experiences of Italian Hospitals using the EFQM Model (Carlo Favaretti).
- Integrating HPH standards and quality criteria into hospital governance (Mariella Martini et al., see abstract below).

Material to be covered in the Workshop

The main result of the pilot project is a "Methodical Guide for the integration of HPH-Policy into Hospital Culture by a combined use of the EFQM Model and the Balanced Scorecard". This Methodical Guide contributes to supporting the integration of health promotion action strategies as part of a systemic change of health systems. The draft of this Methodical Guide will be a foundation for discussion in the workshop.

Learning objectives

- WHY is it advantageous for hospitals to implement the HPH-Policy, and HOW does it contribute to their competitiveness on the "Health market"?
- WHAT are the EFQM Model and the Balanced Scorecard?
- HOW can hospitals use the Methodical Guide for HPH-Policy implementation?

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Integrating HPH standards and quality criteria into hospital governance

Mariella Martini, Danilo Orlandini, Lorena Franchini, Antonio Chiarenza

Context and objectives of the project

In order to make health promotion a concrete outcome for a healthcare organisation, policy must establish strategies to ensure high performance standards and guarantee that the performance is oriented towards the patients. Methodologies based on certification and accreditation of quality systems can form the necessary tools to achieve these objectives.

The Regione Emilia Romagna has adopted institutional accreditation as the model for making the health care structures meet the standards and the quality criteria for a healthcare organisation. However, in compliance with the provisions set out by regional accreditation is not in itself sufficient to recognise and satisfy the needs of patients. In order to achieve this objective the health promotion criteria must be integrated into the quality system of the healthcare organisation.

Methodologies

To overcome this situation, the Local Healthcare Authority (Usl) of Reggio Emilia has decided to integrate the systemic accreditation model and the HPH standards for health promotion, and to assess the degree of implementation.

The action plan for improvement defined by regional accreditation and adopted by the Local Healthcare Authority sets out the following steps: definition of policy, planning (including product standards), implementation of the processes, measurement and improvement. In this action plan it has been decided to include the HPH standards among product standards, using specific indicators to measure the outcomes of health promotion in all areas of the authority.

In this manner health promotion systemically involves the whole organisation:

- It comes into the strategic planning stage.
- It translates into objectives to be achieved in the healthcare processes.
- It is assessed through the authority's information system with specific indicators.

Despite the fact that many of the activities relating to the HPH standards are already being implemented, as provided for by the institutional accreditation (assessment of patient needs, patient involvement in their care pathways, guarantee of

healthcare continuity and safety of the healthcare sites), it is important that these be integrated into the system and that continuous improvement towards achievement of the standards is promoted.

Results and conclusions

In view of the fact that various standards for health promotion are already part of the practice in some of the authority's processes, and a quality system consolidated by the regional accreditation process is in place, the overall implementation of these standards is facilitated.

Furthermore, the quality management system allows for the introduction of health promotion indicators into the set of clinical governance indicators which the authority has included in the budget process, and which it has been regularly checking for some years now.

This "integrated model" could be feasibly exported and applied in all the regional authorities subject to institutional accreditation to ensure that health promotion is an integral part of governance in a healthcare authority.

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Session 1-6: Health Promoting Hospitals in their communities: Improving partnerships and continuity of services

HPHs develop partnerships for healthier communities

Pantipya Sanguanchua, Marion C. Suski, Sutham Pinjaroen, Duangsamorn Boonpa-dung

The Ottawa Charter (1986) set the benchmarks for the development of health promotion, a process of "enabling people to have control over their own lives and to improve their health". The health services were re-oriented to enable hospitals to go beyond their walls providing the leadership and linking with people and organizations, especially partnerships and voluntary alliances to assist communities in addressing their own issues. The existence of and the level at which these boundary partners function, is important for community empowerment.

This qualitative research assessed the changes in relationships, actions, activities and behaviors of hospital leaders, people, groups and organizations. Data included in depth interviews with organizational leaders and varied hospital and community personnel. All of the 14 hospitals used contemporary mapping tools for evaluating outcomes. The hospitals chose their health challenges to journal their outcomes, strategies, performance and evaluation. Their progress was documented and presented at 6 and 12 month intervals. The hospitals and their numerous boundary partners produced expected and unexpected outcomes and paradigm shifts.

Visionary leadership at both the hospital and community levels have a major impact on community empowerment and health promotion effectiveness. Health Promoting Hospitals learn that participation of boundary partners within the context of the community is crucial to identifying health problems, providing solutions, and acting to resolve those problems. The technique of mapping recognizes that significant and lasting changes are the product of a confluence of events for which no single agency or organization can realistically claim full credit, but all share in the progress towards a healthier community.

Connex to HPH

In Thailand these Health Promoting Hospitals saw first hand the benefits of health promotion effectiveness from participating with their boundary partners. The mosque in one southern province developed a "Health Promotion Mosque" with great health promotion results. Another hospital project with 13 boundary partners has made great strides in the management and prevention of HIV/Aids.

The boundary partners were developed according to their context in that community such as the fishermen, the sex trade workers and also the community leaders who provided the funding for the project. Another example dealt with the health promotion outcomes with the disabled in the community. What is exciting is that this methodology is transferable to other settings. It is truly a paradigm shift, whereby the police or the teachers bring their own ideas to the table and then monitor their outcomes and performance with the HPH and the other boundary partners. It is not dictated by the hospital but rather a true partnership with novel approaches for healthier communities.

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Empowering local people at different ages for health promotion and healthy lives by enhancing the supportiveness of health and social systems in four municipalities

Pia Ahonen

The purpose of this project is to enhance the supportiveness of health- and social systems for health promotion in different municipalities. The project has been carried out on two phases: Phase 1 in the years 2002-2005 and phase 2 from 2006- still going on.

The project has several interlinked aims

- To develop health promotion and well-being according to the strategic courses.
- To produce information about the current situation about the well-being strategy to enhance knowledge and support politicians and authorities in different levels in planning, decision making and activities of health promotion.
- To carry out interventions in order to enhance empowering of the local people in different age groups in various settings.
- To identify factors that promote health, involvement and empowerment of stuff.
- To carry out research or studies in various interventions.

Methodology

In different sub-projects several methods have been used or are/will be still using:

- Semi structured interviews
- Documentary analysis
- Quantitative data

Outcomes of the project

- The strategic know-how has increased in the knowledge of indicators, and the measures of effectiveness.
- The descriptions of the profile of the population in different municipalities has been done.
- Several studies have been done by the students (MSc).
- There are several outcomes within the studies:
 - The descriptions and explanations of the experiences of different populations about health promotion and prevention on chronic diseases.
 - Concrete interventions and developments on health promotion among different age groups.
- Research evidence of health promotion based on the documents of local authorities.
- Concrete actions across settings within Public and Private Health Care in the context of health promotion.

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An innovative approach to health promotion: development of health education centers in an urban setting

Francine Labrecque

The impact of chronic diseases is alarming. The great epidemics of tomorrow will undoubtedly be linked with heart disease, stroke, cancer and other chronic diseases. Health leaders in Canada as in other countries urgently seek solutions.

In Montreal, a large Canadian city, we are confronted with cultural diversity and an aging population. We believe in engaging professional networks to promote health, and to empower our community groups and individuals.

This workshop will describe a regional health promotion program designed for local settings, and analyze its effectiveness. We will define the steps that led to developing our innovative strategies to educate and influence health related behaviour:

- Regular physical activity
- Healthy eating habits
- Smoking cessation

A core achievement of this project lies in the managed interplay of creativity and participation at and between various levels. This dynamic interaction has generated a powerful way to approach and challenge our target groups.

Two principal components of our model will be described:

- The integration of clinical prevention in medical and professional practices.
- The development of the concept of an effective and attractive health education center providing a personalized approach to high-risk individuals.

Two establishments responsible for offering integrated health and social services to two territories in the Montreal area will define their common approaches to implementing a Health Education Center in their communities, where the objectives aim to promote a healthier way of living amongst a population of 350,000 people.

We will discuss factors which have facilitated the development of these programs.

The keywords are:

- Health education
- Community empowerment
- Regional coordination and support
- Local development

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Discharge management: Empowering older persons with a complex need of care at the interface of hospital and outpatient services

Alice Grundböck

Since June 2005 the results of the model-project "Patient-oriented integrated Care in Vienna" (commissioned by Vienna District Health Insurance Fund and the City of Vienna) led to the implementation of four measures in the whole city of Vienna (approx. 1,8 million inhabitants). One of these measures is "Hospital discharge management for patients with a complex need of care" about which first implementation results and the findings of a related qualitative research study will be presented.

Based on a survey in 18 hospitals (representing about 76% of all Viennese hospital beds), an estimate was performed to determine the amount of such discharge patients per hospital (on average 12% of all discharged patients per year) as well as the required amount of discharge managers (95 full time equivalents). As far as we know this kind of comprehensive base line is unique for German speaking countries.

The evaluation proves that patients and their families are highly satisfied with the service. Dedicated contact persons really provide crucial support to patients and relatives in this emotionally distressed transitional period ("I had fear"; "I did not know where to begin"), seeing their clients through difficult decisions ("Without her I would have gone in circles"). Discharge managers and clients jointly find out actual needs of the patient and discuss possible solutions considering available resources of the respective lay system and ways to strengthen it.

The outcome is a tailor-made care package, coordinated across professional services, matching the patients needs and resources, empowering them and thereby raising the image of the hospital.

Connex to HPH

If we create services that meet the needs of patients and lay carers, the outcome will be empowerment and better quality of life for both.

To enhance discharge management means to strengthen the role of the hospital as important agent improving the targeted precision in care.

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On improving the communication structure at the interface between in-patient care and external care taking

Eva Friedler, Herlinde Toth

In health and in times of illness, a human being cannot be divided in two. Therefore, the division into two separate areas – intra-hospital and external care – is an artificial partitioning. The interface management is particularly critical at the point of entrance into and discharge from the hospital.

In Vienna, a project directed at designing the process of communication flow including data transfer via an IT system was carried out. A standardised report (called 'Situationsbericht') is already in use in several hospitals belonging to the Vienna hospital association. By means of this report, the central public structure (Fonds Soziales Wien) is informed about the situation of the patient and his / her specific needs. The future needs of the patients in the area of external care are also included in this report. Thus, the doctors outside the hospital receive the relevant information about their respective patients upon discharge from the hospital.

In the subproject "Electronical standardized information transfer", which is part of the overall project "Integrating patient information (PIK)", various organizations have been collaborating since June 2005. These include the private and public hospitals, the doctors' association, the Fonds Soziales Wien, the Viennese social security system, the public accident insurance, the patient association and organizations delivering care to persons in their home environment. The electronic data transfer is being authorized by the Austrian as well as the EU data protection laws.

In our presentation a more detailed overview of the steps and procedures necessary for the realization of this project will be given.

The goals of our project are to help patients to live a healthy life by empowering them in relevant situations and by ensuring a better and easier communication flow among all involved parties.

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Session 1-7:

Migrant Friendly and Culturally Competent Hospitals (1): Health information and health literacy development for migrants and ethnic minorities

The effectiveness of pictorial presentation of risks of breast cancer and screening for improving health literacy among migrant women in the UK

Lai Fong Chiu

Background

The low health literacy among migrants is a commonly observable fact that impedes their access to health services. This has been manifested in the consistently low uptake rate of breast screening amongst minority ethnic women in the UK. This paper presents the result of an evaluation of a multi-lingual video, "Your Health, Your Choice", in which four key risk messages are presented in pictorial form with the aim of helping women to understand their risks of developing breast cancer and the potential benefits of cancer screening.

Design

115 women (an intervention group of 58 and a control group of 57) from four target ethnic/language groups were recruited to pre-view the video.

Method and procedure

The verbal presentation of the above risk messages is embedded in the main script of the video. Iconic presentations of these messages are also available in the teaching materials. The intervention groups were shown iconic presentations of the four key risk messages before viewing the video. After viewing, the women were interviewed individually and their retention of messages was checked. Demographic details, experience of cancer screening, literacy level, and satisfaction with the video were also recorded. The same procedure was replicated in the control groups, with the omission of iconic presentations.

Results

The majority of women rated the film very positively and felt that the video contained enough information to help them to make an informed choice.

No differences between the two groups in their retention of SM1 were found (Z score= -0.34, p=0.78). However, significant differences were found between the intervention and control group in their abilities to retain SM2 (Z score= -2.31, p=0.02), SM3 (Z score= -2.6, p=0.008) and SM=4 (Z score= -2.5, p=0.01). Results suggest that a combination of aural and pictorial presentations of risk messages about breast cancer and screening might be more effective in improving health literacy than aural messages alone.

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Emergency service Hospital del Mar, Barcelona: Are there differences between immigrant and non immigrant residents in use, complexity and costs?

Cristina Iniesta Blasco, Francesco Cots Reguant, Xavier Castells Oliveras, Andrea Burón Pust, Ana Sancho Gómez de Travesedo, Oriol Vall Combelles, Oscar García Algar

Several studies support the idea that immigrants make greater use of emergency services than of other healthcare facilities. The reasons for this phenomenon are diverse. Firstly, emergency care in Spain is public, free and universal, independently of nationality and length of residence. In addition, primary and specialised care presents several barriers to immigrants without papers. In 2005, the immigrant population was 38.5% of the district of Ciutat Vella, which is within the catchment area of Hospital del Mar (Barcelona).

The aim of this study was to compare the emergency department utilization rates between immigrants and Spanish-born residents in Ciutat Vella. Emergency contacts during 2004 were provided by the emergency room register of the Hospital del Mar.

A multivariate linear mixed model of direct costs was adjusted by country of origin (classified in five groups) and by the individual variables of age, gender, hospital admission, and death as a cause of discharge. Medical specialty was considered as a random effect.

Results

The overall utilization rate in the studied area was 391 emergency contacts per 1,000 person years. Foreign-born persons had 7% smaller crude utilization rates than those born in Spain, and 15% lower after adjusting for age, gender and emergency department. In the emergency gynaecology department immigrants utilization rate was higher and in the rest of departments smaller than that of Spanish-born people, after adjusting for age and gender: utilization rate ratio of immigrants against Spanish-born in surgery 0.75 (95% IC 0.60; 0.92); orthopaedics 0.66 (0.51; 0.86); medicine 0.77 (0.62; 0.96); paediatrics 0.73 (0.64; 0.81); gynaecology and obstetrics 2.00 (1.11; 3.59).

With the exception of gynaecological emergency visits, costs resulting from emergency visits by both groups of immigrants were lower than those due to visits by the Spanish-born population. This effect was especially marked for emergency visits by adults.

Conclusion

Immigrants tend to use the emergency immigrant and non immigrant department in preference to other health services. No differences were found between immigrant and non immigrant, suggesting that this result was due to the ease of access to emergency services and to lack of knowledge about the country's health system rather than to poor health status resulting from immigrants' socioeconomic position. The differences found in the emergency room utilization rates between Spanish-born and immigrants are probably due to the healthy immigrant effect and suggest a lower impact on healthcare services than was probably expected. These findings should be related to the conclusions of studies on access barriers to other health services. The high utilization rate of immigrant women in the gynaecology and obstetrics emergency department would request interventions to promote the use of primary healthcare services during pregnancy.

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Mum Health: A programme for the promotion of global health of migrant women in Tuscany, Italy

Manila Bonciani, Elisabetta Confaloni, Benedetta Cangioli

The Tuscany Region's Mum Health programme has been set up in response to the ever-increasing numbers of migrant women in Italy and in Tuscany and the need to safeguard women's health, particularly their reproductive health. According to national research, many social and linguistic barriers obstruct migrant women's access to and taking advantage of socio-medical services, thus causing a risk for migrant women in terms of inadequate assistance in pregnancy, insufficient neonatal care, incorrect use of contraception and greater recourse to abortion.

The final aim of the Mum Health programme is to promote and improve the health, taken to mean the "global health", of migrant women living in Tuscany, with the rebound impact that this has on the well-being of migrant children and communities, given women's pivotal role as care givers.

The programme objective is to raise migrant women's awareness of:

- Their rights to health and quality health care.
- The use of social and health services during pregnancy and the post-partum period.
- Contraceptive methods in order to improve sexual consciousness and reduce abortion.
- Cancer screening.

The strategies involved are:

- Promoting health literacy among migrant women
- Involvement and empowerment of migrant communities, particularly of women
- Health operator and cultural mediator training
- Production of multimedia health promotion materials on reproductive health in several different languages (audio CD with information booklet and sub-titled video)
- Networking
- Health education and information about social and health services
- Mass media awareness

The Mum Health Programme, that included participatory mechanisms for monitoring and evaluating the activities, has been conceived in collaboration with all the Tuscan local health authorities and is co-ordinated by L'albero della Salute, the Reference Structure for Cultural Mediation in Health.

Connex to HPH

Mum Health aims to instil a sense of responsibility for health, particularly reproductive health, among migrant women within the Tuscan territory, to the greater benefit of child and adult well-being. The programme aims to develop women's health skills and to promote access to health services through participatory events and empowerment of migrant women and communities. Experiences of countries with high immigration rates, such as England, have shown the value of involving migrant groups in the implementation of programmes, promoting the health services' proactive offer role, which involves focussing on people's needs and their own ability to meet them.

Mum Health is concerned with 'global' health, which is an indivisible and undivided asset, which links individual health to that of the environment and social networks. It therefore aims to foster situations of awareness and exchange between people of various different origins, types, cultural and linguistic backgrounds who all inhabit the same territory.

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A multicultural information campaign against breast cancer

Gianni Saguatti, Rosa Costantino, Massimiliano Di Toro Mammarella

This project is based on an intercultural communication campaign for the early diagnosis of breast cancer designed specifically to reach hard to reach groups as women belonging to minority ethnic groups.

The underlying idea is to use different communication strategies to deliver health directly to communities, engaging them directly in health issues and to foster widespread awareness about health promotion within each community as a whole.

The methodology chosen to reach the target communities involved face-to-face, awareness-raising meetings supported by information and communication campaigns, through the involvement of NGOs, using cross-cultural mediators to facilitate meetings and to translate information material.

The indirect information campaign opted for synthetic, easy to understand language, and the brochures produced in the languages of the different target groups (Chinese, Philippino, Russian, Romanian, Albanian, Arabic) were edited to take into account cultural diversities and the specific needs identified in collaboration with the cross-cultural mediators, rather than merely translated from the original Italian text.

The in-depth discussion of health issues and screening techniques only took place in face-to-face meetings and in the course of the constant search for feedback from the women that took part in them.

Early diagnosis and / or screening tests for breast cancer were planned and coordinated with the support of cultural mediators.

The fact that screening actions were spread out among various local surgeries and the breast care department of the hospital demonstrated the great flexibility of the organisation, both in terms of the different facilities used and the times of opening, which was one of the success factors.

Outcomes

- Synergy between hospital and public health department
- Awareness raising meeting on specific nationality with high level of "quality"
- Active participation of stakeholders, strategic mouth to mouth communication
- Higher participation in the diagnostic tests compared to the prevision
- Letters, leaflets and documents translated into 6 languages

Connex to HPH

HPH is about promoting health for all, guaranteeing equal access to services provided, implementing partnerships with institutions, associations and NGOs like the cross cultural mediation, and promoting active participation of users and stakeholders in the planning of actions, developing actions in

the community, developing personal skills and re-orienting health services.

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Bridging language and literacy barriers to improve access to health

Susan R. Himel, Marg Muir

The Consumer Health Information-Diversity Outreach Project was initiated to address the increasing health information needs of a growing number of non-English speaking immigrants living in West Toronto. This finding had previously been identified in recommendations of a Multi-cultural Needs Assessment. The overall project goal is to address the health promotion, education and outreach issues related to interpretation, health information and disease prevention services for culturally diverse and lower literacy community members.

This hospital-community collaborative project uses a community engagement and inclusion approach to address the issues that currently limit health system access for non-English speakers. Collaboration also helps ensure the project's cultural relevance and longer-term sustainability. Results to date consist of many multi-language service enhancements. These include pilot "health hotlines" in other languages for accessing interpreters, health information, community referral and 'find a doctor' services, and improved awareness of existing multi-language resources.

Ongoing is the development and evaluation of the new resources, services and methods of service delivery. Over the coming year, the multi-cultural health information capacity of providers and the awareness and delivery of these resources to diverse communities will be improved. These enhancements will lead to more equitable access to healthcare system services and resources, and increased health literacy amongst multi-cultural community members themselves.

This oral presentation will describe the project, its development, the innovations and results to date in more detail, with a focus on the methods and approaches used that address health literacy and socio-cultural determinants of health.

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Session 2-1: Health promotion needs of hospital patients: Systematic assessment and service design

Effects of a multifactorial cardiac rehabilitation programme for patients with an Implantable Cardioverter Defibrillator (ICD)

Catherine Bellew

Background

Cardiac rehabilitation is well established for patients with ischaemic heart disease, especially those that have suffered acute damage to the heart or had surgical procedures carried out on the coronary artery vessels or valves (Thompson et al 2003; Giannuzzi et al 2003). Nowadays, more and more individuals are having implantable cardioverter defibrillators (ICD) implanted, which have been shown to reduce mortality (AVID 1997, Moss et al 1996, Moss et al 2002). The effect of a cardiac rehabilitation programme for ICD recipients has not been well studied and no research on the subject in Ireland exists.

Aim

The aim of the study was to investigate the effects of a multifactorial cardiac rehabilitation programme for ICD recipients in comparison to other cardiac patients, in an Irish setting.

Methods and Preliminary Results

28 ICD recipients (82% male) were compared to a control group of 79 cardiac patients (83% male). The ICD Group had mean age of 61 with a range in age from 36 to 76 years and a standard deviation (SD) of 9.50 years. Control Group mean age of 58 (Range 36-79yrs, SD= 9.81yrs). Exercise capacity was assessed using a treadmill exercise test prior to cardiac rehabilitation and post cardiac rehabilitation. Hospital anxiety and depression (HAD) scores and Global Mood Scale (GMS) were recorded pre and post the programme. METS (mean; SD) increased from 5.4 METS (SD=2.45) to 8.3 METS (SD=2.26) following attendance at cardiac rehabilitation for the ICD group ($t=7.72$, DF 25 $p=.000$). METS (mean SD) for the control group increased from 8.3 METS (2.26) to 10.6 METS (2.66) following attendance at cardiac rehabilitation ($t=10.327$, DF 75 $p=.000$). (HADS (mean; SD) anxiety scores decreased during cardiac rehabilitation from 8.8 (4.02) to 6.5 (2.62), ($t=4.745$, DF 25 $p=.000$). for the ICD group. The mean (SD) HADS depression scores were 5.31 (2.75) pre cardiac rehabilitation decreasing to 4.50 (2.50). The mean HADS anxiety and depression scores for the control group decreased from 7.7 (4.16) to 5.8 (3.22) ($t=7.72$, DF 25 $p=.000$.) and 5.2 (3.33) to 3.6 (2.86) respectively following attendance at cardiac rehabilitation. The ICD group had an increase in GMS (mean; SD) from 20 (6.01) to 25 (6.60) ($t=4.790$, DF 24 $p=.000$.). GMS (mean; SD) increased from 22 (7.19) to 26 (5.65) for the control group $t=5.962$, DF 69 $p=.000$). One ICD recipient received a shock after the post treadmill exercise stress test

for ventricular tachycardia. Otherwise none of the participants received a shock during the study period or had any ventricular arrhythmias.

Conclusion

Cardiac rehabilitation appears to be safe for ICD recipients. It can improve exercise capacity and lower psychological distress and improve mood. A large randomised multicentre trial is warranted.

Connex to HPH

Despite impressive survival rates after ICD implantation many ICD recipients report a less fulfilling life, find it difficult to exercise and engage in work and social activities. Cardiac Rehabilitation (CR) is well established for patients with coronary heart disease with benefits well documented. To date very few ICD recipients have been included in CR programmes. By inviting ICD recipients to these programmes has empowered patients to live healthier lives including reduce fear of exercising. Study carried out at Connolly Hospital Blanchardstown, Ireland a HPH Hospital.

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Health promotion in perioperative care: Effect upon outcome after spine surgery (RCT-study)

Hanne Tønnesen, Per Rotbøll Nielsen, Lars Rasmussen, Benny Dahl

Introduction

An increasing number of patients undergo surgery for degenerative spine disease, which is, however, related to a significant development of postoperative complications. Recent evidence has been gathered for other surgical procedures about an improved outcome and reduced postoperative stay after preoperative smoking and alcohol cessation programs as well as after early rehabilitation programs (fast track surgery). Furthermore, no studies have been published concerning a combined program of the preoperative prevention programs and fast track surgery.

Aim

The aim was to evaluate the outcome after spine surgery when using an integrated program that combined preoperative prevention and early postoperative rehabilitation compared to the routine procedures.

Method

After informed consent 60 consecutive patients scheduled for degenerative lumbar disease were computer-randomized to intervention or control group. The control group followed the routines in the department. The intervention group followed the integrated and multidisciplinary program consisting of:

- Preoperative intervention: 2 months prior to the operation smokers and harmful drinkers were offered smoking and alcohol cessation intervention. All the intervention patients had supplemental protein drinks and analgetic treatment improved, and they all had a program for home exercise (focusing upon muscle strength and cardio-pulmonary function) supervised by physiotherapist.
- Early postoperative rehabilitation: Balanced pain therapy using epidural analgesia, accelerated rehabilitation program with nutrition rich of protein and intensive mobilisation immediately after surgery; all aiming quickly discharge from hospital.

Results

In total 28 patients entered the intervention group and 32 the control group. At inclusion time two months before surgery the groups were similar, but at time for operation the intervention group had developed a higher level of functionality (Roland-Morris, $p < 0.01$). After surgery the intervention group reached their milestones in the recovery process faster than the control group ($p < 0.01$) and they left the hospital 2 days earlier ($p < 0.01$). There were no differences in pains or in life quality, but the patient satisfaction was significantly higher in the intervention group compared to the control group.

Conclusion

An integrated HP program of preoperative intervention and early postoperative rehabilitation seemed to improve the outcome and shorten the hospital stay for patients undergoing elective surgery for degenerative spine disease – without producing more pain or dissatisfaction.

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Systematic information regarding risk factors in the medical records in Danish hospitals at first contact – a pilot implementation and evaluation

Hanne Tønnesen, Nina Roswall, Mette Dodgaard, Tatjana Heygaard

Background

An important step towards reduction of inequity in health is systematic identification of patients in need of health promotion

initiatives. Currently, identification of risk of malnutrition, physical training less than 30 minutes per day, overweight, daily smoking and harmful drinking are unsystematically conducted in the hospitals. Danish National Board of Health therefore took initiative to develop a simple and clinical relevant identification tool to be used by all hospitals in Denmark.

Clinical specialists and researchers described the influence of each risk factor on the patient chain regarding diagnosis, treatment, outcome, and prognosis. They also described best evidence-based practice including effect of intervention programs, clinical expertise and attitudes, and patient preferences, and ended up with proposals for clinical questions to identification. All organisations with relation to the areas were heard, and the questions were adjusted according to the comments.

The aim

The aim was to evaluate the “clinical identification questions” with regards to accessibility, applicability, and adequacy.

Material and methods

11 specialists from 11 different departments at Danish Hospitals participated.

The tool consisted of “clinical identification questions” regarding risk of malnutrition (according to the ESPN-guidelines), overweight (BMI above 25), physical inactivity (less than 30 minutes exercise daily), tobacco (daily smoking), and alcohol (harmful drinking).

The specialists pilot-implemented the “clinical identification questions” on 20 consecutive medical records from each department (in total 2,420 times) in order to get familiar with it before the evaluation took place.

After the pilot-implementation the specialists evaluated the “clinical identification questions” with regards to accessibility, applicability, and adequacy (in total 363 times). The specialists’ comments were noted.

Results

The response rate was high (100%). Except for two fields, the specialists found that the “clinical identification questions” accessible, applicable and adequate. In the two fields, comments from specialists caused reduction in the number of questions and a slight correction of the wording. 10 of 11 specialists found the recommended clinical identification questions implemental in the present routines.

Conclusion

The “clinical identification questions” were applicable and clinical relevant for adult patients.

The specialist group

KM Pedersen (Hobro Hospital), KL Larsen (Aalborg Hospital), B Mathiassen (Aarhus University Hospital), R Farlie (Herning Hospital), A Elbirk (Aabenraa Hospital), M Hüttel (Odense University Hospital), L Danborg (Køge Hospital), V Vestermark (Slagelse Hospital), C Høgdsall + PhD-student AL Petri (Rigshospitalet), N Ebbehøj and M Frederiksen (Bispebjerg Hospital, University of Copenhagen)

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Clinical pathways in the management of chronic diseases: Empowering patients with asthma, diabetes, epilepsy

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Objective

To optimize hospital management (emergency room, intensive care unit, intensive brief observation, wards); to promote cooperation and integration between the specialist team and hospital staff; to improve communication and information for the family doctor, children and parents.

Methods

Paedagogic Clinical Laboratory and Biomedical Research team (programme coordinator, web engineer, paedagogist); Asthma, Diabetes, and Epilepsy specialists teams (doctor, nurse, dietitian psychologist, laboratory technician); doctor specialised in legal affairs; part of the involved team (emergency room; Intensive Brief Observation (IBO), paediatric, neuropsychiatry and intensive care ward; Continuous Professional Development Hospital team; international guidelines, printed information sheet, formal document of monthly meeting, internet documentation.

Results

A disease document was prepared by the specialist team, adapted and integrated under the responsibility of the paedagogic clinical laboratory and biomedical research team. Clinical

pathways for asthma, diabetes, and epilepsy were planned for scientific, informative and formative documentation, for use by staff from the paediatric department.

Conclusion / Perspective

Clinical pathways are essential for managing the most common chronic diseases in paediatric age. Suitable and constant utilization of such pathways tends to reduce the resources needed, facilitates interaction and cooperation between hospital staff, child, family and general practitioner. Thereby, they allow shared and correct disease management, and at the same time provide structured information to children and their parents and support communication and updating with the family doctor.

Connex to HPH

The presentation aims to illustrate the experience at local level with regard to the empowerment of patients with chronic diseases, through interventions in different moments of their clinical pathways.

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How to prevent postpartal depression? Guidelines for the management of pregnant women in obstetric outpatient clinics

Beate Wimmer-Puchinger, Charlotte Staudinger, Michaela Strobich

Aim

Postpartal Depression represents a severe mental health burden for 16-18% of young mothers and is also of relevance for the child. Therefore the Vienna Women's Health Programme developed prevention strategies for obstetric in- and outpatient clinics. A scientific randomized controlled intervention study was conducted in three obstetrics departments, enrolling 3.000 pregnant women. The study collected data four times before and after delivery and mapped significant consequences for psychosocial support.

Data showed a psychosocial burden for about 1/3 of pregnant women. 14% reported social and financial burden, 10% had a psychiatric history. Furthermore the results revealed a strong correlation between psychosocial restriction and high risk of getting postpartal depression.

Methods / Interventions

Pregnant women at risk had been supported by midwives, social workers and / or psychotherapists during pregnancy until delivery. Statistical analysis showed a decrease of PPD three and six months after delivery in the intervention group compared to the control group, and a very high satisfaction with the support received (85%). Based upon these empirical findings we developed organisational strategies to implement better awareness and interdisciplinary and multiprofessional cooperation in seven obstetrics departments of the Vienna Hospital Association.

Results

The following two strategies shall safeguard sustainability:

- Permanent interdisciplinary network, integrating all extramural institutions and NGOs who are responsible for pregnancy care and young mothers, engaged in quality assurance and early warning.
- Guidelines for psychosocial care and prevention for all pregnant women with severe psychosocial burden, implemented within a top-down intersectoral group consisting of medical, midwife and nursing staff of the obstetrics departments.

These guidelines have been designed in a multisectoral approach. Main issues are: Training for better communication skills, information about postpartal depression and taking psychiatric history. Furthermore we have developed information folders about postpartal depression as well as help services.

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Session 2-2: Health promotion in mental health care

Health effects in a sustainable built environment for acute psychiatric patients and healthcare staff in Kam- loops, British Columbia, Canada

Aaron Miller, Dave Mackintosh, David Fowler

A healthcare facility's physical environment can affect both patient outcomes and staff performance. The use of colour, light, and physical design all influence patient and staff perceptions of the physical environment and their associated behav-

iours. A home-like environment is especially important for acute psychiatric patients who require continual support for treatment and functioning. The inclusion of evidence-based design features in the planning and construction of acute psychiatric facilities for the promotion of improved patient health outcomes is becoming increasingly critical.

To meet this need, LEED (Leadership in Energy and Environmental Design) has evolved to provide a model system associated with building sustainability and the promotion of health. This rating system examines the use of both interior and exterior building materials and evaluates the sustainability of building features and the health benefits of facility design. The Hillside Acute Psychiatric facility, in Kamloops, British Columbia, is the first in-patient acute care facility in Canada to achieve LEED Gold status.

This case study describes the benefits of an inclusive participatory design approach and the evidence-based, health promoting features of the building and how they affect both the acute psychiatric patients, and staff working in the facility. The importance of sustainable building rating systems for health promotion in the design and construction of healthcare facilities is discussed.

Connex to HPH

This presentation describes how the built environment can affect health behaviours of both acute psychiatric patients and the healthcare staff providing care. The built environment has the opportunity to shape activities of daily living and enhance health promotion in a population. By designing a healthcare facility, utilizing a participatory design approach and emphasizing sustainability, not only in use of materials and method, but throughout the lifespan of the building, can promote healthy lifestyles and an integration of healthy promoting behaviour.

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Patient satisfaction with acute psy- chiatric services

Mary Redmond, Catherine Mc Manus

The aim of the adult acute psychiatric inpatient service is to provide a high standard of treatment and care in a safe and therapeutic setting for service users, in the most acute and vulnerable stage of their illness.

The mainstreaming of psychiatric services within the general healthcare system has created fundamental changes to the manner in which service users access acute psychiatric ser-

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vices. This change is intended to reduce the stigma associated with psychiatric diagnosis, and therefore contribute to improved treatment outcomes.

As part of the effort to enhance treatment outcomes, service user satisfaction with services has become one of the most frequently used criteria for evaluating programmes or treatment outcomes (Rosenheck et al. 1997).

Service users perceptions of quality are the major detriments of service excellence that drive clinical activities to achieve optimal patient outcomes (Urden L.D. 2002).

The current national health strategy 'Quality and Fairness' stresses the importance of involving service users in their care and treatment. This paper investigated service users satisfaction with Psychiatric service. Specific aims were to determine service users level of satisfaction with care delivery, their level of involvement in their treatment plan, and to identify areas for quality improvement

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A network for mental health: Building up a social resources agency

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Introduction

The program reflects the philosophy of the regional mental health project of Lombardy and of the Como mental health department policy. Users (both relatives and patients) associations, local authorities, and non profit organizations in the community are called to participate in policy definition, starting from each particular mission and role. This allows every single association or institution to have their needs accepted and understood if not actually met and to take their own responsibility in policy making.

Aim of the project

The program aims to build up a partnership network between health system and welfare resources (both private and public) to enhance mental health care in the community.

Another fundamental aspect of the program is to use public money (a defined budget) to partially reimburse users and activities of non profit organizations. The third important issue is to create a toll free number for psychosocial needs to simplify access to both health and welfare services. The toll free number is going to become a powerful stimulus to improve the comprehensive organization of health and social services even when different aspects are provided by different public and private agencies. This model has proven to be effective in allowing the provision of comprehensive and integrated psychiatric services in the Como area.

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Hospital care as support in post-traumatic stress disorder (PTSD)

Luigina Cenci

Post-traumatic stress disorder (PTSD) is a mental disease due to traumatic exposure that implies a threat for survival or for individual physical integrity. Symptoms of PTSD can show up within a few hours, days or months. The disorder is considered chronic if it lasts longer than one month. PTSD is a rapidly emerging problem in our society, so we tried to analyse the present situation and to organize an immediate practical support to answer to child and youth psychological needs following a traumatic stress exposure (acute, sub-acute or chronic period).

This approach is applied during emergency hospital admission or outpatient examination, trying to avoid care delay. Our team is multidisciplinary and includes a paediatric neuropsychiatrist, a psychologist, a paediatrist, a welfare officer, a nurse, etc. These professionals are trained to provide help in trauma, so they are able to coordinate and implement the correct actions for each individual condition, debrief and get mutual support relationships to prevent staff burn-out. After hospital discharge they cooperate with primary health services, schools, sports facilities, leisure time organizations, and others involved in care.

This paper describes the relevant structures and processes to current practice based on multidisciplinary teamwork. By our experience we noticed three essential points for psychiatric health care for children and adolescents: 1) early diagnosis; 2)

specific therapeutic treatment including parental support, considering the family as one of the most important resources for recovery; 3) prompt and continuous communication between team members through simplified and effective strategies in current practice.

Connex to HPH

Multidisciplinary support-groups, coordinated by a hospital, can guarantee proper, complete and prompt approach to the needs of children and teenagers after a traumatic experience. The present hospital approach allows us to collect certain data about PTSD impact, analyse them in order to obtain an earlier recognition and provide effective care. Another qualitative result consists in hospital-territorial network strengthening. Our next goal in this matter will be to promote a complete and multidisciplinary outpatient treatment vs. an inappropriate hospitalization.

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limited information with respect to auditing and disseminating HP facilities. In addition, there was a shortage of representatives from the employees attending the decision making process. The mental and physical health of staff, respectively, was average, and the majority of them lacked exercises. 99% of the employees conducted a health check-up. 57% were interested in a health agenda related to psychological issues such as communication skills, relaxation facilities and stress management. 37% were willing to participate in planning HP programs, and 47.5% would be prepared to pay fees when attending HP activities. This implies that hospital employees would like to invest their health.

Currently, the case hospital is in the process of establishing HPH. Members of staff are invited to assist in developing the HPH health agenda based on the needs assessment, action plans for HP activities will be planned. The healthy workplace of the case hospital is anticipated in the near future.

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Session 2-3: Projects and interventions to promote the health of hospital staff

Workplace health promotion through implementing the HPH-experiences from one community hospital in Tai- wan

**Jin-Tang Chen, Shu-Chin Tung, Hisao-Ling
Huang, Vea-Wen Lin**

The aim of the study was to assess the needs of health promotion (HP) activities from both organizational and individual perspectives and to develop action plans for hospital employees in one community hospital in Taiwan. Data were collected through two types of questionnaires: "The Self-Assessment Tool of Health Promotion" which evaluated the scope of HP initiatives and "The HP Needs Assessment among Hospital Employees" developed by the authors. On the basis of the information gathered, HP action plans and strategies were established.

There are several key findings. From the organizational aspect, the concept of HP had already embedded into hospital administrative plans and quality management. However, there was

Workplace health promotion in healthcare organizations: The need for an ecological approach

Robert Bilterys, Nicole Dedobbeleer

The working conditions of the healthcare professionals are disturbing, especially among nurses. Their workplaces are very demanding. Health problems such as stress, burnout, resulting in absenteeism, resignations and shortage are prevalent. This situation negatively affects the organizational performance and the quality of care. Therefore, the healthcare organizations have an important role to play in order to improve nurses' health. The workplace is seen by the Jakarta Declaration (1997) as a key setting for health promotion.

To our knowledge, no extensive literature review has yet been conducted about health promoting workplaces in the context of nursing. However, nurses constitute the main professional group in any hospital and are essential to ensure a good quality of care. We systematically searched key electronic databases (Embase, ERIC, Medline and Sociological Abstracts) and reviewed articles discussing interventions designed to promote health in the workplace. Particular attention was paid to the effectiveness of the interventions, implemented in the healthcare organizations and designed for nurses.

The four dimensions of a health promoting workplace were explored: occupational health and safety, healthy life habits, changes in the physical and social environment, employee participation and empowerment. Results showed that interven-

tions in health organizations are often not systematically evaluated and are rarely documented in peer reviewed journals. They also showed that interventions aimed at reducing one individual's health risk have limited or mixed results, whereas comprehensive workplace health promotion programs have positive results. Too often, interventions target the individual rather than focusing on their environment.

However, nurses' health is not only the result of individual behavior but also of organizational behavior involving work design and organizational structures. Therefore, the need of an ecological approach to design most efficient health promoting workplace interventions will be discussed.

Connex to HPH

A health promoting workplace is a key dimension of a Health Promoting Hospital. During this presentation, we will emphasize the need of an ecological approach to a Health Promoting Workplace, in the context of healthcare organizations.

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Promoting dignity and respect as a foundation for workplace health and culture change

Kate Costelloe, Patricia Owens, Anne McNeely

In 2005 the Human Resources Department in Beaumont Hospital initiated a previously untested approach to implementing a national health policy promoting dignity in the workplace. This on-going work is contributing to creating the conditions to enable whole system change where staff participation and leadership at all levels of the organisation are mobilized in the service of enhanced individual and public health.

The challenge was to develop a methodology that maximized staff engagement in creating a positive cultural shift in the way that staff relate to each other and understand their roles, rights and responsibilities at work.

The project's key messages around dignity and respect focused on prevention and self-responsibility rather than equipping people with the tools to solve problems after the event.

Experiential learning methodologies enabled a cross section of staff to pool their knowledge to design, develop and deliver a series of multidisciplinary, customised learning events. A working vision defines the intended impact and challenges are addressed by enhancing employee relation's strategies making

extensive use of facilitation and awareness raising to empower staff and to promote a more harmonious work atmosphere with benefits for patients and staff. This was strongly underpinned by senior management commitment to pro-actively support the on-going roll-out of the programme and to quickly deal with any breaches in policy that might arise.

This paper will demonstrate how with support, the practical knowledge of staff can be a real resource in providing the impetus for policy enactment beyond the co-ordinated circulation of a paper document.

Cross-disciplinary interaction and experiential learning methodologies presents a radical alternative to the conventional consultation and training techniques often used to get buy-in for new policies or changes in management practices.

Connex to HPH

With a pro-active Dignity and Respect strategy, it's evident that leadership from the 'top-down' and shared knowledge creation from the 'bottom up' increases the capacity to reduce employee turnover, improve working relationships and increase levels of trust. The enhanced well being of employees leads to a healthier working climate where ethical and socially responsible management practices become integral to enhancing performance and improving patient care. The focus on promoting individual health also establishes the capacity to live with constant change in the Irish Health sector for the foreseeable future.

This paper invites us to consider the enormous potential for further links with health promotion in effecting sustained organisational growth.

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"Health wins"

Tamara Palkovich

Employees in hospitals have to manage different demands on various levels. Health promotion provides an opportunity to enhance and ensure the well-being and health of employees, as individuals and at organizational level, by following a participative approach. The main goal is to maintain a long term effect across the board. The SMZ Ost / Donaueschingen decided to make the first move in becoming a healthy organization.

Since March 2006 the project is carried out within the framework of the European Community's EQUAL program (development partnership "Gesundes Gesundheitswesen"), it will end in June 2007. The target groups are the employees on five project-wards. The main objectives of the project are to pro-

mote health in organizations, increase job satisfaction and maintain the workability of staff. A combination of qualitative and quantitative research methods was chosen to get a differentiated picture on various topics, for example: working-conditions, health-status, time pressure. Based on the findings, measures will be developed and taken to decrease stressors and strains and to enhance resources in daily work. In addition, different activities were started to enable people to enhance their own well-being: Biofeedback as well as theoretical and practical workshops on stress management, teamwork and communication are offered in order to empower employees. The project structure, as well as the results of the surveys and the experiences in the course of the process will be presented. Health promotion is a challenge for all participants: Staff and management are involved in achieving the common purpose.

Connex to HPH

Our approach is based on the theoretical background and orientation of the WHO definition of health (1946), outlining health as a positive concept and emphasising social and personal resources as well as physical capacities. Another important basis is the Luxembourg Declaration on Workplace Health Promotion in the European Union (1997). The third important foundation is the model of salutogenesis (Antonovsky, 1979). All our findings and results are based on these concepts.

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Mental health promotion in hospitals by multi-professional co-operation

Alexandra Bautzmann

A multiplicity of highly specialized professions are working together in health services. Under the increasingly changing of the basic conditions (rising costs, change of patient expectations, technology) people working in public health services have to cope with the high pressure in their working environment. Additionally the climate of communication has become worse and a long tradition of bulkheading between the individual professions could be recognized.

The Institute Human Health Design (HHD) participates, under the financing of the federal social office and the European Union in the EQUAL-initiative „healthy health service“. In this context Human Health Design developed the project „Let It be“ and set impulses in order to increase the work and efficiency of employees in the health service. The special attention is thereby put on the co-operation within and between the individual groups of occupations. So the efficiency in organizations of

the health service can be increased on a long-term basis. This increases also the satisfaction and health of employees. Project partners of „Let it be“ are altogether 13 hospitals and nursing homes in Austria.

In the first project phase a questioning of employees had been accomplished. 810 persons (all groups of occupations) were asked to its personal work surrounding field, their present work situation and which change potentials are present.

The results serve as basis for the treatment work in the project groups of the individual partner houses. Within the working group the main topics are in the fields of interface management, health promotion and teamwork.

To make a regular exchange of experiences between the individual hospitals and nursing homes possible, quarterly meetings of the project group-leaders take place.

The development partnership „healthy health service“ is also member of CEMA-net, a transnational partnership of 8 European countries.

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Session 2-4:

Workshop: European Network of Smoke-free Hospitals (ENSH) – Smoking cessation training programmes, best practice guidelines for smoke free psychiatric and maternity services and self audit results

Bertrand Dautzenberg, Ariadni Ouranou, Ann O'Riordan, Miriam Gunning, Kathleen McLoughlin, Jennifer Percival, Cristina Martine, Christa Rustler

The European Network of Smoke free Hospitals (ENSH) will present its key activities in a parallel session around the following topics:

- ENSH noted that European countries provided and adapted variety of smoking cessation training practices pitched at varying disciplines. ENSH will briefly present training pro-

grammes in the hospital sector from 15 EU countries and recommendations made to three distinctly recognisable levels of common training i.e. Brief Intervention Training, Smoking Cessation Training and Train the Trainer Training. Training courses will be further analysed under four sub-headings of generic, maternity, mental health and drug abuse.

- Smoking rates among psychiatric patients and staff working in psychiatric services are often extremely high. ENSH aims to develop a common set of guidelines in order to assist hospitals in the management of tobacco issues in the mental health setting. These guidelines are being developed based on the experiences of Ireland, Denmark, Germany and Sweden. The presentation will discuss the need for psychiatric services to become smoke free, refute myths concerning the impossibility of developing a non-smoking policy in psychiatric services and propose practical steps towards smoke free psychiatric services.
- The smoking prevalence of pregnant women is extremely high, especially in southern European countries (31-41,8%). ENSH suggests a change in the clinical practices among midwives and gynaecologists, in order to provide all pregnant women with systematic tobacco cessation counselling and to raise awareness of the tobacco effects on health by introducing the measuring of the maternal expired carbon monoxide (CO) concentrations rate as a basic model of intervention in maternity services. The administrative, medical and organisational changes and actions that need to be implemented will be discussed.
- Based on the ENSH standards, the self audit QS covers 33 items, gathered in 9 main sections. For 4 consecutive years now the self audit questionnaire has been used by the members of ENSH to measure progress. Latest results from 2006 will be presented showing the degree of implementation of smoke free policies in the hospital setting in 287 European hospitals from Germany, Ireland, Spain, Finland, Belgium, Portugal, Romania, Estonia, Slovakia and Cyprus. These results will be presented in the context of the analysis of 2003, 2004 and 2005 and overall progress achieved in relation to the ENSH concept.

Connex to HPH

The European Network of Smoke free Hospitals has developed a process to support the implementation and monitoring of a smoke free hospital environment. Taking into consideration that the implementation of a smoking prevention project is one condition for membership of the HPH Network, the ENSH concept and overall activity in specific target groups and high risk wards such as maternity services and psychiatric departments provides a good framework for collaborative action between both networks as they share common objectives.

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Session 2-5:

Implementing comprehensive organisational approaches for Health Promoting Hospitals

Organisational diagnosis of HPH – a case study of one hospital in Taiwan

Yea-Wen Lin, Hsiao-Ling Tung, Shu-Chin Tung, Yu-Ching Chen, Szu-Hai Lin

After Taiwan launched the National Health Insurance (NHI) program in 1995, the healthcare environment in Taiwan has dramatically changed and the competition of hospitals in Taiwan is severe. Under such circumstances, hospital managers started to reshape their service scope from merely curative care to the combination of curative care and preventive care. For this reason, the concept of HPH gradually gained attention in Taiwan.

The current study was to apply the "Self-assessment tool for health promotion standards and indicators in hospitals" originally developed by the WHO Regional Office for Europe and to explore health promotion (HP) practice in one case hospital. The self-assessment tool was distributed to staff members in different sections. The researchers had translated the original questionnaire from English to Chinese and it was locally modified by seven experts. Linguistic experts were invited to review the appropriateness and suitability of the tool.

The Chinese version of the self-assessment tool, similar to the original one, includes five standards (Management policy, Patient assessment, Patient information and intervention, Promoting a healthy workplace and Continuity & cooperation) 24 substandard and 65 measurable elements. Respondents were required to choose an answer with 'yes', 'partly' or 'no' to each statement. The results show that the case hospital obtained the highest score in the area of "Promoting a healthy workplace", but the lowest in "Patient assessment". On the level of the 24 sub-standards the case hospital achieved the best results in ensuring all patients, staff and visitors to have access to general information on factors influencing health (standard 3.5.). However, they needed to devote more efforts to ensure health promotion services are coherent with current provisions and health plans (standard 5.1.). Based on the findings in the current study, recommendations to the future direction of HP initiatives will be discussed.

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Integration of HP strategy and quality into hospital governance

Ruedi Wyssen, Sabine Sahli

The Kantonsspital Baden AG / Switzerland has integrated the HP strategy and quality into the hospital governance. The hospital has 360 beds and 1400 staff members. Since 2005 the hospital has the label "Health Promoting Hospitals".

In our presentation, we will focus on the hospital governance and the transfer into practice. The items of the presentation will be:

- HP and quality management:
 - Strategy of the Swiss Network of HPH
 - HP and EFQM
- Kantonsspital Baden AG:
 - HP strategy and quality in the hospital governance
 - HP organization and cooperation
 - Conversion of the strategy and quality
 - Empowerment and problems in practice

After the presentation we would like to discuss the following questions:

- What are the experiences of the session members?
- How can we reinforce empowerment?
- How can we guarantee the success of the HP strategy and quality?

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The integration of hospital accreditation (HA) in establishing a sustainable HPH

Marion C. Suski, Pantipya Sanguanchua, Sutham Pinjaroen, Duangsamorn Boonpadung

Many countries have developed national hospital accreditation programs, but few have also combined the HPH standards to create one integrated hospital accreditation program. In this study we wanted to determine if this integrated hospital accreditation award is a critical success factor in establishing a sustainable HPH. We also wanted to identify other critical success factors, approaches, and behavior changes for successful health promotion programs and chronic disease management. The scope for chronic disease management programs in Asia is tremendous.

22 hospitals were randomly selected according to size and context in four geographical settings of the country. Eleven hospitals at the initial stage of their quality improvement journey, or level 1 of the accreditation process, were compared to eleven hospitals who have achieved level 3, or their hospital accreditation award including the HPH designation. This qualitative comparative research focused on changes in behavior, relationships, actions and activities of hospital staff, patients and their families. Key patterns in organizational culture were assessed and transformational quality journeys were documented using the contemporary evaluation tool of outcome mapping (Earl et al). In the accreditation process: context, core values and criteria were deemed important as well as the approach of the quality pathway to assess the chronic disease management outcomes.

The critical success factors of an integrated accreditation process and empowerment approaches at the regional and local levels are key to potentially sustaining Health Promoting Hospitals. The successful Health Promoting Hospitals use empowering interventions in their routine work and culture, thereby positively affecting behavior and lifestyle changes of staff, patients and their families, and improving the ability of chronic patients for self care. Policy and funding alone do not ensure the sustainability of Health Promoting Hospitals.

Connex to HPH

This research demonstrates that health care must be seen as a continuum, and can be successful in health promotion if the system is totally integrated. Hospitals alone can not effect all the changes necessary, but must be the causative agents for building partnerships and relationships with their communities for better health outcomes. Health Promoting Hospitals achieved a paradigm shift from curative only to a balance between curative and health promotion integrated in routine work, while level 1 hospitals demonstrated pockets of behavior changes mainly due to policy direction or external funding. They were not able to achieve health promotion effectiveness or lasting changes because they did not understand the learning process, the "know how" and the critical success factors to facilitate transference in their settings.

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The cardiothoracic centre – a HPH: Developing a plan for action

David Taylor-Robinson, Mark Jackson

Background

This presentation describes the approaches that have been taken to develop the Cardiothoracic Centre in Liverpool into a health promoting hospital. We describe the policy, and the implementation strategy that have been developed at the CTC. These approaches could be modified for use in other acute trust settings.

About the CTC

The Cardiothoracic Centre - Liverpool NHS Trust has developed as a Centre of Excellence and is one of the largest specialist heart and chest hospitals in the United Kingdom.

Policy context

Current UK health policy emphasises the need for all NHS organisations to contribute towards population health improvement, and the reduction of inequalities in health. 'Standards for Better Health' has set down public health criteria against which all NHS organisations will be assessed. The CTC has adapted the approach advocated by WHO in response to this.

Key Steps described

- UK policy context
- Securing board level support for project
- Baseline benchmarking using the WHO toolkit
- Developing a public health policy informed by other hospitals in the UK and the WHO literature. The main themes are 'Creating a health-promoting environment', 'Reducing inequalities' and 'Partnerships and regeneration'
- Building public health capacity in partnership with a primary care organisation
- Developing community partnerships
- Communication of strategy
- Phased implementation of strategy
- Approaches to evaluation

Connex to HPH

The presentation describes how a tertiary hospital in the UK has responded to the current NHS policy agenda around public health in hospitals. We have explicitly drawn on WHO 'Health Promoting Hospitals' methodology, and adapted this to the local setting.

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The New Meyer: A hospital promoting children's health

Maria José Caldes Pinilla, Anna Zappulla,
Roberta Rezoalli, Caterina Teodori, Nicola
Sereni, Laura Berni

Introduction

The New Meyer Hospital building was constructed according to the pathways underlined by children in the Conference "Children are not only patients" (1996). As such, the new structure is really capable of focusing on the needs of each child and his / her family.

Aims

First of all the New Meyer wants to offer a very high level of treatment, and wants to take care of the needs of all children and their families, considering treatment as a global and complex process. Hence the New Meyer and all its professionals are involved in promoting health, healthy lifestyles and a healthy physical and psychological development.

The setting

The hospital has more than 150 hospital beds, 7 surgery rooms, 9 diagnostic rooms, and 5.000 m² of gardens (hospital terrace and roof). Around the hospital there is a huge park of 72.000 m². The hospital has a low impact on the environment, with low CO₂ emissions and saving energy.

The care process

Personal and interdisciplinary treatment is a key word in the New Meyer philosophy. The child is at the core of diagnostic and therapeutic processes, involving doctors and other professionals. There is a continuous relationship between family and specialists, and also between specialists and the family doctor.

Relations

Following the "Child Rights Act", the New Meyer emphasises the importance of playing and of relations between the children, their families and friends, of a warm welcome, and of respecting high quality standards (e.g. dogs trained for pet therapy, ward clowns and a lot of activities promoted by the children's recreation centre). There are also some HPH projects such as Intercultural Hospital, Pain Therapy and Non-Smoking Hospital.

Conclusions

The New Meyer Hospital is achieving a new dimension, moving from a hospital with HPH Projects to a hospital which promotes the health of children and their community.

Connex to HPH

We would like to share our experience with other General and Paediatric Hospitals, since it tells about the New Meyer Hospital built up taking into account the health promotions needs of patients, their families, the staff and the community.

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Session 2-6: Sustainable hospitals + hospital waste management

**Sustainable development in HPHs:
The psychoanalytic-systemic view on
conflict, taboo, ignorance and error
as support for a creative approach
within organisation development**

Karl Purzner

Implementing sustainable development in a HPH is an ambitious goal. The OWS in Vienna has been working on this issue in cooperation with scientists for several years. In the process and progress of the project it became quite clear, that a central prerequisite for success is the responsive and coordinated – and thus integrated – cooperation of at least the following actors: managers and leaders together with their teams – and within the teams generalists and specialists- supported by internal and external consultants together with patient representatives have to thrive towards the vision of the sustainable HPH in tight relatedness and base all this on evidence, which means that science and education as well as training plays a big role.

Results of research – basic, field and action research in sociology, ecology and economy in different forms of combination – are essential in bringing forth rapid progress. Necessarily such a complex social process is not easy to steer, but there is conceptual support from several research traditions. The “clinical approach” in organisation development by Edgar Schein is one of them. Its accents lie on a theory of “organisational health”, the necessity to coordinate different subculture within the organisation and the information processes within the “adaptive coping cycle”.

Fürstenau, a German author stresses on a psychoanalytic-systemic view of the managerial tasks. He as well as the Austrian authors Schindler and Rauch have pointed out the importance of a specific form of group dynamics underlying the role play of the above mentioned actors. In our own experience it soon became clear, that a competent dealing with conflict, taboo, ignorance and error is essential for success. A constructive-creative way to manage these matters is quite a challenge within change management. It exceeds the difficulties of the traditional management cycle and by some authors is called “syndromal management” to differentiate it clearly from the functional management within the cycle. To sum it up: the degree to which sustainable development happens within

the HPH depends highly on the degree of excellence in its management!

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Integrating health promotion and sustainable development for the benefit of hospital development. A relationship with the future?

Willi Haas, Ulli Weisz, Jürgen M. Pelikan

In the last two decades, Health Promotion and Sustainable Development have both become successful policies worldwide and been applied for hospital development. As health is of central importance as a result of as well as a prerequisite for sustainable development, sustainable development strategies and programs refer frequently to (public) health. On the other hand, in health promotion there is less discussion of sustainability, even if sustainable (in its narrow meaning of stability in time) is accepted as one of seven guiding principles for health promotion initiatives (Rootman et al. 2001). Even more rarely, health promotion and sustainable development are discussed together in a comparative manner. However, comparing health promotion and sustainable development one can find remarkable analogies and parallel developments. Due to this coherences our contribution will focus on the following core questions:

- In what way can sustainable development policies and initiatives enhance health promotion in hospitals? Are there any areas of conflicting interests?
- What is the added value of sustainable development strategies for the health-care system, in particular for health promoting hospitals?

In order to answer these questions, we first will provide a review of the links, analogies and differences between health promotion and sustainable development, focussing on historical (history of origins), theoretical and methodological issues as well as on goals, criteria, strategies, claimed territories and areas of implementation.

Second, we will discuss mutual support and added value by using concrete examples including our own project experience in the Otto Wagner hospital in Vienna. Finally, we offer some hints where and how mutual collaboration could be of benefit for both.

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Future-orientated healthy energy-saving buildings in Public Health

Bruno Klausbruckner, Herta Maier

As periods of continuing tropical days and tropical nights are going to multiply and last longer, the need of room climate regulation is going to rise as well. The corresponding energy costs have negative ecological as well as economic effects. Therefore, the planning of the external part of the building and the energy efficiency of the technical facilities are going to play a more decisive role. The main goal is to build long-lasting buildings.

Another important aspect is the room climate in a wider sense. Since the individuals of the Western industrial society spend most of the time in closed rooms, it is essential for the well-being that these rooms do not stress. The main focal point is to avoid any construction materials that emit pollutants.

There is going to be a general standard of all the future renovations and new constructions as well as the overall renovations in the Vienna Hospital Association (KAV) defined in the "Strategy plan for ecological and energy-efficient buildings in the Vienna Hospital Association". By that means, energy shall be used as efficiently as possible and pathogenic influences shall be excluded in the ecological guidelines. The strategy plan is based on the European-Building-Guideline ("General energy efficiency of buildings", 2002/91/EG from 16th of December 2002), realized in Austria with the guideline 6 of the Austrian Institute of constructional engineering, "Energy saving and insulation", and it is based on ecological experiences in the construction sector. Several projects were successfully realized in the KAV.

The „Guideline 6 of the Austrian Institute of constructional engineering" defines the directions for the heating and the cooling system of a building. From the 1st of January 2010, stricter criteria are going to come into effect in some areas. With the immediate realization of the "Guideline 6 of the Austrian Institute of constructional engineering" (data from 1st of January 2010), "Energy saving and insulation", it shall be avoided that buildings which are unhealthy for the users or too costly, are being renovated or constructed.

Ecological directions, already successfully realized in several KAV-projects without any financial changes, are to be respected:

- Replacing of PVC, where it is technically and economically possible. Ban on PVC in packings.
- Ban on partly and fully halogenated fluorocarbons (FC).
- Ban on tropical wood, except tropical wood products approved by the "Forest Stewardship Council".

- Avoidance of organic solvents, softeners (phtalates) and formaldehyde.
- Final quality check by measuring of the sum of transient organic compounds and formaldehyde.
- Extension of the use of recycling building materials.

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Managing healthcare waste together

Karl Dalton

Up until the mid 1990's wastes from the activities of our modern Irish society were cause for little concern amongst most people and organisations. Our relatively low population density and historically low economic growth meant that the comparatively small amount of waste we generated was perceived as being adequately dealt with by the local dump. Indeed most people did not know the final resting place of their waste once the bin or skip left their front door. The Healthcare industry was no exception to this common mentality. In many cases hospitals operated incinerators often in population centres to conveniently dispose of their waste. Then over the course of a few short years, due to a variety of drivers, there was a sea-change in our society's attitude towards waste and the consequences of its mismanagement.

In 1996 the government enacted The Waste Management Act which in essence brought waste to the top of the agenda for local authorities and the EPA, and consequently the nation as a whole with more than 25 sets of Regulations. As part of the Environmental Protection Agency's (EPA) mandate to implement Integrated Pollution Control (IPC) licensing the operation of waste incinerators came within stringent legislation. As a result hospital incinerators were decommissioned. Then there was a series of well profiles incidents where potentially infectious waste from hospitals was discovered illegally in landfills. The cost of managing and treating hospital waste continues to steadily rise and has become a serious challenge for all healthcare organisations.

In 2004 Connolly Hospital (CHB) embarked on a structured two phase approach to address the considerable financial and management issues with their waste. Phase-2 which will begin in 2007 will approach the issues from the Supply side, encouraging organisations who supply CHB with products and services to reduce their volume of packaging and utilise more environmentally-friendly material. The poster to which this abstract pertains describes Phase-1 and the success it has achieved by tackling the waste issues in CHB from the Demand side, from within the hospital itself due to its activity.

The success was achieved through the staff working together and in partnership with the Environmental Department. Staff were educated about the local internal consequences of waste management in addition to the broader societal effects. Feedback and communication were encouraged as well as a commitment by the Environmental Department to endeavour to put the needs of the hospital first and to improve the service. While hospital activity and waste volumes have risen, Phase-1 has achieved total waste cost reduction of approximately 16%, improved environmental efficiency and contributed to a higher standard of hospital hygiene. Phase-1 will never actually end since its aims will be a continuous component within the Environmental Department.

Connex to HPH

When healthcare waste, especially healthcare risk waste (clinical), is mis-managed the negative consequences are both financial and from a patient health perspective, as mis-managed waste is a carrier of infection to the patient. The correct management embraced by all staff in the hospital has improved hygiene standards and reduced costs.

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Session 2-7: Migrant Friendly and Culturally Competent Hospitals (2): Work- shop

Integrating migrant-friendliness and cultural competence into hospital governance: management and quality systems

**Antonio Chiarenza, Karl Krajic, Werner
Schmidt, Ursula Karl-Trummer**

Migrants and ethnic minorities often suffer from poorer health compared to that of the average population. In addition to being more vulnerable due to an often low socio-economic position, often unclear legal status and problematic migration experiences, research consistently shows that there are problems concerning health, health services and health promotion for these groups and these issues not been systematically tackled in European health systems (Bischoff 2006).

Building on experiences and solutions developed before, the European Commission project "Migrant Friendly Hospitals"

(MFH) 2002-2005 demonstrated how inequalities in health and in accessing health care and services can be redressed by creating migrant-friendly and culturally competent health care services sensitive to diversity. To sustain this momentum, a "Task Force on Migrant-Friendly and Culturally Competent Hospitals" has been set up in the framework of the Health Promoting Hospital Network of WHO Europe.

In this workshop, targeting primarily hospital/ health care management and professionals with management responsibilities, the organisers, representing the HPH Task Force, will present a very brief introduction (Antonio Chiarenza) into the relevance of the issue for different stakeholders, based on the "Amsterdam Declaration towards Migrant Friendly Hospitals in an ethno-culturally diverse Europe", launched in December 2004.

In a second step, options for an overall strategy on how to put migrant-friendliness and cultural competence on the agenda of hospital organisations will be presented by Karl Krajic, Werner Schmidt and Ursula Karl-Trummer, developed in collaboration with Elimar Brandt and Beate Lieske (Berlin) and Jürgen Pelikan (Vienna).

These options will cover recent examples from North America, the European Union and Switzerland. Special attention will be given on how to integrate MFH criteria into elaborate quality systems like EFQM and BSC, HPH strategies and standards in a model project from Berlin. Finally, the Migrant Friendliness Quality Questionnaire (MFQQ), will be introduced as an instrument for self-assessment and benchmarking.

In the second half of the workshop, these inputs will be discussed in small groups and a final plenary with the participants to facilitate relating these solutions to the problems and experiences of the participants and to clarify needs for further development for the Task Force.

Facilitators

Antonio Chiarenza is coordinator of the HPH Task Force on Migrant-Friendly & Culturally Competent Health Care, Azienda Unità sanitaria Locale, Reggio Emilia

Karl Krajic and Ursula Karl-Trummer are senior scientists at the WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, Vienna

Werner Schmidt is coordinator of the working group "Service quality and policy development" of the TF MFCCH. Immanuel Diakonie Group, Berlin

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Session 3-1:

Workshop: Empowering hospitals to improve the health literacy of hospital patients

Rima Rudd

A report from the US Institute of Medicine (IOM), "Health Literacy: A Prescription to End Confusion", highlighted the notion that health literacy is best understood as an interaction between the skills of individuals and the demands of health systems. Dr. Rima Rudd of the Harvard School of Public Health and one of the authors of the IOM report will focus on an examination of the literacy related demands of health systems. Researchers have not yet fully uncovered the assumptions and demands of health systems nor have they delineated all of the literacy related activities and tasks that people are expected to undertake when they take health related action. Such an understanding will enable both researchers and practitioners to more fully assess the match between health system assumptions and demands and adults' skills. Only then can those in the health sector eliminate literacy-related barriers to health promoting action and to care and services.

This workshop presentation will focus on assumptions and demand.

Learning Objectives:

- Participants will be able to describe at least three literacy related barrier to health care services, management of chronic diseases, and engagement in activities related to preventive care and early detection of disease.
- Participants will be able to describe at least three approaches to removing literacy related barriers.

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Session 3-2:

First do no harm: There is no Health Promoting Hospital without patient safety

Developing a regional patient safety model in HPH settings

Maria Hallman-Keiskoski, Tuula Oravainen, Jukka Puolakka

According to international studies, every tenth patient suffers from adverse events which is not related to the underlying disease. A regional patient safety model in HPH settings for Central Finland is scheduled to be completed by 2009. The objective of this regional model is the implementation of safe and high-quality treatment in the various stages of the patient's treatment process and treatment chain. Simultaneously, it is possible to reduce adverse events as well as written complaints and claims. A reporting and feedback system will be created for detecting and correcting system errors and for facilitating the analysis of the treatment processes. One important objective is to increase transparency in patient care and to support coping of the personnel with critical incidents.

The project started in 2006 in cooperation with the Central Finland Health Care District and the Health Center of the City of Jyväskylä. Participants comprise 9 different units from the hospital and health center. Separated training for management and personnel was provided in the first stage of the project in autumn 2006. A registration system of hazardous incidents will be introduced in spring 2007 in the pilot units, and a registration system of complaints and claims will be created for advancing the development work. A support network will be created for the personnel for providing assistance in coping with critical incidents. For pharmaceutical treatment, an online learning environment will be developed in the hospital intranet. Simultaneously, the HPH quality standards will be taken into use in the hospital. The project is managed by a multiprofessional control group nominated by the Health Care District management and by a full-time patient safety manager. The project will be gradually expanded to cover all units of the hospital and the regional health centers.

Connex to HPH

This project is carried out in a health promoting hospital. It is based on author Maria Hallman-Keiskoski's licentiate study of February 2006: "Pilot study of developing a patient safety model within the frame of reference of a health promoting hospital. Patient and relative involvement in dealing with and preventing adverse events associated with treatment".

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Implementing professional infection control: Changes in culture and results

Agnes Wechsler-Fördös

Hospital infections impose a huge challenge, frequently threatening patients' lives, sometimes also affecting health care personnel (HCP) and inevitably causing high expenses.

Following the WHO-Modelproject "Health and Hospital" the first full-time infection control team (ICT) in Austria was implemented in 1991. Later, the experience from the model served as the basis for an amendment of the Vienna hospital law ("Krankenanstaltengesetz") with regard to the requirements for effective infection control.

Right from the beginning, protecting patients and personnel and responsible antibiotic use were major goals. A comprehensive, evidence-based guideline was implemented in 2003 to reduce transmission of methicillin resistant staphylococcus aureus (MRSA), focusing on admission screening in high risk patients, immediate isolation of MRSA-patients and decolonization therapy. Consequently nursing processes, diagnostic and operation schedules are adapted to ensure that MRSA-Patients do not get in contact with other patients. Three years after the implementation, hospital-acquired MRSA dropped by 50% and the number of MRSA-patients has also decreased substantially.

Contagious diseases like norovirus gastroenteritis threaten patients and personnel causing further shortage of HCP. Recently consensus was achieved on the management of patients symptomatic for norovirus disease: Rapid diagnosis enables patients without major impairment to be treated as outpatients, those needing hospital treatment are isolated immediately, and specific protective measures are implemented without delay, thus reducing the risk of infection for everyone.

In 1992 an antibiotic formulary was created in order to facilitate adequate use. Available substances were categorized as standard, reserve and special antibiotics (restricted). Though restriction was a substantial change in culture, the need for this intervention is well accepted now, resulting in a very low use of restricted antibiotics and substantial savings. Meanwhile this tool is propagated by the ABS-Project of the Ministry of Health. Thus, sustainable development furthering quality in the management of infectious diseases was initiated with institutionalization of the ICT.

Connex to HPH

Professional infection control in the Rudolfstiftung has emerged from the WHO-Modelproject Health and Hospital. The hospital has been member of HPH for many years.

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Clinical records and hospital accreditation: The long way to improve patient safety

Enrico Baldantoni, Annalisa Bergamo, Fabio Cembrani, Elisabetta Mon, Maria Grazia Allegretti, Marco Scillieri, Michela Monterosso, Francesco Maria Avato

Roughly speaking, accreditation is a risk reduction process, and medical records (patient records) are powerful tools to improve communication among the members of hospital teams in the process of care. The authors describe the experience of the hospital of Trento-Italy in complying with Joint Commission International (JCI) standards on management of information (MOI). Policies and procedures on documentation of care processes have been reengineered across the entire hospital, and a monitoring process has been established. A sample of 982 patient records has been assessed with a check list of 60 items: initial patient assessment (17 items), patient management including plan of care, therapy, plan of surgical care, clinical notes (10 items), surgical or anaesthesia procedure (22 items), and discharge (11 items). Items in the check list were scored: met (1), partly met (0,5), not met (0), not applicable. Ad hoc indicators for the monitoring process were: percentage of complete patient records, level of completeness of single patient records, mean level of completeness of patient records. Mean completeness of initial assessment of patients (17 items) was 79,32%; mean level of completeness of patient management (10 items) was 78,01%; mean level of completeness for surgical procedure (22 items) was 80,36%; mean level of completeness for discharge was 88,68%.

Patient records are the core of the health information system in the hospital. They should contain all the data concerning the who, what, when and how of medical care. The myth of completeness of patient records (the theory) is often disrupted by the plain observation of what is done in practice. Our baseline in the first assessment was very unsatisfactory, but through a wide organizational effort we involved many professionals in reengineering the use of patient records according to JCI standards. The indicators used to assess the sample of monitored patient records showed a somehow encouraging compliance. The JCI survey in June 2005 was passed and all the standards involved with patient records proved to be an important asset in achieving this goal.

Connex to HPH

Clinical records are the golden communication tool between members of the health care team; improving communication will improve patient safety.

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Only therapy sheet: Doctors and nurses join efforts to improve patient safety

Maria Grazia Allegretti, Enrico Baldantoni, Paolo Barelli, Annalisa Bergamo, Elisabetta Mon, Michela Monterosso, Marco Scillieri

Introduction

Medication errors (ME) are a preventable event that may cause or lead to inappropriate medication use or patient harm. ME are estimated to occur in almost 1 of 5 doses administered to hospital patients, and reported ME are only a small fraction of what really happens, since ME occur every day, and during any phase of the drug delivery process, from prescribing to administering. One delicate step is the transcription of doctors' orders from the therapy sheet into nurses' worksheets, given the fact that doctors' handwriting is more often than not a self righteous chicken scratch that is decipherable only by experienced pharmacists. This may have far reaching implications on the effectiveness of communication between members of health care teams, and on patient safety.

Objective

To improve patient safety and to reduce the chance of errors in the delicate phases of medication management by adopting the only therapy sheet with all the required information on medication, intended to be used by all members of the care team.

Methods and Materials

During the year 2005, as part of the process leading to Joint Commission International accreditation, hospital management adopted the "only therapy sheet" (OTS) as the official hospital procedure for prescribing and administering medication. The OTS was developed with the active involvement of staff, and tailored and customized for different settings (i.e. internal medicine, surgery, intensive care units) ranging from one day to 7 weekly sheets, depending on how often medication is prescribed and modified.

Results

So far all hospital units have adopted OTS, and informal feedback from the wards shows that having only one sheet is not only sharing the same work tool between professionals, but

OTS has effectively contributed to improve communication between professionals.

Conclusions

Therapy sheets are a way of communication between health care professionals. If they are separate (doctors' sheets and nurses' sheets), not readable or incomplete and lacking information, then doctors and nurses are failing in their duty to communicate effectively and this raises the probability of errors of commission or omission. Achieving completeness, timeliness and accuracy of therapy sheets is thus an effective risk reduction strategy, and we believe that any health care professional has the moral duty to perform accordingly in his / her daily practice, and there are no excuses such as lack of time or the many things to do that seem to be a common soundtrack in many hospitals worldwide.

Connex to HPH

Medication errors are very common in hospitals. An effective strategy to reduce medication errors is to improve communication between members of healthcare teams.

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Staff and patient safety: Two sides of the same coin

Michela Monterosso, Enrico Baldantoni, Elisabetta Mon, Giancarlo Murer, Paolo Barelli, Maria Grazia Allegretti, Marco Scillieri

Objective

Describe the global approach to safety implemented in the Hospital of Trento (Italy) according to the Trust's strategic planning.

Methods

The hospital's approach to safety includes:

- Preparing an individual document (DVR, acronym for risk evaluation document) for each unit with work flow charts for the main activities, hazards, risk assessment and corrective actions. Main issues taken into account in the DVR are: building and employee safety, hazard materials, management of emergencies, fire safety, medical equipment, utility systems.
- Monitoring through field visits at the work sites by a trained team (doctor and technician) in order to assess locally hazards and risks and discuss findings with staff, middle management, and heads of units.
- Collecting and analyzing data regarding safety issues identified by workers (claims made).
- Implementing corrective actions according to the priorities set in the annual plan of interventions.

Results

In the last few years each unit specified in their DVR the major activities performed and their perception of hazards and risks at the worksite. Through many trials and errors individual DVRs have been reviewed by the staff unit SPA (ISO 9001:2000 certified) which is in charge of safety (team of engineers, doctors specialized in occupational medicine and technicians). Results were then discussed with staff both as part of the annual plan of activities (so called budget) and during field visits at the worksite (twice a year). So far we have one master plan of safety for the entire hospital describing major risks, and 35 DVRs, one for each unit. All staff participated in educational courses on safety and prevention of major risks (i.e. fire, biological risk, chemical risk ...) and received detailed information on specific risks at their worksite. New employees as well as outsourcing contractors are trained and informed on safety. Corrective actions include: wide distribution of technical aids, hoists for patient transfer to prevent back overload, use of needle preventing devices, individual protection devices, avoiding the use of anaesthetic gas in the Operating Room. The total amount of money invested in safety related interventions was EUR 3.260.000 in 2005 (interventions on buildings ~ EUR 1.500.000; technical aids ~ EUR 1.760.000). Outcome results on staff health will be seen only in the long period, but the availability of DVR and related procedures, wide education on preventive measures, and the use of individual protection devices have overall reduced occupational incidents in the hospital workers (i.e. parenteral exposure to blood from 153 cases notified in 2002 to 96 in 2005).

Conclusions

Safety deals both with facility related issues and staff behaviour at the work site. Patient safety is the other side of the coin, because the environment for workers and patients is the same, as well as safety. The strong points of S. Chiara Hospital's experience are, in our view, the systemic approach to safety and the involvement of staff (bottom up) both during individual unit field visits to assess risks and during work flow charts engineering and document review discussions. Critical points are related to change management (behaviours, old habits, ...), strict law requirements sometimes "bureaucratic", and high cost investments.

Connex to HPH

Improving staff safety is the other side of the coin to improve patient safety.

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Session 3-3:**Supporting patients to stop smoking****Pregnancy and smoking: 13 330 measurements in smoking and non-smoking pregnant women at delivery**

Conchita Gomez, Michel Delcroix

This was a multicenter study, carried out between January and December 2005, in 31 maternity wards who are members of the French Network of smoke-free maternity wards. 13.330 pregnant women (smoking and non-smoking) were included. They all had singleton pregnancies without complications, either with spontaneous labour and vaginal delivery, or with programmed Caesarean section. Pregnancies were at normal term (37 to 41 weeks amenorrhea). Women were not included if they had any twin pregnancies, reported alcohol abuse or other addictions; if they had any chronic medical disease condition or any other acute illness at the time of delivery; if the data were not complete and if no maternal expired air CO was available at delivery. All smoking women received a standard brief counselling at delivery. Smoking is easy to measure with a single expiration of the pregnant woman at delivery, and is aided by an auto-zero function at turn on, combined with a breath hold countdown timer. The measurement is obtained the same for the spouse at the delivery.

Conclusion

Both maternal and husbands' EACO measures during delivery were dose-dependently and inversely associated with fetal growth. Even low maternal (6 to 10 ppm) or husbands' (11 to <20 ppm) EACO may be associated with significantly lower birthweight. Smoking by either parent also plays an important role both in breastfeeding and in early weaning, thus is depriving the infant of the potential protections of receiving mother's milk. Expired air CO concentration (EACO) can easily and non-invasively be determined. It does not need a laboratory background, it is used in everyday clinical practice to help smokers quit, and it is a proposed method to assess smoking in pregnant women because CO has demonstrated fetal toxicity and expired air CO takes into account not only active but passive smoking. Expired air CO measurements in pregnant women may offer an adequate approach to estimate the in utero exposition to CO and may be associated with unfavourable characteristics of fetal growth.

Connex to HPH

The link of my presentation to health promotion is to promote the health of newborns by an adequate approach to estimate the in utero exposition to CO by the measurement of CO during pregnancy and at delivery. This clinical practice (measurement of CO during pregnancy) helps smokers to quit.

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Can smoking cessation brief intervention training provide a model for wider health promotion brief interventions?

Gary Bickerstaffe

We have successfully delivered Brief Intervention training in smoking cessation for over four years. It is highly positively evaluated (summary data available) as meaningful and achievable by the nursing staff trained to date. The training has proved to be a major catalyst in identifying patients that smoke and those who may want to attempt to quit. Referrals into the local Stop Smoking service have been in excess of 4000.

As evidence and guidelines emerge on the likely usefulness of Brief Interventions in other areas of health such as alcohol, diet & exercise can the current smoking brief intervention training model be successfully modified to equip hospital staff to identify the health needs of patients and successfully advise, signpost or refer to other support services. The training session is a three hour session.

It seems that a proactive approach to other areas of health promotion utilizing the same Ask, Advise, Assist, Arrange route may prove to be of benefit in these other areas. Discussion is warranted on this. Using the template of this training model is it likely that other modifiable lifestyle factors alcohol, diet, exercise can be simply integrated into it and would it achieve similar positive results if done in a similar way? Are support services able to engage in the same way as Stop Smoking Services?

It has been proved with smoking interventions that the hospital is an important link in the healthcare community and that interventions in this setting can achieve impressive and sustainable health improvements.

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Long-term effects of a preoperative smoking cessation programme

Hanne Tønnesen, Nete M. Villebro, Tom Pedersen, Ann M. Møller

Preoperative smoking intervention programmes have been developed in order to reduce the increased rate of complications after surgery in smokers. The short-time effect upon smoking cessation is significant but little is known about the long-term effect.

Aim

The aim of this study was to discover long-term quit rates and the reasons behind successful smoking cessation amongst patients offered a preoperative smoking intervention programme.

Design

Follow-up of patients previously enrolled in a randomised controlled trial by questionnaire and supplementary focus group interviews.

Material and methods

In total, 101 of the 120 smokers, who were originally randomised to either six to eight weeks smoking intervention, or no intervention before hip and knee replacement surgery, completed questionnaires concerning their smoking habits after one year. We selected representative men and women for the focus group interviews who had stopped or continued smoking, respectively.

Results

According to the intention-to-treat analysis significantly more patients from the intervention group managed to abstain from smoking from the preoperative period until one year post-operatively compared with the control group (13 of 60 patients (22%) versus 2 of 60 (3%), respectively, $p < 0.01$).

The factors related to smoking cessation were: gender (men); low nicotine dependency; non-smoking spouse, and preoperative smoking intervention.

All patients gave the same reasons for smoking cessation in the focus group interviews. Those reasons were improved health and saving money. The most frequently mentioned factors for long-term cessation were: strong determination, firm character, and support. Relapses were mostly related to trauma, stress, and social life.

No participants found that their health had been influenced by their smoking habits. However, the questionnaire revealed that the health of the ex-smokers had improved.

Finally, follow-up for death five years after the operation showed 17% had died in the control group and 8% in the intervention group ($p = 0.42$).

Conclusion

We found a significant quit-rate one year after the preoperative smoking cessation programme.

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The benefits of using a Smoking Cessation Database

Mette Rasmussen, Vibeke Thygesen, Hanne Bagger Christiansen, Dawn Fastholm, Hanne Tønnesen

Background

A national Smoking Cessation Database (SCD) has been well established. The SCD meets the criteria and needs for external monitoring and evaluation of established smoking cessation programs in order to assess and improve the quality. The first article has been published in a scientific journal.

During the last 2 years the 'ease of use' has been in focus and a new web-based environment has been developed.

Aim

The aim of this presentation is to demonstrate how a SCD can be an efficient and important tool when working with smoking cessation.

Methods

Any smoking cessation unit, which offers standardized smoking cessation programs and systematic follow-up after 6 months, can participate in the SCD.

The participating units use registration forms to collect baseline data, including information regarding smoking profile, intervention given and smoking status at follow-up. The smoking cessation units register the data online in the SCD.

Results

- Participation: By January 2007 more than 260 stop smoking units throughout Denmark had entered the SCD. The units are located in hospital as well as outside hospitals (e.g. pharmacies, primary care sector). More than 11,000 intervention programs and 37,000 participants have been registered in the SCD.
- Effectiveness: Results from the SCD and the article will be presented at the conference.
- Information and use of results: At any time the units can make a data extraction on their own results from the Internet. As a minimum the secretariat will publish a report including the national results for comparison every half-year. The National Board of Health uses the SCD for external evaluation of programs, which they support.
- Future: We have experienced the importance of a high information level regarding the main results, and we plan to expand the publication of data on our homepage open to all

visitors. Accordingly, the structure and procedures are undergoing improvements. Furthermore we have experienced a rising interest from other countries to join the SCD. All units, which meet the above-mentioned criteria, can join the SCD.

Conclusion

A national Smoking Cessation Database for smoking cessation programs has been well established, and a significant number of units participate in the project. The database serves as documentation of the health promotion activities within the field of smoking cessation.

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Session 3-4: Mental and social health promotion in health care

Emotional communication in paediatric oncology: Sibling in care

Dorella Scarponi, Andrea Pession

The oncological illness dramatically involves the whole family of the paediatric patient in the extreme experience of life and death. After diagnosis, transplantation represents one of the most difficult moments to experience, above all if the donor is a sibling. In this case, the prevailing feelings in the family are charged with expectations, either almighty or, on the contrary, depressing, with siblings as spokesmen.

Psycho-diagnostic evaluation becomes the space for emotional communication and access to the sad feelings that in oncological patients, especially if children, and their siblings assume pathological shades, when they are in conditions of isolation and non-communicability.

As far as the siblings are concerned, both donors and non-donors, there is, above all, the fear of disappointing the parents, which results in a feeling of affective incapability. There is the feeling of not being able to gratify the parents and to satisfy their expectations. Therefore they do not deserve to be loved. The donors' scores relating to the "sense of guilt" factor are lower than the non-donors', probably because they feel they fulfil their "task" and satisfy the parents' expectations.

In non-donors the feeling of not being able to relieve the family's emotional burden in relation to the disease persists, and the feeling of incapability and uselessness does not decrease. The incompatible sibling, whose feelings of disparagement and

uselessness within the patient's treatment path, we know about maintains the scarce self-esteem, complicated by persistent difficulties in interpersonal relationships.

For all these considerations it is desirable to include an accurate and global psychological-psychodiagnostic and psychotherapeutic intervention in every medical treatment for the patient suitable for a transplant from a relative donor, so as to recognize the specific sense and significance, both for the donor and the receiver, at donation.

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Social services in HPHs

Anna Maria Dieplinger, Martina Weilguny

The General Hospital Linz is one of the few hospitals in Austria, which offers social services to inpatients. In January the hospital will publish a survey, in which the demand and the current position of social services are analysed.

In October 2006 all enquiries for the survey were made, the agreement was signed and the questionnaires were created. In November 2006, 120 interviews were carried out, all arranged around the dimensions of satisfaction, information, quality, consultation, organisation, effort, integration and output. This survey is based on the hypothesis that there is an increasing demand for social services, and acts as an evaluation of social services in HPHs like the General Hospital Linz.

Social services in hospitals are not as well implemented as some might think. Our survey shows that the medical staff is not at all clear about different possibilities in this direction. Some patients are not ready to accept the services offered, although their close ones are often totally overcharged with the situation. It remains a challenge for the future that the fact that the maintenance and restoration of human health needs more than classic medicine, is not universally accepted. The aim of this survey is to introduce people to the opportunities of social services in hospitals and the guidelines of this project can be transferred for surveys in other hospitals and organisations.

Connex to HPH

Health Promoting Hospitals see patients as whole persons, mental and social health interacting with physical health. Although the relevance of hospital-based social services has not been emphasised so far, it is self-evident that the concept of social services will become more and more important.

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Promoting mental health – a psycho-analytic approach

Rainer Paul

Does free sexual life promote mental health? Early psychoanalitics-based health promotion activities in the revolutionary times after world war one in Germany and Russia promoted free sexuality as effective prevention of neurotic disturbances. History shows, that this optimistic ideas failed, and a long silence has been fallen on psychonalitc ideas in prevention of mental disturbances and promotion of mental health.

Nowadays we have three main concepts derived from psycho-analytic casework and based on empirical studies:

- The concept of attachment: A safe attachment-style is a strong protector against any form of stress or mental disturbance an so a sign for mental health.
- The concept of tolerance against deep anxieties: The ability to tolerate internal anxieties is a base category for mental health.
- The concept of ego-strength in connection with the ability to symbolize or mentalize: Insofar someone is able to symbolize his or her internal reality he is better adapted to outer and inner reality and may not deelop somatization disorders.

The paper will show, how these concepts can help to promote mental health of those who are affected by somatic illnesses during their hospital period.

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A psycho-educational model for the facilitation of mental health as an integral part of wholeness of the belly dancer

Charlené Downing, Marie Poggenpoel, Chris Myburgh

The question "what is dance" and "why do people dance" is asked. More and more women are participating in the art form

in a Western culture. The argument here is that it is more enriching in experience for the women from Western cultures. The belly dancers learn new wisdom and rituals, and are physically and emotionally aware of the culturally acquired conditioning, repression and blockages (Al-Rawi, 1999). Belly dancing provides the stepping stones for women in a process of self-awareness that assists them in acknowledgement of their own needs and wants, regardless of norms, values and definitions acquired through society (Al-Rawi, 1999).

The question can be asked why belly dance? Belly dancing is experienced as a total workout for the body, mind and spirit. Not only the physical benefits of a fat-burning exercise that tones and sculpts muscles, it has an emotional and psychological benefit of promoting a positive mental attitude about your body (Dolphina, 2005:10). In the quest for meaning-making of dance the researcher will attempt to establish the nature of the relationship and the inter-relationship of the individual, society and the universe (Sarai-Clark in Overby & Humphrey, 1987:131). Within the belly dancing environment the researcher will research what truly makes our lives meaningful (Sarai-Clark in Overby & Humphrey, 1987:131).

Did you ever wonder what makes a dance, a belly dance, and ever wonder what makes a person belly dance? It can be the music, the costumes and the movement. It can be the inner emotional experience of "I fell in love with it" (Nopper, 2004:24-26). It can be these and many other meanings, none of which have yet been elicited as part of an empirical investigation. The purpose of the study is to elicit the experience of belly dancers in order to develop a model for the psycho-education of belly dancers to facilitate mental health as integral part of wholeness of the belly dancer as an individual and performer.

Connex to HPH

The link would be in the internal and external experience of the person who participates in a belly dancing environment to promote the whole persons approach for each individual. The meaning of what makes our life and living meaningful on emotional and psychological levels.

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Session 3-6:

Research to support health promotion for hospital staff

How does the organisation impact on the health of hospital staff? Empirical results from a staff survey in six hospitals

Ursula Karl-Trummer, Sonja Novak-Zezula, Robert Griebler, Hermann Schmied

The European Agency for Safety and Health at Work states that health of hospital staff is increasingly at risk. For the sustainable improvement of working conditions in hospitals, a systematic monitoring of health and well being is needed. An interdisciplinary team of scientists and staff from six Austrian hospitals (most of them belonging to the Austrian HPH network) worked on the development and implementation of a scientifically tested questionnaire for measuring the health of hospital staff and its determinants in the hospital setting. The tool can be applied in routine assessments.

The project is funded by the Transdisciplinary Research Program (TRAFO) scheme of the Austrian Federal Ministry for Education, Science and Culture, aiming at developing innovative research methods. It puts a specific focus on projects which facilitate co-operation across disciplines and across the science-practice border.

On the basis of results from a literature review, expert interviews and 11 focus groups with professionals, a model about the interrelation of setting components and health was developed. This model served as the basis for the questionnaire development. After a pretest in two hospitals (n= 250), the questionnaire was applied in all six project hospitals (n=2190). The questionnaire measures self rated health, workability and well-being as outcomes. Features of the hospital setting (structures, processes, cultural components) and personal resources are considered as health determinants.

Results show that the questionnaire is highly acceptable and suitable in hospitals. The structural equation model shows that setting determinants have a strong impact on the working demands and consequently on the health of hospital employees. The moderating impact of personal resources (measured for example with the self-efficacy scale) is very small. This means that the impact of setting factors on the health of hospital employees exists to a great extend independently of personal resources. The basic model of the interrelationship between health and the workplace data from the staff survey shall be presented and discussed.

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Longitudinal study on hospital employee health and healthy hospital environments

Choo-Aun Neoh

Our purpose was to study the long term "health status" of our hospital staff by retrograde analysis of 12 years staff health data as a baseline before promoting a "Healthy Hospital Environment".

Methods

We retrospectively and longitudinally studied 12 years (1992-2004) of secondary staff health data at Pingtung Christian Hospital from. Statistical analysis was performed with SAS.

Results

Baseline clinical characteristics showed that 71% of staff were 18 to 35 years old. Mean values of cholesterol, triglyceride, sugar and BMI increased annually. The "health status" of the environment maintaining group, the pathology group, the haemodialysis group, the cardiology group and of doctors worse than in other groups.

Conclusions

If we use cholesterol, triglyceride, sugar and BMI as indicators for "Health Status", staff health status was deteriorating annually. Although staff were young (71% aged 18 to 35), their health was not in the best condition. Deteriorating haematologic test results also lead us to suspect that the departments of pathology and haemodialysis, the environment maintaining group and the radiation group may be at risk of different toxic exposure. The result indicated that the hospital environment may be not be healthy for staff. Thus there is a need for HPH. 5 consecutive years of health status "trend" report should be presented to staff instead of just a single blood test result. The "trend" helps to achieve the aim of earlier detection than early detection. It seems advisable to treat the hospital as a "Special Community" and to set up a staff health status monitoring system. Although the medical knowledge of aborigine staff was updated and access to medical services convenient, their health status was still worse than in non-aborigine staff. A program to strengthen doctors' and aborigines' will to improve their own health is more important than just the promotion of health knowledge, since they are already good at it.

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Cost benefit to a hospital based worksite wellness program

Matthew Masiello, Allison Messina, Marlene Singer

Memorial Medical Center is the largest hospital of a four hospital system in southwest Pennsylvania. It has over 2000 employees and 500 hospital beds. As of 2006 it was the only hospital in the United States serving as a member of the WHO-HPH Network. In 1997, the Office of Community Health (OCH) was founded by a physician and nurse employed by the hospital. The OCH serves as the public health arm of the largest health care system in southwest Pennsylvania.

In 2004 the OCH initiated a series of surveys to determine the health status of the employees. These Health Risk Assessment surveys revealed that a significant percentage of the employees were at risk for heart disease, cancer, stress, etc. Simultaneous to this activity the Board of Directors asked that a more extensive smoking ban policy be implemented. The OCH coordinated the development of a worksite wellness program and a tobacco ban policy. A public health professional oversees the development, coordination and monitoring of these programs.

A public health professional oversees the development, coordination and monitoring of these programs. The development of these initiatives has demonstrated the following: The benefit to the employees of developing formal fitness nutritional, fitness, and smoking cessation programs. The cost and potential savings to this hospital of employees who have negative health behaviors were documented. It specifically reviewed the cost of extended smoking breaks taken by staff nurses, and the potential savings to the institution if the smoking ban policy was more globally enforced.

The tobacco ban policy has been requested by over 60 hospitals in the US and several European health professionals and institutions.

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Session 3-7: Migrant Friendly and Culturally Competent Hospitals (3): Estab- lishing effective intercultural communication

Establishing effective intercultural communication: Experiences from programmes in Denmark and Scot- land

**James Robinson, Jette Ammentorp, S. Sa-
broe, P. E. Kofoed, J. Mainz**

In this session we explore two aspects of intercultural communication: training of staff in communication skills and systems for communication support for patients. The session brings together work done in Denmark and Scotland.

Many factors can impede communication. For migrant and minority ethnic patients limited proficiency in the language of the host country adds to these difficulties. While providing interpreters helps address some of these communication difficulties but communication is not only about the use of words. It also involves listening, showing respect to patient values and taking the patient agenda into account. These are skills which like any other must be learned.

It seems evident that training courses in patient-centred communication for health professionals can change health professionals' way of communicating but only a few studies have investigated the effect on patient outcomes. The first part of this session presents the findings of a randomised study investigating the effectiveness of communication skills training at Kolding Hospital, Denmark.

In Scotland people from minority ethnic and migrant communities continue to have difficulties accessing public services. Investigations into why this is the case indicated two important reasons: lack of awareness that language support is available and inconsistency between and within public organisations in the delivery of language support.

To address this a partnership, led by a voluntary housing association, was formed between NHS Lothian, police and local government and a programme "Happy to Translate" was established. The programme uses a publicity device and a toolkit for staff. Additional support is available via a website.

The Scottish Executive has recognised the potential for this system and has provided development funding with a view to it being used by the Health Service and other public organisations across Scotland.

Connex to HPH

The presentation relates to patient empowerment and health literacy. By improving communications the patient able to

access and utilise health services more effectively and is better equipped to make health decisions.

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The National Intercultural Hospitals initiative

Fiona Falvey

The National Intercultural Hospitals Initiative has been developed

- To build on the experiences gained within the European Migrant Friendly Hospital pilot project.
- To support the dissemination of information.
- To stimulate new collaborations and ideas.
- To continue to contribute to European Migrant Friendly and Culturally Competent Healthcare Taskforce.

Aim

To evaluate the effectiveness of the National Intercultural Hospitals Initiative in disseminating the European MFH project findings.

Objectives

- To establish a NIHI Advisory Group to manage and advise the dissemination and further development of the European Migrant Friendly Hospital project in the Irish healthcare setting.
- To establish a NIHI Monitoring Group to adapt instruments and tools for evaluation from MFH project as self assessment guides for use in the Irish Healthcare setting.
- To recruit hospitals to participate in the NIHI pilot project.
- To monitor the progress of the participating hospitals in the implementation of intervention areas (Sub projects A, B and/or C) towards intercultural hospital development.

Methodology

- Review membership of the NIHI Advisory Group.
- Review membership of the NIHI Monitoring group and completion of the Self Assessment.
- Review level of response and participation of the NIHI pilot initiative.
- Report on the progress of the NIHI participating hospitals.
- Report on the survey of participating hospitals regarding level of satisfaction pertaining to self assessment tools, phased approach and level of support offered in the current model of dissemination.
- Report on recommendations for the future development of the NIHI in Ireland.

Evaluation

- The Advisory Group has been established comprising people with relevant expertise throughout the country.
- The Monitoring Group had adapted the instruments and tools for the Irish context.
- 7 hospitals are currently participating in NIHL.
- All 7 participating hospitals selected Sub project A as area of intervention, with an agreed timeframe of September – December 2006. Their progress will be evaluated in early 2007.

Connex to HPH

In a new culturally diverse Ireland, the link between migrant friendliness and health promotion is crucial to ensure appropriate care for migrants and minority ethnic groups.

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Contacting the foreign patient in an intercultural and migrant-friendly cancer institute – a net plan between marketing and communication

Tommaso Migliaccio

Since two decades, immigration in Italy has been continuously increasing (6% of the population in Lombardy are immigrants). The peculiarity of the phenomenon is the heterogeneity of origins (beyond 100 different countries and cultures). Ordinary hospitals, so-called “first level” or “generalist” care providers, have for long been confronted with the resulting problems, whereas hospitals of excellence such as the National Cancer Institute of Milan were less affected, since the oncological disease was for a long time considered to be “prerogative” of the Western and developed world. But this is of course a simplification: A great part of the migrant population simply do not get a precise diagnosis, or they do not reach the age of 60+ (this is the age group to which the majority of Western patients in oncological care belong). But the situation is changing fast. Therefore, in order to meet the expectations of the increasing number of migrant patients, an “intercultural approach” is needed. This is also supported by the fact that N.C.I. is accreditation by the Joint Commission International, which demands intercultural sensibility, with several regulations being into force.

Purpose

A map of the cultural models of the main “other” identities; equal opportunity of access to services; information in six languages (English, French, German, Spanish, Arabic and Chinese).

Organizations / people involved

Training, Nursing and Social Services; some doctors; progressively all health care services; Lega Tumori; intercultural and antiracist association Todocambia; Federazione Italiana Società medico-scientifiche; communities of migrants, universities, embassies.

Steps

- 2005-6 The plan is distinguished in two projects: one training project called “Living the multiculturality: Training for health workers for contact with other cultures and language patients”; one operating project.
- 2007-8 interpreting; forms and documents in English, French, German, Spanish, Arab, Chinese; multilingual signs; differentiated ambulatories; clinical studies; multiculturalism.

Connex to HPH

- Empowering a person-oriented service
- Empowering an equal service
- Focusing on culture peculiarities
- Developing partnerships with the local community
- Organisations
- Training for professionals and other staff
- Clinical and epidemiologic studies
- Founding a net-community

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Session 4-1: Approaches towards patient education and empowerment

Health Promotion, not just health tutelage: The role of HPH in health education

Luigi Resegotti, Angelo Penna, Piero Zaina

Since the Alma Ata Conference and the Ottawa Charter it became clear that health is not just the absence of disease but physical, mental and social wellbeing. However, health promotion is often misunderstood as health tutelage, which is a quite different issue, the former being an educational and cultural process and the main task of HPH, whereas the latter is more a regulatory process and the task of institutions and political stakeholders. Through the HPH networks, health care systems play a major role in empowering people for healthy lives by developing health promotion indicators and encouraging the use of self-assessment models.

The Piedmont HPH Network singled out the process of hospital discharge as a tool for turning an adverse event, the disease, into a health promotion opportunity, thus producing a health gain. Five domains were assessed: politics, planning, protocols, communication and letter of discharge. A questionnaire with 43 items was disseminated in 17 of the 21 Local Health Trusts and in 4 of the 8 Hospital Trusts of Piedmont Region, and the response was scored from 0 to 3 according to the quality of the performance. The best score (62% score 2-3) was found in the domain of hospital politics, the worst for operative protocols (27% score 2-3). This study showed the lack of protocols for managing the conflicts between staff and patients and their relatives, an insufficient use of scores for assessing the appropriateness of the discharge process, the lack of shared models for evaluating the needs for education of both patients and caregivers and a poor quality of communication with family doctors. All these problems must be faced and solved if we want that discharge from hospital becomes a tool for empowering people for healthy lives.

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A comparative analysis of health risk behaviours and health education needs amongst patients and their relatives in public hospitals in the Limpopo Province of South Africa Supa Pengpid

The aim of this study was to determine health risk behaviours and to identify health education needs among patients (PTs) and their relatives (RTs). The cross-sectional study was conducted in 6 rural hospitals in the Limpopo province, South Africa. Sample size was 480, the quota sampling set 80 informants for each hospital; 40 PTs and 40 RTs: PTs were randomly selected from a patient list, RTs were randomly selected amongst those who accompanied the patients at the time. Questionnaires were both self-administered and answered by interviews in both English and Northern Sotho.

Results found significant differences between health behaviours of PTs and RTs. RTs had significantly higher numbers of non-smokers (77.7%), non-drinkers (87.8%), had more regular exercise (81.3%) and considered themselves more often as an active person (83.1%) than PTs ($p < .05$). Concerning eating behaviours, 80.4% PTs had breakfast almost every day, 29.3% did not add salt to meals, and 36.8% perceived themselves as underweight. RTs had significantly more often multiple sex partners than PTs (80.5%), however wanted to have more information about HIV / AIDS (85.4%) than PTs. 48.7% of PTs had annual health check ups, 29% had regular monitoring of their blood pressure. Relatives (59.3%) reported significantly more often to have sufficient health related knowledge than patients (46.5%).

About 50% of both PTs and RTs preferred group education, followed by radio / TV and individual education methods, respectively. RTs seem to have more health risk behaviours than PTs which may result in more related chronic diseases in the future. Health education and health promotion for patients should be implemented to improve their health behaviours for effective treatment and rehabilitation, while health promotion and prevention should also be urgently implemented for relatives.

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Learning with, from, and for each other: Health promotion for staff, patients and population by means of an education centre

Bernhard F. Henning, Holger Raphael

Introduction

Many hospitals do no longer regard themselves as a "repair shop" in health matters but rather define themselves as an integral establishment serving promotion, preservation, and rehabilitation of health. Meanwhile, however, more and more people have realized that health, in the comprehensive sense, is more than just the absence of disease. Hospitals and associated establishments like nursing homes and old people's homes inevitably focus on a wide range of health competence covering medical, nursing, administrative, physiotherapeutic, ecotrophological and psychological aspects.

Objective

In health care establishments, a continuous further education and interdisciplinary communication is doubtless a must. On the other hand, a society, in which meanwhile almost every product - from the shampoo to the shoes, or in other words from head to foot - is advertised with the promise of improved health, calls for a competent adviser who, as a result of his day-to-day interdisciplinary health care work, is e.g. also in a position to classify the wealth of information about health offered by the internet without any filtering.

The creation of an education centre by a hospital may be extraordinarily useful here in various ways:

- Possibility of in-house continuing education at favourable cost by experts who are anyway on duty.
- Motivation of the staff by identification, dissemination and further development of their own capabilities in the field of medicine, but also far beyond (creative, intellectual, manual, and mental in the sense of the all-embracing term of health as defined by the WHO).
- Possibility of systematic health-promotional information of the population in the hospital's environment.
- Promotion of co-operation with other service-providers (established physicians, self-help groups, schools etc.).
- Presentation of the hospital to the public as a competent service-provider in matters of preventive medicine and convalescence.

Method/Action

A mere focussing on further training measures will, however, not meet these high requirements. In Germany, a standardised procedure, which is strictly controlled by the state, has to be followed so as to be approved as an "education centre" enjoying tax benefits and being eligible for grants, provided that defined quantitative and qualitative requirements are fulfilled. Up to now, it is rather unusual that a hospital institution founds an education centre at a hospital/health centre, but we have chosen this way strictly according to the defined specifications.

Preliminary Results

The efforts of our hospital institution for a high-quality, comprehensive continuing education open to the public have been acknowledged in the form of certification by the district government. In 2006, approx. 3500 lessons were given to employees/patients, and the regional population.

Conclusions

Our experience in the establishment of the education centre is depicted so as to encourage other responsible bodies of health institutions to follow this course, which is most promising in our view.

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Session 4-2: Improving health promotion skills of and health promotion for hospital staff

Healthcare professionals' views on health promotion within a hospital setting

Charlotte Haynes, Gary Cook

Introduction

This study investigated hospital healthcare professionals attitudes toward health promotion within a hospital setting.

Method

A random sample of 912 healthcare professionals directly involved with patient care in one UK hospital were sent a questionnaire. Approximately half were sent a "long" version of the questionnaire and half a "short" version. Staff were asked about their health promotion role and practice - who is responsible for health promotion? Do they screen, and deliver health promotion, for smoking, alcohol use, diet, physical activity, and weight? What are the obstacles to delivering health promotion and what assistance/training do they require?

Results

Response rates were 16% for the "long" questionnaire and 27% for the "short" questionnaire. Compared to doctors, significantly more nursing staff and allied healthcare professionals responded to both versions of the questionnaire. Smoking was the risk factor staff were most likely to be aware of (74% were "often"/"always" aware of whether a patient

smoked), followed by alcohol, diet, weight, and finally exercise. Health promotion was also most likely for smoking (50% of staff reported "often"/"always" delivering smoking cessation information/interventions), followed by health promotion for diet, alcohol, exercise, and weight. While 90% of staff agreed that health promotion was an important part of their job, only 34% felt properly trained to deliver health promotion. The availability of health promotion literature for patients, information on where to refer patients, and a health promotion team for staff to refer to were the most valued forms of assistance. Money for time spent with patients on health promotion was the least valued form of assistance. The biggest obstacles to delivering health promotion were lack of time, followed by lack of receptivity from patients and lack of awareness of health promotion resources. The health promotion practice and policy implications of these findings for hospitals will be discussed.

Connex to HPH

In order for health promotion to be delivered effectively it is vital that those who are responsible for its delivery - i.e. healthcare professionals who are in direct contact with patients - support the notion of health promotion and are supported in their role as health promoters. By consulting with hospital healthcare professionals this piece of research provides the basis for understanding what changes need to be made within hospitals in order for the workforce to be capable of delivering health promotion.

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Healthy care – a new approach towards health promotion competencies of nurses

Klaus North, Peter Friedrich, Birte Frerick, Ulrike Rebscher

Health systems are one of the most important economic sectors worldwide. In Germany, hospital nurses constitute the largest group within this sector. Problems as dissatisfaction, mental pressure, excessive demands, high sickness levels and early exit rates are suggesting that the field of health care should be concerned with highest priority for the development of new approaches for workplace health promotion and prevention occupational health risks.

Previous strategies for health promotion have often been restricted to singular preventive actions. Yet, it seems generally to be more promising to support the formation of key qualifications by developing health competencies in order to cope with job requirements as well as to identify and reduce

exposures. Therefore, competence development, learning at the workplace, developing personal skills, career planning and mobility are indispensable parts for successful workplace health promotion. The paper reports on a current major research project funded by the German Federal Ministry of Education and Research involving a partner network of hospitals, nursing schools, health insurance bodies and a multidisciplinary research team.

Our approach supports workplace health promotion in the hospital through self-organized actions on the individual, group, organisational and context level and the anchoring of health competencies in organizational routines. The project aims to empower health care staff to take responsibility for their own health, learn to cope better with stresses and strains, "craft" their job and take preventive actions in a self-organised manner. The concept matches the HPH strategy of empowerment, participation and sustainability as health promotion core concepts. The model of health competence in hospitals is developed through a participatory process with a pilot ward in Alice-Hospital and then transferred to other wards and hospitals. Results are monitored by a "health scorecard" which is under construction in the project.

Connex to HPH

As already mentioned in the abstract, the project aims to empower health care staff to take responsibility for their own health. Providing the possibility and the support for the development of instruments, health care staff is able to learn to cope better with stresses and strains, "craft" their job and take preventive actions in a self-organised manner. This concept matches the HPH strategy of empowerment, participation and sustainability as health promotion core concepts.

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Changes in nursing workload after introduction of early recovery after benign gynaecological surgery

Siv Ødegård, Ingeborg Strømseng Sjetne, Unni Krogstad, Randi Stensås, Marie Ellstrøm Eng

Introduction

A standardized programme to enhance recovery after surgery (ERAS) was introduced at the department of Obstetrics and Gynaecology at Ahus University Hospital in 2005. ERAS can improve physiological functioning allowing patients to leave

hospital earlier. The aim of this study was to assess workload and changes in work content for nursing staff at the gynaecological ward when introducing ERAS at the department.

Methods

A pre-post intervention prospective design was used. Data were collected immediately before implementation (Phase 1; late fall 2004), soon after (Phase2; late spring 2005), and finally one year after implementation (Phase 3; winter 2005-6).

An instrument used in similar studies of patients undergoing colonic resection was used to assess the length of time spent caring for individual patients. One form was completed per patient per day, and single tasks were aggregated in eight categories. Patients undergoing treatment according to ERAS principles were included consecutively, with the aim of a minimum of 40 patients in each group. In the pre-implementation phase patients with diagnoses that were later to be treated with ERAS principles were included. Patients were excluded if they had a complication necessitating further surgical intervention, were cognitively impaired or did not have sufficient knowledge of the Norwegian language.

Results

Time registration shows that there was a 30% reduction in mean length of stay. There was a 40% reduction in total time registered for nursing tasks per stay and 18% per day between phases 1 and 2. The proportion of time spent on the different care categories to total time shifted in the overall period, with less time spent on Elimination, Personal hygiene and Medication, and more on Mobilization and Information and advice.

Conclusion

In this study we found evidence for a successful introduction of ERAS at the gynaecological ward of a large university hospital.

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Lack of time: A good reason for in-patients' reports of unreliable nursing staff and impolite behaviour?

Matthias Nübling, Walter Pöder, Dominique Madaia, Wolf Langewitz

Introduction

Recently, the patients' perspective has been evaluated by the use of questionnaires that ask patients to report on what they have experienced during their in-hospital stay. These data are used in feedback rounds when the authors report back to the various clinics and wards which deficits 'their patients' have

indicated (in absolute numbers and relatively in comparison to other units). In response to these figures the most common explanation given from persons responsible in the nursing hierarchy is: too much work, under-staffed. We investigated whether this is a likely explanation combining patient survey data with records of nurses' professional activities.

Methods

Data from two sources during the same time period in spring 2004 were combined: Data from a patient satisfaction survey (PSS; N=1619) and nurses' electronic protocols of professional activities (LEP) covering 36.600 patient-days on 18 wards. From the LEP data the parameters were calculated: a) mean working time per patient and workday for care with the patient (CARE), b) pre-determined mean working time per patient and workday total (TOT), and c) ratio of CARE/TOT. The higher this ratio, the more of the working time capacity in a ward was devoted to actual patient care; we call this variable STRAIN (value planned by the hospital is 75%). Outcomes were items from the PSS: a) total deficit score (Def-tot), deficits in politeness (POLITE) and in availability (AVAIL) of nursing staff. Correlation and regression analysis were applied.

Results

There were large differences between the 18 wards in the outcomes: mean (Def-tot) varied between 5 and 18 points, mean deficits in POLITE between 0 and 10 points and in AVAIL between 0 and 22 points. These figures were not correlated to TOT, which also varied substantially between wards (e.g. ophthalmology: 3.76 hours/day x patient versus a surgery ward 6.12 hours/day x patient). We also found no significant correlation between CARE (ranging from 2.5 to 4.7) and patient survey items. However STRAIN (ranging from 66% to 91%) significantly predicted whether or not patients perceived nursing care as unreliable: correlation with Def-tot: $r=0.61$ ($p<0.01$), with POLITE: $r=0.55$ ($p<0.05$) and with deficits in AVAIL: $r=0.71$ ($p < 0.001$).

Conclusion

If nurses have to work more than had been pre-planned – that is, if the ward is (temporarily) under-staffed – patients detect deficits in nursing care with high precision. Our data should prompt hospital administrators to increase the flexibility of their planning instruments to allocate personal to the 'hot spots' in hospital. Furthermore the strain-hypothesis based on a „crude“ indicator from the LEP-data should be examined more precisely by assessing work stress and strain in an employee survey in the same period as the PSS.

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Session 4-3: Workshop: Pain-Free Hospitals Simone Tasso

About twenty years have been passing since WHO stated that pain can be effectively treated in 90% of hospital patients. Notwithstanding this, recent surveys demonstrate that pain control is poor for hospitals patients, as 43% to 91% patients complain about pain. Within the HPH Network the adequate treatment of pain is considered a very important task for promoting the well-being of patients, and several parallel sessions have been addressed to this issue in different HPH International Conferences.

Facing this problem correctly means enacting the actions foreseen in the Ottawa Charter, as changing a culture which often considers pain as an unavoidable event, being an integral component of the disease. As the Budapest Declaration on HPH suggests, multi-sectoral actions on patients, staff and communities are needed:

Health professionals show a severe lack of knowledge on pain and its treatment, which they do not rate as a priority in the medical practice:

- It is a firm belief that curing diseases is the only task of medicine
- Pain is considered to be a symptom that might be dangerous to hide
- When pain is not due to a clear cause, nothing is done for understanding its origin, but it is rather disregarded
- There are no common operative guidelines among different medical specialists to manage pain.

In the best cases, specialists use guidelines of their own medical branch, but there is no "holistic" guideline to manage the patient through the different doctors. On the contrary, pain patients are often complex (e.g. oncological patients often become surgical patients and then post-surgical patient).

But not all hindering factors come from the medical profession. Some stem also from patients themselves. Several surveys revealed that several patients:

- are afraid of the side effects of analgesic drugs
- are afraid to become drug-dependent
- do not want cause inconvenience to staff by complaining about pain
- want to show themselves as being stoic

It is quite clear that this requires that communities should be involved in sensitizing everybody to the problem and in changing beliefs and behaviours.

Workshop Aim

The aim of the workshop is to discuss a preliminary document to evaluate a Pain Management Project following the HPH principles. This document was developed starting from the criteria of the HPH "Manual and self-assessment forms". It consists of a short self assessment questionnaire, aiming at describing the most important issues to carry out a "Pain Free Project" in a hospital following the HPH principles. Gathering

the suggestions from the workshop a final document will be developed for publication on HPH and Pain Free sites.

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Session 4-4: Experiences with adapting standards for health promotion in hospitals to national health systems and specific disciplines

A partnership approach to implementing the WHO / HPH standards, in the absence of accreditation

Jacinta Mc Aree-Murphy, Finola O'Sullivan, Rose Byrne, Martin Smith

Aim

To implement the standards for health promotion in Cavan / Monaghan / Louth / Meath acute care Hospitals.

Objectives

- To conduct an assessment of the standard assessment tool.
- To set up a working group to interpret the feasibility of implementing the standards in an incremental manner using a partnership approach.

Methodology

- Formal group of HPH coordinators in the region established.
- Group studied and interpreted manual and self-assessment forms.
- Devised action plan for implementation taking into account the current climate of staff workloads and difficulty in releasing staff.
- Compiled information presentation outlining the benefits and operational details of implementation (PowerPoint).
- Launch of presentation to key staff to ensure commitment from management and relevant staff.
- Collaborate within internal and external gatekeepers to ascertain base line data for each standard.
- Allocation of a separate standard per acute hospital in the region (5 in total) to make implementation more realistic and achievable.
- Specific time-frame agreed for each phase of action plan.

Outcome

- The document is now a more manageable tool.
- The scene is now set for the multidisciplinary steering group.
- Regional coordinators now more informed of the process of implementation in the absence of accreditation in the region.
- Phase one of action plan now is in progress.
- Continued learning /sharing each others experiences in accordance with the HPH ethos.

Conclusion

In the absence of the accreditation process, an incremental, partnership approach is useful in order to achieve a realistic outcome for the implementation of HPH standards.

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An estimation of the criteria of HP standards and medical services in Bulgarian hospitals

Bencho Benchev

Considering the increasing role of hospitals in the field of health promotion, the WHO has developed model criteria for respective standard. Because of the various conditions in European hospitals, it is not possible to develop universal criteria for the standards. Therefore, the standard should take into account the specific conditions in the hospitals of different countries. This study is aimed at developing criteria for standards and making a list of medical services for health promotion in accordance to the current conditions and capacities of Bulgarian Hospitals.

Based on the WHO criteria for standards of health promotion in hospitals, a questionnaire for assessing the applicability of criteria to Bulgarian hospitals was developed. The questionnaire covers a total of 23 criteria. Each of them was judged as either a) to be set as mandatory, b) to be advisable, or c) to be excluded from the standard.

In addition to the questionnaire with criteria, we developed an exemplary list of 9 types of medical services for health promotion. Each service was assessed using one of the following possibilities: the medical service should or should not be offered by the hospitals. Altogether 121 executive directors of Bulgarian hospitals (22 regional, 32 university and specialized and 67 municipal hospitals) took part in the study.

Based on the health promotion resources accumulated in the hospitals (informational, organizational and technological resources), the hospitals showed to be ready to make a competent and objective choice of criteria for the framework of a Bulgarian version of standards in the field. The study showed also the need to extend the range of medical services traditionally offered by Bulgarian hospitals towards health promotion.

Connex to HPH

Integration of medical services for health promotion in patient pathways.

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How does the maternity service in Tayside, Scotland measure up to the WHO 5 standards?

Carol Barnett

Tayside Acute Hospitals situated in the North East of Scotland have signed up to the World Health Organisation's, Health Promoting Hospital initiative and within this the maternity service has been identified as a hub unit.

Health promotion is an integral part of the maternity service in Tayside and includes many health promoting activities in the routine delivery of care to pregnant women, but the delivery of this care and the inclusion of health promotion in any discussion can depend on the enthusiasm and knowledge of the midwife involved. If the outcome is not accurately documented it can lead to women identified with specific needs not receiving co-ordinated care and support from the maternity service and other relevant professionals. An audit of the maternity service using the WHO 5 standards has mapped current service delivery and identified areas that require to be addressed in order for effective health promotion activities to be delivered.

Various tools were used to collect the information required. An electronic staff survey allowed for a variety of questions to be asked and ensured anonymity for the midwives responding. A short questionnaire was used with women in both the antenatal and postnatal period to determine the quality, effectiveness and suitability of the information they were given. The local use of an electronic maternity database allowed for the audit of the accuracy and completeness of information recorded for each woman. This audit provides the evidence for the development of an action plan to ensure that each woman is appropriately assessed for her health promotion needs and that any planned

action is accurately documented. Women with specific needs that may be associated with inequality, vulnerability or deprivation need to be identified, and holistic care delivered which is both equitable and sustainable through multi agency collaboration.

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incentives for physicians), clearer definition of partners responsibilities, reinforcement of intersectoriality, the voluntary aspect, the educational needs of employees, physicians and general population. The implications of this more comprehensive approach for the Quebec Health System will be discussed.

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Session 4-5: HPH Networks + health promotion in national and regional health systems

An example of a more comprehensive vision of HPH: the Health and Social Services Centre in Quebec

Nicole Dedobbeleer, André-Pierre Contandriopoulos, Lise Lamothe, Hung Nguyen, Louise Rousseau, Robert Bilterys

In Quebec, Bills 25 and 83 have resulted in the creation of 95 Health and Social Services Centres (HSSC). The HSSC is composed of a general hospital, a local community health centre and a long-term care facility. It has to implement a local health and social services network in its territory in order to provide access to a broad range of primary social and health services, including promotion, prevention, assessment, diagnostic, treatment, rehabilitation and support services.

This radical restructuring led us to examine an extension of the WHO HPH concept. A pilot study was conducted in three HSSC located in Montérégie (Quebec, Canada). It examined key decision makers' perceptions of the acceptability, utility and feasibility of the extension of the HPH concept. Montérégie is the second most populated area of Quebec and is located at the South-East of Montreal. Focus groups were organized. Results document the acceptability of the "Health Promoting Health and Social Services Centre" concept with regard to culture, practices and needs of the HSSC. They also present the perceived utility of the concept in providing a more exciting mission, sharing of responsibilities, an integrative concept and a winning approach.

In terms of feasibility, the following themes were identified: the reform context as a facilitator and an obstacle, the importance of the Clinical Project and the new organizational plan, the need of more support (e.g. resources, tools, training, financial

The implementation of HPH in Taiwan

Shu-Chin Tung, Hsiao-Ling Huang, Yea-Wen Lin, Yu-Ching Chen, Szu-Hai Lin

The purposes of this study are twofold: To understand the current state of health promotion (HP) in Taiwanese hospitals and to establish the Taiwanese Health Promoting Hospital (HPH) model. Two methods were utilized to conduct data collection. The questionnaires were distributed to members of the Association of Healthcare Management who attended the 2005 conference "Health Promotion – A new way of Hospital Management", aiming at enquiring the current practice of HP initiatives in the participating hospitals. Action research was applied to two case hospitals to establish the Taiwanese HPH model. The main findings are summarized as follows:

The current state of HP activities in Taiwanese hospitals

One hundred and six respondents returned the questionnaire and the response rate was 59% (106/179). It was found that the majority of hospitals had included HP in their hospital agenda. The HP activities implemented were mainly designed for patients and community residents. The majority of the programs aimed to improve participants' physical health. Although there were various types of HP activities launched in the hospital, there was a lack of appropriate evaluation systems assessing the process, outcome and impact of HP activities.

Establishing the Taiwanese HPH model

There were four phases in developing the HPH model: Planning, Implementation, Evaluation and Model Establishment. In the beginning of the study, a HPH Committee was launched and there were four sub-committees: the organization, members of staff, patients and community residents (hereafter target groups). Through the assessment, members of the HPH Committee set priorities for the health promotion agenda for different target groups. Based on the agenda, action groups were initiated and proposals for health promotion activities were discussed and consolidated.

Although two case hospitals initiated many HP activities for target groups and both joined the International Network of HPH in 2006, there is still more to change and / or modify within the hospitals in order to achieve the level of WHO-HPH. Suggestions will be made on the basis of the research findings.

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Advancing health promotion in hospitals using the quality improvement and accreditation program: The three-year evaluation of the AHPHA Project in Thailand

**Jiruth Sriratanaban, Poranee Laoitthi,
 Yuthana Khanasuk, Sumitra Surarid**

Since 2004, the ThaiHealth Foundation has funded The Advancing Health Promotion Activities in Hospitals Using the Hospital Accreditation Program (AHPHA) Project proposed by the Institute of Hospital Quality Improvement and Accreditation (HA-Thailand). The main purpose is to encourage hospitals to do more health promotion activities in accordance with the health-promoting-hospital (HPH) standard set by the Department of Health (DOH), Ministry of Public Health. ThaiHealth also commissioned an external evaluator to assess results of the project.

The evaluation study has been conducted using a number of data gathering approaches, including document review, interviews with hospital consultants and surveyors, observation of the AHPHA project activities, and repeated visits to 12 selected hospitals in the project over the three-year period. Mailed questionnaires were sent to 274 participating and 406 non-participating hospitals.

The study identified at least three major strategies simultaneously applied in the project, including organization empowerment, knowledge management, and quality accreditation. A number of interventions have been used, for example, educational meetings, training sessions, websites, distribution of educational and story-telling documents, site visits by AHPHA consultants, accreditation surveys and feedbacks, creation of local and regional knowledge sharing networks and national quality conferences. The new integrated set of hospital standards was later developed in 2005, combining the DOH-HPH standards, the precedent version of HA standards and the Baldrige Award (MBNQA) framework.

The number of hospitals voluntarily participating in the project has increased from 160 hospitals in early 2004 to more than 600 hospitals in 2006. There were varieties of health promotion activities found in hospitals, aiming for healthy customers, chronically ill patients, hospital personnel and surrounding communities. Synergistic linkages were identified between hospitals' quality management systems and health promotion.

As of November 2006, there were 72 hospitals fully certified as HPHs by HA-Thailand. Another 57 hospitals were both HA-accredited and HPH-certified.

Connex to HPH

The hospital accreditation program in combination with organization empowerment and knowledge management can be a successful strategy in increasing the number of health promoting hospitals.

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Building alliances within the hospital sector of Vienna

Ursula Hübel, Peter Nowak, Hermann Schmied

The Bangkok Charter (2005) of WHO states the necessity to build alliances between key actors within communities to create sustainable actions for health promotion. The City of Vienna and some hospitals in Vienna are part of the Health Promoting Hospital (HPH) movement since the very start of HPH in 1990. In the first ten years hospitals tried to implement actions for health promotion with the support of the Austrian National Network of HPH, but the national network did not have the facilities to support exchange and implementation on a local level. Within the City of Vienna, there was little exchange between the hospitals and no overarching strategy on how to develop the HPH-movement locally.

That's why the Vienna information network "Health promotion in hospitals and residential care" (www.gspwien-info.net) was founded by the City of Vienna in 2000. In the first phase the main focus of this information network was the dissemination of practical information about local HPH initiatives between senior management and experts within the roughly 30 hospitals in the City. There were also some successes to develop the strategic orientation of the hospital owners towards health promotion. Still, it seemed very important to further develop the continuous and broad partnership between the different hospital owners in order to provide and further develop supportive leadership, strategic orientation and capacity building for health promotion within the Vienna hospital sector.

In 2005 the Directorate for Structural Development in the Administrative Group for Public Health and Social Affairs started an initiative to gain the support of all main hospital and residential care trusts to build an "Alliance for health promotion in hospitals, nursing homes and homes for the aged". The presentation will outline the specific aims and planned action

areas of the alliance, the steps of the alliance-building process and the current results of this process.

Connex to HPH

Building alliances between key actors (owners of hospitals, nursing homes, homes for the aged and the city of Vienna) to create sustainable actions for health promotion according to The Bangkok Charter (2005) and The Jakarta Declaration (1997).

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Session 4-6: Community interventions for tackling specific health issues

Adoption and impact of implementing HPH model in a citywide weight re- duction campaign – some experi- ences in Taipei City

Shu-Ti Chiou

Taipei City carried out a 100-tons-away weight reduction campaign in 2002. A policy of HPH accreditation was launched to facilitate collective learning by hospitals and healthcare professionals to play a better role in coping with the new epidemic of obesity. This study aimed to evaluate the adoption of HPH vision and strategies by hospitals and its impact on helping people to lose excessive overweight.

The City Health Department applied the five strategies defined by the Ottawa Charter, held educational workshops, established operational guidelines, distributed self-help manuals, and conducted site-visits to the hospitals. During the 8-months campaign, hospitals reported to have helped people lose 79,375 kg of excessive overweight and 30 among 53 hospitals in the city were awarded the accreditation of HPH.

A questionnaire was mailed to the project manager of each hospital, and 35 hospitals (66%) responded. The analysis showed that 94.3% of these 35 hospitals implemented weight reduction activities, 77.1% had a written plan, 60.0% had an inter-divisional taskforce, 85.7% had training activities for staff, 93.7% used one or more strategies to encourage physical activities, 84.4% provided labeled healthy diet, 85.7% provided group activities in nutrition education, 77.1% had group weight reduction sessions, and more than 70% actively monitored the participants. Factors perceived to be most important to the

success of hospital projects were: the issue corresponds with people's need, city-wide promotion, supportive city policies, and empowerment of participants to modify diets and increase physical activities. Most significant barriers were: lack of workforce, payment, and shortage of budget. 65.7% respondents agreed that the accreditation was a good policy, and 80.0% suggested to continue the accreditation either in a voluntary or compulsory way. The author concluded that a city-wide campaign with an HPH accreditation policy can guide hospitals to create supportive environment and actions which may facilitate employees and patients to lose excessive weight.

Connex to HPH

Evidence on the feasibility and impact of a policy-driven city-wide Health Promoting Hospitals program.

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Lifestyle and exposure to risks for the development of eating disorders in adolescents

**Barbara Pacelli, Lucia Cecchini, Dina Gu-
glielmi, Paolo Pandolfi**

Eating disorders are important social problems because they significantly impair physical health or psychological functioning in young people. Findings on eating disorders pathogenesis identify general and specific risk factors. General risk factors mostly refer to social factors that operate by sensitizing the person to her / his shape and encouraging dieting and thinning. Specific risk factors include personality traits (e.g. low self-esteem, thin-ideal internalization, perfectionism).

An observational study was conducted with the aim of testing adolescents' knowledge about eating disorders and identifying prevalent risk factors among dysfunctional attitudes and behaviours in order to address prevention programs. The participants were secondary level school students living near Bologna (Northern Italy). The responders were 873 (55% females) aged from 13 to 17. A battery of self-reported questionnaires was administered: EAT40, EDI2, and a knowledge questionnaire (KQ). Self-reported BMI was registered and it turns out that 7.3% of the sample is overweight/ obese and 23% is underweight. BMI and sex are significantly correlated ($p < 0.05$); underweight females are 29% vs. 17.5% males. The EAT 40 analysis shows that the overall prevalence of high risk of anorexia is 8.9% with a significantly difference between females and males (12 % vs. 5%; $p < 0.05$).

Results from KQ suggest that girls show a better eating disorders knowledge than males ($p < 0.001$). Among respondents at risk of anorexia (EAT40 score > 30) the EDI2 analysis reveals a high body dissatisfaction score, significantly higher than pathological threshold level ($p < 0.01$). Females show higher scores than males in the thrive for thinness and body dissatisfaction.

Our study highlights the usefulness of early school-based prevention programs focusing on increasing students' knowledge by adopting an information program, based on nutrition and body image related topics, and educational approaches, designed to change dysfunctional attitudes and unhealthy behaviours.

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To your heart's content

Andrea Podczeck-Schweighofer, Beate Wimmer-Puchinger, Hilde Wolf, Huberta Haider, Petra Omoregie

Initial position

It was ascertained that in Viennese districts with deprived resident population, women have an increased mortality rate in the field of cardiovascular diseases. Accepted strategies for health promotion and prevention hardly find access to disadvantaged women with a high risk potential for cardiovascular diseases (e.g. migrants, unemployed, socially disadvantaged women, etc.).

Purpose and health promoting aspects

The project has been carried out by Vienna Women's Health Programme and Women's Health Centre FEM Süd. The multi disciplinary and intercultural project for health promotion and prevention of cardiovascular diseases has been running since September 2006 (until August 2007). The target groups are women with a high risk potential. The project aims are knowledge transfer, increasing awareness and supporting lifestyle change. In order to reach these aims a multitude of measures are taken in the Women's Health Centre FEM Süd. Since the Centre itself is located within a hospital (Kaiser-Franz-Josef-Spital) in a socially disadvantaged residential area, synergies and co-operations can be of use. The project is financially promoted by the Austrian Health Promotion Foundation.

Design and methods

Women can take part in the interdisciplinary programme "Live to your heart's content" (exercise, nutrition and psychological support). Measures are additionally offered in Turkish, Serbian, Croatian and Bosnian. A women's running and a Nordic-walking group were implemented, both free of charge. Activities close

to the women's homes, well adapted appointments, low costs for participating in programmes and provision of childcare grant facilitate access for deprived women.

Evaluation

The project reaches its target group. 3 month-courses held so far were attended by 143 women, aims were achieved by 80%. The satisfaction with exercise and nutrition awareness increased remarkably.

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Implementing, monitoring and evaluating a child passenger safety seat clinic with a second hand educational component

Matthew Masiello, Lori Sutton

The Office of Community Health (OCH) of the Conemaugh Health System was established in 2004. The Child and Adolescent Health and Wellness Council, founded in 1997, served as the predecessor to this office. In 2006, Memorial Medical Center of the Conemaugh Health System became the first hospital in the United States to be accepted as a member hospital to the World Health Organization-Health Promoting Hospital Network. Multiple health promotion/disease prevention programs have been introduced to the schools of the region by the team of public health professionals from this hospital based office.

According to Safe Kids Worldwide, almost 85% of children are improperly restrained in child safety and booster seats. Recent data demonstrated that 50% of children 3 to 8 years of age were improperly restrained while a passenger in the family car. Studies have demonstrated that riding in a car with a smoker for one hour is equivalent to smoking 4 cigarettes. A higher mortality rate of non-smokers living with smokers has also been documented. In 2003, the Office of Community Health (OCH) of the Conemaugh Health System, USA, began developing a car passenger safety seat clinic. Twenty car seat clinics were held throughout the county. 80% of the cars entering the clinic had children that not restrained or improperly restrained. Safety instructions were offered and new car seats were made available.

A second health promotion/disease prevention component was added. The parents who participated in the car safety seat clinic were asked to complete a tobacco survey. These parents were also advised of the safety risk to their children

regarding second hand smoking. A follow-up survey was completed 6 months later which demonstrated that 71% of the parents who smoke changed their smoking habits by not smoking in the home or automobile. This innovative program has now been used throughout the state of Pennsylvania.

Connex to HPH

This hospital based public health team responded to national car safety and smoking laws by developing an innovative community based program and demonstrating a measurable impact.

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“Violence against women and children” – training programme for hospital staff

Alexandra Grasl, Beate Wimmer-Puchinger, Karin Spacek

The topic

Victims of domestic violence often mask the true reasons of their injuries. In order to stay more anonymous, they avoid to consult their family doctor and prefer out patient clinics. A survey in two municipal hospitals of Vienna showed that 86% of the interviewed physicians and nurses feel insecure in dealing with victims of violence. But more than 50% of the interviewees are confronted with female patients as victims of physical violence. Therefore 80% asked for more information about victim-protection. The need for secondary prevention made it necessary to immediately develop a training program. Based upon this analysis the Viennese Women's Health Programme started an intersectoral education programme for hospital staff.

Methods / interventions

In cooperation with the 24-hours-emergency-hotline for women (municipal department for the promotion and coordination of women's affairs), with the municipal department for children's welfare and the Vienna Hospital Association (KAV), with the police and the Institute for Forensic Medicine a curriculum with the following aims was developed:

- Sensitising the medical and nursing staff in hospitals.
- Improving their knowledge about the psychosocial situation of victims of domestic violence.
- Knowledge about extra-mural welfare-organisations.
- Improving the hospital's standards of early diagnosis.
- Improving the internal communication process in the hospitals.
- Forming “victim-protection-groups” within the hospitals.

Two day training workshops were organised in the hospitals. The curriculum contained lectures about violence, the sociological background and the health related consequences of physical, sexual and emotional abuse, the legal situation of victims and hospital staff, the work of police and forensic medicine (e.g. DNA-analysis). Besides, information-leaflets and emergency-cards for hospital-members were produced as well as information cards and posters for patients. Target groups were staff-members from departments of gynaecology, paediatrics, dermatology, otolaryngology, ophthalmology, and A&E.

Results

880 hospital staff attended the training programme “Violence against women and children”. The majority of attendants were female. Evaluation showed that the attendants gained practical information for their daily work. The attendants intend to pass on their new knowledge to colleagues, in some hospitals violence-protection-groups have been formed to ease the internal communication process concerning victims. The curriculum won the Health Award 2006 of the city of Vienna in the category “inpatient area”. A handbook is available in German and English. If you are interested, send an E-Mail to frauenge-sundheit@fsw.at

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Session 4-7: Migrant Friendly and Culturally Competent Hospitals (4): Developing a culturally competent staff

Migrant Friendly Hospital, an example of good practice: A training place in nursing for refugees / migrants as an important step in intercultural orientation

Oliver Wittig

The project described below is carried out in cooperation with TransKom, The European Union and the German Ministry of Economy and Employment.

The St. Josef Hospital Moers with its different working units is one of the biggest employers in the Niederrhein-region of Germany. The industrial "Ruhr-Area" being close-by, the population of the city of Moers has also a high percentage of migrants. Asylum seekers usually do not get a working permit and are completely isolated. Their integration into the society is therefore not possible. These people should have working or training possibilities in order to allow better integration.

The example of the St. Josef Hospital to create a training place in nursing in cooperation with TransKom shall show, how close work and training are related to integration, communication, health and social peace. Besides, the social responsibility of health care services gets more obvious with this example.

The creation of these training places is the starting point of a unique project which is supported by the Ministry for Economy and Work and the European Union to improve integration in daily life. The presentation will show the circumstances and preconditions of the project and tell about the outcomes.

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Investing in improved cultural competencies: The dynamics of relations between intercultural mediators and health centre staff

Elvira Mendez, Mariana Isla, Josefina Altes, Sid Ahmed

The "Migrant Friendly Health Centres" project was developed from 2003-2006 as collaborative undertaking between Asociación Salud y Familia (ASF) and Catalan public health system (PHC). 25 Intercultural mediators (IM) work in 5 hospitals and 19 primary health-care centres (HC) and offer direct intercultural support to more than 40,000 immigrant patients from Maghreb, sub-Saharan Africa, Pakistan, Romania and China.

Objectives

- To describe effects of stable collaboration framework between PHC and ASF, an expert body working independently on immigration.
- To describe the quantitative and qualitative development of activities carried out in HC by IM.
- To analyse factors which change the way in which HC staff use IM.
- To analyse what impact a stable IM program has in improving staff cultural competencies.

Methods

The sources are computerised records of activities performed and characteristics of immigrants attended to by IM.

Other notable sources are periodical advisory sessions which ASF holds in HC with the goal of fostering and improving effectiveness of collaborative project.

Results

The activities carried out by IM (providing information, support and IM) have advanced rapidly. The variety of functions performed has multiplied in tandem with important rise in number of immigrant patients. The HC staff who use IM services with greatest frequency are doctors and nurses, followed quite far by administrative staff. The factors which contribute most to staff's use of IM are presence of an active migrant-friendly policy promoted by HC management, availability of stable IM, and external advisory sessions with ASF which foster a process of continual improvement. There has been a notable increase in intercultural continued training and in intercultural adaptation of informative and educational materials.

Conclusions

Availability of permanent IM within a stable collaborative project offers immediate improvements in care offered to immigrant patients while simultaneously facilitating specific and substantial development in staff members' cultural competencies through daily exposure and continued intercultural training.

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Enhancing cultural competence in dealing with people with drug and alcohol problems

Lisa Luger

The need for better quality services for people from minority ethnic groups with drug and alcohol problems has widely been recognised. Service providers and members of communities acknowledge that cultural competence and specialist knowledge on substance misuse are needed to provide a high quality service to all people who have problems with their drug and alcohol use.

Cultural competence training is an effective way of dealing with diversity and ethnic and social inequalities in the provision of care and treatment services and to achieve cultural and behavioural change amongst provider staff and their organisation.

A multi-disciplinary educational module has been developed at Thames Valley University in partnership with local agencies with the aim to enhance cultural competence of professionals working with people from minority ethnic groups with drug and alcohol problems. The module has been informed by the findings of a local Rapid Need Assessment that brought together the views of people from the communities, service users and staff in a variety of services. Training needs were identified to make staff more culturally competent with the aim to improve the care for drug using clients from different cultures and backgrounds.

The purpose of this presentation

- Present the key concepts and content of this cultural competence training
- Explore the usefulness of the concept of cultural competence in dealing effectively with diversity and tackling ethnic inequalities
- Present and discuss the findings of the evaluation of this module.

Intended outcomes

- An understanding of the importance of cultural competence and its application in the care and treatment of people with drug and alcohol problems
- Recognising culture and its influence on care and treatment.

Keywords

Cultural Competence, Diversity, Inequality, Inter-cultural communication

Connex to HPH

Hospitals that provide culturally competent care are likely to achieve better treatment outcomes in minority ethnic groups and are more likely to attract more patients from minority ethnic background and retain them in treatment.

Culturally competent hospitals will also be able to establish better links with minority ethnic communities which can result in improved Public health activities with overall improved outcome on health.

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Session P 1-1: Supporting patients to cope with chronic diseases: Diabetes, COPD and others

1. Establishing the prevalence of diabetic foot complications / general practice

Lorna Hurley, Helena Griffin

Patients with diabetes are at risk of developing foot problems both neuropathic/vascular. Problems arise as many patients are asymptomatic and the prevalence of foot complications are only determined by examining the feet.

Aim

- Establish a set of measures of screening for foot complications.
- To establish the prevalence of foot complications in General Practice.
- To apply these Screening measures to general Practices in the West of Ireland.

60 patients on the diabetes register in General practices based in co Galway were invited for foot examinations. With the co-operation of the chiropody Department a series of screening clinics were established.

Methods of screening applied

- Neuropathic disability Score
- Pinprick (neurotip)
- Temperature discrimination
- Vibration perception threshold
- Monofilament
- Presence/absence of pedal pulses
- Ankle brachial pressure index

Results

- Screening measures were easy to apply.
- Visits only lasted 15 minutes.
- Screening measures for foot Complications could be incorporated as part of routine care in General Practice.
- Simple foot screening/ foot examination and footcare advice can detect abnormalities of the feet therefore regular screening/examinations and footcare advice can help prevent the development or progression of diabetic foot disease.

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2. Selective and opportunistic screening for Type 2 Diabetes to prevent cardiovascular complications

Danilo Orlandini, Ezio Bosi, L. Rabitti, M. Copelli, L. Mangone, Giuseppina Chierici

The European Union Diabetes Policy Recommendations (2006) state that diabetes has become a serious threat to both the lives and well-being of an increasing number of European citizens. Diabetes is a major contributor to cardiovascular disease, the EU's biggest killer. The diagnosis and treatment of hypertension and hyperlipidemia reduces the risk of CHD; selective screening procedures are recommended [for high risk groups, particularly increased cardiovascular risk (evidence C), hypertension (evidence B), hyperlipidemia (evidence B)]; as well as opportunistic screening (in the context of medical check-ups and tests carried out for other reasons).

The Reggio Emilia Health Authority subscribes and promotes the Tampere Declaration on prevention of diabetes and is going to implement an opportunistic and selective screening programme using the method experimented under the Finnish Dehko Programme (FIN-D2D Project) with the "Type 2 Diabetes Risk assessment form", with questions about age, BMI, waist, physical activity, nutrition, hypertension, family history.

The screening programme involves the Northern area of the province of Reggio Emilia, with 100,000 inhabitants, a prevalence of diabetes of 5.14%, and an estimated 3% of pre-clinical and asymptomatic disease. The purpose of the project is to identify subjects with high risk of Type 2 Diabetes and cardiovascular complications. In line with the Dehko Programme, we have foreseen a population strategy with information on Type 2 Diabetes and life styles; one for high risk subjects, by questionnaire; and one for early diagnosis and management with inclusion in the appropriate pathway at the Diabetes Centre.

Municipalities and patient associations are involved in the project; the questionnaire is available in supermarkets, shopping centres, social centres, sports associations, GP offices, pharmacies and so on; people scoring between 10 and 15 are given advice about how to improve their life style; with a score of more than 15, the Diabetes Centre will carry out fasting glycaemia, and provide information, training and counselling as adequate for the patient. The expected results are the reduction in the incidence of diabetes in high risk subjects through changes in life style; a reduction in cardiovascular conditions in diabetic subjects due to early diagnosis, appropriate treatment and change in life style.

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3. Project: "Home care of diabetes: Diabetic foot prevention and care"

Renata Brolis, Paolo Acler, Carlo Buongiovanni, Enrico Nava, Cinzia Sommadossi, S. Sforzin

In the document "International Consensus on Diabetic Foot" (2006 revised American Diabetes Association guidelines; 2000 Italian edition) key factors emerging in the diabetic foot management are the following:

- Integrated and multidisciplinary approach
- Regular check and control of patients at risk of diabetic foot
- Identification of the foot at risk
- Education of patient, relatives and staff

The followar in are involved in the management of the diabetic foot: general practitioners, specialist physicians and registered nurses operating in the district of Trento and in the hospital Diabetic Service. Existing services already provide a good level of care. However there is awareness that higher sharing and integration levels are needed to sustain the experience by mean of common tools based on the latest scientific evidence.

The goals of the project (end year 2006 and 2007) were defined as follow:

- Developing a network of services offering an uniform, integrated and effective care approach.
- Empowering patients and families for better autonomy in the daily management of the disease (particularly in foot care).
- Taking up the patient knowledge on the available services networks and enhancing a safe pathway for the diabetic patient.

Planned actions were:

- Creating of a multidisciplinary group to draw up the project
- Required resources to for the pilot testing (30 physicians and 30 nurses).
- Residential education (14 hours) in order to share the scientific evidence and tools (care standard; therapeutic education protocol; assessment/follow-up of the diabetic foot protocol).
- Setting enrolment criteria according to international guidelines.
- Setting different care pathways based on the risk factors
- Formulate the protocol for the evaluation / follow up of diabetic foot and ulcers and lesions care protocol.
- Implementing a therapeutic education pathway: educational needs, program personalisation (objects, content, time schedule), learning assessment.
- Implementing assessment indicators:
 - Number of patients enrolled on the total number of diabetic patients assisted by the service.
 - Number of patients with risk degree (from 0 to 4) on the total of diabetic patients enrolled.
 - Number of patients developing lesions after the enrolment on the total of diabetic patients enrolled.
 - Number of patients referred to the Diabetic Service responding to the agreed criteria on the total of patients

referred to the Diabetic Service.

- Six months pilot testing: starting in December 2006.
- Dissemination of the results.

During the pilot testing will be performed a monitoring through the use of identified assessment indicators and will be scheduled meeting to collect and analyse potential problems incurred during the work.

Connex to HPH

Developing a health care professionals network to promote and improve patient empowerment and safety.

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4. Pulmonary rehabilitation empowers patients by promoting health and education and improves predicted survival in certain COPD patients

Brenda Deering, Claire Byrne, Niamh McCormack, Eleanor Leahy, Shane O'Neill, Gerry McElvaney, Richard Costello

Introduction

Pulmonary Rehabilitation decreases exacerbations in patients with Chronic Obstructive Pulmonary Disease. This reduces the number of hospital admissions, thereby, easing the economic burden of the disease. More recently, it has been shown to improve predicted survival as demonstrated by a change in the BODE Index score post rehabilitation. Women tend to develop COPD at earlier age with a greater loss of lung function than men but little is known about gender differences in outcome measure results post rehabilitation.

Aims

To determine if Pulmonary Rehabilitation had an impact on patient survival by using the Bode Index Score in our cohort of patients and to identify any gender differences in outcome measures.

Methods

Twenty-three patients (15 females / 8 males), mean age 65 ± 9.25 years were recruited. The programme consisted of 1hr of exercises and 1hr of multidisciplinary educational sessions twice a week for seven weeks. Exercise intensity was determined using the Shuttle Test. The BODE Index was used to determine predicted survival and the EuroQol was used as a quality of life measurement.

Results

Sixteen patients (11 female / 5 male) completed the programme. Men were older (73 ± 5 compared to 62 ± 1) and had a higher mean BODE Index score (6.4 versus 3.3). Post rehabilitation, men showed a greater improvement in a 4 year probability of survival compared to women (11% increase compared to -1%). Overall, 62% of patients improved their BODE Index score with the 6 minute walk test and FEV1 showing the greatest improvements. There was only a minimal change in QOL scores with women improving more than men (0.14 compared to 0.05).

Conclusion

The Bode Index score can improve in certain COPD patients post rehabilitation. Men were more severe but showed greater improvement in functional capacity and lung impairment compared to women however; women had a perceived improvement in QOL post rehabilitation compared to men.

Connex to HPH

Pulmonary Rehabilitation breaks the cycle of shortness of breath and decreased exercise tolerance. It is one component of the COPD Outreach service provided by Beaumont hospital which aims to promote health and education in this patient population, to encourage self management thereby avoiding inpatient admissions.

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5. Compiling continence information for the public

Finola O'Sullivan

Have you ever wondered who writes patient information booklets and how they target their readers?

Aim

This presentation aims to take you through the process of producing reader friendly information booklets. The presentation outlines the work undertaken by the HSE Dublin North East Multidisciplinary Continence Promotion Interest (MCPIG). The project evolved from a shortage of readily available and suitable information.

Objectives

To provide information covering basic facts on incontinence, describe the condition, note some of the causes and treatments available, direct the reader to where help is available and gives information on maintaining a healthy bladder and pelvic floor.

The process involved:

- Audit of current information available
- Assessment of the message that the HSE Dublin North MCPIG wishes share
- Tapping into distribution networks
- Composing and editing written material
- Booklet design layout
- Procurement of company to print booklets /Price quotations
- Work with local and national agencies
- Audit of reader opinion and appropriate changes Consultation with UK continence advisor ,company providing education grant
- Launch of the booklets

Results

100%of those asked thought the booklets were eye-catching in presentation, easy to see and read. The leaflet for disability services was redesigned following consultation with user group.

Conclusions

We have a readily available and easily accessible range of booklets audited by the public. They are approved by the National Adult Literacy Agency (NALA) for readability and have been given a Plain English Award. The reader is given easily understood information in plain English. People with reading difficulties are catered for and telephone contact numbers are supplied for further assistance. Although this project is for Continence booklets the principles of production are applicable for any health information booklet.

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6. Supporting patients and staff in continence issues

Finola O'Sullivan

Aim

To improve the Continence Promotion Service in this region via a Multidisciplinary Continence Promotion Interest group.

Objectives

Increase continence awareness, educate the public and staff, promote uniformity of clinical services, disseminate information, undertake research, provide evidence based practice.

Objective 1 – Increase awareness:

Achieved by participation in Annual National Healthy Bladder Week, hospital in-service programmes for staff, consultation with professional colleagues, partake in Regional education

programmes for nurses and care assistants. Members speak to non professional / voluntary / community groups.

Objective 2 – Educate the Public:

Achieved by booklet distribution, notice board displays in hospitals, health centers and surgeries, telephone enquiries, articles in local press and radio, continence Helpline (during Healthy Bladder Week).

Objective 2 – Educate Staff:

Achieved by participation in HSE Dublin North East Regional Learning and Development Programme, provision of in-house presentations to colleagues and student nurses, contribution to education in the clinical setting, facilitate company representatives to address nurse colleagues, sharing of knowledge, production of patient information booklets, acting as a resource for colleagues.

Objective 3 – Promote uniformity of clinical service:

Achieved by production of guidelines on urethral urinary catheter management, provision of Continence Clinics throughout the region.

Objective 4 – Disseminate information:

Achieved by regional meetings of the group, member representative on the National Continence Promotion Interest Group, group members in the International Association for Continence Advice, attendance at national and international conferences, professional links with other HSE Regions, submissions to Regional HSE Newsletter and Health Promotion Newsletter.

Objective 5 – Undertake research and provide evidence based practice:

Achieved by introduction of Guidelines On Urethral Urinary Catheter Management, built on research based evidence. Attendance at appropriate study days.

Outcome

- Regional Multidisciplinary Continence Promotion Interest Group has been successful in improving continence promotion in this region.
- We have nurse led and physiotherapy led continence clinics.
- We support colleagues through education, act as a information resource and facilitate change in practice.
- We have links with national and international continence groups.
- Prior to setting up the group staff were working in isolation – now we have professional and colleague support. We intend to build on our experience, continue to partake in education and information programmes, and provide Continence Promotion Clinics.

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7. Validity and reliability of a new leisure index – the PSLS

Barbro Arvidsson, Käth Nilsson, D. Lennart, T. Jacobsson, Ingegerd Wikström

Objectives

To investigate the reliability and validity of a new patient specific leisure index, developed from the Patient-Specific Functional Scale (PSFS), the Patient-Specific Leisure Scale (PSLS).

Methods

Forty-nine consecutive patients with rheumatoid arthritis (RA) were used for test-retest. Twenty-five RA patients starting with treatment on TNF inhibitor were evaluated before and after three month therapy tested for responsiveness, and 100 consecutive patients with RA were used for construct validity. For validity and reliability the most important leisure activities (judged by the patients) were used.

Result

The test-retest reliability indicated a substantial agreement of 0.62-0.87 using weighted Kappa. Construct validity was proven by positive significant correlation to be the most important leisure activity to HAQ ($r_s = 0.27$, $p = 0.005$) VAS pain ($r_s = 0.28$, $p = 0.004$) VAS global ($r_s = 0.22$, $p = 0.027$), VAS fatigue ($r_s = 0.24$, $p = 0.013$), joint index of 28 swollen joints ($r_s = 0.22$, $p = 0.027$) and negatively to SF-36 physical functioning ($r_s = -0.18$, $p = 0.008$), bodily pain ($r_s = -0.31$, $p < 0.001$), general health ($r_s = -0.23$, $p = 0.019$), vitality ($r_s = -0.31$, $p < 0.001$), social functioning ($r_s = -0.24$, $p = 0.016$) and role-emotional ($r_s = -0.28$, $p = 0.005$). Responsiveness was found for the most important leisure activity (mean improvement 1.36, $p = 0.036$, 95% CI: 0.10-2.62). SRM for the most important activity in PSLS was 0.45 and for HAQ 0.57.

Conclusion

The PSLS appears to be feasible, reliable, valid and responsive for measuring leisure activities. It provides both an individual result useful in the clinical work and results on group level. The latter may make it useful as an instrument in intervention studies, although further validation is needed in different settings and patient groups.

Connex to HPH

Leisure activities are of great importance for preserving good health in mid-life as well as in old age. Leisure activities have been found to prevent dementia, and preserve cognition. By registering persons' leisure activities, rehabilitation and health promotion can be supported.

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Session P 1-2: Health promotion for children and adolescents

8. Hospital for children: Improvement of facilities and clinical pathways for children: WHO-UNICEF "baby friendly hospital" designation

L. Turco, T. Faraoni, A. Fedi, R. Martini, M. Mascia, S. Scheggi, Alberto Appicciafuoco

In 2001 the healthcare services organization of Florence joined the Tuscany Region HPH project which is part of the European network of HPH. The Hospital "Presidio Ospedaliero del Mugello" developed the program "Hospitals for children" aiming at promoting and improving health and quality healthcare services for children.

General objective

To carry out and perform a total improvement of the services for children and family, to improve appropriateness and attention to their needs, to guarantee a good beginning of life through actions that value and support natural mother, child and community abilities.

Context

Hospital "Presidio Ospedaliero del Mugello" is one of the six hospitals of the healthcare services organization of Florence, settled in a district country area around Florence, providing services for about 60.000 inhabitants in the Mugello provincial district. A paediatric team carries out its activity in a unit with 7 beds, in emergency departments with around 1.800 interventions annually, and provides services for outpatients. Mugello Hospital has about 650 births a year.

The project is the result of the integrated and multiprofessional work of paediatricians, obstetricians, midwives and nurses, with the support of the hospital medical direction.

Results: actions and tools

- Improving reception and specific hospital clinical pathways for children:
 - Reviewing general admission procedures, in particular in the emergency department and concerning the blood collection procedure and environment
 - Reorganization of wards and children examination and waiting room in the emergency department
 - Presence of hospital volunteers in ward
 - Unicef / WHO designation "Baby Friendly Hospital" project for achieving standard required.
- Improving Hospital – territory connection services:
 - Institution of a permanent committee between in and out hospital paediatricians
 - Starting level II specialty services for in and out patient children
- Improving patient information and promoting health education:

- Informative brochures on hospital activities
- Informative / formative health education intervention for children in the local schools
- Reports and debates on local TV and Radio
- Staff training:
 - Staff involvement in HPH workshop and other training
 - Multidisciplinary training involving hospital paediatricians and local paediatricians
 - Training on the promotion of breast-feeding.

Conclusions

- Interdisciplinary and multiprofessional definition of diagnostic and therapeutic pathways between hospital and out-of-hospital services improved the relationship, appropriateness, continuity and quality of care, and children and family satisfaction.
- This project involved all the professional health operators, promoted professional integration, improved rapport among teams and increased expertise and quality of care.
- On December 28, 2006, the UNICEF / WHO Committee completed the assessment of the hospital paediatrics services and the "Presidio Ospedaliero del Mugello" hospital received the "Baby Friendly Hospital" designation.

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9. The Italian Paediatric Hospital Play and Wellness Working Group (IPHPWWG)

Carlo Moretti, Elena Bertocco, Nicolò Muciaccia, Maria Badaia, Ada Pluda, Annarita Monteverdi, Mariacristina Alessandrelli, Lucia Celesti, Annamaria Borgarello, Donatella Fontanot, Elisa Salata

Admission into the hospital may represent a dramatic experience for children and adolescents. Specific factors may prevent the stress of hospitalization and preserve the quality of life of children and adolescents in hospital: playing and recreational activities, psycho-social support, school activities, pet therapy, child-based design and architectures etc.

These factors can tremendously contribute to health promotion for hospitalized paediatric patients. Based on these factors, many Italian paediatric hospitals offer their patients programs to help them to cope with their illness and hospital admission. Unfortunately, most of these programs are not based on national standards or validated guidelines but on local initia-

tives. Many programs are maintained by private donations or held by associations of volunteers. These aspects, in addition to the lack of communication and limited exchange of experiences among hospitals, contribute to very different standards and to discontinuity of programs.

To compare results between different programs and to establish common operative standards, a working group composed by the paediatric hospitals of Ancona, Brescia, Genova, Firenze, Padova, Roma, Trieste, and Torino was founded in September 2006. Hospital delegates are in charge of programs aimed at psycho-social wellbeing of paediatric patients.

By a survey which was accomplished by each member, the working group found out what is already going on. The most common current practices are:

- Playing areas and playing activities scheduled during the day and the week
- School classes every day
- Recreational activities for special patients (psychiatric, handicapped, isolated, etc.)
- Activities with pets and clowns
- Handworking laboratories
- Theatre and music shows

Many of these practices are not common in small hospitals because of lack of resources. The group is now extending the survey on a national basis and is preparing common guidelines for paediatric wellness programs aimed at more effective health promoting effects.

Connex to HPH

The care for ill children needs not only effective drugs and nursing but a holistic approach. We must preserve the "child dimension" also during disease. When we allow a child to remain a child despite the disease and the hospital admission, we will strongly promote his / her health. The working group we mentioned is a branch of the Italian paediatric HPH network.

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10. Rights of children in hospital – a survey in Hungary

Zsuzsanna Kovács, Ildikó Árki, Éva Fekécs, Éva Mramuracz

Following the recommendations of the HPH working group on Children and Adolescents, we have conducted a national survey in Hungary on the rights of children in hospital. We have adapted the questionnaire of the HPH-CA containing 33 questions. We sent our questionnaire to 100 paediatric hospitals

and departments in Hungary and we received 61 answers. The survey provided lots of interesting results. There are favourable results, e.g. lots of hospitals have day clinics, give allow parents to stay 24 hours with their ill child. On the other hand lots of hospitals treat children among adult patients. The knowledge of the personnel and the public regarding the rights of children and health promotion is still unsatisfactory. Our survey more or less mirrors our country's views and could possibly be compared to surveys done in other countries in the future.

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11. An information leaflet for parents of hospitalised children

Madeline Kennedy, Rose Byrne

Objectives To provide easy access information for parents about facilities available on the Children's Ward and important information around isolation rooms/medications and visiting policy, in order to assist in removing some of the apprehensions from parents during the time spent with their children in hospital.

Method

- Liaise with Children's ward staff to assess information currently on display;
- Collate information available
- Produce an information leaflet containing key information to assist parents during the time spent in hospital with their children

Results

- An informative parent information leaflet was produced in collaboration with the Children's ward highlighting key messages and facilities available for parents
- The leaflet will be distributed with Admission Letters for incoming child patients
- Leaflets will also be displayed in an accessible literature stand on the Children's ward

Conclusion

Easy access information will assist in removing some apprehensions from parents during the time spent with their children in hospital. Appropriate key messages are readily available to parents. Leaflet is in the pilot stage at present, however, process evaluation will ensure a quality evidence based information leaflet.

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12. The house of the "associations of parents of children" in the Sant Joan de Déu Hospital

Anna Bosque

Illnesses in childhood, especially those of chronic nature, bring about necessities that go beyond the strictly therapeutic ones, as usually becomes clear once the child returns to daily life after hospital discharge. Health services do not usually incorporate resources destined to cover these necessities. For this reason, parents often associate in an attempt to help themselves and join efforts to lobby the sanitary authorities to improve the quality of life of their children.

This work usually exceeds the responsibility of hospitals. For this reason, steering boards of health services are not used to taking an active position to face children's problems after treatment and, although these needs are not completely forgotten, a passive posture is usually the norm.

The need for a "house" (place) for Parents' Associations within the hospital was born from the desire to formally drive the relations between the hospital and the wish of parents' associations. With the start of the "House of associations", the hospital wants to fortify these relations, work along with the parents and improve its response to the necessities of children and teen-agers. This goal is realised in a specific location within the hospital, with an person assigned to address all the necessities of these associations. This attention to parents' associations has a triple effect:

- It opens up the hospital to the necessities and worries of the associations.
- It has a positive therapeutic effect on the health of the children.
- It provides a forum for citizen participation in the dynamics of the hospital.

Connex to HPH

The construction of "The house" of the "associations of parents of the child patient" in the hospital improves the range of support given to patients and their relatives by the hospital through community based social and health services and / or volunteer-groups and organizations (see point number 10 of the Budapest Declaration of Health Promoting Hospitals).

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13. The "Hospital Pal Program" of Hospital Sant Joan de Déu

Josep Planas, Nuria Serrallonga

There is evidence that hospitalization is an experience that people will remember for their whole live, and in children can determine their attitude towards future medical experiences. The European Charter on the Rights of Children in Hospital proclaims 23 rights that have to be guaranteed when a child is hospitalized in a health center. The "Hospital Pal Program" takes up the main aspects of these rights. In addition, it contains the "child life" principles and the hospitality philosophy of the Hospitable Order of St. John of God. Following these objectives, the hospital created a Decalogue of commitments based on its institutional policy. We will emphasize the most important points of this Decalogue:

- The family centered care model, which incorporates the parents in the health care offered to their children, including the most vulnerable cases admitted to the PICU and NICU.
- Participation of children in the preparation of their own treatment and care process and in the information to other children with similar processes.
- The incorporation of all the available elements to reduce psychological stress (clowns in the surgery room, policy against pain, presence of parents in all the techniques, etc).
- The minimum discontinuation of children's daily routines (school, friends, etc).
- The implementation of communication technologies in the hospital in order to allow contact with the world (webcam connection with the school, chat with friends, ...).
- The involvement of parents associations in the hospital dynamics.
- Reform plans to incorporate stress-calming aspects in the architectural design of the hospital.

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14. Dental health promotion for paediatric oncology patients at Our Lady's Children's Hospital, Dublin

Laura Owens, Isobell Keyes

The maintenance of good oral health for children undergoing treatment for cancer is important to prevent infection, maintain adequate nutrition and reduce discomfort. The Department of Haematology/Oncology at Our Lady's Children's Hospital treats patients from birth to 16 years with a wide variety of conditions. Each day a dentist and dental hygienist visit the ward to speak to both inpatients and outpatients and their parents. The children present with primary, mixed and permanent dentitions. Our aim with these children is to provide dental advice to prevent pain and oral disease during oncology treatment. The children are seen at several stages as their treatment progresses and the preventive message is tailored at each stage depending on:

- Diagnosis
- Age
- Gingival health
- Risk level for developing oral disease
- Treatment being received e.g. chemotherapy/radiotherapy

Various oral hygiene aids are provided for patients depending on their need. If necessary, dental treatment is provided either under local or general anaesthetic with the intention of preventing severe dental disease which could suspend oncology treatment. Our service to these patients aims to improve their quality of life and aid their return to full health as effortlessly as possible.

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15. Clinical value of ambulatory blood pressure monitoring in children with obesity

Lagle Suurorg

Background

The prevalence of obesity in children 15 years old increased from 6,5% in 1996 to 10,9% in 2003 with increasing diastolic hypertension rate from 10,4% to 12,7% in Tallinn.

Objective

To describe characteristics of blood pressure in children with known cardiovascular disease risk factors – obesity. This study investigated the prevalence of hypertension and its characteristics (true hypertension; white coat hypertension, masked

hypertension) in children with obesity; the rate of blood pressure load, variability and profile in above mentioned children; correlation between anthropometric data and blood pressure.

Material and method

28 children with obesity aged 8-18 years were studied. Ambulatory blood pressure (ABP) was recorded within a 24-hour period using an MOBILOGRAPH® recorder.

Results

A positive family history of cardiovascular diseases was present in 70,4 % of the patients with obesity. Lack of physical activity – physical activity sessions < 2 times per week – was found in 76,9% of obese children. 3,6% of obese children were smokers and 10,7% consumed alcohol. Prevalence of casual office systolic hypertension (SH), measured before the beginning of ABPM, was found in 85,2% and diastolic hypertension (DH) in 37,0% of obese children. Prevalence of systolic / diastolic hypertension by ABPM was considerably lower than office SH / DH. More than half of children (51,9%) with obesity had systolic white-coat hypertension and 37,0% had diastolic white-coat hypertension. Masked hypertension was not found. High BP variability was found in obese children for nighttime systolic blood pressure. Half of children had systolic blood pressure load and every tenth child diastolic blood pressure load over 30%. The study demonstrated that obese patients lost their normal nocturnal drop in blood pressure (54,5%).

Conclusion

Further study is needed with respect to paediatric ABPM standards and correlation outcomes. A widespread adoption of this technique should be encouraged.

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Session P 1-3: Migrant-friendly and culturally competent health services

16. Evolution towards migrant friendly health centers

Elvira, Mendez, Mariana, Isla, Josefina Altes, Sid Ahmed

This is a collaborative project developed during 2003-2006 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 25 intercultural mediators provided by ASF, covering the areas of North Africa, Pakistan, Rumania and Xina and giving direct support to more than 38.350 immigrant patients.

- The PHC is developed in 5 hospitals and 19 primary health centers.
- 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 and health centers.

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17. Inter-faith prayer room

Fiona Falvey, Martina Mannion

Introduction

Galway Regional Hospitals (GRH) has been involved in the Migrant Friendly Hospital Initiative since 2003. We are currently working towards the development of an Inter-Faith Prayer room in GRH. An interfaith prayer room is where people from any faith can spend time in prayer or contemplation.

GRH Survey of Staff and Patients

A questionnaire was completed by 147 staff, patients and visitors, which sought to determine whether an inter-faith prayer room is needed, or would be used. The majority of respondents believed that the inter-faith prayer room should be provided. 41% of staff, 80% of visitors, and 74% of patients said they would use such a room. The majority of respondents identified themselves as Irish (83%) and Roman Catholics (85%).

Population of Ireland

Immigrants account for approximately 7% of the population of Ireland. The rise in the immigrant population accounted for 30% of the total increase in the population between 1996 and 2002. Ireland's foreign-born population currently stands at 400,000 – making up one in eight of the workforce. It has been estimated that the population of the Republic will grow by 30% to over 5.3 million by 2020, and that immigrants could account for a fifth of the population by 2020.

Staff of Galway Regional Hospitals

The HSE West is the largest employer of our inter-cultural population in the west of Ireland. Approximately 12% of staff at GRH are from countries outside of Ireland. Considering the diversity of our population, including staff, patients and the wider community, the Migrant Friendly Hospital Initiative Committee feels that providing an Inter-Faith Prayer Room is a way of welcoming and supporting our patients and colleagues, by offering them the opportunity for personal prayer and meditation within the hospital. A chapel is currently available, which is Christian in orientation, and we feel that providing an Inter Faith Prayer Room would be more inclusive of people from different backgrounds or faiths, and would avoid any potential discrepancy in the service provided.

Connex to HPH

By providing an interfaith prayer room in GRH, patients, visitors and staff will have the opportunity to pray on site when necessary, enabling them to maintain their spirituality under difficult circumstances.

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18. A scientific and intercultural approach to blood transfusion therapy

M. Nembrini, M. Gostinelli, Alberto Appicciafuoco, M.T. Benghi, I. Frati, V. Fusari, S. Naldini

In November 2006 the Humanisation, Welcome and Care Project Team Work published The Azienda Sanitaria Charter about "Informed agreement and disagreement about blood transfusion, self-determination principles, searching for alternative therapies".

The document was implemented according to trans-cultural methodology, comparing the Azienda Sanitaria blood transfusion culture with those of Jehovah's Witnesses; each participant expressed their principles, finding out a common solution based on the individual self-determination.

The team work is composed by an experienced consultant (belonging to Jehovah's Witnesses) teaching blood transfusion strategies in Pisa University, a nurse experienced in trans-cultural sciences, a bio-ethics teacher in Siena University, a legal medicine doctor of Siena University, a famous penalty lawyer (Florence University), and sanitary operators of the Azienda Sanitaria (surgeons, anaesthetists, nurse co-ordinator, blood transfusion consultant).

Before giving the Charter an official value, the work group performed consensus meetings all over the six hospitals in the Azienda Sanitaria, and the final consensus conference with more than two hundred participants who officially approved the document.

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Totally Smoke Free environment, prohibiting smoking within the boundaries of all its 23 sites. The policy is the culmination of a 4-year project, which has aimed to achieve health benefits for staff, patients and visitors alike, and to ensure Barwon Health meets its obligations to these groups and the wider community.

The project has achieved a stepwise introduction of smoking restrictions, commencing with designated outdoor smoking areas in December 2004, and moving to a totally smoke free environment from July 1st 2006. The needs of patients with acute mental illness and those in residential care have been accommodated with limited exemptions and individual arrangements. The project is not just about restricting smoking, it's about actively seeking opportunities to reduce the impact of smoking in the community. An important feature is the introduction of measures to manage nicotine dependence for all patients admitted to Barwon Health. Smoking status is now discussed routinely with all patients and appropriate advice and support is provided, including Nicotine Replacement Therapy and discharge referral to community-based services. Staff are also well supported through individual counseling and subsidised Nicotine Replacement Therapy. These services are provided via StaffCare, a dedicated employee health department within Barwon Health.

Wide consultation and a comprehensive communication strategy have been important in ensuring support for the project and smooth implementation. Outcomes include high levels of compliance and high levels of involvement in the staff quit smoking initiatives.

This paper will discuss the Barwon smoke-free initiative in the context of the general Australian experience.

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Session P 1-4: Non-smoking strategies for patients, staff and the hospital organisation

19. Totally smoke free @ Barwon Health (Australia)

Rudi Gasser, Fiona Landgren

On July 1st 2006 Barwon Health, Victoria's largest regional healthcare provider (over 5000 employees), introduced a

20. Secular trends in smoking at St. Vincent's University Hospital 1977-2006: Support for an outright campus-wide smoking ban

Anna Clarke, Denise Comerford, Irene Gilroy, Patricia Fitzpatrick, Lm Tan, R. Pathmadevan, Leslie Daly, Cecily Kelleher, Ristead Mulcahy

Smoking prevalence has been estimated in census or blitz surveys at SVUH since 1977 (Mulcahy et al, J Ir Med Assoc,

1978. 71 (4) p109-111) and biennial survey information collected from 1998 to 2006. In the most recent survey, as well as information on current smoking status, patients were asked if they would support extension of the 2004 interior smoking ban to the total site. On 18th July 2006 pairs of interviewers approached patients on every ward across a single day. Patients could refuse to participate and those judged too sick to respond were excluded.

Of 466 available patients, 26 refused, chart smoking status was documented in 440 and 269 of these (61%) were also available and fit to interview. Overall smoking prevalence among interviewees was 19.7% showing a continuing decline from 1998 when the rate was 24.7% ($p < 0.001$) and compares with a prevalence of 42.5% in 1977. Support for a comprehensive ban was 65.7% in never smokers, 43.4% in current smokers and ex smokers displayed greatest support ($p < 0.05$). Just 30 smokers, 6.4% of total hospital population opposed a total ban. Those opposed were more likely to be younger, male and GMS entitled.

When combined with previously reported evidence that utilisation of external smoking facilities is predominantly by staff, the continuing decline in prevalence and majority patient support suggests that a comprehensive carefully planned total site smoking ban would have a further positive impact on smoking prevalence. In December 2006 a further representative survey was undertaken amongst 225 staff to assess smoking status and attitude to a campus wide ban, preliminary findings from which indicates majority support. Lead in time is required now to consider legal issues and actively plan and implement a smoke free policy campus wide, which we will describe in our presentation.

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21. Preparing the way for smoke free mental health services in Greater Glasgow & Clyde

Tommy Harrison, Frank McGuigan

I aim to discuss in depth how NHS Greater Glasgow & Clyde Mental Health Partnership at Leverndale Hospital, HPH Mental Health Hub Site and Forensic Mental Health Services, have been preparing the way nationally towards becoming smoke free at four different hospital sites in Glasgow, Scotland.

The poster will describe how we successfully piloted two Mental Health Under 65 admission areas that have now been

Smoke Free since May 2006 that helped map out our current approach towards smoke free.

I will identify why we needed to go smoke free, who we involved, ie staff, cessation training, patient's council, advocacy etc., and what barriers we encountered along the way. The implementation date is currently scheduled for 2nd April 2007.

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22. No smoking policy audit

Irene O'Byrne

Aim

To demonstrate the effectiveness of implementing the workplace No Smoking Policy ban in Galway University Hospitals (GUH).

Objective

- Establish smoking prevalence among staff.
- Ensure all staff are aware of the hospital No Smoking Policy.
- Identify strengths and weakness of the smoking ban in GUH.

Methodology

A quantitative methodology was used for this study. A 20% sample of the total number of staff was taken. A random sample of 100 patients and 100 visitors were interviewed. Questionnaires were adapted to suit the context of GUH. Questionnaires were coded into four categories, i.e. staff, managers, patients and visitors. Permission was obtained from Ward managers to interview patients. Departmental managers were informed of the survey via Email. In total there were 584 respondents. Data was analysed in SPSS. Conclusions and recommendations were drawn from the results of the study.

Findings

- Smoking prevalence is 27%.
- Managers were aware of their responsibility in the enforcement of the No smoking Policy.
- 80% of staff reported being informed of No Smoking Policy.
- 21% of patients reported being encouraged by staff to quit smoking.
- 91% of visitors were aware of the No Smoking Policy and the presence of smoking gazebos.

Recommendations

- More staff need to do Brief Intervention training.
- Every opportunity should be used to encourage smokers to quit.

- Induction should be used to create awareness among new staff of the No Smoking Policy.

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23. Smoking cessation and the vascular patient

Irene O'Byrne

Aim

To reduce smoking prevalence and prevent progression of vascular disease among a group of 32 vascular patients.

Objectives

- Empower patients to quit smoking.
- Promote healing, improve circulation, and reduce pain to lower limbs.
- Educate clients about Vascular Disease and the benefits of quitting smoking.

Methodology

Following a risk factor assessment profile, current smokers with peripheral Vascular disease are referred to Smoking Cessation Officer for help in quitting. Intensive one-to-one support commenced on this group of patients in July 2005. Contact is made to smoking cessation service by written referral.

Intervention Programme

- Smoking status was recorded on all patients.
- Database was set up to monitor numbers referred to service and to monitor quit rates.
- An information booklet including tips for quitting was distributed to all smokers.
- Smokers who were motivated to quit received information on Nicotine Replacement Therapy.
- All patients received telephone follow-up support (approximately 6 telephone calls over a 12 month period).
- Patients were encouraged to contact the smoking cessation service at any time to discuss difficulties.
- Carbon monoxide monitoring was performed on clients who made personal contact with service.
- Smoking status was validated by normal carbon monoxide levels, or from client stating their smoking status.

Conclusion

Intensive personalised telephone counselling, follow up phone calls and use of Nicotine Replacement Therapy increased numbers of clients making a quit attempt. 2 patients didn't make a quit attempt, a further 10 patients made a quit attempt but relapsed, and 63% of patients were successful in quitting

smoking after 12 months. Since the completion of this project the numbers of referrals to the smoking cessation service has increased.

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24. Update on level II (intermediate) smoking cessation interventions in the hospital setting.

Gary Bickerstaffe

Level II smoking cessation interventions are assessments carried out by nursing staff in a large acute hospital in Bolton, England. These staff have been trained to carry out specific assessments on patients who wish to stop smoking either permanently or temporarily. The nurses use a specially designed assessment form designed in partnership with local Stop Smoking Service. They are trained to intermediate level by a Specialist from the Stop Smoking Service. The information to be given would be an update of the information presented last year at this conference. The figures give a better a longer term reflection of progress in the hospital with type of hospital dept carrying out greatest number of assessments, type of NRT most prescribed, cost of the treatment to date. This may help other colleagues plan services or create a more effective case for implementation. Some assessments now carried out in mental health unit and the results of this can be seen. Figures will be shown on the poster.

Connex to HPH

Smoking is the biggest avoidable cause of mortality and morbidity. Evidence shows even basic levels of stop smoking interventions can dramatically improve health outcomes in any population. Most hospitals should be smokefree in enclosed spaces now and some are considering smoking bans on whole grounds. Support services must be available to support this development.

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25. Using electronic record keeping to improve smoking cessation patient outcomes

Jackie Meredith Lynch, Finola O'Sullivan, Monica McCaul, Sheila Reilly

Aim

Computers can put men on the moon – surely they can record our smokers' progress? This database evolved from a desire to be alerted when patient follow-up was due. At the time the smoking cessation service was being overwhelmed with paperwork. Patient records were piling up and the nurse was constantly trawling back over files to find who was now quit, who needed a follow consultation etc.

Objective

To develop a system to record information on those who are referred to the smoking cessation service in Our Lady's Hospital. To retrieve precise information at the click of button e.g. relapse rates, quit rates. To have easily retrievable information usable for audit.

This presentation demonstrates how the development of a database has enabled the nurse to audit the service to retrieve data on patient demographics, attendance, follow up, to calculate patient outcomes, therapies employed in cessation, carbon monoxide levels, quit rates and deceased patients. The database includes referral trends and source of referrals (e.g. numbers from each ward, self referrals, staff, in-patient out-patient and members of the public). It is possible to show the patient's stage of change on first encounter with the cessation service and monitor the stage of change throughout the quit cycle.

Methods

Agreement on the proposed idea with Management Services (Regional Head Quarters) Discussion with IT in relation to confidentiality. Input from Regional Health Promotion Department. Compilation of contents and numerous re-evaluations and adjustments. Testing of sample database.

Result

We have a user friendly database designed by the user and created by Management Services. The system relies on drop-down menus rather than typing information. It is tailored to local needs and can be updated if user needs change. Information is easily retrieved. We can audit patient outcomes. The database has improved our record keeping. It prompts the user if sections are not completed. Patients remain in the "due follow up" section until the follow up is carried out. At present the database is linked to Health Promotion Department. It is planned to have the database available to acute hospitals in the north east.

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26. How to join the Smoking Cessation Database

Mette Rasmussen, Dawn Fastholm, Hanne Tønnesen

Background

The Smoking Cessation Database is well established and has been used in Denmark for 6 years. It includes more than 37,000 participants and 260 smoking cessation units. It is now open for other countries; Norway joined the database in 2005 and encourages other countries to participate as well.

Aim

The aim of this presentation is to become familiar with the permanent Smoking Cessation Database and the benefits of joining the database.

Outcome

The database offers you:

- Continuous quality assessment
- Online input and output opportunities
- Follow up on effect after 6 month
- Feedback
- Ownership to publish your own data
- Comparison of results on national and international levels
- Exchange of knowledge
- Access to make a profile of your own smoking cessation unit and intervention on an international homepage.

The database is open for all experts using all kinds of standardized smoking cessation programmes. Units at hospital as well as outside (e.g. pharmacies, primary care sector) are welcome. The Smoking Cessation Database is public in Denmark and non-profit for HPH-members from other countries. The presentation will include a short demonstration and response to the frequently asked questions.

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27. A smoking behaviour modification programme for hypertensive outpatients – applying the Transtheoretical Model (Ttm) in a general hospital setting in Athens

Sotiria Schoretsaniti, Aristeia Berk, Georgia Thanasa, Yannis Tountas, Manolis Diamantopoulos, Emmanouil Andreadis

Introduction

Risk health behaviours such as smoking are strongly related to serious diseases and low health related quality of life, as well as to increased demand of health services and health related costs.

Aim

The aim of the intervention programme was smoking behaviour modification targeting hypertensive outpatient population of the 'Evangelismos Hospital', adapting the principles and techniques of M.I. and the theoretical background of the T.T.M.

Objectives

- Identification of smoking behaviour among the target group.
- Segmentation of the target group with regard to motivational stage according to the Stages of Change Model.
- Daily reduction / cessation of smoking.

Material and Method

The theoretical basis of the intervention was the Stages of Change Model and the technique applied was the Motivational Interviewing (four brief person-to-person sessions plus three short telephone follow up sessions). The intervention was conducted in a medical setting, targeting a group of hypertensive outpatients. Patients (n=20) were randomly assigned in two groups (intervention n=10, control n=10) to receive either four (45 min.) sessions of motivational interviewing (intervention group) or a brief (5-10 min.) communication via telephone, to inform patients of their therapeutical choices for quitting smoking and the benefits of smoking cessation (control group). The intervention results were assessed in terms of modification of smoking behaviour (reduction in the mean number of daily cigarette consumption / cessation), readiness and eagerness to modifying behaviour index, motivation to modifying behaviour index and client satisfaction index.

Results

Although none of the patients managed to fully quit smoking, motivational interviewing proved to be successful, not only in enhancing patients' readiness (p=0,010) and motives (p=0,008) for modifying their smoking behavior, but also in reducing the mean number of cigarettes consumed per day (p=0,017). The majority of patients (60%) assessed the intervention conducted as highly contributing to their smoking reduction / cessation effort and 90% of patients reported that such interventions should be implemented as an integral part of health related services in health care settings.

Conclusions

A health education program which adapts the principles and techniques of motivational interviewing and aims to smoking behavior modification has proved to be effective and applicable within a hospital setting.

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28. A smoking cessation intervention based on self-help material for hospital personnel

Yannis Tountas, Georgia Pallikarona, Marina Rapti

Introduction

The purpose of this research was to evaluate the effectiveness of a health education intervention for decreasing / quitting smoking of a number of volunteers consisting of administrative and nursing staff of the Aretaieion Hospital in Athens.

Material and Method

The total sample was 61 smokers or ex-smokers, from which 31.1% (19 employees) were male and 68.9% (42 employees) were female. A quasi experimental research plan was applied (with pre and post evaluation) for the classification of the 61 participants into an intervention (n=30) and a control (n=31) group. The intervention group was placed under three-month intervention using self-help manuals based on the stages of change of the Transtheoretical Model and Internet, while the participants of the control group were provided with leaflets containing general information about smoking.

Results

Intervention group: By the end of the program 3 employees had stopped smoking and a reduced weekly smoking consumption was observed (23.38%). However, a significant increase in the degree of readiness of the participants to change their behaviour was noted (p=.000). Moreover, participants gained a significant amount of general knowledge about smoking (p=.000) and knowledge regarding diseases caused by smoking (p=.000), which properly modified their attitudes (pros of smoking: p=.030, cons of smoking: p=.001), enhanced their perceived self-efficacy (p=.001) and more frequent use of the processes of change (p=.001). Control group: By the end of the program 2 employees had stopped smoking and 1 person had started smoking again. A reduced weekly smoking consumption of 6.96% was observed. Significant effects were obtained for general knowledge (p=.032) and attitudes against smoking (p=.011).

Conclusions

Despite the failure of the study to indicate any concrete change in the participants' behaviour, it is suggested to further investigate the selected procedure of intervention, due to its appropriateness regarding people that have minimal motivation to alter their behaviour.

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Session P 1-5: Supporting mental health and wellbeing of hospital patients

29. Why do patients need to have influence in their treatment?

Bodil Nørregaard Thomsen, Susan Allan

Psychiatric Services in the North Jutland Region have a set of values that include: influence, respect and responsibility. Therefore our patients participate in Treatment Conferences and are actively involved in decision making. What does it mean to patients to have influence at Treatment Conferences? "It is good to be included in decision making" "I can give my opinion" "My key member of staff helps me to write down important points before the Conference".

Patient Influence in Practice

Patients participate in a two monthly Treatment Conference. Here they are able to come with their opinions. The Conference enables the patient to influence the shaping of their Treatment Plan. It is important that the patient is met with respect and feel that they have a genuine influence. They are collaborators who we talk with rather than talk about and therefore everyone involved in the patient's treatment participates. The patient is informed in good time before the Conference and their case-coordinator offers to help them to prepare for, and offers support during the Conference. Here there is direct communication between patients and consultants.

Patient Influence is central to IRP (Integrated Rehabilitation Programme)

Our corner-stone is the patient's opinion; they are active collaborators and have a responsibility to make sure that their care and treatment lead to a defined goal. Goals are agreed upon with the patient at the pre-admission interview and regularly adjusted. The Treatment Conference is where the Treatment Plan is defined and is central for both care and treatment.

Background

Our ward is a long-stay Rehabilitation Ward for ten patients suffering from schizophrenia. The aim of treatment is to prepare patients for life in the community through training in both practical and social skills.

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30. User satisfaction in psychiatric services: A system for continuous monitoring

Jan Erik Nilsen, Jan Olav Johannessen

Object

There is growing interest in the cooperation between users and therapists. To provide services in accordance with the users' needs is an absolute prerequisite for a well-functioning therapeutic alliance. To listen to users' experience is a basic factor regarding the reciprocal respect and quality in this alliance.

Method

To obtain an overview over users experiences and satisfaction, we have established a system for continuous monitoring of users satisfaction. Every user is asked to fill out a short (18 questions, two pages) form at discharge. The results are continuously evaluated according to a balanced score card system, and is updated on a daily basis.

Results

In a pilot study we obtained a participation rate for Ca 40%. The form and presentation format will be demonstrated.

Conclusion

Continuous measuring of patient / user satisfaction (we are all users) should be obligatory for all psychiatric service systems, both as a tool for continuous improvement of our practice, and as an expression for mutual respect between users and therapists. This is also a very important tool for making good quality in our work-satisfaction.

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31. Objectives in nursing of depressive patients at Republican Vilnius Psychiatric Hospital

Genovaite Bulzgyte

30%-50% of patients in the 5 main wards of the hospital are depressive. We aim to meet the risks and perspectives of in-patients with depression by matching the nursing procedure with emphasis on communication.

Means

to assess the risk of suicide, 2) to create and support a quiet and safe environment, 3) to empower patients to share and overcome their painful feelings, 4) to identify and tackle their problems and take control over their lives, to stimulate everyday activity.

Implementation

- Contrary to the former belief, discussion about suicidal feelings can relieve emotions, relax tension, anxiety and the risk itself. After deciding to commit suicide some patients become calmer. Trying to focus the patients' attention on positive aspects of their lives helps them to survive the dark stage. The risk is great, if the suicidal patients have marked depressive symptoms, accompanied by feelings of hopelessness and guilt, confusion and impulsivity.
- Nurses are to create and support quiet and safe environment, providing permanent watching, removal of dangerous tools and securing of chemical and disinfectant materials, ensuring timely consumption of administered medication in order to avoid an accumulation of reserves. Patients' movement space should be limited to the ward of intensive surveillance, with optimal location of the staff on duty, during the meals, shift, weekends and summer holidays.
- Nurse's communicative skills are of great importance for the nursing process. Patients should be educated that the only way to deal with their painful feelings is to acknowledge, recognize and ventilate them. Sharing them enables to reassess and solve even very serious problems, to find ways out of the most difficult situation. We teach patients to recognize and express their feelings (anger, guilt, fear, anxiety).
- Nurses should also watch for nutrition, indigestion, insomnia. Depressive patients have problems with personal tidiness, communication and occupation.

Results

Patients become able:

- To compare and discuss the changes of their feelings with their close ones.
- To detect the origin and causes of their symptoms and to control them.
- To plan their future and to care for themselves, consulting their mental health care team.

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32. Applying of metagloss therapy in the treatment of schizophrenia

Sonata Marceniene

Metaglossotherapy (MGT) – teaching patients a new language. This method was created by Dr. A. Matulis (1977, USA). He concluded that brain correction is feasible not only by electro-magnetic stimulus, surgery or biochemistry, but also by intensive cerebral gymnastic drill with language learnt anew, establishing new associations. Our goal was to evaluate the efficacy of MGT treating schizophrenia patients.

Fifteen patients took part in the program. The program lasted 3 months, 3 times a week. During our work we observed significant changes in behavior, interpersonal relations, non-verbal expressions and emotional state of our patients. Before the beginning of the program and after completion psychological and neurophysiologic patient assessment was carried out, also the dynamic of the mental state was evaluated. Cognitive functions and some personality traits that may have crucial influence to the better adaptation of the patients were evaluated. The results of the tests were converged into quantitative, numeric indexes, their means before and after applying MGT were counted, and we made a qualitative analysis of the tests.

We present general conclusions here:

- More purposeful activities; enhancement of productivity of mental activity and energetic potential; improved abilities to organize and plan purposeful activities
- Improvement of attention
- Improved memory efficacy; obvious improvement of the speed and abilities of forming new skills
- Bigger involvement in the environment, finding the new interests
- Negativism, hostility, tension, and irritability were reduced
- Easier communication, warmer interpersonal contact; higher interest in interpersonal relationships
- Emotionality became more vivid, emotional expressions were more free, better abilities to stay in an emotional bond with the environment.
- Negative symptoms became milder.

General Conclusion

Applying of MGT improves cognitive functions, creates assumptions for more qualitative relationship with the environment, can help overcome social and emotional isolation and withdrawal, and reduce negative symptoms.

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33. Coping with distress through psychosocial skills training

Kjersti Tharaldsen, Inger Kari Nerheim

Summary

A main goal of our hospital is health promotion and health promoting practices. The PhD-project "Coping with distress through psychosocial skills training" is part of the work to provide an evidence-based platform for this work within psychiatry.

The main goal with the project is to develop and to examine the effect of the intervention "Mindfulness-based Coping" (MbC), a skills training program based on cognitive therapy. The skills training program will be carried out for psychiatric outpatients and also adapted to students in high school. To be able to measure the effect of this program, a second goal of the project is to develop a measurement instrument for a MbC-program for psychiatric outpatients and high school students. By means of qualitative and quantitative data, the project will investigate further the effect of the interventions in psychiatric outpatients and high school students, and, finally, carry out a process evaluation for psychiatric outpatients and high school students.

Data collection began in January 2007, and completion of data collection is January 2008. The project has a quasi-experimental design. Participants are psychiatric outpatients assigned to the program by their therapists. The effect of the program is measured both by the development of an instrument measuring the specific skills taught, and by internationally validated and reliable instruments measuring coping styles, satisfaction of life, and pathology. The program will also be adapted to high school students as to further investigate the preventive aspects of such a program. A co-operation with the local high school is established for this purpose.

The project leader is Professor Aslaug Mikkelsen, University of Stavanger. PhD-student is Kjersti Tharaldsen, Stavanger University Hospital and University of Stavanger. Expected completion of the PhD-program is fall 2010. The program is funded by Helse Stavanger, Dalane DPS.

Connex to HPH

The development of the skills training program Mindfulness-based Coping (MbC) and the PhD-project "Coping with Distress through Psychosocial Skills Training" are both important parts of our psychiatric clinic's health promotion and health promoting practices. The main goal of the PhD-project is to obtain evidence-based information about the effect of the MbC-program offered to psychiatric outpatients. The results from this work will influence our clinic's further health promoting work and practices as it will give important information and feedback about our current practices.

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34. P.A.N.A.M.A. (Planning Assistance in "Arcobaleno unit" for the treatment of Alzheimer's patients): New strategies of integrated collaboration with families of older patients with dementia

Niccolò Viti, Giuliana Bonaccina, Monica Barile, Paola Fazzo, Mioli Chiung Ching Wang, Ivana Pisoni, Annalisa Mazzoleni, Giuseppe Galetti, Roberto Caprioli

Don Carlo Gnocchi Foundation has 28 centers in Italy; one of these is Palazzolo Institute in Milan (Italy). The aim of this work was to value the qualitative level of cares in elderly with dementia, guests of the "Arcobaleno Unit" – Palazzolo Institute, with the involvement of their relatives, looking to develop new strategies of collaboration finalized to give a better assistance.

Materials and methods

We considered the data related to the main scales of evaluation used in the unit (MMSE, NPI; Barthel, Cornel, Tinetti). The critical judgments from relatives were picked up using a questionnaire created ad hoc. We elaborated the data related to the comparison among our scale with the questionnaire, considering the following voices: cognitivity, behavior, functional capacity, mood, deambulation, weight, socialization and animation.

Results

The questionnaire has also been a useful tool which allowed us to point out some aspects, perceived by relatives, underlining a concordant judgment between the statistical data and the subjective opinion, both for conduct disorders, weight, animation and socialization. Instead, regarding the evaluations of the cognitive, functional, mood and deambulation aspects, they are mostly discordant. The reason for these differences may depend on many factors.

Conclusions

Some objectives of this job: to estimate the care of Alzheimer patients, to measure the satisfaction degree, to improve communication and promote meeting between sanitary and relatives. Surely the definition of the entity of the variation is more precise thanks to the use of scales of evaluation as in the case of the cognitive loss and of self-sufficiency, but also for the frequent worsening of mood and walk, in comparison to

the simple observation made by their relatives. Such a result can be considered as a further indicator to improve the communication among families' patients and the operators of "Arcobaleno Unit".

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35. A collaborative approach to developing patient information for a family therapy service

Eugene Meehan, Pat Moley, Jacinta Tighe

Introduction

During the consultation process of the influential policy document for mental health services in Ireland "Vision for Change" (2006), service users clearly indicated the need to have easy access to a wide variety of information about the mental health services they are receiving. In order to address these needs and improve knowledge and understanding of the Family Therapy Service within the Louth/Meath Mental Health Services, a study was undertaken to develop an information booklet in consultation with service users and healthcare professionals.

Methodology

A draft booklet was initially developed and then two postal surveys were carried out using a self administered questionnaire. The first questionnaire was administered to service users to determine the need for a booklet, how the booklet would be helpful and when was the best time to receive a booklet. The second questionnaire was designed to elicit views and perspectives from service users and healthcare professionals regarding the draft booklet, and whether they had a better understanding of Family Therapy after reading the booklet.

Results

As a result from the information gathered from the surveys, a number of revisions were made to the original draft booklet. Overall, this project provided an excellent opportunity to involve clients in the development of information suitable to their needs regarding the Family Therapy Services. The project clearly identified the need for an information booklet providing precise information about the service. It facilitated collaboration between service users and healthcare professionals to elicit their views and opinions and helped produce an invaluable resource to service users about the service. In order to gain more views from clients, it is envisaged to evaluate the booklet in the future to determine its effectiveness in providing information that meets the need of the client.

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36. Psychological first aid: Description of a special organisation in a central hospital

Tommi Hautaniemi

At Central Hospital of Seinäjoki (200.000 inhabitants in 26 municipalities) we have a Team of Psychological First Aid. A PFA-specialist on duty can be called 24 hours a day, within half an hour. PFA serves victims, relatives and hospital personnel, usually when they still are in shock.

- In the case of accidents or critical medical procedures a PFA-specialist takes care of patient's relatives at the hospital.
- The victims staying in the hospital will have their debriefing sessions arranged there. The need for a follow-up meeting and therapies are also evaluated.
- Hospital staff members may be shocked by an unexpected death of a colleague, a violent incident during a work shift or a dramatic patient death. The defusing-sessions are then needed.
- In the case of disasters PFA-team serves in medical first aid center and other units at the central hospital. Moreover PFA-team may serve as a centre of expertised counselling.

PFA entails being available, offering practical aid, acting as a liaison between relatives / patients and medical staff members. It is also important to consider the following days, eg children at home. PFA also includes displaying the deceased to the next of kin. Relatives are considered to be normal individuals who have encountered a traumatic event, so no medical records are kept. The team members are trained in two-year periods: first to learn basic skills, second expertised skills.

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37. The intervention of brief psychotherapy in the general medicine consulting services

Anna Maria Borziani, Maria Bologna

The new health demands expressed to the Mental Health Service through the consulting function for General Practitioners make it necessary to develop agile and effective treatment tools. The General Medicine Consulting Service in the Reggio Emilia District has established a Brief Psychotherapy Unit that uses an intervention model which integrates the contributions of evolutive psychology, life cycle and psychoanalysis.

Purpose and objectives

The development of this technical-organisational model, which is compatible with the characteristics of a public setting, assures the response to the emerging health needs, even at an early stage, by modifying the factors that impede the normal course of the evolutive process in a focal and short-term manner.

Methodology / actions

Among the important aspects of a brief psychotherapy intervention structured in this way we may highlight the importance of a careful evaluation process extended to psycho-social factors and oriented to identifying a focal problem, which may hinder the normal evolutive process at any stage in the life cycle.

Main target

This is represented by patients sent by the General Practitioners, suffering from common emotional disorders in the field of anxiety / reactive depression to current events in their lives, which in the absence of a punctual intervention of recognition and treatment could risk a significant compromise of the level of psycho-social activity.

Assessment of results and conclusions

The therapy work wants to face evolutive obstacles and develop self-therapy skills; the active role of the patient as agent of his / her own process of change not only reduces the intervention times but assures that the evolutive process continues within a context that is external to the therapy and above all after it has ended.

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38. An experience of autogenous training in a rehabilitation department with patients affected by neurological, respiratory, orthopaedic disorders

Ivana Pisoni, Carolina Bonfanti, Annalisa Mazzoleni, Geremia Giordano, Roberto Caprioli, Mioli Chiung Ching Wang

Objectives

The Institute Palazzolo is one of the 25 centers of the Don Gnocchi foundation, it works in Milan and this R.S.A. hosts 700 patients.

In the structure there are other departments such as the operational unit of rehabilitation hosting 40 patients with respiratory, neurological and orthopedic problems. In this rehabilitative context, the elderly patients hospitalized often live a situation of uneasiness and they shift their own thoughts and emotions to the body that becomes the place of conflicts which are not expressed in other way but which are tied up to the illness in action. This uneasiness often coexists with some neurological pathologies that complicate the work of the rehabilitation therapist and the functional recovery of the patient. The aim of this research is to offer to the patients a space of auto driven actions on the body through a technique of relaxation integrated with the rehabilitative work as a method of awareness of the psico-physics disorders that are present in the patients with neurological deficits. Anxiety with regard to the illness and depression are factors that reduce the functionality of the patients and they contribute to reducing cognitive performance and motivation for recovery.

Works

The present work is open to a 8-10 patient group signalled by the doctors of the department during the team. The autogenous training is made in a suitable environment to favour the autogenous commutation. The experience is preceded by the divided relaxation of Jacobson for the duration of 20 minutes and the mental condition, thus created, is similar to the pre-sleep. The answer to the autogenous training is measured through a graduated scale of survey created by the Clinical Psychology service of the institute and auto-managed to every meeting.

Results

22 sessions have been carried out while there have been 112 presences. From the file we can deduce that: 68% had a total emptying of the mind, 32% intermediary, 66% have perceived a total or selective heaviness of the body, 34% in intermediary form, 34% have perceived heat in a total or selective way, 63% in intermediary and absent way, 75% have perceived unintentional rhythms, 25% intermediary and accelerated, 73% have lived the experience positively, 11% in an anxious way. The use of the technique has been used by the 87% of the participants.

Conclusions

From the data results that the patients with the highest score in the graduated scale have decreased the somatization tensions that slowed down recovery.

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39. The hospital environment as determinant of patient wellbeing: Results from an empirical study at a psychiatric ward

Ursula Karl-Trummer, Martin Nagl-Cupal

International research indicates that the hospital environment contributes to the health and well being of patients and hospital staff. Besides the well demonstrated influence on health of building materials, factors like colour and lightning, views out of the building, design components, and integration of art work, are discussed. Canadian and US - initiatives stress the importance of art and design for recovery processes of patients, and a British national study commissioned by the NHS stresses the importance of hospital design for the recruitment, retention and performance of hospital staff.

Despite the numerous studies about the relation of environment and health, models to describe the complex interactions and interrelations of environment and the "social world", e.g. roles that have to be taken and tasks that have to be fulfilled in this environment, and the health and well being of people seem to be missing.

The LBI for Sociology of Health and Medicine together with the Institute for Nursing Science, University Vienna, developed a sociological model that aims to describe the interrelation of environment, tasks that have to be undertaken in this environment, individuals who have to fulfil these tasks, and their health and well being. It is a triangle model combining 1)person, 2)tasks and roles and 3)environment.

According to this model a diagnostic instrument (questionnaire) to assess perceptions of hospital patients was developed. A first pilot survey on a psychiatric hospital ward, including 18 patients, was conducted in February 2006. The presentation will discuss the developed model and questionnaire and will present results from the patient survey.

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40. For a humanization of assistance – the hospital is with you

Renato Schiavello, Raffaele Ghirardi, Isabella Bernardi, Sondra Ghidini, Camelia Gaby Tiron

The project, with a foreseen length of 36 months, at the moment fully running (planned to last until March 2009), develops around the concept of wider health, attentive to social, psychological and cultural dimensions of the sick person, the hospital patient. With this particular attention, defined as "humanization", modern civil services, and national and international sanitary services involved, the hospital at Pieve di Coriano is the promoter of cultural initiatives of the entertainment and socialization, attempting to reduce the uneasiness of the patient and the inevitable stress during the hospital stay flanking these with discretion in necessary medical assistance, creating a positive atmosphere for all, patients, family members, and hospital personnel. It is a way to reduce anxiety and stress connected to the illness accompanying the patient and his / her family members during stay, offering peaceful moments to socialise in "normal life" where all are involved, and a positive impact can be achieved through their own actions: personnel, voluntary associations, cultural associations, private businesses, mass media etc.

The program will have annual happening, but within 2006 there were already three cultural and artistic events. Program evaluation is checked by the Hospital Direction through a project group with evaluation indicators in a questionnaire completed by patients, relatives, and involved personnel.

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Session P 1-6: Humour, arts and culture in the hospital

41. The clown therapy and HPH

Francesca Novi, Sonia Cavallin, Barbara Zaniboni, Patrizia Farruggia, Loredana Fauni, Francesca Raggi

This is a hospital experience to enhance Positive Living, within the activity of the hospital's plan called HPH 2006 – Thematic Area.

Reception

The implementation of the Clown Therapy experiment was positive in 2 of the 9 hospitals of the Local Health Unit of Bologna. This was free of charge and was made possible through the generosity of the Vip Italia Onlus Association. The goal of the experiment is to create an atmosphere and a hospital environment that is more cheerful and colourful. It aims to try to create a moment of relaxation or amusement and enjoyment for the children and adults who are confined in the hospital. The Clown doctor helps to enhance a positive attitude not only from the patients but also to their family and relatives (in line with the Ottawa Writing and in reference to the International Document). The benefits of the Clown Therapy, which is an integral part of the steps or route to effective medication, are recognised and applied world wide.

Result

A representative of the Association joined and participated effectively into the HPH group. An awareness session to train and inform all worker and Associations of Volunteers was initiated. They were instruments for the experiment sharing their experiences and demonstrating the method of operation. Posters and exhibits were shown in the hospital premises; a questionnaire for feedback and comments were made (this is for the service user as well as interview material for the medical staff), and validated by the UO Quality that supplied the service. The first analysis of the questionnaire provided a positive feedback (the data processing is still on going). The Local Health Unit has then designated the 2nd of April as the "Day of the Red Nose" in the hospitals' premises and at the squares around the city. The day is a call for monetary support and donations in favour of the hospitals where the clown services are held.

A photographic exhibit was prepared to be shown at the hospitals' lobby. An article was written on the initiative which was publicised on the hospital's news letter and sent both to the medical staff of the local health unit and forwarded to the magazine section of the unit.

In 2007, courses on COMICOTERAPIS will be activated for the hospital personnel. A slogan and or a quotation which says: "A Smile doesn't last for an instant but could be eternal in memory" (Schiller) will be posted on the hallway, to serve as a reminder to Doctors and nurses. After all, education is good with humour mixed to it.

Connex to HPH

The Clown doctor helps to enhance a positive attitude not only from the patients but also to their family and relatives (in line with the Ottawa Writing and in reference to the International Document).

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42. ROTE NASEN Clowndoctors International

Monica Culen

ROTE NASEN is a health promoting agent of a different kind. We marry medicine with the arts. Our approach is simple but effective, as it is one of creativity – interaction – stimulating play. When we work with our patients, we take their individual needs and interests into consideration. This results in a special connection between patient and artist. The patient's response is an elevation of mood coupled with laughter.

This requires from the professional "clowndoctor" a special sense of compassion, sensitivity, intuition. Their skills for situational awareness and improvisation must be expertly fine-tuned. All of these characteristics are attained in a lengthy and rigorous training programme within the organisation, to which both medical and psychological know-how must also be acquired. The purpose of our work increases in meaning as the patient is momentarily transported into another world, alleviating him from the actual situation he finds himself in. In end effect, not only are the patients empowered with a new zest for life, but also the families of the patient and the staff of the hospitals are imbued with a new perspective. The hospital experience is made more humane for the patient, because the clowndoctor complements the traditional health professional's role in the medical environment.

ROTE NASEN is dedicated to developing and promoting coping strategies in the health environment which are practical and productive. We concentrate on the myriad proven health benefits of humour. In the year 2006, we yet again achieved our set annual goals for implementing humour in the health care setting. 124 ROTE NASEN clowndoctors worked in 71 hospitals in six countries. They made 3,657 visits to 125,000 patients – not only children, but also geriatric and rehabilitation patients. With these impressive results, we have positioned ourselves to be a fundamental instrument in the international health care delivery system.

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43. Laugh without reason – anyone can do it!

Marianne Gallhofer

Humour as a therapy has never failed

My aim is to show how important it is to laugh. Laughter and breathing are keys fortunately. Both have a healing and integrating effect on body, soul and mind. Breathing arouses the senses and laughter is an expression of joy, setting on fire and connection. Therefore it is stimulating and especially effective in group practise. Breathing and laughing with the help of simple and specific exercises can drive worries and sadness away, stimulate feelings and wake the full liveliness.

Laugh yourself healthy

We all know that laughter makes us feel good. A regular 20 minute laughter session can have a profound impact on our health and wellbeing. Laughter is gentle exercise. It fills your lungs and body with oxygen, deep-clears your breathing passages and exercises your lungs. When we laugh our bodies release a cocktail of hormones & chemicals that have startling positive effects on our system. Stress is reduced, blood pressure drops, depression is lifted, the immune system is boosted & more. Western science is just starting to discover the great effects of laughter.

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44. "Playing on the Stage" – to improve communication and internal climate

M. T. Benghi, M. Nembrini, Alberto. Appicciafuoco, I. Frati, V. Fusari, M. Gostinelli, S. Naldini

The Azienda Sanitaria di Firenze (Florentine Health Organization) chose "Playing on the Stage" within the Humanization,

Welcome and Care Project to improve communication and human relationships. Why choosing theatre and music? These two disciplines make people speak, move and act more spontaneously; playing other roles makes them feel more confident and at their own ease, dropping out their mask. Moreover everyone works together to achieve the same purpose: to realise a drama or a comedy.

The project also contributes to improve "work performances" which, as international literature says, are deeply influenced by the quality of human relationships. Many organisational problems and conflicts, as well as client protest, arise from bad communication and relationship between operators. So, really, if internal climate and communication get better working performances are going to be consequently improved.

We can find many professional roles observing the 120 enrolment forms: doctors, nurses, and many other sanitary operators as well as administrative staff. Some of them shows their abilities to dance (classic, jazz, oriental etc.) and to play instruments (piano, accordion).

The Regione Toscana Clinical Risk and Patient Safety Management is pointing out the "Playing on the Stage" Project as one of the best ways to improve communication whereas clinical risk is higher.

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45. "Acoustic Medicine": Special audio programs help to reduce stress, anxiety, depression and pain

Vera Brandes

Music is a powerful remedy to increase the quality of care because it improves the psychophysiological regulation. The effects of music should be used systematically in the various hospital settings as well as in the treatment of outpatients to improve the quality and outcome of medical care. Hospitalization and medical interventions can be an extremely stressful experience. Studies have shown that listening to music has significant positive effects on recovering patients, such as pain reduction and improvement of depressive symptoms. This presentation will deliver a comprehensive report of the research efforts which have led to the development of special audio health care programs designed for the use under clinical conditions.

Methods

The effects of specific music programs on the psychological conditions and needs of patients were evaluated with qualita-

tive research methods. Physiological parameters were analyzed to determine the effects of music on the quality of chronobiological regulation and stress coping capabilities. Based on the results, a series of receptive music therapy programs were composed and produced including a specific program for the support of patients in hospital care. In addition, programs were produced for hypertension, stress-related arrhythmia and chronic insomnia.

Results

Patients appreciated the soothing and distracting qualities of the programs resulting in an improvement of symptoms, a reduction of pain, an increase of mental and emotional comfort and stability, an improvement of stress coping capabilities and sleep quality and duration.

Conclusions

The therapeutic concepts proved to be viable. Receptive music therapy in the form of auditory stimulation programs may play a significant role as adjuvant or complementary therapy and can serve as an effective tool to improve the quality of care.

Connex to HPH

Patients who experience the positive effects of specific audio programs in hospitals will also learn how music can be used to help maintain their mental and emotional health in their daily life.

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46. A nurse-led programme of improvements to the design of a hospital outpatients environment with regard to its impact upon patient and staff wellbeing

Frances Sullivan, Michele McGettigan, Aine Davern

Introduction

"Variety of form and brilliancy of colour in the objects presented to patients is the actual means of recovery" (Florence Nightingale). With this in mind and with the support of the Hospital Health Promotion Department (HPD) the staff in a busy Out Patient's Department in a Dublin Hospital looked at the concept of colour, materials and design and their impact in promoting healing and well being. This was part of a planned refurbishment of the OPD. The importance of using the right colours and materials in the right way for both patients & staff

can make a huge difference to the patient's emotional and physical experiences so a lot of time & planning was put into the new colour schemes and materials for each individual clinic.

Aims & Objectives

- To improve the patients journey through the department by using colours and materials that were not only pleasant to look at but that would promote healing & well-being.
- To improve the working conditions for staff & to provide them with a pleasant & comfortable working environment.
- Using individual colors for each clinic (colour coded) the patient will be able to locate the clinic they need to attend more easily.

Methodology

With funding CEO and Senior Management commitment in place a multi-disciplinary team was set up. This consisted of OPD nursing staff, senior management, architects and builders, health promotion staff, cleaning service, infection control and technical service staff who worked in partnership with a professional colour and material consultant who assisted & advised the team. The project was actioned by a team based performance approach with timed aims and objectives.

The art in hospital committee met with the team to discuss what had already been achieved in Ireland and a presentation by a skilled arts co-coordinator of what has worked in other hospitals was arranged.

After much collaboration between the team, suppliers and builders the OPD changes got underway.

Outcome

Colours were chosen for each individual clinic depending on the type of patient been seen e.g. the migraine patient, green and yellow were used to promote relaxation and calm. Appropriate materials for chairs, curtains, flooring etc were also chosen.

The lighting was professionally selected to ensure it was as close to daylight as possible for all the OPD area and almost all clinics have natural light from windows and skylights.

Although each clinic was decorated differently to enable the patient to locate the clinic they need to attend, the colours throughout the department blend very well together producing colour harmony and maximizing the feeling of wellbeing for patients, relatives and staff.

Conclusion

The refurbishment is almost fully completed and the results have been extremely positive. Anecdotal evidence has shown that the patients and relatives attending the clinics and staff working in the area have a much more positive physical and emotional experience. When the project is completed a patient and staff satisfaction survey will be carried out as studies have shown that this type of change can increase recovery rates and improve staff morale. As a health promotion project the hospital staff feel that the environmental change carried out in this department will be beneficial for years to come.

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47. Circulating libraries in hospitals

L. Parigi, I. Frati, V. Fusari, Alberto Appicciafuoco, M. T. Benghi, M. Gostinelli, S. Naldini, M. Nembrini

Reading books is a good instrument to stimulate the individual vitality and sensibility. It may also be considered a therapeutic help in health prevention and cure, being the so called "food for the mind".

Hospitals are often considered as unfamiliar and confined spaces, only for people who need medical care and assistance.

Following the Regione Toscana indication, named "A book and a volunteer for friend ... reading is good for health" we started the project in all the Azienda Sanitaria's main hospitals: first of all in Santa Maria Annunziata Hospital (1997), followed by Nuovo Ospedale S. Giovanni di Dio and Santa Maria Nuova. The project involves Public Libraries in Florence, as well as various and well known Cultural Associations as AUSER, AVO, LIB(E)RAMENTE, KOINONIA). A group of volunteers set up a little "circulating library" offering books service to the patients and often requested by nurses and doctors.

Finally, we have also started a new project called "The legendary grandparents": high voice readings close to the patient's bed, a group of adult readers trained by an experienced teacher. To make the project visible, we successfully realised two literary events (September, 19 and December, 18) with the participation of two famous Italian novelists winners of many literary prizes (Pietro Grossi and Enzo Fileno Carabba).

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Session P 1-7:**Approaches towards workplace health promotion + supporting lifestyle development of hospital staff****48. Workplace Health Promotion**

Berit Nyström, Lena Sjöquist Andersson

The focus in the field of healthy workplaces has changed during the years. The early strategy of the work was rehabilitating people. During the nineties the systematically environmental work got a more clearly preventive focus. The aim was to discover risks to prevent injuries / diseases. During the last years, focus has changed again. The environmental work is now more based on a health promotional perspective and aims at strengthening factors which promotes health. This work requires other methods and knowledge than working with prevention and rehabilitation. The aim with this pilot project is to understand more of what healthy workplace in health care systems means.

In the County Council of Västerbotten there are approximately 200 workplaces. All workplaces were invited to participate and approximately 20 units responded. The ambition was to include different kinds of workplaces and five units were chosen: A surgical centre, an administrative unit, an ophthalmic clinic, a dental clinic and a health care centre. A working team and a steering committee were appointed. HR-specialists, who earlier were support to the leaders, got an increased supportive role. For methodological support there were health promotion officers. The project has just started and is planned to proceed for 12-15 months. During this period the participating units will meet in learning sessions at four occasions for inspiration and collaborative learning. In the HR team there is a parallel collaborative learning. Each workplace chooses what subject they will focus and the ambition is that every unit sets individual, team based and organizational goals. As support for the work "back home" they are provided with a toolbox. It contains a basic set of conditions, tools, surveys and ideas which, according to research, contributes to healthy workplaces. We will present the development of the work and some tools.

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49. Organisational wellbeing: An operative proposal

Marcella Filieri, Giovanni Belcari, Sonia Bortolotto, Graziano Campinoti, Alessandra Di Bugno, Giuseppe Martini, Gabriella Smorto

Rationale

The HPH network promotes the empowerment of its employees as well as the users and the community. In fact, in all organisations the value given to human resources, together with the attention paid to both formal and informal interactions between those who experience the common working environment, represents a strategic lever to improve the functioning of the system.

Specific objectives

The project aims to encourage active participation of the staff of "Lotti" Hospital (Pontedera) in creating optimal organisational and relational conditions. In some departments a climate analysis will be conducted and a network of facilitators will be set up in order to observe critical situations, discussing them with colleagues and proposing improvements.

Target

The project is aimed at the staff of those areas which, because of their dimension, general sustainability and convinced adherence by the respective managers, guarantee tangible results.

Methods

The project is divided into 5 stages:

- Setting up the "Organisational Wellbeing Workgroup" (March 2006), made up of the Staff Policy, Innovation and Training, Risk Prevention and Protection, Practising Doctors, Internal and External Communication, Psychology and Legal Office areas.
- Presentation of the project to managers and the collection of adherents. (December 2006).
- Survey of the organisational climate (from January 2007) by means of the kit supplied free of charge by the "Construction" section of the Ministry of Italian Public Offices.
- Running of the "Improvement Groups" by the trained facilitators (from March 2007). These groups will involve the operators in the decisional processes of the department and in listening on the themes of: knowledge of the service objectives, circulation of information, surveying training needs, strengthening the sense of belonging, developing safety systems and prevention of mishap, stress level monitoring, attention to conflict levels, support for the introduction of organisational and technological innovation.
- "Organisation's Listening Window" (from February 2007) for listening to and evaluating situations of individual working discomfort and any clinical placement.

Measure of success

At the end of a 2-year experimental period, we are expecting an improvement in employee satisfaction examined using the tools adopted by the Region of Tuscany for two years in the health service to monitor the internal climate. Furthermore, we are certain that there will also be indirect positive results for the users of our service and for the reference community.

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50. 7 columns activation program

Charlotte Dichtl

An initiative for the promotion of the health of our cooperating
Developed of cooperating for the cooperating

Short description of the project

Cooperating one the hospital of the Barmherzigen sisters in Linz from the ranges Industrial medicine, clinical psychology, nourish-medical consultation, Krankenhausseelsorge and hospital hygiene see as common order the health promotion and prevention. 7 columns the active program by this group developed from the need to consider the cooperating of the hospital more strongly in this order for preventive. The hospital executive committee supports this idea. Financial means are made available. The participants carry a small sharing of costs out.

Project explanations

- Analysis of problems, starting point of the project Cooperating ones of a hospital are exposed to physical and mental loads. The work with and on ill humans, office activity, the work within the technical range - you all are concerned in different extent.
- Concept idea, new quality, requirement of the project 7 columns the active program is "to be available" in the background. For each particular as offer to promote and maintain its own health. Are available as offer, which is noticed perhaps together with colleagues from the team. Completely after the slogan "together instead of lonely". "We all know that we need now and then thrust for own health activities."
- Practical negotiability, experiences, effects In September 2002 with the development of the concept one began - in August 2003 it could be applied for the first time as "7 columns active program". But we won the health price of the city Linz. The vision is that this idea remains a constant mechanism in the hospital of the Barmherzigen sisters, 2006 the fourth edition successfully was already converted - the program for 2007 is in elaboration. 7 columns the active program for the cooperating of the hospital one developed. It should energize each particular about its own health to think and become if necessary initiative. Also different public health services it should be stimulus to support and promote activities for the health the cooperating.

The initiators wish themselves:

- Norbert Denkmayr - hospital hygiene
- Ute Mayerhofer - hospital hygiene likes
- Charlotte Dichtl - clinical psychology
- Stefanie Leidinger - nourish-medical consultation
- OAU Dr. Josefa Menauer - industrial medicine

Connex to HPH

Making the hospital a more effective agent for individual and public health by implementing the comprehensive vision of HPH.

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51. Project "Equal and Hospital"

Juraj Vancik, Denisa Vancikova, Miroslav Sklenar, Milan Bagoni, Marianna Muzikova

The hospital is part of an international project of European social funds related to gender issues, done by local HR consulting groups. Partners come from Italy, Spain and Portugal. The hospital is one of 70 organizations in Eastern Slovakia where employees were surveyed about the opinions and experiences related to gender issues. The survey consisted of 30 points, with 5 point scale. Out of approximately 920 employees, 351 participated in a written survey.

The following statistics of the group were captured:

- Ration males/females
- Average age
- Average length of employment
- Family status
- Members of the organization
- Position in the organization
- Education level

Two levels were measured: employees' opinions and attitudes towards gender equality in general and related to their work place. Results about the status of the hospital and the perceptions of the employees related to the gender issues were presented to the management – 90% of the respondents think that there are no discrimination elements, 94% says they did not come across discrimination in relation to their co-workers, and 92% says they did not feel any discrimination towards their own person. Other factors were presented as well.

In a second stage of the project, the hospital was part of 7 organizations, where verbal individual and group interviews took place. The outcome is about to be presented to the management of the hospital.

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52. It has to start from within

Juraj Vancik, Denisa Vancikova, Milan Bagoni, Marianna Muzikova

Hospital employees have to have a preventive exam done every year. In September, for the first time, we organized 3km and 5 km running / walking for our employees (outside teams were invited as well – in the spirit of health promotion in the community), together with their families. Different games were prepared for children, hyppotherapy was offered.

Apart from being a member of HPH, we have this year become a member of the European Network of Smoke-free hospitals. We try to reach new, higher levels. This year, we prepared a program we would like to start in January 2007, which we offer to our employees and patients who would like to stop smoking. A team of internal doctors, psychologist and psychiatric is there to help.

The hospital believes that by creating a pleasant environment, we help the healing process. Besides clean places which we have been also renovating, we try to create a space for art – at the entrance is a ceramic wall created by an artist. The walls are decorated by the art done by local graphic design university students. In a different place, we have a gallery, where already two exhibitions took place:

- Together with the Red Cross, university students prepared posters related to the topic of blood donation (project Student's drop), and the posters are displayed.
- Students inspired by a metal created art subjects as part of the summer workshop, and their work was displayed.

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53. A heart for running in the green lungs of Vienna

Ursula Köller, Herbert Dworak

Since 1998 KHR (Hospital Hietzing with neurological centre Rosenhügel) has been member in the HPH network, and has profiled within the last few years with health promoting projects. The project "A Heart for Running in the Green Lungs of Vienna", which took place on the premises of the hospital, was organised according to WHO's definition of health: Health is the state of a complete physical, mental and social well-being, and, therefore, far more than the mere absence of disease or infirmity.

For preparing the project, a PR-team, consisting of medical management, various department managers, the quality management and representatives of various faculties, was constituted to develop strategies and plans for organisation. The project was supported by financial funds of the hospital and other sponsors.

The project focused on cardiovascular risk-stratification / metabolic diseases (primary and secondary prevention). For staff, there were single and team contests, with professional chip-testing methods. For patients and visitors from the neighbouring districts, a Health Day was organised, offering special preventive-medical advice of various clinical departments and preventive advice for care-taking, so as to develop health awareness. Visitors were also offered healthy nutrition, and for children, child-care and a bouncy castle were organised.

Interested visitors and patients were handed over a Health-Pass with an invitation to walk the "Health Path" which offered presentations of the health promoting, department-specific activities of the KHR, e.g. offers to screen for and evaluate risk factors, and to discuss preventive-therapeutic measures. The Health Path was arranged for two years in order to be able to check changes and sustainability in a better way. At the moment the PR team is in the phase of evaluation and the phase of developing attended programmes of sustainability of different disciplines, in cooperation with the Centre of Sports Science and University Sports of the University of Vienna. In parallel, the date for the second KHR "Running Day" has already been fixed.

Summing up, the first KHR "Running Day" was a great success. Programmes of sustainability and documented minimisation of risk factors are the next aims.

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54. PIMEX / Visualisation: Workplace health promotion in hospitals

Marcel Morscher, René Kauer, Harald Kwiecien

The occupational situation of medical personnel is characterized by excessive physical and psychosocial work load. Visualization techniques such as the PIMEX (Picture-Mix-EXposure) method represent powerful instruments for occupational exposure assessment and control. The real-time monitoring features of PIMEX provide support for involving all persons concerned in the analysis process. Participation is a key concept in order to reduce or eliminate hazards in workplaces, since employees turn out to be better motivated and engaged to take part in the seeking of solutions as well as to implement derived measures.

In our contribution we present first results from the research project HERIVIS (Health Risk Visualization System). Main objective of the project is the development of a system that allows for analysis and risk assessment of working systems based on the visualization features of the PIMEX method. Research focuses include the analysis and assessment of hazardous substances at the workplace, musculoskeletal disorders (MSD), and the investigation of the psychosocial work environment. Emphasis is also placed on the topic knowledge transfer and learning regarding health and safety at work. Technological innovations within the project include a 4D gridmap (multi-dimensional spatiotemporal recording of exposures due to hazardous substances, thermic comfort, lighting conditions, etc.), motion and posture analysis with mobile sonometric sensor technology as well as the development of an ultra-fine particle (UFP) sensor.

Based on results from the HERIVIS project we introduce fields of applications for visualization techniques in the hospital. A focus will be on stresses and strains caused by manual work and the negative impact on the musculoskeletal system, particularly with regard to lifting and carrying activities as well as unilateral or static body postures. Further applications include the analysis and assessment of air pollutants, such as dust, anesthetic gas in operating rooms, disinfection sprays, or solvents.

Connex to HPH

Visualization techniques have a great potential regarding the support of workplace health promotion strategies in the hospital. The participative approach helps to increase employees' awareness of health hazards, optimize risks, and improve work situations.

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55. Alcohol at work**Nina Bauer****Background & Methods**

With advertising campaigns and glossy magazines promoting alcohol as an integral and socially accepted element of our LIFE STYLE, the negative realities associated with excessive alcohol abuse and alcoholism still rate amongst the taboos of our society. Recent years have seen changes in drinking patterns across the globe: rates of consumption, drinking to excess among the general population and heavy episodic drinking among young people are on the rise in many countries.

Health problems associated with alcohol consumption have reached alarming levels, and alcohol use contributes to a wide range of diseases, health conditions and high-risk behaviours, from mental disorders and road traffic injuries, to liver diseases and unsafe sexual behaviour. Statistical facts related to health and social consequences via intoxication (drunkenness), dependence (habitual, compulsive and long-term drinking), and other biochemical effects remain just so many numbers.

Confronted with the various problems related to alcohol use and abuse at work the Department of Medical Technical Services and Auxiliary Care Services has created a brochure providing not only facts and figures but also a standardized action-plan guiding superiors through the difficulties that may arise in context with harmful alcohol consumption. Consistency in the management, prevention and reduction of the negative health and social consequences of alcohol consumption is one of the strategic aims of this manual. Additional coaching for superiors was provided and together with the implemented rules and guide-lines an information campaign was initiated to sensitize staff and superiors.

Results

With the intention of providing a wide range of information and the necessity of prevention in mind, a hand-book combined with a standardized plan of action was introduced and established.

Connex to HPH

Harmful alcohol consumption and the resulting negative health and social consequences as well as the difficulties that arise in this context are an important issue in the health promotion policy of hospitals. With this presentation we want to achieve further awareness and to introduce our approach to this critical subject.

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56. Dietary fat intake intervention based on self-help material for hospital personnel**Yannis Tountas, Marina Rapti, Georgia Palikarona****Purpose**

The present study evaluated the effectiveness of an intervention program that focused on lowering dietary fat intake via printed and on line manuals in a sample of administrative and nursing personnel of the Aretaieion General Hospital, Athens – Greece.

Method

This quasi- experimental study used a convenience sample of employees. Data was collected for two groups: the intervention group (n = 44) and the control group (n = 30). The later group received only an informational leaflet on the benefits of a balanced diet. The theoretical basis of the intervention was the Stages of Change Model. The overall duration of the intervention was three months. Participants were assessed at pre and post- intervention.

Findings

At post- intervention, the intervention group adhered more to the Mediterranean diet (p=0,006), reduced the blood cholesterol levels (p=0,001), increased their knowledge regarding diseases associated to poor nutrition (p=0,063), moved to the expected stage of change (p=0,001), used more the processes of change [social liberation (p=0,006), helping relationships (p=0,033), self-efficacy (p=0,012)]. The decisional balance did not change significantly. No significant changes were observed for the control group pre- and post- intervention.

Conclusions

Utilization of printed and on-line material based on the Stages of Change Model was effective in motivating participants to lower their dietary fat intake and to reduce their overall cholesterol levels. A six-month follow up has been planned. It is of great importance to implement theory based health promotion programs in order to improve the quality of life of the employees who are working in the collaborating hospitals of Health Promotion Hospital Network in Greece.

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Session P 1-8: Interventions for specific health problems of staff

57. Burnout and Quality

Elisabeth Gonzalez-Martin

Burnout within individual team members and teams as a whole has on the one hand a decisive effect on the quality of care, of life and of health-systems alike. On the other hand the prevalence of this condition is increasing. The Vienna Hospital Association therefore chose this syndrome as a key-issue for its programme of supporting employees in the year 2007. This fact is a challenge for the team of the Psychological Service Centre of the Vienna Hospital Association, which has been working on health-promoting initiatives for hospital-employees already several years. The core of this tradition is the transfer of know-how, skills and coping-strategies to hospital-staff and especially to personnel in executive positions aiming at their empowerment to deal with workplace symptoms. For that purpose tools for employees in executive positions have been developed in the form of written manuals containing guidelines. At the same time the Centre offers counselling and training workshops and tries to create consciousness.

In accordance with the key-issue for 2007 the newest product in this series of manuals is the one on Burnout, which is based upon an innovative systemic concept of Burnout: different to common theories, it describes the process of burning out (pathogenesis) as well as the process of getting out of a Burnout syndrome (salutogenesis) based upon an innovative systematic and interactive concept of six determining factors that are tightly connected and can either be destabilized or stabilized by each other. Another interactive element of the concept lies in the analogy of the individual and team processes of Burnout and the interdependencies of the process within the individual staff-member and the co-working-team. Our poster will present the main ideas of the new concept.

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58. Survey of anxiety-depressive symptoms among staff nurses in a university hospital

Christina Ee Sang Sim

Introduction

Nurses frequently work in stressful conditions. With increasing emphasis on the psychological well being of employees, I undertake a survey to look at anxiety-depressive symptoms among nurses in a university hospital.

Method

A two-part questionnaire was distributed to nurses in various wards. The first part studies the demographics of the respondents, presence or absence of anxiety-depressive symptoms, perception of the causes of their symptoms and treatment received. The second part is the standard Hospital Anxiety Depression Score (HADS).

Results

47 nurses responded. They are divided into 3 groups based on the results of the HADS. Group A (11%) score significantly high in both the anxiety and depression components of the HADS. All are Irish females. All had symptoms (more than 12 months). All had sickness absences as a result but none had treatment. Group B (17%) score highly on the anxiety component of the HADS but not the depression component. 7 are females. ½ are asymptomatic. The others had symptoms for less than 12 months. ¼ had sickness absences. None of them had treatment. Group C (72%) did not score significantly in the HADS. 32 are females. 6 are foreign nationals. 82% are asymptomatic. Of the 6 symptomatic nurses (18%), 3 are foreign. Rate of sickness absences in this group is low. ½ of the symptomatic nurses have treatment (2 attending counselling, 1 attending psychiatrist). While the causes are multifactorial, work related problems are the main stressors in all 3 groups.

Conclusion

The findings suggest that work induced anxiety-depressive symptoms are common among nurses. Affected individuals are slow to seek help despite their health and work being affected. The study highlights the problem that people with mental ill health frequently suffer in silence. As doctors we should work towards promoting better awareness of good mental health at work.

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59. Critical incident stress management

Sarah Bush, Roderick McNidder, John Somerville, Deborah Miller

Critical Incident Stress Management (CISM) is a structured system of care in which there is a range of recognised interventions designed to reduce the adverse reactions that often occur following a critical incident.

A critical incident is a term that refers to an event which is outside the usual range of experiences and which challenges a person's ability to cope.

Examples of such incidents are:

- Major incidents with multiple casualties
- Attempted suicide or self harm by a member of staff
- Threatening behaviour or physical violence to you or others

The provision of CISM serves a number of interconnected purposes

- Preparing staff for the possibility of traumatic events
- Enabling effective and timely support during and after incidents and rapid resolution of problems
- Ensuring staff feel supported in both the short and long term
- Facilitating return to effective work

CISM is about everything that goes on within our workplace and what happens to our staff. It shows our commitment to care for them however CISM is not counselling or therapy. CISM is part of the range of support services provided under NHS Ayrshire & Arran's Mental Wellbeing in the Workplace Policy. These services include Health Promotion, Occupational Health, Chaplaincy, Health and Safety and Staff Counselling. Overall, the development of the CISM Service has revolutionised the culture within NHS Ayrshire & Arran and has facilitated a shift in the management culture of the organisation.

Connex to HPH

The key to the Critical Incident Stress Management Service is health promotion within the Hospital. It underpins all the services mentioned and has a large co-ordinating role within the Service. Improving the culture of the Hospital (and all other hospitals in the area) is demonstrating a higher level of staff support all round.

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60. Take heart – screening for cardiovascular risk factors in staff members employed in Sligo General Hospital

Maeve O'Reilly, Judy Mulderrig, Dolores Kivlehan

Staff were consulted about their health needs at a hospital health fair and this showed that more health screening was required. In conjunction with Irish Heart week and Irish Healthy eating week 19 male staff aged 25-65 years and 64 females aged 20 - 64 years were screened for the following cardiovascular risk factors: Lipids, Blood pressure (B.P.), Smoking status, glucose, BMI and Family history. European Guidelines on cardiovascular disease (CVD) were used and advice given. Ten of the males and 11 of the females had a positive family history of CVD and three men and 29 women were current smokers. Seven males and 29 females had a total cholesterol < 5mmol/l while 6 males and 23 females had an LDL cholesterol < 3 mmol/l. Only 8 males and 27 females had normal lipid profiles. One person had an elevated glucose. Eight males and 21 females had high BP, While 16 females and 8 males had a BMI < 25/kg/m². This study showed a high level of multiple modifiable risk factors in this population group. Advice was given in accordance with findings.

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61. Preventing intensive care physician cardiovascular risk

Vidas Pilvinis, Egle Kalinauskiene

Background

Cardiovascular disease remains the leading cause of death in developed countries. Main modifiable cardiovascular risk factors are hypertension, dyslipidemia and smoking. Psychosocial factors are also important, especially high levels of stress and burnout as felt by physicians of intensive care departments. Action on these determinants needs to involve health care systems, families and workplaces. We sought to decrease intensive care physician cardiovascular risk.

Methods

In 2005, physicians (n = 23) in the Intensive Care Department of the Kaunas Medical University filled out the questionnaire regarding their cardiovascular risk factors and their burnout was assessed by the Freudenberger scale. The chief of de-

partment discussed collected data with the physicians of his department and their families. Physicians participated in administering decisions of their chief and the chief – in major family events of his physicians. In 2006, physicians once again were asked to fill out the questionnaire.

Results

In 2005, most physicians claimed to be unaware of their cholesterol level (78%), compared to blood pressure (4%) and body mass index (22%). In 2006, less physicians claimed to be unaware of their cholesterol level (54%) than in 2005 ($p = 0.045$), the choice of healthy diet had increased (52% vs. 26%, $p = 0.04$) and physical activity had insignificantly increased (48% vs. 37.5%). There were no significant changes in burnout (28.5 ± 19.1 vs. 25.0 ± 16.15) and smoking (26% vs. 29%). Separate rooms were designated for rest without smoking and smoking.

Conclusions

Our action on intensive care physician cardiovascular risk was successful, but intensive care physician burnout and smoking is still a problem.

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62. The relationship between health conditions of nursing staff and ergonomic working conditions

Vidmantas Januskevicius, Irena Miseviciene

Introduction

In Europe, the risk of musculoskeletal diseases is highest in the spheres of agriculture, construction works, and health care. The standardized rates of musculoskeletal system diseases are highest in health and social care sectors, i.e. 4,260 cases for 100,000 employees.

Aim of the study

The aim of the study was to evaluate the relationship between disorders of the musculoskeletal system and ergonomic working conditions among nurses.

Materials and methods

The study included 2,279 nursing personnel between 18 and 75 years of age. An investigation of ergonomic working conditions was conducted using the Cornell Musculoskeletal Discomfort Questionnaire (1994). The scheme suggested by "General Regulations for Manual Load Lifting" Statement of the Ministry of Social Security and Labor of Lithuania was used to determine the manual load lifting risk index. The analysis of research data was performed using statistical software package SPSS Version 10.0.

Results

The work of nursing staff inevitably involves high demands of physical energy. Unfortunately, contacts with patients very often rely not on automated processes but on physical work involving rather high static or dynamic physical loads that cause physical strain and exhaustion. The fact that the work of a clinical department nurse is related to physical tension was indicated by half of the respondents. 53.2% of the respondents indicated that nursing work is unavoidably associated with forced uncomfortable positions of the body (leaning, kneeling, squatting, standing). Work in uncomfortable positions showed a statistically significant relationship with health impairment which staff related to working conditions. Work in uncomfortable positions is most frequently associated with lumbar pain, joint pain, varicosis, fatigue, and pain in the shoulders. The assessment of work difficulty by risk index showed that washing, dressing, and turning of patients are related to high risks of disorders in the musculoskeletal system. Transportation of patients is ascribed to a higher risk zone. The examination of the risk index among nurses working in different clinical departments revealed that increased pressure on musculoskeletal system is detected in neurosurgery and intensive care units.

Conclusion

Nurses who lift, turn, or transport patients experienced 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.

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Session P 1-9: Examples of overall Health Promoting Hospital approaches

63. Application of wider HP strategic and quality criteria into specialized hospital of St. Zoerardus Zobor governance

Dalibor Petras, Karol Bitter, Peter Berzinec, Zora Bruchacova, Stefan Petricek

The Specialized Hospital of St. Zoerardus Zobor has oriented its activities of health promoting strategies into cardinal medical problems – osteoporosis, lung cancer and smoking cessation. The hospital has implemented three main projects – "Os-

teoporosis Prevention and Healthy Ageing", "Stop of Lung Cancer" and "The Protection of the Nonsmokers". In the Hospitals' Osteocenter over 7,000 people with a potential risk of osteopeny or osteoporosis were examined, using a USG mobile osteodensitometer or, in selected cases DEXA osteodensitometer. Examination showed normal values in 44.66% persons, osteopeny in 42.31% and osteoporosis in 13.03. The study confirmed a high prevalence of osteopeny and osteoporosis in selected population groups and thus the need for a complex preventive and therapeutic treatment on all levels.

The Hospital has implemented the project "Stop Lung Cancer". The main topics are:

- It's easier not to start smoking
- Elimination of carcinogens
- Dietary rules

One of the main aims is screening of risk population, dispensary and treatment. The Slovak Republic had been the seventh country in the world to ratify the WHO framework for tobacco control (2003). Our aim is – with the help of the media (both local and national, printed and electronical) – to intensify screening of risk groups. Using the Internet page (with simple Fagerström test) we are trying to bring the attention of the whole population to tobacco addiction and its consequences. Our hospital wants to become a member of the ENSFH.

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64. The European HPH Strategy under implementation in Russian hospitals

George N. Golukhov, Izolda S. Cherepanova, Tatiana A. Ushakova, Tatiana M. Myakushcheva, Izabella S. Cherepanova, Olga I. Mishieva, Vladimir I. Mochalov, Irina Z. Volkova, Alexander Vorotnikov, Svetlana G. Choyjinimaeva, Bair G. Choyjinimaev

Aim

To organize work to provide all-round support to patients while they undergo treatment, to offer more sophisticated methods in diagnosis, as well as to facilitate efforts to improve health and raise wellbeing of patients. To back up efforts to create a healthy and safe workplace environment and implement measures to achieve an improvement in the health status of the hospital staff.

Subject

Evaluating patient needs in implementing health promoting measures; setting up a network of Russian hospitals where smoking is prohibited.

Settings:

Centers for Conduct of Research: City Clinical Hospital #31, Moscow, City Clinical Hospital #59, Stavropol Territorial Hospital, the Naran clinic, Municipal Polyclinic #209, Public Health Department, Moscow.

Research Results

Medical institutions introduced special cards that allow physicians to record and then evaluate patient needs in the health care sphere. The evaluation focused on the needs of 245 patients. The most detailed cards featuring patient health care needs were compiled during patients' first admission to specialty hospitals delivering surgical, traumatologic and therapeutic services.

In discharge from hospitals and upon completion of treatment in medical centers and polyclinics, 86.7% of patients expressed satisfaction with extensive communication with the clinical staff. They said communication had a salutary impact on them. To identify patient needs in admitting them to hospitals, use was made of information provided by out-patient medical centers and polyclinics. Medical institutions ensured staff involvement in the process of decision making that impact on workplace environment and health.

A sociological survey conducted in a hospital found that 82.4% of patients were in favor of improving the meals serving system. The latter concerned particularly the afternoon and night shifts of the staff. The survey findings were instrumental to the construction of a new canteen serving with a wide range of nutritious, vitaminized and low-calory meals.

The hospital conducts annual table tennis tournaments. These sports events bolster team spirit and staff health. The hospital creates tools for regular information of the staff on health issues. A survey revealed that 47.5% of physicians and nurses and 63.7% of patients are indulged in smoking. Hospitals developed a special radio program informing about the harm caused to health by smoking and preventive measures against the diseases caused by smoking. The hospital radio network broadcasts this program daily from 12:00 to 16:00 for smoking patients being admitted to hospital, their relatives and hospital staff.

The project was launched in 2005. Project participants developed methods to monitor the decline in the number of staff smoking.

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65. An action research of strengthening a community hospital to become a health-promoting organization

Ming-Hsiung Shih, Shu-Ti Chiou, Sai-Hung Tang, Ying-Ling Kuo, Hsueh-Tsai Tsung, Tzu-Yun Chou, Pei-Li Chang

As a community hospital, in addition to providing health services for patients with either acute or chronic illnesses, we also collaborate with local primary care providers in preventive health services, long-term health care and health promotion activities.

In this study, we sought to internalize the concept of health promotion from inside to outside of the organization, improving the health, not only patients but also their family; not only that of the neighbourhood but also the health of our employee. It was an observational study and also a documentary report on the process and progress of meetings, policy formulations and activities. We observed and recorded associated changes in knowledge, attitude and practices of hospital staff and employee, patients and their family, as well as the local community as a whole.

At the end of this pilot study, we tried to depict the process of changes both within the hospital and in the local community, as well as the effectiveness of health promoting programs and activities. Further projects are needed to continue reassessing and reevaluating the long-term effects of intervention.

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66. Health promotion experience in a hospital with many native aboriginal staff, patients and community residents

Choo-Aun Neoh, Chao-Sung Chang, Rouh-lan Sue

Promote health to hospital staffs, patients and their family members and neighbourhood community residents many of which are native aborigine with different languages and life styles are quite difficult. Purposes of this research are: (1) collect and assess health promotion resources and health demand, (2) promote different health topic, teaching material, intervention to different groups and races (3) provide windows for pluralism and health information materials platforms.

This is a The One-Group Pretest-Posttest Design. Result: There are 2216 persons participated. Community people cognition about bad health effect of smoking improved. Those receiving smoking stopping class, the rate of success is up to 21.4% at March, and 52.4% respectively in June. Community resident's cognition about health food have increased by 28.03 mark after community's people's involved in our health diet activity. Aboriginal staffs, patients, and community residents' BMI are relatively higher than non-aboriginal group. Aboriginal group also have more betel nut eating problem. There are 5 healthy diet experiment families, their BMI reduced by 0.07. BMI and body fat ratio of those body weight decreasing class drop significantly. Flexibility degree and endurance relatively increasing slightly, but the endurance index of heart and lungs has significant changed, the exercise cognitive and the attitude score all improved.

The rate of completing pap smear for women hospital staff above 30 years old reach 51% from January - August. Those who think that is very satisfied with was 60.7%, the satisfied one was 36.8%. Guidance through the professional group showed significant positive influence. Conclusions: The action tactics of the movement group, the "sport agreement" together promoted community people and hospital staffs to participate in sports. academic organization construct physical stamina evaluation system, promoting healthy diet, smoking cessation class help improved health promotion. Using different languages, understand their life styles are important.

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67. Application of the "manual on implementing health promotion in hospitals" to the quality improvement plan of Crema hospital

Roberto Sfogliarini, Francesca Gipponi, Giorgio De Petri, Davide Lacchetti, Michela Franceschini

Aims

Achieving a complete tool for clinical governance by means of the use of HPH SAT (self-assessment tool) together with ISO 9000 certification and Joint Commission Standards.

Materials and Methods

In the years 2003-2004 the Ospedale Maggiore of Crema took part in the setting-up of HPA SAT. In 2005-2006 HPH standards / quality improvement plan were integrated with 58 standards (190 measurable elements) of JCI chosen by Regione Lombardia and with ISO 9000 certification. The results

of self-evaluation and JCI and ISO surveys contributed to 2007-08-09 Quality Plan.

Results

- HPH standards met: year 2004 50%; year 2005 52%; year 2006 65%
- Better definition of the policies of admission, evaluation, treatment and discharge of the patient
- Implementation of at least five specific projects oriented to HPH culture: Smoke free Hospital, Intercultural and Migrant Friendly Hospital, Pain Free Hospital, Breath your Life, breastfeeding program and so on
- Critical areas (partly met stds):
 - There is no identified budget even if the actual use of resources can be documented
 - Specific structures and facilities required for health promotion are available only in part.
 - Data are routinely captured on HP interventions and available to staff for evaluation, but not in a complete way.
 - More attention must be paid to the re-evaluation of the discharged patient (clinical conditions, social needs).
 - Information from referring physician or other relevant sources is rarely available in the patient's record.
 - Little availability of health and social territorial services.
 - Detailed information about high risk diseases is partially available.

Conclusions

The manual on implementing health promotion in hospitals can be an important tool to build the hospital quality improvement plan and it contributes to point out critical areas.

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68. Giving the hospital visibility as a health promotion agent

Dolors Juvinya, Neus Brugada, Carme Bertran, David Ballester, Alicia Baltasar, Josep Olivet, Rosa Sunyer

Introduction

The goal of the HPH is to incorporate HP into their culture and daily work – for staff, patients and families, and the community alike. The Hospital Josep Trueta has been member of the network for three years now, and the poster will show how a hospital can manage to become a model in health promotion for other hospitals.

Material and method

Design of a campaign to raise awareness on the role of the hospital as a promoter of health, directed to: hospital staff, patients and families, groups of mutual help and other sanitary institutions. After the presentation which aimed at giving visibility to HPH, the next goal is now a promotion campaign for joining the network. The following strategies will be applied: Placement of network logo at the entrance of the hospital, raising awareness amongst professionals of the centre and other institutions, marked information sheets for patients and families, and introduction of programs promote self help groups.

Conclusions

We consider it important that HPH membership is presented in the hospitable and to the media, so as to make the work that is being carried out known to the rest of the community.

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69. Comfort on hospital accommodation and HPH

Maria Angela Gottardi

The Local Health Unit of Bologna became a member of the HPH network in the year 2005. Multi-disciplinary and multi-professional groups started interventions and validated these with a checklist containing comfort as one quality factor, relative indicators of verification and a scale of evaluation ranging from 0-4.

In the year 2006, a committee group worked on the check list, including self-evaluation in some UO services of the Local Health Unit. This was to determine the level of comfort and to plan projects for improvement according to the quality criteria of the ONS. A statistical data analysis was performed, critical limits were identified and priorities were set (to determine feasibility). The conclusive report is contained in the action plans, provisions for improvement, and to be forwarded to the administration.

In 2006, a National Convention on "How to Stay Well in Hospitals" was formulated by a working group, and the work was linked to the "A 5 Star Award" destined to the Local Health Unit of Bologna. This aimed to demonstrate particular attention to this theme and to the values referred to by the HPH mentioned in the Ottawa Writing: To orient the health services and to create favourable environment.

The advisory commission of the various hospitals and citizens has actively participated, both as lecturers as well as judges.

More than 400 persons attended. According to the Local Health Unit, the HPH network reached its expectations. A Newsletter was produced (electronic format) to promote comparison among the Local Health Unit and to give information on its initiative and conventions. This is periodically forwarded to a mailinglist consisting of 1.200 health workers at the national level. A national database was created on the project for the improvement of comfort alone.

More than 500 consultations and lectures in various Italian regions were done. The route was accredited for 15 credits as training on this field. A heartfelt thank to AMISS Bologna (Cultural Mediator) for translator.

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70. Building relations and promoting health in our own community

**Juraj Vancik, Denisa Vancikova, Milan Bago-
ni, Marianna Muzikova**

Prevention

This year our hospital was very active in prevention and education for our employees, patients, visitors and surrounding community on the specific WHO health days. The days chosen to educate our patients, visitors and employees were in correlation with the departments of the hospital and the services we provide. This was done for the first time, activities varied. We presented a flyer which informed about a specific day, how the specific disease is spread, what the symptoms are, what role prevention can play, and what treatment is available. The further activities varied, e.g.: World No-Tobacco Day – giving out employees sweets, instead of them reaching for a cigarette. This activity lead to the participation in a HELP campaign – Life without tobacco, where we even had a table downtown in our city, during the International Peace marathon, second oldest marathon in the world. We measured the CO2 and gave out educational materials; World Sight Day – giving patients in the clinic a glass of carrot juice; World Diabetes Day – in a general area of the hospital and clinic, measuring the level of blood sugar, and offering healthy refreshments prepared by our kitchen, together with the recipes; World Osteoporosis Day – in the general area of the hospital, giving samples of healthy food (soy, tofu).

Volunteers

We established a program, where volunteers from the local club of retirees come to the geriatric department, once or twice a week in the afternoon, and visit our patients – talk, sing, pray with them, offer them a glass of water. We invite the volunteers to our activities (Christmas concert, hospital run),

so they can feel part of the hospital. It helps our patients, and it makes the retired people get out from their homes and be active.

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Session P 1-10: Posters in German language

71. Unternehmenspolitische Verankerung und Umsetzung der betrieblichen Gesundheitsförderung im Spital

Thomas Drews

Hintergrund

Die Reformen im Gesundheitswesen werden von vielen Mitarbeitenden im Spital als gesundheitliche Belastung erlebt. Ein Ansatzpunkt, um diesen Anforderungen zu begegnen und die Gesundheitsressourcen zu erhöhen, ist die Realisierung von gesundheitsfördernden Maßnahmen und Projekten.

Ziele

Ziel dieser Studie war eine Baseline-Erhebung über die Verankerung der Betrieblichen Gesundheitsförderung in Spitälern der Deutschschweiz. Weiterhin sollten hemmende und fördernde Faktoren für die Gestaltung von Projekten der Betrieblichen Gesundheitsförderung beschrieben werden.

Methoden

Auf Basis einer branchenunabhängigen Vorlage des Europäischen Netzwerkes für betriebliche Gesundheitsförderung wurde ein Fragebogen entwickelt, mit dem die Verbreitung der Betrieblichen Gesundheitsförderung in den Spitälern der Deutschschweiz erfasst werden konnte. Vielfalt und Umfang von realisierten Maßnahmen wurde in 31 Institutionen erhoben und in Relation zur Verankerung der Betrieblichen Gesundheitsförderung in unternehmenspolitischen Grundsatzpapieren untersucht. Zu diesem Zweck wurde ein deskriptives Analyseverfahren gewählt und ein Extremgruppenvergleich durchgeführt. Für die Prüfung vermuteter Assoziationen wurden nicht-parametrische Tests verwendet. Drei ergänzende Interviews dienten der Klärung nicht schlüssig interpretierbarer Ergebnisse aus der schriftlichen Erhebung.

Ergebnisse

Mit steigendem Mass der Verankerung der Betrieblichen Gesundheitsförderung in der Unternehmenspolitik erhöht sich auch die Zahl und die Variantenvielfalt der Maßnahmen. Im Vordergrund stehen verhaltensorientierte Maßnahmen sowie

das Absenzenmanagement. Ein Mangel stellt sich bei der systematischen Planung und der Erfassung von Ergebnissen der Betrieblichen Gesundheitsförderung dar. Die Ergebnisse von Mitgliedsbetrieben des Schweizerischen Netzwerkes Gesundheitsfördernder Krankenhäuser unterscheiden sich hier weniger deutlich als erwartet von Nichtmitgliedsbetrieben. Ansatzpunkte für Verbesserungen zeichnen sich in einer konzeptionell durchdachten und durch professionelles Projektmanagement umgesetzten Unternehmenspolitik zur Betrieblichen Gesundheitsförderung ab. Organisationsseitigen Maßnahmen, die nicht allein auf das Gesundheitsverhalten der Mitarbeitenden abzielen, ist größerer Stellenwert beizumessen.

Connex to HPH

Gesundheitsförderung für Mitarbeitende ist ein zentraler Faktor zur mittelbaren Sicherstellung der Gesundheitsversorgung der Bevölkerung. Da bis ca. 3% der Berufstätigen in Gesundheitsbetrieben tätig sind, ist auch ein unmittelbarer volkswirtschaftlicher Effekt zu postulieren. Gesundheitsförderung wird zudem nicht nur in Mitgliedsbetrieben der HPH praktiziert. Diese Institutionen stellen aber eine Rekrutierungsbasis für die Netzwerke dar. Sie könnten und sollten Vorreiter sein, wobei die Ergebnisse der vorliegenden Arbeit hierzu keine ermutigende Bestätigung liefern.

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72. ChiroAesthetik®(ChiroAesthetics) – Accompanying surgery and rebalancing a patient's body tone by direct touch

Gabriele Berger, Esther Wolf

Aims

- Furtherance of the natural ability of one's organism to regulate its tonicity
- Strengthening confidence, providing a basis of human development

Specific aims for patients:

- Relief of fear and stress
- Maintenance of mobility
- Achieving a comfortable and broad lying position

Specific aims for nurses:

- Sound self-organisation
- Increased professional and social competence

Tools

- Touch / Movement
- Relatedness

Main idea

"What helped once will help again"

When basic human needs such as touch / movement, rhythm, affiliation, safety are met at the beginning of life, human beings are able to develop confidence in their mental and physical way of acting in life. Should humans however become unbalanced at a later stage, the fulfilment of basic needs will help them to regain their balance. This is what ChiroAesthetik® tries to achieve: It satisfies basic needs by holding and sustaining a patient's body and by supporting it at its natural rhythm of breath, thereby respecting the patient appreciatively in verbal as well as in non-verbal communication. ChiroAesthetik® is used to accompany and support patients during surgery. Usually the patient's legs and shoulders are sustained by our nurses, thus releasing the patient and giving his / her organism the opportunity of resting, of rearranging itself, and of regulating its tonicity.

Specific health promotion aspects for patients include the support of emotional stability and the regulation of body tonus. An activation of autonomous strengths has a positive effect on mood, breathing, movement, posture.

Health promotion aspects for nurses include the improvement of their ability of psycho-emotional self-organisation, the development of professional and social competencies as well as an activation of awareness, cognition and attentiveness.

Conclusion

ChiroAesthetik® is appreciated and demanded by 80% of patients. There is feedback like: "Delightful, feels good, better resting, hands / touch feel good". Measurements of body / surface pressure show an enlargement of body / surface ratio within a few minutes. ChiroAesthetik® has been used since 2001. Nurses have been trained since 2004.

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73. „Das schmerzarme Krankenhaus“ – Optimierung der postoperativen Schmerztherapie durch Benchmarking der Stationen

Elisabeth Sadek

Ausgangspunkt

Die Einführung eines Akutschmerzdienstes (ASD) im Wilhelminenspital erfolgte 1995/96 durch Univ.Prof.Dr.Sylvia Fitzal an der Abteilung für Anästhesie und Intensivmedizin. PatientInnen haben ein Recht auf ausreichende Aufklärung über die Notwendigkeit einer suffizienten Schmerztherapie. Länger andauernde starke Schmerzen können zu einem „chronischen Schmerzbild“ führen das mitunter schwierig zu therapieren ist und tangiert damit auch den extramuralen Bereich. Innerhalb eines Jahres konnte der Mittelwert des Bewegungsschmerzes von 7 auf der Visuellen Analogskala (VAS) auf unter 5 gesenkt werden und entsprach somit den internationalen Standards. Die Kontrollmessung 2004 aber ergab einen Mittelwert von VAS 3.05, der zwar dem internationalen Standard entspricht aber nicht dem hauseigenen Standard von 3.00.

Konzept:

Eine halbtägige Informationsveranstaltung 2005 brachte nicht den gewünschten Effekt. So wurde 2006 ein ressourcenaufwendiges Benchmarking-Projekt gestartet: Die Berufsgruppen Arzt und Pflege sollten motiviert werden, gemeinsam das Ziel einer ausreichenden und gut dokumentierten Schmerztherapie zu erreichen. Unter dem Titel: „Das schmerzarme Krankenhaus“ wurde ein Wettbewerb für alle Stationen der operativen Abteilungen ausgeschrieben.

Beurteilungskriterien waren sowohl Dokumentation der Schmerzstärke als auch Einhalten von Vereinbarungen über Therapievorschlge und Dokumentation.

Praktische Umsetzung und Erfahrungen:

Alle 11 Stationen des Krankenhauses nahmen teil. Die tgliche Kontrolle wurde durch stationsfremde Personen, die PatientInnen bis zum 2.postoperativen Tag befragten und die Unterlagen tglich berprfen, durchgefhrt.

Ergebnisse

Die Schmerzstrke betrug im Mittel VAS 1.45.

Die Patientenzufriedenheit wurde entsprechend dem Schulnotensystem im Mittel von 1.0-1.9 angegeben so dass alle Stationen whrend dieses Zeitraums das Ziel erreicht haben.

Die Auswirkungen besonders die Nachhaltigkeit werden 2007 mit den frheren Instrumenten der Befragung gemessen.

Strukturelle und finanzielle Auswirkungen / bertragbarkeit

Fr Stationen die engagiert am Wettbewerb teilgenommen hatten, wurden die Forderungen des Wettbewerbs zum Standard. Im Rahmen der Verkrzung des Krankenhausaufenthaltes wird auch die suffizienten Schmerztherapie gefordert. Benchmarking Projekte im Bereich der Schmerztherapie knnten bei Bereitstellung der Mittel auch in groerem Rahmen (konservative Abteilungenhausbergreifend) hilfreich sein (Reduktion der postoperativen Schmerzen und damit eine geringere Chronifizierungsrate).

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74. Diabetesbetreuung am AKh Linz

Andrea Ratzinger, Monika Herdega

Introduction

Diabetes education is one of the most important parts in the modern treatment of diabetes. The main aims are the improvement of quality of life, disease prognosis and life expectancy. All patients with diabetes should be educated about their disease depending on their talents, abilities and skills.

Methods

At the General Hospital Linz we offer structured education programs for single persons and groups. The training program includes: structured group trainings for type 2 – diabetes without insulin therapy, structured group trainings for conventional insulin therapy, structured group trainings for prandial insulin therapy, structured group trainings for functional insulin therapy. After each structured group training, success is measured as a method of quality assurance of services provided. The training team consists of doctors, diabetes educators and dietologists. They themselves take part in regularly and advanced training courses and education programs. This includes also special courses in psychological and disease specific topics (empowerment, coaching and self assessment).

Results

About 760 patients per year are trained in these structured groups and 390 as single training. A detailed written and digital documentation is carried out (quality assurance) for these trainings.

Conclusions

Caused by the increasing prevalence of diabetes, specialized diabetes training courses are an absolutely important and inevitable equipment in medical centres and hospitals. They have to be implemented within the scope of the diabetes management programs also to the extramural area.

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Session P 1-11: Special poster stream: HPH networks, Task Forces and WHO Collaborating Centres

75. The Austrian Network of Health Promoting Hospitals and Health Ser- vices

**Christina Dietscher, Rainer Hubmann, Sonja
Novak-Zezula**

Aims and goals

In accordance with WHO documents, strategies and standards, the network aims at:

- supporting Austrian hospitals and health care institutions in their reorientation towards health promotion for patients, staff and community members;
- supporting health care institutions to further develop the quality of their health promotion activities, ideally embedded in an overall organisational approach;
- enhancing networking and exchange of knowledge and experiences on health promotion in health care;
- lobbying and awareness-raising for health promotion in health care, continuously enlarging the network;
- cooperating and exchanging with the international HPH network.

Structure of the network

With the support of the Austrian Ministry of Health, the network was founded in 1996. After 10 years of existence, the network became an association in Autumn 2006, governed by a board of 7 hospital representatives. Following the Austrian Law on Quality in Health Care (2005), which demands that health care services need to be performed in "health promoting environments" and which defines that quality in health care concerns not only hospitals but all health care institutions, the network is now open for partners from all health services. Currently, the association has 17 member hospitals, and the Ministry of Health is a sponsoring partner. Coordination is based at the Ludwig Boltzmann Institute for the Sociology of Health and Medicine, Vienna.

Main areas of work

- Quality development of health promotion is supported by a recognition system for member institutions, which includes a peer review of projects, and a coaching workshop. Another means to support quality development is an annual workshop on the HPH concept and practice, which is organised in conjunction with the annual network conference.
- In order to support work in specific thematic areas in the member hospitals, the network organises scientifically supported projects, e.g. on measuring the health of hospital staff and its determinants in the hospital setting, or on implementing the standards for health promotion in Austrian hospitals.
- Networking and exchange of knowledge and experiences is supported by an annual network conference, by a web-site,

a circular letter and an e-mail listserver.

- Lobbying and awareness-raising by presenting the network at relevant congresses and in relevant media, and by counselling political decisions upon invitation. In addition, there is an annual information mail about the network to all Austrian hospitals.
- International cooperation and exchange by participating at international general assemblies, in the annual international conferences, and by specific cooperation with other German-speaking countries.

Main strengths

With the Austrian Law on Quality in Health Care (2005), which demands that health care services need to be performed in "health promoting environments", the network has now a legal basis for operation, which is further strengthened by the government program of 2007, which foresees the establishment of an Austrian law on prevention and health promotion as a 3rd column in health care. The new association of the network is seen as an important precondition for sustainable development.

Future activities

In the near future, energies will be concentrated on establishing and strengthening the structures of the newly founded association. Next steps include the foundation of a section on smoke-free hospitals, organised in cooperation with the Austrian Network of Smoke-Free Hospitals. In order to strengthen political and financial support for the network, the board will make an effort to win supporting partners (e.g. representatives of the Austrian Federal Countries, and of the federal health care governing boards).

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76. The Bulgarian HPH Network Bencho Benchev

The Bulgarian HPH-network was created in 1994 with the decision of the Ministry of Health. Till now 50 Bulgarian hospitals (university, regional, specialized) participated in the network with subprojects. The National Centre of Public Health Protection acts as national coordinating institution.

The purposes of the HPH-project in Bulgaria

- Creation of necessary conditions for development of structures, programs and activities on Health Promotion
- Development of educational programs and tools for training of patients with chronic diseases
- Development of Preventive models for the control of the risk factors connected with the hospital environment]

- Introduction of the Standards on Health Promotion appropriate to local opportunities and conditions.

Key areas of work of the Bulgarian HPH-network

- Medical services on Health Promotion in the Hospitals by their integration in clinical paths;
- Hospital centers for continuing training of the patients with chronic diseases;
- Remote training of the hospital staff on Health promotion – basic principles and development of the hospital policy.

Results achieved

Within the framework of the Bulgarian HPH-network 15 subprojects for which probably introduction at national level till now are completed.

Distribution of the information and discussion on problems of the Health Promotion in hospitals

- Web-site: <http://hph-bg.ncphp.government.bg>;
- Newsletter of the Bulgarian HPH-network;
- On-line HPH-forum

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77. The Danish HPH Network

Lillian Møller

The Danish HPH Network was established in March 1999. The Network has 49 member hospitals.

Strategy

To contribute to quality improvement and implementation of disease prevention, health promotion and rehabilitation as an integrated part of the patient's pathway.

Vision

- To be a professional forum for the development and exchange of general recommendations, guidelines and methods in relation to quality improvement within disease prevention, health promotion and rehabilitation.
- To be a valued part within the health professional area – nationally and internationally.

Organisation

The **council** is constituted by a forum of two representatives from each of the 49 member hospitals. The council is the supreme decision making authority. Once a year the council is gathered to conduct formal business, review the current situation and to determine future focus areas, goals and strategies of the network. An **executive committee** of seven represen-

tatives from member hospitals, selected by the council, acts as an advisory group to the network co-ordinator and contributes to the pursuit of the objectives and implementation of the decisions taken by the Council. The management and co-ordination of the network takes place at the **Network Secretariat** at Bispebjerg Hospital, Copenhagen. A co-ordinator, a communication officer and a secretary form the Secretariat.

Organisational and financial changes

The Ministry of the Interior and Health funds the running of the Network Secretariat. By the end of 2007 this grant expires. A new local government reform came into force on 1st January 2007. The reform causes changes in public assignments and structures and influences the hospitals' responsibilities and roles in the area of health promotion, disease prevention and rehabilitation. Due to this situation future changes in the organisational structure and financing of the Networks are to be made. Strategic development work is taking place, and a new structure and model for financing will be presented and discussed with the member hospitals at the next council meeting in November 2007.

Focus areas

Up till now task forces and working groups have been established in the following focus areas:

- Alcohol prevention
- Bariatrics
- Cardiac rehabilitation
- National registration codes for Health Promotion
- Nutrition
- Rehabilitation Chronic Obstructive Lung Disease (COLD)
- Patient education
- Suicide prevention
- Physical activity
- Psychiatry
- Survey on health promotion activities in Danish hospitals
- Quality standards for health promotion
- Tobacco prevention

For each focus area, an interdisciplinary task force with a formally appointed task force co-ordinator is established across the member hospitals. The work of the task force is based on a set of terms of reference endorsed by the Council. The concrete output of a task force would usually be models, methods, guidelines and/or recommendations for the implementation of a specific health-promoting programme.

Evaluation

In 2005 Network of health promoting hospitals in Denmark was evaluated. The results of the evaluation are presented in a report, which contains an historical view and an assessment of the current situation of the Network as well as future strategic prospects.

The evaluation documents, that the Network successfully:

- has carried out numerous developmental projects with participation from member hospitals and external organisations. The projects have resulted in reports that support implementation of concrete efforts within health promotion.
- has achieved regional, national and international impact and visibility through several reports.

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- has held implementation seminars, thematic events, national and international conferences which considers the need for knowledge among national and international persons and organisations regarding health promotion at hospitals.
- has established cooperation with national and international organisations (WHO, EU, the Ministry of the Interior and Health, the National Board of Health, patient organisations, professional associations etc.)
- has evaluated own activities in relation to its objectives.

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78. The model of the Estonian HPH Network for 2007

Tiiu Härm

The Estonian HPH Network was established in 2000. Nowadays the Estonian HPH Network includes 23 hospitals (45% of common hospitals) and 76% of the overall opened treatment beds. The network has also 7 collaborative institutions (hospitals, healthcare centers, medical schools), which are potential joiners in the nearest future. The Estonian Network of HPH was financed by the Estonian Health Insurance Fund until today. How to move forward? What are our perspectives? Where could we find financiers? These were the main topics of our discussions in 2006.

The objectives for 2007

On international level: 1) To further develop the international cooperation with the WHO HPH Network (participation in task force, such as Health Promotion for Children and Adolescents in Hospitals – HP-CAH, Health Promotion in Diseases Related Groups – HP in DRG – and in several workshops etc). 2) To develop the international cooperation with the WHO European Network on Smoke Free Hospitals (ENSH). The Estonian HPH Network joined the ENSH in September 2005. 3 HP hospitals started as pilots. All 23 HP hospitals provided monitoring of smoking prevalence among hospital staff in 2006 (November-December) and 14 HP hospitals assessed themselves in the implementation of smoke-free hospital policy and strategies in their organizations. 22 smoking cessation clinics on the bases of 18 HP hospitals provide everyday counselling service for quitters. The smoking cessation counselling service is available for every county. 3) To develop the following cooperation with the Finnish International Health Care Staff Exchange Programme: 7 health professionals from Estonian HP hospitals participated in the

exchange programme in 2006 and are ready to meet the Finnish colleagues in Estonian hospitals in 2007. 4) To develop the international cooperation with the European Network of Workplace Health Promotion (ENWHP). 3 Estonian HP hospitals connected the network in 2005. We have a close collaboration between HPH, ENSH and ENWHP networks.

On national level: 1) To improve the quality of implementation and dissemination of HP standards, strategies and self-assessment tools in hospitals. The WHO working materials, so as standards for HP in hospitals (manual and self-assessment forms), and 18 HPH strategies are translated into the Estonian language. 2) To improve the coordinating work between HPH member hospitals by the national coordinator and by the quality group of the Estonian HPH network 3) To increase the role of self-responsibility, self-confidence, self-investment of health promotion in Estonian hospitals. 4) To be more active in the implementation of National Cardiovascular Diseases Prevention Strategy 2005-2020, especially in smoking cessation programmes. 5) To develop close cooperation with primary health care institutions, key persons of local governments, patient unions, media etc., in providing health promoting activities for the Estonian population.

Conclusion

The Estonian HPH Network Model for 2007 was accepted and supported by the WHO representative in Estonia, the National Institute for Health Development, the Ministry of Social Affairs and HPH network member hospitals and will be financed continuously by the Estonian Health Insurance Fund in 2007.

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79. The HPH Network in Finland

Virpi Honkala

Development, aims, goals and structure of the network

The issue of health promotion as well as the decision of establishing the HPH network within the WHO was known to many health care organizations in Finland. However, the first Finnish hospital, Central Hospital of Central Finland, joined the network as late as in 1996 and was followed by three other hospitals. In the beginning the communication between the member organizations was irregular and financing as well as organization of operation were not determined. The constitutive meeting of Finnish association took place on May 16th 2001 in Copenhagen, Denmark, during the time of the 9th international HPH conference. Today there are 16 hospitals in our association. The objective of the association is to bring a more health-

promoting perspective to the operating culture of Finnish hospitals. The health promotion in the hospital setting consists of the healing and palliative care, rehabilitating, preventing and welfare promoting activities. The health promoting hospital has the idea in practical daily work to promote the health of the patients and their relatives, the staff, hospital environment and also to promote the health of the whole population of the hospital district. The association of Health Promoting Hospitals in Finland is run by the board consisting of the chair, vice chair, secretary, HPH coordinator, and 3-5 members. The association holds one official meeting annually and 2-3 annual network meetings. The international HPH conference is, of course, a very important annual happening, which the member organizations are encouraged to participate.

Main areas of work

- Smoke free hospitals in full action
- Implementation of HP -standards in all member hospitals
- Expansion of the network to all hospital districts and other hospitals in Finland

Supporting partners and major strengths of the network:

- The Healthy Cities network is one of the most important partners of the Finnish HPH network.
- All HPHF organizations are automatically members of European Smoke Free Hospitals
- The active, cooperative people in the association
- The developed infrastructure of the country, small population, rather high information technology

Plans for the future

- To proceed with the main areas of the work
- To expand the international HPH health staff exchange as an approach to widen the HP understanding between different countries

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80. The German HPH Network (DNGfK)

Felix Bruder

The German HPH network was founded in 1996. It is an association with more than 70 member hospitals and 10 associated members (institutional and personal members). The network is managed by a secretariat. Current / regular network activities include:

Project-database

The DNGfK has implemented a project database on its homepage in December 2006. Members have the possibility to submit and describe their projects, can look up other interesting projects and locate contact persons.

National Conference

Our yearly conference is an important forum to exchange good practice in health promotion. We bring together up to 250 people from all over Germany.

Net-News

Our newly edited and styled member-magazine „Net-News“ is covering latest information on aspects of health promotion 4 times a year.

WHO-Self-Assessment

Developing the manual and self-assessment forms has been an important step towards the integration of health promotion into the quality management. From 2008 the self-assessment will be obligatory for all hospitals which apply for membership.

Cooperation with the Network of Smoke-Free Hospitals

The German Network closely cooperates with the network of smoke-free hospitals. In 2006, the national HPH conference was also organised as the conference of smoke-free hospitals. The network spreads information and tools of the European Network of Smoke-Free Hospitals, provides training and support for hospitals to become smoke-free and issues European Certificates for Smoke-free Hospitals.

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81. National HPH Network in Greece

Yannis Tountas

The Greek National Network of Health Promoting Hospitals was founded in 1998 and since then has been a member of the European Network of Health Promoting Hospitals, an initiative of WHO. Following the principles of the European Network, the main aim is the protection and promotion of health of patients, employees and of the local population. Therefore, the activities are developed around 4 main axes:

- Promotion of patients' health
- Promotion of employees' health
- Improvement of the physical and organizational environment of the hospital, and
- establishment of cooperation with the community
- From 1998 until today the Greek Network enumerates 24 hospitals, four of them situated in the Greek province. The Network is managed by a Scientific Committee, whose members are appointed by the administration of the member hospitals, the Executive Committee, which is elected by the Scientific Committee, and the Secretariat (ISPM).

Under the auspices of the Network, a variety of activities and initiatives have been planned and implemented. Main areas of intervention are the following:

- Scientific and organizational support for the development of health promotion programs in member-hospitals, such as non-smoking programs for employees, research on the health status of employees, measurement of patient satisfaction, measurement of quality of life of chronically ill patients, exploration of the factors related to work stress and work dissatisfaction among medical and nursing personnel.
- Organization of scientific events (meetings, congresses) and educational courses (seminars, training on specialized issues)
- Dissemination of expert knowledge by means of electronic communication (website, e-mails) and printed material (e.g. newsletter)
- Participation in the European and International Network of HPH and in the initiatives developed.

The focal communication point of the Greek Network is the Institute of Social & Preventive Medicine (ISPM), a scientific, non-profit organization which is in charge of the secretarial tasks of the Network. The Greek Network is engaged in efforts to disseminate and establish the principles of Health Promotion in hospitals across the Greek territory.

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82. The HPH Lombardy Network in Italy

Luciano Bresciani, Carlo Alberto Tersalvi, Lucia Scrabbi

Structure of the network

The Lombardia Region joined the HPH network in 1998. Its Coordinating Centre and Regional Coordinator are located in the Health Department of the Lombardy Government. The network is supported by a regional scientific committee with expert members from universities and public and private hospitals. Two area coordinators lead the network activities within the Scientific Committee, one for the hospital area and one for social-health matters. The Lombardy HPH network has currently 49 members: 28 Public Hospitals; 1 Local Health Unit; 8 Private Hospitals; 4 Private Scientific Hospitals; 2 Public Scientific Hospitals; 5 Residential Health Care and Rehabilitation Facilities. Each hospital has a local coordinator and a scientific committee.

Development, aims and goals of your network

- In 2001, the Lombardy network opened the HPH network to other kinds of health service structures, like Residential Health Care and Rehabilitation Facilities for the elderly.
- In 2003 the Regional Government initiated another drive to promote this kind of network as a communication network, in order to develop an instrument to share all education and health promotion projects activated by the same structures. The intent was to improve the quality of the projects by means of incentives where these projects contributed to the objectives outlined in the PSSR 2002 – 2004 (Regional Social Health Plan).
- Starting at the end of 2003, the structures started to carry out projects. The Regional Government allocated 300.000,00 Euros for the period 2003-2006.

Main areas of work

- Smoke-free hospital
- Intercultural hospital
- Pain-free hospital
- Promotion of healthy lifestyles (for the primary prevention of heart-cerebral-vascular illnesses)
- Continuity of care and the link between hospital-care and district-care.

Media and events

The strategy of the Regional Government of Lombardy was not to organize local events, but rather to promote and financially support the participation of personnel of public and private hospitals to workshops organized by other regional / national / international networks. This strategy helps to promote an open and wide debate and ultimately strengthens quality improvement of services. The available funds were used to assign prizes and awards to individual project teams. The Scientific Committee of the Regional HPH network evaluated more than 150 projects over the period 2003-2006. The main criteria for the prizes were the ability to comply with the five "main areas of work", the completeness and the quality of the proposal, and the degree of involvement of other relevant partners in the project. About 70 prizes were assigned in the form of "reimbursements of expenses for two participants in HPH Conferences". Moreover, awards of 10.000 Euros were assigned to individual network members who submitted the best 10 projects.

A Regional HPH Conference was organized on October 30, 2006, to discuss the major achievements of the network after five years of activity and to plan future actions.

Plans for the future

Health promotion is an integral part of the health care process, related to clinical, educational, behavioral and organizational issues, and quality improvements need to embrace health promotion activities in order to make sure that effective approaches are used and monitored to improve outcomes. The Region of Lombardy is particularly engaged in hospital quality improvements through Joint Commission standards. A major plan for the future is to encourage hospitals to perform quality self-assessment of health promotion activities, using the Joint Commission experience undertaken in Lombardy hospitals, and the quality management tools developed by WHO Europe in the "Manual on implementing health promotion in hospitals".

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83. The Piedmont Region HPH Network

Luigi Resegotti

The Piedmont Region HPH Network, second of the Italian networks, has been established in 1998 with the aim of introducing health promotion into the scope of the hospitals in Piedmont as a tool for disseminating the message of Health 21 and to promote the culture of health within our Region. Cipes Piemonte, the Piedmont branch of the Italian Confederation for Health Promotion and Education, a member of IUHPE; summoned all the 22 Local Health Trusts, the 6 Hospital Trusts and 4 private Hospitals to join in the network and Welfare Institutions, Residences for Old People and General Practitioners were involved as well. Some twenty projects have been proposed and seven of these were agreed by several Hospitals and became Regional Projects.

- Smoke free hospitals (15 hospitals)
- Pain free hospitals (7 hospitals)
- Nutrition in hospitals (9 hospitals)
- Violence to women and child abuse (8 hospitals)
- Migrant friendly hospitals (9 hospitals)
- Healthy and safe hospitals (6 hospitals)
- Continuity of care from hospitals to welfare institutions and family doctors (23 hospitals)

Project meeting have been arranged at Cipes by the participating hospitals at least 3 times per year, an annual Conference have been held in a suitable venue for sharing the progress attained and preliminary reports have been published in *Promozione salute*, the bi-monthly journal of Cipes Piemonte. The network is supported by Piedmont Region Government and by Cipes Piemonte, NGO. The main success that has been attained is the inclusion, for the first time, of health promotion in the Health and Welfare Plan of the Piedmont Region for the years 2007-2010 which is under discussion by the Piedmont Regional Government.

For the next future the Piedmont HPH Network is planning to move from the projects to the processes working on the same topics in which experience has been gained in these years by using self assessment and indicators as suggested by Oliver Groene in his Manual as a tool for proceeding from health tutelage that had been the goal in the past 4 year period to true health promotion as a cultural process that is the target for the next future.

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85. The HPH Network in Tuscany Region, Italy

Paolo Morello Marchese, Fabrizio Simonelli, Katalin Majer, Anna Zappulla, Laura Berni

Aims and goals

The HPH Network of Tuscany aims basically at re-orienting the hospitals as settings which promote the health of staff, patients, relatives and local communities, playing a decisive role in promoting health in the community. Moreover, the HPH Network of Tuscany supports the regional system for health through actions to: 1) increase the social capital, 2) improve the correct access to hospital services, 3) increase the confidence of the community in the Public Health System. Another important goal of the HPH Network of Tuscany is to cooperate with other HPH Networks and HP bodies in order to improve its activity.

Network structure

All the 16 Local Health and Hospital Units (12 ASL: Local Health Units and 4 AOU: Local University Hospital Units) present in the regional territory support the Tuscany HPH network through its own corporate HPH Technical Committee, guided by the medical director and the HPH coordinator. The Tuscany HPH Network is co-ordinated by the Health Promotion Programme, A. Meyer – University Children's Hospital – Florence, Italy.

Main work areas

The Tuscany HPH network covers a wide range of health promotion activities. Even if all activities are closely integrated, they can be distinguished in main work areas addressed to:

- Citizen and Community Empowerment
- Well-Being of the Health Professionals
- Network System

From its beginning, the HPH Network of Tuscany has carried out intercorporate projects. The intercorporate projects realized in the first five years are: Pain-free Hospital, Smoke-free Hospital, Humanization, Welcoming, Intercultural Hospital, Active Safety in the Hospital.

During 2004/2006, the HPH Network of Tuscany has developed and carried out the training activities such as:

- Training Laboratory (for Corporate Coordinators and Project Coordinators):

- 1st module: Health promotion strategies in the hospitals of Tuscany
- 2nd module: The physiognomy of health promotion in Tuscany hospitals
- 3rd module: Telematic Network and Mind Mapping; Development of health promotion in hospital: Corporate Trainings for hospital staff of Local Health and Hospital Units; Benchmarking on HPH project: Orienting Seminar with Prof. Jürgen Pelikan, Director of L. Boltzmann Institute for Sociology and Medicine (21 January 2005); training activities supporting the development of Intercompany Projects.

Main strengths and indicators so far

In 2002, the HPH network of Tuscany initiated a systematic annual self assessment process. This process has permitted to monitor the advancement of the HPH project within the Local Health and Hospital Units and the development of the intercompany projects. The system consists of 13 indicators which are basically in line with the HPH International Network standards. The data collection is statistically elaborated and shown by a radar diagram. It was possible to make a direct and immediate comparison among the different situations detected in each Local Health and Hospital Unit and to monitor these situations in time. Some process indicators are: approx. 2.400 health professionals involved in HPH projects, approx. 120 voluntary associations involved in HPH activities.

Plans for the future

In the next four years, the development pathways of the Tuscany HPH Network aims at:

- re-organization of intercompany projects in homogenous areas so that it is possible to guarantee both their continuity and innovation;
- constitution of strategic HPH task forces for further development and integration in the Regional Health System;
- promotion of new interventions of Capacity Development in health promotion.

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86. Polish National Network of HPH

Jerzy B. Karski

The Polish National HPH Network was established in 1992. At present there are 145 member hospitals, which is nearly 20% of all hospitals in the country. 24 hospitals are members of the International HPH Network. All kinds of medical specialties and ownerships are represented (paediatric, psychiatric, general, public, private hospitals, etc.). The national network is a compound of five Regional Networks including the Southern, East-

ern and Central regions of the country. The hospitals of the North-Western region are not yet organized in a regional network and cooperate straight with the national coordinating centre. The establishment of regional networks appeared to be very useful, at least for two reasons: a) they know best their problems and possibilities of solving them, and b) communication between hospitals and regional coordination centers is easier and cheaper. The majority of hospitals undertake and carry out educational programs and activities, but many of them undertake also specific general or specific actions, related to their own problems, programs and activities.

It is sad to say that only a scarce number of medical doctors are involved in HPH activities. The main burden of work in the member hospitals is undertaken and tackled by nurses, in a few cases there are psychologists or dieticians.

Until the last few years the organisation of national conferences was no problem in the country. But now we have been trying in vain to organize the consecutive national conference for three consecutive years. Only very few hospitals want to attend. One explanation may be general financial problems of hospitals. Many of them are in debts and in danger of being closed down. Any payment for personnel involved in health promotion activities is cancelled. Only some hospitals can get financing for prophylactic measures (vaccination mainly) on the basis of agreements between the hospital and an insurance organization. There is no interest and / or support from the Ministry of Health for the Network. Thanks to several persons who are very much engaged in spontaneous health promotion activities – some of them not even being members of the Network – some hospitals stubbornly try to implement health promotion programs in their regions. If during former years 5-10 hospitals per year applied to become members, only one hospital joined the Network in 2006. It is expected, that the WHO / EURO HPH Coordination Center will help national networks in Europe to develop their health promotion activities as such, and also cooperation and support of ministries of health for the networks. Attempts of the WHO / EURO HPH Coordination Center to accept and finance the European HPH Project by European Commission should be repeated. Without financial support on national and EU level the prognosis for the HPH Network is poor. Of course, local and national efforts to intensify activities of HPH member hospitals within national and regional networks must also be taken under consideration, but without innovation and new suggestions from the WHO/EURO HPH Coordination Center and without respective incentives, progress will be very difficult.

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88. The Swedish Network of Health Promoting Hospitals

Margareta Kristenson

The Swedish Network of Health Promoting Hospitals started in 1995 and has today 32 member hospitals. The secretariat is located at the Centre for Public Health Sciences in Linköping. The membership criteria are the same as in the international network. However, we do stress the importance of a broad commitment from both political and management levels as one basic membership criterion, as we believe this is a fundament for success. We also ask for three projects, one each in the patient, personnel and population perspectives. These projects are important sources for mutual exchange of experiences within the network.

A presiding committee governs the network, normally represented by the hospital directors, and where each member has one vote. The network works according to a series of activities based on a yearly activity plan, which is decided by the presiding committee. This plan has two main areas: one contributing to the public debate in supporting the development of a more health oriented health service, the other: to support the developmental work at member hospitals.

Main activities are the following: National conferences, both run by the Swedish HPH network and in collaboration with other national agencies, a newsletter "Främja Hälsa" which is published twice a year in an edition of 3000 (printed and digital version). In addition, we have this year also started a digital short newsletter, which is sent more often. One important event is the yearly two day's Strategic Seminar of the Presidium, where hospital managers and their process leaders meet together with members of the secretariat and observers from national agencies; National Board of Health and Welfare, Swedish National Institute of Public Health and Swedish Association of Local Authorities and Regions, to discuss ideologies, strategies and practical specific methodology. From these meetings a series of Thematic working groups have developed:

The first one is the Thematic group of Health Outcome Assessment, which has developed during the last years to a development project where two measures of health related quality of life are tested as outcome measures in routine health care. Another, large commitment is the work on Indicators for HPH. The aim has been to develop a set of indicators broad enough to encompass the full HPH vision, but still brief enough to be possible to include in all hospitals' yearly accounts. These were developed by members at the Strategic Seminars and have thereafter been used to make possible yearly measurements where member hospitals can "benchmark" and compare their performance with other members. A third theme, where the collaboration has been more extensive, is on Tobacco, where work has been done in collaboration with the organisation of Smoke Free Hospitals. We have now activities to also make Psychiatric services smoke free.

During the last years several new Thematic groups have started and / or developed their work. This year we have started collaboration with the National Institute for Public Health who have a specific funding for Alcohol prevention in

health services setting, specifically for hospitals. Also groups working with Physical activity, Nutrition and Work environment have started. We are just launching a group to work on methods for Health enhancement. As one problem, which seems to be central, is how hospitals and health services are purchased. We are now planning for a new task force on the purchasing system, which support a health orientation of health services. This is being planned in collaboration with the Swedish Association of Local Authorities and Regions.

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90. The National Health Promotion Policy and HPH in Taiwan

Shiow-Ing Wu; Chen-Su Lin

The role of health promotion in hospital may start from the individual and hospital organization level, but its success may also relate to the national policy to support the development of health promotion in hospitals. The Bureau of Health Promotion in Taiwan implemented various program across life span in the hospital

The Baby-Friendly Hospital Initiative (BFHI) by WHO and UNICEF encourages hospitals to implement the "Ten Steps to Successful Breastfeeding". In Taiwan the accreditation of BFHI began in 2000. There are 77 hospitals in total who are accredited as baby friendly hospital and covered over 46% new born delivery. The program of adolescent-friendly clinics started more than 10 years ago. In total there are 46 adolescent friendly clinics spread over all counties in Taiwan. The hospital clinics also provide outreach services to build linkages with schools, colleges and nongovernmental organizations (NGOs). Services include reproductive health services, nutrition counseling, counseling to promote responsible sexual behavior and prevent substance abuse, and services such as immunizations and life skills education. An integrated diabetes control program for adults was implemented in most hospitals in Taiwan. Certified diabetes teams take care of diabetes patients in hospitals and in the community. Teams include dieticians, nurses and physicians and volunteers who provide education and treatment for diabetic in- and outpatients. Similarly, a chronic kidney disease (CKD) team was developed in the recent 3 years to empower patients and staff for taking care of CKD. For terminal patients, palliative supportive teams were set up in 36 hospitals to ensure pain and symptom control in the last phase of life. Health promotion in hospitals is now integrated into hospital accreditation and reimbursement from National Health

Insurance. These policies are a strong support for the development of HPH in Taiwan.

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91. The Development of the HPH Network in Northern Ireland

Barbara Porter

The Health Promoting Hospitals (HPH) Network began in Northern Ireland when Altnagelvin Hospital took part in the World Health Organization's (WHO) pilot project in 1996. Since then, 13 hospitals have joined the network which has a strong commitment to the development of hospitals as healthy settings and has enabled participating hospitals to learn from and support each other. In 2003 the network proposed the need for government intervention to further develop and support the HPH initiative and the Health Promotion Agency for Northern Ireland (HPA) subsequently became the new coordinating centre for HPH in Northern Ireland in 2006. The network is made up of 13 Health and Social Services Trusts (HSSTs), 9 hospital Trusts and 4 community and hospital Trusts. The one remaining large hospital to sign up should become part of the network in 2007.

The network's purpose is primarily to motivate and influence hospitals to undertake an active role in the promotion of positive health and wellbeing to the wider community, both in the hospital and through the hospital. The main goals of the network are to provide a forum for senior managers and coordinators to discuss issues from their hospital networks; influence and inform the strategic development of the HPH concept; encourage and facilitate the implementation of HPH standards; provide opportunities for sharing good evaluated practice; encourage the identification of training needs and opportunities across member organisations; develop and nurture links with other HPH networks; disseminate WHO information; produce an annual report of activity in Northern Ireland; maintain and strengthen the partnership with the Irish network through an annual conference, an all-island database 'Healthdata', and through other opportunities that may arise.

The main focus of the network has been the sharing of good practice, developing an information website and continued support of an annual conference with our partners in the Republic of Ireland. During 2006, the focus was very much about establishing the new coordinating centre and clarifying the roles and responsibilities of the member hospitals. Since 2004, the network has held seminars on smoking, how to be a healthy setting, commissioning a healthy setting and develop-

ing government policy for the settings approach. To date, there have been three successful all-island HPH conferences.

The Department of Health, Social Services and Public Safety (DHSSPS) is a major supporting partner of the HPH Network. Policy direction for the settings approach and, in particular, in hospitals, stems from *Investing for Health*, the public health strategy for Northern Ireland. Other partners include the Irish, Scottish and English networks, Healthdata, Healthy Settings Development Unit at the University of Central Lancashire.

A major strength of the Northern Ireland HPH Network is members' commitment to the HPH concept and to its development across Northern Ireland. There is a great sense of willingness to share learning and experiences and to support each other. The Northern Ireland Network will continue to grow and embrace the challenges that lie ahead in the changing political environment.

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93. Taskforce on Health Promoting Psychiatric Services – in future:

Taskforce on Mental Health Promotion in Mental Health Settings

Hartmut Berger, Eva Maria Heimsath, Rainer Paul

Development, aims and goals of your network

The taskforce on health promoting psychiatric services was founded in 1998 with the objective to facilitate the exchange of experiences regarding health promotion in psychiatric services, networking those services and hospitals, which are working on mental health and giving advice to them; developing models of good practice on health promotion in mental health care, defining criteria on health promotion.

Structure of the network

The network has six levels: We have a co-ordinating centre (speakers: Prof. Dr. H. Berger, E-M. Heimsath, Dr. R. Paul); an advisory board (Prof. Dr. M. Angermeyer, Prof. Dr. M. Barry, Dr. E. Janis-Lopis, Prof. Dr. K. Kuhn, Prof. Dr. J. Pelikan), 73 members (47 full members; 12 ass. members; 14 interested / in cooperation) in 13 countries (Ireland, Denmark, Lithuania, Estonia, Greece, Italy, Kazakhstan, Norway, Austria, Switzerland, Slovakia, United Kingdom, Germany). We co-operate by annual meetings; communicate by web-site and chat and run different working groups (working group on standards of health

promoting mental health services). Supporting partners: Advisory Board; National and International organisations – DGNPP.

Main areas of work

We run an annual pre-conference within the international HPH-Conference since Moscow, 2002; hold thematic focuses within the International HPH-Conferences since 1998; have organized 8 workshops about studies and models of good practice on mental health promotion within the scope of the HPH conferences 1998 to 2005.

We have a database with 148 contributions (the worldwide largest database on Mental Health Promotion?) with the following main topics:

- Supportive structures for patients: Psychoduction, job agencies, cyber cafe, early prevention of depressive disorders and suicidal behaviour, detecting and consulting of high risk families;
- Supportive structures for staff: Prevention of violent behaviour, general education in strategies of health promotion, prevention and coping of work-stress;
- Supportive structures in communities: Networking with other services, Supporting patient movements und self help.

Selected initiatives: Co-organisation of the 2. German Conference on Psycho-Education in the treatment of Schizophrenia (Munich, February 2005), Organisation of the gfts conference about new strategies in the treatment of schizophrenia in Riedstadt (September 2005); Co-organisation of the 1. German Conference on new chronically ill patients (Wiesbaden, April 2005). Participation in EU project EMIP by co-organisation of national workshops on Mental Health Promotion in Ireland, Austria and Germany (all in November 2005); Active participation in the EC Working Party on MH: Discussion of the EC Green Paper on mental health promotion; Active participation in the EU project IMHPA.

Major strengths and successes so far

The TF on health promoting psychiatric services has become an accepted partner of many national and European initiatives in the field of mental health promotion. Members are actively involved in the European process in defining a new strategy how to deal with mental health disturbances. The TF has also become an accepted voice in many national processes on how to intervene in mental health care. Within the TF we have changed more than 150 models of good practice and have reached a process of defining standards and guidelines for health promoting mental health work. By doing so we have been able to focus on the health promoting essence of health care in mental health services.

Plans for the future

Develop standards and guidelines on health promoting mental health care (first draft to be presented at the Vienna conference 2006); Handbook on models of good practice of mental; health promotion in mental health services; further co-operation with European and National projects, umbrella organisations and working groups like EMIP, European Platform, IUHPE, mental health network Germany, BDK, DGPPN, EAP, WPA. We will develop guidelines for treating depressive disorders to-

gether with DGPPN. Scientific Activities: Evaluation of health promoting psychiatric health care.

Following a process within the TF, the TF aims at developing paper on what we can give back to the international network of Health Promoting Hospitals: What does mental health promotion in health care mean?

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94. The task force on health promotion for children and adolescents in & by hospitals (HPH-CA)

Fabrizio Simonelli, Katalin Majer, Maria Jose Caldes Pinilla

Development of the HPH-CA task force

The proposal to start up an international and interdisciplinary expert group working on the theme of Health Promotion for Children and Adolescents in Hospitals was presented during the 11th international HPH conference, held in Florence, in May 2003. The Task force was officially established in April 2004, within the international HPH network.

Structure of the HPH-CA task force

The HPH-CA TF is co-ordinated by the Health Promotion Programme of the A. Meyer University Children's Hospital of Florence, Italy and in February 2007, is composed by representatives of children's hospitals, university research institutes, scientific societies and European associations from the WHO European Region:

- EACH : European Association for Children in Hospital
- HPH Network of Ireland
- National Institute of Child Health, Budapest
- Hospitals for Children: Barcelona, Edinburgh, Florence, Nice, Tallinn, Wien
- European Society of Social Paediatrics (ESSOP)
- University research units: RESO - Louvain,
- L. Boltzmann Institute Vienna
- Bispebjerg University Hospital, Copenhagen

Mission

The mission of the International Task force is to: "apply HPH principles and criteria to the specific issues of health promotion for children and adolescents in&by hospitals, providing an organic conceptual and operational framework for institutions, decision makers, healthcare organisations and their professionals, social workers".

Main areas of work

The activities carried out by the HPH-CA TF can be divided into different thematic areas: definition of a specific conceptual background; promotion of the respect of children's rights in hospitals; mapping and evaluation of current practices of health promotion addressed to children and adolescents in hospitals; promotion of HPH-CA Communities of practice.

Poster Session 1: Thursday, April 12, 2007, 13.30-14.15

Most relevant events

By tradition, Task Force members meet each other twice a year on the occasion of a specific workshop and during the yearly international HPH conferences. The most recent relevant events were:

- 3rd Workshop on Health Promotion for Children and Adolescents by Hospitals, Florence, Italy, December, 2-3, 2005
- 14th International Conference on Health Promoting Hospitals (HPH), Palanga, Lithuania, May 24-26, 2006: TF meeting
- 4th Workshop on Health Promotion for Children and Adolescents in&by Hospitals during the International Conferences "The Ottawa and Bangkok Charters: from principles to action", Florence, Italy, November 21-23.

Major strengths and successes so far

The results achieved by the HPH-CA TF are related to the different thematic areas, as follows:

- Definition of a specific conceptual background: an HPH-CA Background Survey on Health promotion for children and adolescents in hospitals and a Background document on Health Promotion for Children and Adolescents in&by Hospitals (HPH-CA) have been elaborated.
- promotion of the respect of children's rights in hospitals: specific Recommendations on children's rights in hospital have been formulated.
- mapping and evaluation of current practices of health promotion addressed to children and adolescents in hospitals: a Template to map and evaluate the current practices of health promotion for children and adolescents in&by hospitals with classification criteria has been elaborated.
- promotion of HPH-CA Communities of practice: an experimentation of a first Online HPH-CA Community of practice has been made: outcomes have been located in the official website.

Plans for the future

The most important directions to be followed: improvement of the reference documents and their dissemination in a targeted way; continuation of the actions with regard to the promotion of the implementation of charters of children's rights in hospitals, and of the related check tools; recognition and evaluation of current health promotion practices addressed to children and adolescents in hospitals; networking and active involvement in the TF activities of other hospitals for children; establishment and deepening of operational links with WHO and other programmes and networks in the field of health promotion for children and adolescents.

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95. HPH-Task Force on Migrant Friendly and Culturally Competent Healthcare

Antonio Chiarenza

Migrants and ethnic minorities often suffer from poorer health compared to that of the average population. These groups are more vulnerable, due to their lower socio-economic position, traumatic migration experiences, the feeling of exclusion in the place of arrival and finally the absence of integration and specific socio-health policies. This situation is worse still if we take into account not only resident populations who already possess the requisite residence or work permits, but also asylum seekers and undocumented migrants. This can only be further exacerbated by the lack of access to health services. Specific analyses state that migrant patients and members of minority ethnic communities and other disadvantaged groups tend to receive lower levels of health care compared to indigenous patients due to the lack of awareness of services available, the absence of provision for appropriate access to services and the negative attitude of staff in the delivery of health services. Building on experiences and solutions developed before, the European Commission project "Migrant Friendly Hospitals" (MFH) 2002-2005 demonstrated how inequalities in health and in accessing health care and services can be redressed by creating migrant-friendly and culturally competent health care services sensitive to diversity. To sustain this momentum, a "Task Force on Migrant-Friendly and Culturally Competent Hospitals" has been set up in the framework of the Health Promoting Hospital Network of WHO Europe. The idea of creating a Task Force originated from the desire to continue working on these themes in a comparative international context after the conclusion of the MFH project (March 2005), and to build on this experience to facilitate the diffusion of policies and experiences and stimulate new partnerships for future initiatives.

Goals and Objectives:

- To face issues relating to ethno-cultural diversity in health services;
- To create a framework for continuity after the conclusion of the MFH project;
- To support participant organisations in becoming MF & CC health care organisations;
- To promote continued visibility for the concerns of ethno-cultural diversity in workshops, conferences...;

- To share and disseminate best policies and practice and initiate the development of quality tools;
- To facilitate cooperation and alliances between networks who deal with these issues;
- To contribute to the development of research and project activities on specific priority areas of concern, aimed at creating healthcare services that are sensitive to differences;
- To act as a "think tank" for debate on the theme of health inequality linked to socio-ethno-cultural differences on a local, national and international level;

Field or determinants

- Ethnic minorities and migrants health and health promotion.
- Equality of access and of quality care.
- Linguistic and cultural barriers.
- Lack of health literacy among migrants and ethnic minorities.
- Lack of cultural competence among healthcare staff.

Scope

The Task Force on MFCCH brings together professionals and managers in health services, researchers and community representatives with specific competences and knowledge able to give guidance on matters of policy, strategy and practice in this sector. In this sense, the international group aims to become a community of practice able to sustain the development and implementation of good policies and practice, quality service, research activity and competence to face ethnic inequality in health services at local, national and European levels.

Provider

The Task Force is established within the international HPH network with a specific mandate for coordination assigned to the HPH regional network of Emilia-Romagna (Italy) by the General Assembly and the Steering Committee of the international HPH network. The provider is a governmental organisation, being the Health Authority of Reggio Emilia, which is the coordinating institution of the regional HPH network of Emilia Romagna.

Model

To achieve its objectives the MFCCH Task Force created six working groups with the task of developing knowledge, gathering good policies and practices and disseminating information on exemplary experiences on the following themes:

- Service quality and policy in a multi-ethnic context
- Training on cultural competence for health staff
- Intercultural communication in health services
- Patients and community empowerment
- Research and evaluation
- Transcultural psychiatry.

Participation in Task Force activities is free and can be achieved on two levels: by simply enrolling in the international communication network which circulates information in ongoing activities, and by direct involvement in the working groups. The TF is made up of 80 members (of which 20 also forming the Advisory Board) from 18 different countries.

Resources

The TF activities receive a financial support from the regional HPH network of Emilia-Romagna (Italy).

Management

The TF is structured over five components: the coordinator; the secretary; the Advisory Board; the working/project groups; the communication network. The coordinator leads actions and develop a strategic plan with the support of the Advisory Board. The Advisory Board informs decisions and brief the coordinator on issues arising out of the strategic direction and support the coordinator and the rest of the group on any such issues. The Advisory Board consists of a group of core members representing organisations particularly committed to "Migrant-Friendliness" and "Cultural Competence" issues and prepared to invest in disseminating MFCCH concepts, experiences and tools and further developing them, primarily within the HPH network, with the HPH national and regional networks as the main partners for dissemination. Leaders of working groups are members of the Advisory Board.

Results

To disseminate and develop evaluated examples of good practice and policies working groups have collected and shared best policies and practices and selected priorities relevant to their topic area. The implementation is being expanded by partners of the former European project and by national / regional Networks. To inform and communicate knowledge and experience the task force has participated in various national and international conferences and workshops during the last year. For external communication the Task Force is working to have a specific web site linked to the WHO CC in Vienna, and for internal communication a discussion forum at the WHO CC Copenhagen website. The Task Force has worked to create partnerships and international contacts, and all working groups work according to a defined strategy. Working Group Leaders have developed working papers containing operational tools for health organizations and initial proposals for the development of migrant specific and cultural competence standards have been suggested.

Future

The Task Force will continue the initiated work in working groups, develop websites connected to already existing HPH websites and continue the development of standards and indicators of migrant specific and cultural competent health care organizations.

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99. The WHO Collaborating Centre for Health Promotion in Hospitals and Health Care

Jürgen M. Pelikan, Christina Dietscher, Karl Krajic

The WHO-CC at the Ludwig Boltzmann Institute for the Sociology of Health and Medicine, Vienna, Austria, was designated as WHO-CC in 1992 for the first time.

In the past, the centre scientifically coordinated the first European Model Project "Health and Hospital" (1989-1996) at the Rudolfstiftung Hospital in Vienna, Austria, and the European Pilot Hospital Project of Health Promoting Hospitals (1993-1997) with 20 participating hospitals from 11 European countries. The centre also functioned as first secretariat of the WHO International Network of HPH from 1990-2000.

For its current designation period (2006-2010), the centre supports the international HPH network by

- Scientifically coordinating the annual international HPH conferences
- Scientifically editing the semi-annual HPH Newsletter
- Providing relevant information on the web (<http://www.hph-hc.cc>)
- To further develop the knowledge base for health promotion in health care, e.g. by conceptual developments and specific projects
- Offering scientific advice and technical support, e.g. by workshops and lectures
- Initiating, coordinating and participating in international, national and regional research, model and pilot projects (e.g. coordination of the EU-funded Migrant Friendly Hospitals project, participation in the EU-funded mental health promotion projects "EMIP" and "IMHPA")

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100. Linköping WHO Collaborating Centre for Public Health Sciences

Margareta Kristenson

The work at the LCC is being done in close connection to the same institution being National Secretariat for the Swedish WHO Network for Health Promoting Hospitals and includes three main terms of references described below together with a brief summary of present activities;

- Evaluation of quality of hospital services including a review of health-related quality of life (HRQoL) tool for outcome measuring as a basis for learning and to give information to decision makers in priority setting. This project is a joint venture, involving 20 member hospitals within the Swedish HPH network on the process of outcome measurements in routine health services, using measures of health related quality of life (HRQoL). A first evaluation shows that patients find outcome measurements important, and both EQ-5D and SF-36 are easy and satisfactory to use for describing their health status. Presently, the focus is on how health outcome assessment in routine health service is perceived by personnel, as a basis for clinical and managerial decision making, especially as a learning device for development of clinical practice.
- Review of use of indicators for health orientation in hospital's financial accounts including development of measures to monitor changes in development of processes/ activities, content and quality. The members of the Swedish network have developed a set of indicators for HPH aiming at being broad enough to encompass the full vision of HPH but brief enough to be possible to include in ordinary yearly accounts. 19 indicators cover health promotion for patients (disease prevention and health enhancement), health promotion for the local community, for own personnel and use of health orientation as a means for more effective management of healthy services. The indicators have been used in three yearly accounts (2004, 2005 and 2006). Results show a development suggesting an internalising of the need of health promotion and disease prevention as an ordinary part of routine hospital management.
- Identification of best practices in outcome-oriented management including analyses of concepts of health, health promotion, health enhancement and disease prevention, and identification of how choices of definitions may affect choices of methods for outcome measurements. A book "Towards a more health promoting health service" where M. Kristenson, Linköping LCC was one of the main writers, was published by the Swedish National Institute on Public Health, and has recently been translated into English (see www.fhi.se and www.natverket-hfs.se) The book describes basic theories, ideas, ideologies and applications of the Swedish National Target for Public Health; no 6; "A more health promoting health service". One central part of this book is an analysis of concepts and dimensions of health, health promotion, health enhancement and disease prevention, and identification of how choices of definitions may affect on strategies of work in health services, and of choices of methods for outcome measurements.

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Session P 2-1: Supporting patients to cope with chronic diseases: Cardio- vascular diseases and cancer

101. Patients' attitude towards the prevention of cardiovascular diseases

Loreta Rasute Rezgiene

Introduction

The increasing morbidity and mortality of cardiovascular diseases induces health care providers to enhance all efforts on prevention. The population has sufficient access to information on recommendations towards healthy lifestyle, but the majority do not follow them.

The aim

To evaluate patients' attitude towards the prevention of cardiovascular diseases.

Methods

An anonymous questionnaire survey was conducted in 150 patients of the cardiology department of Siauliai Hospital in order to find out patients' needs and patients' attitude towards the prevention of cardiovascular diseases.

Results

16,0% of respondents stated that they had never seen a GP before hospital admission, and 91,6% were 36-45 years old. All of them stated they had not had their blood cholesterol and glucose checked before. However, findings showed that 66,7% of them had enlarged levels of blood cholesterol, and 20,7% enlarged level of blood glucose. 14,6% of respondents claimed to have hypertension, but 74,6% did not pay any attention to their condition and did not use hypertension reduction medication. Only 12,7% of respondents tried to reduce overweight.

82,6% of respondents had visited a GP and had received consultation concerning hypertension and heart disease before getting into hospital. 29,3% of respondents stated, that they had been suggested to check their level of cholesterol. Although most of them (78%) requested observation because their family members were affected by hypertension or heart disease, and 26,7% of respondents stated, that they received sufficient information on prevention from their GP, but 17,3% claimed that they needed more information and that they would need to get it from other sources. 32% of respondents even said that they had not received recommendations on healthy lifestyles, the main reason being their disbelief concerning the effectiveness of preventive means. The respondents, whose relatives were affected by heart disease or hypertension, respected recommendations more than respondents whose relatives were not: 32,7% of them followed the recommendations on nutrition, 23,3% on overweight reduction, 56,0% on hypertension correction.

98% of respondents requested information on preventive means from hospital staff, 77,3% of respondents stated that

they had received sufficient information on nutrition, overweight reduction, and hypertension correction. 20,0% of respondents needed more information from hospital medical staff. 22,0% of respondents pointed out, that they received sufficient information from media. 14,0% of respondents believe that the provision of information on preventive means is not part of the role of medical staff, because they have to pay more attention on treatment. However, 34,0% of respondents stated, that during their hospital stay they had received more information than ever before. As the most effective measure for providing information 66,7% of respondents described the conversation with physicians, 43% conversation with nurses, 32,0% the cases of other patients and their experiences, 22,7% advice from family members, 12,0% training sessions for patients, 7,3% autodidactic learning. 44,0% of respondents would participate in patient associations, 21,3% would attend a healthy lifestyle school. 65,3% of respondents promised to follow the healthy lifestyle recommendations.

Conclusions

The preventive means of cardiovascular diseases on GP institution for respondents, whose family members are affected by cardiovascular diseases, are not sufficient. During their stay in hospital the respondents get sufficient information on preventive means of cardiovascular diseases. As the most effective measure for information provision, respondents see the conversation with physicians.

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102. Physical and nutritional clinician education in the community – sani- tary integrated educational program

Barbara Beltrami, Flavio Acquistapace

Uncontrolled diet and lack of physical activity are principal factors in developing a cardiovascular disease in Western societies. Research findings indicate the importance of education about nutrition and prescribed physical activity for the primary and secondary prevention of cardiovascular problems and the treatment of chronic health problems. An overly large amount of alimentary and metabolic components and a mismatch of biological nutrition balance (such as a decrease in antioxidative scavengers, an increase in free radicals, and inflammatory endothelial oxidative metabolism markers) play a role in the development of cardiovascular risks.

The purpose of the protocol is to support BioNutritional and Physical Activity Education in Preventive Care and the evalua-

tion of effects on patterns of health and on the cardiovascular risk profile.

Method

1) Basic Evaluation: Clinical Risk Profile Evaluation and Education; BioNutritional Evaluation and Education; Physical Activity Education and Exercise Capacity Evaluation, Educational Behavioral Effort Prescription; Antioxidant Integrated daily Alimentary program Prescription, Biochemical Markers Evaluation.

2) Advised Maintenance Program

3) Adherence Educational and Follow-up Results at 3, 6, and 12 months. We observe 420 subjects (300 female ; 120 male) in preventive visit examinations and consultations for weight, cardiovascular risk profile and exercise capacity evaluation and education. 30% attended pharmacological anti-dyslipidemic therapy. Results indicate a significant health profile increase: weight reduction, psycho-organic, functional recovery and biochemical markers risk profile stabilization. Data are correlated with BioNutritional and Physical Activity Adherence Maintenance, Antioxidant Integrated Alimentary daily program. In 80% of cases we found maintenance at 6 months follow-up out of increase or introduction of pharmacological support. In 30% of cases we recorded a reduction of pharmacological support. Bio-Nutritional and Physical Activity Educational Prescription and Maintenance Evaluation is a global life style therapy factor for health protection of and for prevention of cardio-vascular disease. Further information and strategies in educational information and clinical application are needed to evaluate the power of antioxidant effects to protect against cardiovascular risk markers related to physical activity and nutritional education.

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103. CardioVascularinhealth in HEPIC project (Health Education and Promotion in the Community): A multidisciplinary educational and research program

Barbara Beltrami, Flavio Acquistapace

Cardiovascular disease is the first cause of death in Western society. This calls for interventions of education, prevention and rehabilitation coordinated with general medicine, people and boards. Consciousness of one's own state of health though preselection of cardiovascular risk level is the aim of prevention strategies. The Heart in Health (HIH) project wants to motivate people to perform an Educated Physical Activity Program (AFE) and balance their diet using simple ambient

resources, monitoring educational profile and level of cardiovascular risk. HIH promotes consciousness about the physical and psychological health status and about cardiovascular risk factors with particular reference to the importance of AFE especially in children and women through action of research and ad hoc report.

Interventional strategies are the following:

- Creation of editorial line "HIH" for editorial communication.
- Communication of the venture.
- Research, structured collection of data and interventions of education to health, 12 month follow up.

Where we work: Primary and secondary schools, rehabilitative cardiology ambulatories for primary and secondary prevention. AFE dissemination at least 2 to 3 times / week in accordance to guidelines, with reduction of cardiovascular risk factor; improvement of quality of life; increase in value of environment as resource for health; growing consciousness in personal health and this direction in daily life (at home, work and school) in a simple and correct way.

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104. Empowering cardiac rehabilitation phase III patients through education / Information on cardiac drugs

Rosarie Lynch, Patricia Maguire

Rationale

In house research indicated that phase III Cardiac rehab. patients had a low level of knowledge of their medication prior to an oral presentation by the senior hospital pharmacist.

Aim

Increase and sustain their basic knowledge of drug actions, possible side effects, administration times and therefore increasing their concordance.

Methodology

Initial quantitative research (Questionnaire) indicated that patients required written information to supplement the oral presentation. The cardiac rehabilitation coordinator, together with the hospital pharmacist, compiled user- friendly, sustainable drug information sheets.

These sheets addressed possible patient concerns such as 'What drugs do', 'How should I take them', 'What are the possible side effects' and 'Food Interactions'. Drug sheets were

written in simple language and followed the guidelines laid out by the Plain English Society website. The sheets were also read by a focus group of 8-15 year olds and suggested changes were made.

Outcome

Sheets will be disseminated to cardiac rehab. patients by the end of January. It is envisaged that drug knowledge and concordance will then improve. Process evaluation will assess the effectiveness and patient acceptability of the initiative by means of a questionnaire.

Connex to HPH

It is envisaged that this initiative should improve the quality of care and quality of life of cardiac rehab. (phase III) patients. These leaflets will provide tailored drug information to enhance secondary prevention together with curative care.

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105. "The heart road" – Heart comfort and quality program for screening from the emergency department (ED) to the cardiology ambulatory

Pierpaolo Parogni, Ivano Giacomini, Maria Cristiana Brunazzi, Roberta Raccanelli, Camelia Gaby Tiron

Context

Area characterized by a high number of older people with cardiovascular problems and a growing necessity of assuring wider diagnostics and follow up control.

Objectives

Improve the relationship between needs and resources by implementing heart screening as quality index in the primary and secondary prevention of cardio-cerebro-vascular stroke. Make the way from the emergency department to the cardiology ambulatory (requests removing the necessary passage to the "only reservation center", because they will be directly booked by the specialist). Involvement of the medical team from the emergency department in the project. Advertise the experience for potential transfer to routine level.

Operating planning

Long term intervention to codify the relationship between the emergency department and the cardiology ambulatory service. After evaluation the patient will be discharged from the emergency department with the calendar of the subsequent heart controls. It will be the task of the staff from the emergency

department to contact the only reservation center to book all the necessary visits near the cardiology ambulatories with timing driven by a risk estimate and using the wording "urgency deferrable / ED", when considered necessary.

Conclusions

Bigger satisfaction of the user, short times of answer and improvement of the health service.

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106. A hospital that caters for the heart: Healthy eating programme – a quality plus? An integral part of hospital treatment

Maria Cristiana Brunazzi, Paolo Codeluppi, Mario Pasqualini, Maurizio Negrelli, Vanni Lasagna, Enzo Bassi, Cristina Grigoli, Piervincenzo Storti, Corrado Pavarini, Renato Schiavello, Chiara Marcomin, Monica Boriani, Camelia Gaby Tiron

Introduction

An unhealthy diet increases the likelihood of developing diseases such as trunk obesity, diabetes, hypertension, hyperlipemia, which underline most cases of acute cardiocerebrovascular diseases and the worsening of chronic conditions. For this reason a quality based disease management policy for cardio-cerebro-vascular diseases implies an in-hospital strategy to optimize patient compliance not only for pharmacological treatments but also for healthy eating.

Context

In our hospital meals are planned according to dietary requirements with multiple choice menus and / or special diets as prescribed. However meal times are seen as a "break" in hospital routine, not as an integral part of treatment.

Aims

- To improve the quality of hospital treatment programmes.
- To plan a basic healthy diet to promote good health and a favourable prognosis, together with a daily education program to encourage healthy eating at home as well.

Materials and methods

Our dietary project is based on two phases:

- Weekly meetings for in-hospital patients, by trained medical staff, to re-inforce patient's awareness and knowledge of a

healthy diet, including food which is suitable for an increasingly multi-ethnic population;

- Accompany each meal-tray with an explanatory note about the dietary features of the chosen meal.

In conclusion

This project is based on our belief that any quality improvement in treatment requires a significant step forward in the field of prevention in hospitals as well, and a healthy diet is fundamental in the field of prevention for a healthy life.

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107. An unhealthy diet modification programme targeting hypertensive outpatient population in a general hospital setting in Athens

Yannis Tountas, Irini Mentziou, Manolis Diamantopoulos, Emmanouil Andreadis

Aim

Unhealthy diet is strongly related to serious health diseases, such as coronary disease and high blood pressure, to low health related quality of life, as well as to increased demand of health services and health related costs. The aim of this intervention program was to voluntarily involve the hypertensive outpatient population of the "Evangelismos Hospital" in Athens to a health education program aiming to provide support in modifying unhealthy diet habits.

Material and Method

The sample was 60 hypertensive patients divided randomly to a control (30 patients) and an intervention group (30 patients). A questionnaire, including health related questions and quality of life issues were completed by the sample at the beginning and at the end of the intervention programme. The theoretical basis of the intervention was the Stages of Change Model and the technique applied was the Motivational Interviewing (four brief person-to-person sessions plus three short telephone follow up sessions).

Results

At the end of the programme 80% of the intervention group and 66,7% of the control group consumed whole-bread products every day, 41,4% of the intervention group and 47,4% of the control group consumed legumes 2-3 times per week, 56,3% of the intervention group and 50% of the control group consumed fruits and vegetables everyday, 78,9% of the intervention group and 50% of the control group consumed dairy

with low fat every day, 82,4% of the intervention group and 61,5% of the control group consumed fish with omega-3 lipids every week, 78,6% of the intervention group and 50% of the control group consumed 1.5-2 lt. of liquids everyday.

Conclusions

Results were positive for those patients who follow the Greek Mediterranean diet (i.e. lower measurements of LDH, lower body mass index, lower systolic blood pressure and better quality of life). At this end, more programs of dietary modification are needed to achieve greater reduction of blood pressure in the particular sensitive population of patients. Long-term studies of population-wide dietary interventions to decrease the blood pressure level of a whole population are also more than necessary.

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108. A stress related behaviour modification health education programme for hypertensive outpatients applying the stages of change model and motivational interviewing

Georgia Thanasa, Sotiria Schoretsaniti, Aristeia Berk, Yannis Tountas

Aim

To voluntarily involve hypertensive outpatient population in a health education program aiming to provide support in altering the behavior related to stress and its management.

Objectives

- Stress management of the targeted population using the theory of the stages of change model and the techniques of motivational interviewing.
- Evaluation of the effectiveness of Motivational Interviewing to stress related behavior modification.
- Evaluate the changes in Health related Quality of Life in the targeted population after the intervention program.
- Investigation the change in motivation and readiness to change of the targeted population with the use of the Change Questionnaire.
- To evaluate drug adherence and its change after the participation to the program.
- Segmentation of the target group with regard to the motivational stage of the Stages of Change Model.
- Evaluation of the changes of the hypertension levels of the targeted population.

Material & Method

The overall population consisted of 32 outpatient hypertensive patients who were randomly divided into two groups of 16 persons. The experimental group received four 50 min sessions with 15min telephone sessions in between (person to person sessions) while the control group received general information on the consequences of stress to their health and the relation of stress and hypertension.

Results

Significant results were shown in relation to the perceived stress total scores and levels ($p=0,003$, $p=0,020$) and the State and Trait scores of the STAI HI tool used ($p=0,008$ and $p=0,001$ respectively). Change of the motivational stage of the Stage of the Change Model was found significant as well ($p=0,000$). Additional significant changes were found for the scores of the Mental dimension of SF 12 with $p=0,010$. For the most of the parameters of the Change Questionnaire (measuring readiness and motivation for change) results were found significant as well (Ability to change: $p=0,001$ / Commitment to change: $p=0,029$ / Taking Steps for change: $p=0,002$).

Relatively significant changes have been noted on the correlation of the stage of change and the reduction of stress levels ($p=0,059$) while results showed changes of diastolic and systolic blood pressure (2,4mmHg for diastolic blood pressure/ 6,6mmHg for systolic blood pressure). Last the program was excellently received and evaluated by the targeted population.

Conclusions

The program has well supported the patients of the targeted population in terms of modifying their stress related behaviour. There is preliminary evidence that both Motivational Interviewing and Stages of Change Model are both effective for interventions targeting stress related behaviour modification.

Connex to HPH

This presentation is about a health education programme for hypertensive outpatient population concerning stress management aiming at improving the quality of their health and their life.

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109. Primary stroke prevention for relatives of stroke patients

Maureen Matthews

Stroke is the 3rd highest cause of death worldwide and accounts for 1 in 14 of all serious disabilities in Northern Ireland. A family history is known to increase an individual's risk. 'Investing for Health' (DHSSPSNI, 2002) focuses on disease prevention through health education.

Aims and Objectives

- To raise awareness of the causes and risk factors associated with stroke.
- Clients will be able to:
 - Outline the modifiable risk factors.
 - Identify their own potential risk factors by undergoing a health screen.
 - Obtain individual advice on ways of improving their own health status.

Method

Relatives of stroke patients are invited to a nurse led information evening. The sessions are run on a Voluntary – Statutory collaboration with the Northern Ireland Chest Heart and Stroke Association. An educational programme was devised based on available published evidence with involvement of members of the multi-disciplinary team. Sessions are run on a monthly basis with an average of 8-10 attendees. An explanation of stroke is given and individual risk factors discussed in an open forum using visual aids to enhance group participation. Individuals have an opportunity to have their blood pressure and blood glucose levels checked, advice is given as appropriate. Written information is issued to complement learning and an evaluation is completed at each session.

Results

- Relatives of stroke patients report feeling empowered to make positive lifestyle changes to reduce their risk of stroke.
- Increased awareness of lifestyle choices allows the carers to increase their understanding of stroke thereby enabling them to support the stroke patient on discharge.

Conclusion

This is an innovative approach to primary stroke prevention. Relatives welcome the opportunity to learn more about the causes of stroke. Currently, a research project is being developed to determine compliance with the health education information provided.

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110. An analysis of cancer related fatigue, depression and health care: A rationale for research

Paula Lane, Martina Gooney, Louise Murphy

Cancer related fatigue (CRF) is one of the most common, ongoing symptoms reported by patients following cancer treatment. CRF can have a negative effect on mood, social interaction, sleep, daily activities, and overall quality of life. Approximately 30% of breast cancer survivors report persistent fatigue of unknown origin. Furthermore, 47% of these patients experience episodes of clinical depression following treatment. Despite this high prevalence and impact of CRF, the mechanisms and treatments remain unclear. Consequently, CRF is seldomly assessed and treated by health care professionals, thereby limiting the provision of effective management intervention opportunities.

This quantitative study involves a collaborative approach to investigate the psychological and biochemical alterations leading to cancer fatigue. A female convenience sample (n=200) is being recruited, 50% of whom have a confirmed history of cancer and are at least two years post treatment. The close link between fatigue and depression in cancer patients suggests that a common mechanism could underlie the development of both phenomena. It is hypothesized that alterations in pro-inflammatory cytokines are involved in the development of fatigue and of depression.

In order for health care professionals to provide quality care to patients, they need to draw on knowledge from research studies on cancer related fatigue. It is envisaged that the findings of this study will contribute to care and management strategies used in clinical practice, leading to a greater understanding of the fundamental processes which underlie cancer fatigue. This will inevitably aid clinicians in their recognition and assessment of the symptom. Most importantly, it will enable health care professionals to empower patients to make informed decisions about their care. Furthermore, these findings may have health education and policy implications towards developing more supportive health systems.

Connex to HPH

This presentation is aimed at raising awareness of cancer related fatigue and depression in women cancer survivors. Advances made in this study will be extended to the clinical setting, enabling health care professionals to gain a greater understanding of cancer fatigue. Subsequently, they will be better able to educate and empower patients about their quality of care.

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111. Health care from nuclear medicine professionals in therapeutic fields

Eve Palotu

Objectives

Palliative care is the main speciality for the comprehensive treatment of cancers. As an integral part of patient care, nuclear medicine is used in the treatment, management, and prevention of serious disease. Nuclear medicine methods are now used for therapeutic applications such as treatment of certain specific cancers (neuroendocrine tumors, thyroid cancer) and palliation of metastatic bone pain.

Methods

In the department of nuclear medicine patient education during the treatment with radionuclides is very important for successful treatment. Before treatment the physician provides information on the performance of treatment, on understanding and evaluating the aim of therapy, and on radiation exposure. The child's parents receive information about the procedure and specific instructions concerning radiation safety precautions.

The technologists get involved with every aspect of radionuclide therapy, from admission to discharge. When caring for patients, they acquire adequate knowledge of the patients' medical histories to understand and relate to their illnesses and pending diagnostic procedures for therapy. They educate patient behaviour during the period of restrictions in the special treatment room, assess patient needs during treatment procedures, because a number of patients tolerate isolation in a specially protected room very poorly. During the therapy children watch TV and videos, draw pictures and play with games or toys. Patient education materials are also available in non-local languages in order to provide best available communication. Patients participate in the treatment process; which gives them a sense of control over their disease.

Conclusion

Nuclear medicine makes a significant contribution to health, health care and quality of life, particularly in major clinical areas such as cancer. Quality is the extent to which health services for patients increase the likelihood of desired health outcomes and are consistent with nuclear medicine professional knowledge. It plays a key role in raising the morale of the patients and their family members to fight the disease.

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Session P 2-2: Improving health literacy of patients and visitors: Information, education and counselling

112. Hospital patients' views on health promotion services within hospitals

Charlotte Haynes, Gary Cook

Introduction

UK public health policy requires hospitals to have in place health promotion services which enable patients to improve their health through adopting healthy behaviours. For health promotion to be successful services must be targeted at individuals' needs. This study explored the needs of patients through a survey exploring views on the health promotion services that patients would like / expect to be delivered within a hospital setting.

Method

Recently discharged adult hospital patients were sent a questionnaire (n = 322). Patients were asked about their smoking, alcohol use, diet, physical activity, and weight. For each risk factor participants were asked whether they agreed that patients should be screened for the risk factor, whether they received any health promotion for the risk factor (if relevant), if they wanted to change their behaviour; and what services they thought the hospital should provide. Participants were also asked a set of general questions concerning health promotion within hospitals.

Results

One hundred and ninety patients responded (59%). Over 80% agreed with screening for all risk factors. Over 75% of smokers, 52% consuming alcohol above recommended limits, 86% of obese, 66% consuming less than five fruit and vegetables a day, and 61% of physically inactive participants wanted to change their behaviour into a healthy behaviour. However only fifty-two (27%) received any form of health promotion. Of those receiving health promotion, the majority did so at admission. However over 60% of patients wanted health promotion around discharge. 1 in 12 also reported that they "never" wanted health promotion. The majority agreed that "hospital is a good place for patients to receive health promotion" (87%) and that "the hospital should provide patients with details of community organisations that provide HP" (83%). Only a minority (31%) reported a preference for health promotion from their GP instead of hospital.

Connex to HPH

By finding out about the health promotion needs of hospitalised patients in terms of prevalence of risk factors, desire to change behaviour to lead a healthy / healthier lifestyle, and particular services patients want (e.g. types of physical activity opportunities within the hospital), we are gaining an insight into how the hospital can change its policy and practice to reflect patients' wishes. This work is part of the process we feel is

necessary to meet standard 1 of the WHO standards for health promotion in hospitals of an appropriate health promotion management strategy and it complements standard 3 by providing patients with suitable health promotion information / interventions.

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113. Education and health promotion needs in hospitalised patients

Paolo Barelli, Enrico Baldantoni, Annalisa Bergamo

Hospitalized patients' educational needs are many, and often involve also patients' families. So it is necessary to define a framework including an educational needs assessment and the developing of an adequate educative program. In its journey to excellence accreditation, S. Chiara Hospital of Trento used the Joint Commission International approach that highlights patient and family needs to participate in care process and to be involved in related choices. Educational needs include knowledge about care process in the hospital and after discharge, addressing the continuity of care.

The assessment of educational needs starts at admission as part of the general patient assessment. Patient education must be performed in specific moments of the care process, when patients interact with physicians, nurses or other health professionals. A coordination of different health professional interventions is needed. The path led by S. Chiara Hospital has been:

- Creation of an interdisciplinary group, coordinated by a member of Hospital Directorate. The group had to define policy and procedures and develop operative tools to be implemented in all hospital units.
- Inclusion in the budgeting process of specific aims about patient education processes for each hospital unit.
- Implementation of working groups at unit level on specific patient education topics.

Main results are:

- Development of an Hospital policy about patient education
- Development of policy and procedures about patient education needs assessment
- Development of tools to document assessment of patient education needs and educational process
- Development of procedures and specific multiprofessional tools to support education at unit level
- Monitoring of process implementation by a permanent audit on clinical documentation completeness

The S. Chiara Hospital path to patient and family education allowed to introduce patient education into everyday work aspects, instead of confining it to specific projects. At the same time this process allowed to modify professionals' attitudes towards patient education.

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114. The evaluation of patients' and physicians' attitude towards provision of information to patients in Lithuanian hospitals

Ryte Giedrikaite, Irayda Jakusovaite, Irena Miseviciene

The relevance of the problem

In Lithuania, the principle of patient information is becoming increasingly important in medical practice. The formation and importance of this principle in modern medicine has undoubtedly been conditioned by changes in other spheres of social life and the gradual predominance of the principle of human rights as well as individual and liberal values in Western societies. The process which goes back to the 1950s in Western Europe and the US reached Lithuania nearly four decades later. According to the Law of the Republic of Lithuania on the Rights of Patients and Compensation of the Damage to their Health, the patient is granted all personal and citizen rights, and therefore he / she him / herself should make a conscious decision before undergoing any therapeutic or examination procedure that carries a certain degree of risk, and thus assume a part of the responsibility. The aim of the study was to evaluate the attitudes of hospital patients and physicians towards informing patients about their rights in hospitals.

Methods and results of the study

The study was performed during November and December 2006. It included 4 randomly selected hospitals located in Kaunas county; three of these hospitals belonging to the Lithuanian network of HPH. Depending on the number of beds, hospitals were differentiated into those having up to 150 beds, 151-300 beds, 301-600 beds, and those having over 600 beds. The study included all patients who on the day of the inquiry were treated in the units of Internal Medicine and Surgery, as well as all physicians of those units who were present on that day. Patients with severe conditions and those who were newly admitted were excluded from the study. In total, 304 questionnaires were distributed: 217 to patients, and 87 to physicians. The response rate among patients was 68.7% (149 filled and returned questionnaires), and among physicians 65.5% (57 filled and returned questionnaires).

Anonymous questionnaires for patients contained 37 questions, and those for physicians 34 questions. The questionnaires were designed according to the principles of the Law of the Republic of Lithuania on the Rights of Patients and Compensation of Damage to their Health. The respondents were asked to answer questions related to the provision or acquisition of information on health status and medical examination data, the possibility to participate in decision-making concerning treatment, patient-physician communication, confidentiality, etc. The statistical analysis of the obtained data was performed using SPSS software package. The results of the study on physicians' and patients' attitudes towards the provision of information in Lithuanian hospitals will be presented at the Conference.

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115. The assessment of some aspects of health literacy among patients in the Kaunas Medical University Hospital

Daiva Zagurskiene, Diana Cepauskiene, Irena Miseviciene, Zemyna Milasauskiene

Background

Inadequate health literacy contributes to poor compliance, uncontrolled chronic disease and rising health care costs. The patients with chronic diseases and who have inadequate health literacy skills are more likely to be hospitalized because of a more frequent severe course of the disease or because of related complications. The aim of the study was to assess some aspects of health literacy among adult patients in the Kaunas Medical University Hospital (KMUH).

Methods

Patients (n=183) were recruited from eight clinical departments in Kaunas Medical University Hospital. A standard health literacy questionnaire was used. Clinical nurses asked the patients to fill in questionnaires. The response rate was 96.3%.

Results

One third (34.8%) of patients noted that they had limited ability to understand medical designations at the hospital. 41.2% complained that their physician did not explain their medical condition in words they could understand. Two thirds (67.9%) of patients, who did not understand physicians recommendations, noted a sense of shame. They were embarrassed to ask their physician to explain or repeat instructions and other relevant information. Those 25.6% of patients with health

literacy problems noted difficulties to follow physicians' prescriptions. After adjusting for sociodemographic indicators, it was found that patients with inadequate health literacy have worse disease control. The problem of inadequate literacy was greater in older patients and those with primary education. Patients with health literacy problems were less likely to participate in disease prevention and health promotion programs.

Conclusion

The study results showed that patients' health literacy was insufficient, therefore a programme for health literacy improvement is necessary. In order to improve health literacy and attitude towards health promotion more attention should be paid to the elderly patients and those with lower education level, and consolidation of physicians and nurses efforts is essential.

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116. The folder of the customer: From planning to realisation

Giuseppe Remedi

With the acceptance of the HPH project, we have to teach patients to become the first active actor of their own health. To reach the target it is necessary to have a tool to record any activities.

For this purpose we organized a course / lab of 42 hours with the aim to give to the sanitary operators and users of document a simple, easy and safe work management instrument. This course had to rely on the different activities in all departments. The course was dedicated to doctors, nurses and therapists of rehabilitation. It had four important steps: active lessons, analyses (considerations), elaboration and presentation to confirm it.

We agreed about some necessary requirements: common personal data; clinical, psycho-educational and social evaluation; planning of treatment and assistance; acceptance and privacy; activities of education of the patient and / or caregiver; valuation of pain; a common card of therapy; a patient card; evaluation of needs; a personalized discharge card for further therapy. At the end of the course we got 3 different cards / charts regarding the medical, surgical and critical areas. The work is well accepted and meets all the health promotion and medical-legal requirements. We want to underline that if the operators are involved and informed regarding the targets, they are able to change easily, to improve the service and to reach the target of the HPH project (integration).

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117. 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 – fulfils an identified health promotion information gap.

Connex to HPH

The relationship between men and cancer prevention provides insight into the complex issues that can influence men's understanding of information relating to men and cancer prevention and the information gleaned support the findings in this study. The literature revealed that health literacy has a negative impact on health and that health and literacy are considered entwined. Other influencing factors include masculinities, health and gender and their influences on health.

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118. How to advance sexual health in a HPH?

Päivi Mäkinen

WHO has defined services advancing sexual health as early as in the 1970's. According to these definitions, the health care personnel are expected to have basic knowledge of sexuality, sexual malfunctions, and effects of diseases on sexuality. Today, according to several studies, the patients do not feel that they receive enough information, and neither do the nursing personnel have sufficient knowledge or skills for bringing up and dealing with sexual aspects.

The various levels of sexual counselling can be illustrated with a so-called PLISSIT model. The acronym PLISSIT is composed of the initials of concepts Permission, Limited Information, Special Suggestion and Intensive Therapy. Permission means that the patient is permitted by the nursing personnel to talk about the matters related to his / her sexuality. Limited Information means providing information for the patient about the matters preoccupying him / her. Special Suggestion means instructions that the patient receives for improving his / her sexual life by increasing interaction with the partner, for example. Intensive Therapy means the stage at which the patient or a couple has decided together with the therapist that the counselling alone is not sufficient and sexual therapy is needed.

Sexual counselling provided in all Health Promoting Hospitals should be focused on at least the first two levels of the PLISSIT model. For giving the patient the required sexual counselling, counselling could be organized in the hospital according to one of the following alternatives, for example:

- Starting a sexual counselling clinic in the hospital / area.
- Providing counselling in policlinics treating gynecological or urological diseases.
- Providing counselling in all departments and policlinics.

Many work units have nurses or doctors who have received education in sexual counselling or therapy. These persons could be utilized better for building cooperation in health care and personnel training.

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119. Health Fair "Fairway to Health" & evaluation of the event

Dolores Kivlehan

"Fairway to Health" was a Health Promotion Initiative carried out in response to findings ascertained from a Staff Health Needs Assessment Survey (2005/2006) which identified the need for more information regarding health issues. Patient satisfaction surveys also highlighted the need for more information in this regard. A health fair titled Fairway to Health was planned and was hosted in the main Hospital foyer. This was a week long event and attracted a lot of media attention. The multidisciplinary teams community, voluntary and public sectors were all involved, in addition to a large variety of stands a wide range of tests and screening were also available. Large crowds of people including Staff, Patients and Visitors attended throughout the week. In total 241 attendees completed the evaluation form. The largest proportion represented staff at 66.8% with 29% visitors and 4.1% patients.

In total 96.3% of respondents found the Health Fair informative and valuable. The Garda stand (Sligo/Leitrim Drugs Unit) was the most popular stand at the Health Fair with 26.6% of respondents reporting it as being the most interesting, followed by the stand on Alcohol Awareness where 11.2% found it to be of the most interest. Over 8% of respondents reported that all of the stands were equally interesting and useful. Overall Respondents found the Health Fair to be very informative with plenty of literature and material available to them.

When respondents were asked what they would like to see included in future Health Fairs a large proportion requested a repeat of the same stands, which indicated that the Health Fair met with the attendee's expectations and requirements. There were several suggestions requesting Blood Pressure, Cholesterol and Blood Glucose checks. 12.5% would like to see more on Diabetes, and there were several requests for more information on Cancer Awareness and Exercise Programmes.

Respondents made a number of requests for a repeat of this initiative on a regular basis, including the provision of more

stands, longer duration, and the provision of interactive material. A strong need for more Cholesterol and Blood Pressure checks were identified as the volume of people who requested cholesterol checks considerably outweighed the number of cholesterol kits available. In general, the following practical Health Checks such as Lung Testing, Carbon Monoxide testing, Cholesterol, Blood Pressure, Body Mass Index, Height, Weight, and Girth, measurements were all well received, several respondents suggested holding regular Staff Health Screening / Checks.

A further follow up event has recently taken place and a significant number of attendees have made changes to their lifestyle as a result of the health fair and thus have shown improvement in their cholesterol, blood pressure and weight measurements.

Connex to HPH

Promote positive health by working in partnership with key stakeholders, enable consumers to participate in decision making and planning regarding their own health, and finally promoting the hospital in its development as a health promoting community.

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Session P 2-3: Supporting patients to develop healthy lifestyles. Alcohol, nutri- tion and others

120. Provision of basic alcohol awareness education and training for the staff in OPD Cavan General Hospi- tal

Jacinta Mc Aree-Murphy, Angela Mc Keon

Rationale

A body of evidence exists linking a large percentage of admissions to acute general hospitals to excessive alcohol consumption (Hearne et al, 2002, Luke, 2003). There is extensive evidence to support the concept that brief interventions can be utilised as a useful health promotion strategy. Nurses are ideally positioned due to their close interaction with patients and can assist in helping patients evaluate their alcohol intake. Patients who receive information and advice from health care professionals are significantly more likely to address their use of alcohol. The outpatient department is an ideal setting to

initiate brief intervention as a large proportion of the population visit this department.

Aim

The overall aim of this initiative will to enable all staff working and interacting with clients in the OPD to initiate brief intervention for alcohol use and refer to appropriate service if indicated.

Objectives

- Introduction to screening and brief intervention for alcohol
- Role of alcohol liaison clinical nurse specialist services
- Modification of screening tool slightly without affecting the outcome

Methodology

- Support from senior nursing management
- Support from CMN 2 and her staff in department
- A 3 hour brief intervention education and training module was provided by Clinical Nurse Specialists Alcohol Addiction
- All outpatient staff will be instructed in how to screen for alcohol use with the audit screening questionnaire (WHO, 2005)
- All patients who score 5 or more will be offered the opportunity to engage with the alcohol liaison nurse or provided with health promotion literature relating to safe levels of alcohol

Outcome

The training module was evaluated on completion. The effectiveness of the brief intervention training will be evaluated based on the number of referrals to the alcohol liaison clinical nurse specialist services within the next 3 months.

Conclusion

This initiative provided a unique opportunity for staff working in the Out patient department Cavan General hospital to develop new skills and information regarding the appropriate identification and brief intervention for alcohol as an integral part of their role which hopefully will be sustained. It is anticipated that this initiative should enhance awareness of alcohol as a health issue amongst all grades of staff.

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121. Screening and brief intervention for hazardous alcohol drinking in a hospital setting

Kjerstin Larsson

Introduction

Alcohol use is a leading contributor to many health problems encountered in medical settings. Thus, it is important that health workers implement methods to identify and intervene with patients whose drinking is hazardous or harmful to their health. Brief interventions have proven to be effective and have become increasingly valuable in the management of individuals with hazardous drinking patterns.

Methods

A method to screen and intervene for hazardous drinking is implemented in the setting of a university hospital. The intervention involves:

- To determine frequency of heavy drinking episodes using AUDIT-3 (The Alcohol Use Disorders Identification Test, question three).
- To assess weekly average drinking pattern for individuals screening positive (one or more heavy drinking days once a month or more often).
- To give simple advice and to recommend lower limits using a patient education brochure.
- To supply information about treatment providers and to provide referral to treatment (if needed).

The screening is primarily performed by registered nurses integrated into a routine medical history review and the result of the screening is documented in the electronic patient journal.

Results

A number of difficulties during the implementing process have been experienced due to reluctance among health care workers to participate. However, preliminary findings is that 6-19% of women and 12-39% of men treated at medical and orthopaedic wards have a hazardous alcohol drinking pattern.

Conclusions

Additional research is needed to study the effect of the brief intervention in terms of changed drinking pattern. There is also a need to find ways to facilitate the health care workers readiness to participate.

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122. A drinking alcohol modification program for hypertensive outpatients – applying motivational interviewing and the Transtheoretical Model (TTM) in a general hospital setting in Athens

Aristea Berk, Georgia Thanasa, Sotiria Schoretsaniti, Yannis Tountas

Introduction

Risk health behaviors such as excessive drinking alcohol is 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 and Objectives

The aim of the intervention program is to voluntarily involve the hypertensive outpatient population of the "Evangelismos Hospital" in Athens to a health education program aiming to provide support in modifying alcohol drinking patterns.

Objectives

- Identification of drinking alcohol behavior among the target group.
- Segmentation of the target group with regard to motivational stage according to the Stages of Change Model.
- Daily reduction of drinking.

Material and 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 was conducted in a medical setting, targeting a group of hypertensive outpatients. Patients (n=20) were randomly assigned to receive either four (45 min) sessions of motivational interviewing (intervention group) or a brief (5-10 min) communication via telephone, to inform patients of their therapeutical choices for reducing alcohol consumption and the benefits of the reduction (control group). The intervention results were assessed in terms of modification of drinking behavior (reduction in the mean number of daily drinks) readiness and eagerness for modifying behavior index and client satisfaction index.

Results

Motivational Interviewing proved to be successful, in enhancing patients' motives ($p=0,008$) for modifying their drinking behavior and in reducing the mean number of drinks consumed in a typical day ($p=0,007$). The majority of patients (80%) assessed the intervention conducted as highly contributing to their drinking reduction effort and all the patients mentioned that such interventions should be implemented as an integral part of health provided services in a health care settings.

Conclusions

A health education program which adapts the principles and techniques of motivational interviewing and aims to drinking behavior modification has proved to be effective and applicable within a general hospital setting.

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123. Raising awareness of alcohol use among in-patients using WHO audit

Ruth Buckley, Paula Rock, John Sheehan, Marie Twomey

Background

A study carried out in the emergency department (ED) of the Mater Hospital in 2001 indicated 24% of patients' visits to the ED were related to alcohol consumption. The aim of this study is to promote awareness of alcohol use and sensible drinking levels among patients.

Method

The intervention was piloted in a 5-bedded unit, for 4 weeks, in October 2006. Patients completed the WHO AUDIT self-assessment questionnaire on admission. Patients were given an information leaflet explaining their score and sensible drinking. The Alcohol Liaison Counsellor (ALC) saw patients with a score of 9 or more. This intervention group were contacted one-month post discharge for follow up.

Results

55 patients were admitted to the unit over that period. 74% (41) received the AUDIT questionnaire. 98% (40) completed the questionnaire. 27% (11) required intervention regarding their alcohol consumption. At one-month follow up of the intervention group, 90% (9) found the information helpful and said it got them to think about their drinking pattern. 60% (6) had changed their drinking habit as a result of the intervention and 10% (1) were thinking about it. 30% (3) had sought external support following the initial intervention. 70% (7) although recognising that they were drinking to excess, were still unsure as to what is considered sensible drinking.

Conclusion

This study identified patient's with hazardous or harmful alcohol consumption who may not have otherwise had been identified. The study was successful in raising patient awareness of their drinking and motivated almost two thirds with hazardous or harmful drinking to change. There is a need for greater awareness campaigns on what is considered sensible drinking and to educate staff on discussing alcohol consumption with patients. The success of this pilot paves the way for implementing this intervention on a phased basis throughout the hospital.

Connex to HPH

This study uses the settings approach to raise awareness of alcohol consumption and sensible drinking among hospital in-patients.

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124. Wellness programme in the regional health service

Giorgio Galli, Carla Stefania Riccardi

Starting in 2000, the regional HPH network has developed an intense programme which aims to favor correct lifestyles and to raise the population's awareness about this theme (about 120,000 inhabitants in the whole region). The Wellness Programme includes the following initiatives.

Sport, health and lifestyles (Chi si ferma è perduto!)

Activities:

- Annual open air event addressing the whole population (young and older people) to encourage non-combative sport activities. There, the main sport disciplines take place. The event is organized in collaboration with CONI (Italian Olympic Committee).
- Frequent meetings with the population on the topic "Pathology and physical activity".
- Distribution of booklets about sport education created by specialists (athletic specialist, cardiologist, psychologist, sport instructor, nutritionist).
- Older people's physical activity promotion that involves general practitioners.
- Monitoring, inside the company, to know the rate of sport practice among the about 2.000 employees in order to take initiatives addressed to them.

Results:

- Good level of participation of the public in the initiatives. The results will be measured in the next few years.

"Smoke Free Project"

Activities:

- Smoke prohibition in the health care network (hospital and regional structures).
- Courses aimed to fight tobacco addiction for the company employees.
- Availability of an anti-smoking department open to the whole population.
- Primary prevention in the schools of the region (formative courses, prize contest "Who doesn't smoke wins!").

Results:

- Smoking prohibition in the hospital is obeyed and well accepted. High level of attendance in the employee courses. Those who stopped smoking are now health promoters. Good effects in the schools, especially in the youngest scholars (13-16 years old).

Alcohol abuse prevention

Aim: To contribute to the reduction in the use of alcoholic drinks in the young population.

Activities:

- Information meetings with groups of parents
- Information stands in discos (operators of the Alcohol addiction Prevention Service)
- Peer Education program (with scholars and parents) to be developed in 2007

Childhood obesity prevention screening

Aim: To prevent and reduce childhood obesity.

Activities:

- Primary prevention (pre-labour courses, meetings with the parents of slightly / medium overweight children, education to a correct alimentation in the schools).
- Secondary prevention (therapeutic treatment in groups, for medium / heavy overweight).
- Tertiary prevention (individual therapeutic treatment, in the cases of serious obesity).
- Web information pages publication

Alimentation, healthcare and lifestyles

Aim: To favour the choice and the consumption of healthy food.

Activities (in 2007):

- Agreement with a big hypermarket to introduce a diet consultant.
- Thematic conferences for the customers
- Agreement with local producers to offer, in company and schools canteens, local products (fruits above all).

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125. Feeding and nutritional counseling

D. Mazzotta, Alberto Appicciafuoco, B. Niccoli, R. Marianelli, M. Manfredi, I. Frati, V. Fusari

It's a common opinion that nutrition is a very important risk or protective factor concerning 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 Tuscany Region 2005-2007 defines a 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 lifestyles in the Tuscany population.

In order to improve the relationship between hospital and territory in this respect, a Service of Nutritional Counselling was implemented. It addresses adults and healthy people, but also those with overweight, or with a family disposition to metabolic and cardiovascular diseases.

The Nutritional Counselling, a new experience in Sanitary Services, is a special method founded on confidence and active relationship between counsellor and clients, and this relationship increases and keeps alive a shared will of change in everyone. The service of Nutritional Counselling, led by a multi-disciplinary group of 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 metabolic and cardiovascular diseases. These departments can use Counselling as a tool to prevent illness and promote health for families and patients. Family doctors too may send to patients to the counselling if they need to improve their health and reduce factors that cause chronic-degenerative diseases.

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Session P 2-4: Baby-friendly hospitals and health promotion initiatives for mothers

126. Improving breastfeeding rates in deprived areas: The application of social marketing

Janet Dalzell

Breast milk provides optimum nutrition for infants for the first 6 months of life. In Dundee, breastfeeding rates have remained relatively static for over twenty years. Social Marketing is an approach that is increasingly being used to achieve positive impacts on the behaviour of individuals and groups, and help them to sustain these changes over time. The focus on behaviour is the core of social marketing and is the fundamental driver to achieve a measurable impact 'on what people actually do'.

Objectives

To improve breastfeeding initiation and duration rates among women living in the most disadvantaged areas of a Scottish city using a social marketing approach.

Method

In-depth interviews used to:

- Identify what happens to women who breastfeed?
- Understand what women actually do?
- Understand why do women do what they do?
- Understand what would make a real difference to women?

From this information this led to:

- Development of a pilot telephone peer support service.
- Development of a bespoke model of in-depth antenatal and postnatal help and support by breastfeeding support workers which complements the existing midwifery and health visiting service and contributes to seamless care delivery for mothers and infants.
- Development of breastfeeding management training programme for health professionals and health care assistants.
- Development of volunteer network in postnatal ward environment.

Results

Women have help, support and are 'being shown' how to breastfeed. Over eighty percent of staff have now been trained in breastfeeding management. Overall in the city for 2005, Information Statistic Division Figures (ISD) have shown a 6.5% increase in breastfeeding rates at 6 weeks across the whole city area. Dundee has never before seen such an enthusiasm for supporting breastfeeding by both health professionals and service users. Further research is recommended to further improve the experiences of women in this city.

Connex to HPH

This is an excellent example of applying the principles of social marketing and change management to improve services for women who want to breastfeed. Putting women at the centre of the service enabled changes to the service provided in the hospital. This improved knowledge and skills of health professionals, allowed additional time to support women by support workers and has improved the experience women have with breastfeeding.

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127. "Latte e coccole" ("milk and cuddles"): A meeting place for mums and their new babies to promote exclusive breastfeeding and much more besides

Mara Manghi

Until the early 1900s, no child, and no society could exist without breastfeeding. Artificial feeding is only a recent practice, which spread across Europe during the 1950s when giving birth in hospitals became more and more common and the milk industry began to develop so-called "suitable" artificial milks. Experience shows that it is possible to nourish a small human with milk that is not destined for the human race, but there are very high penalties to pay in economic, physical and psychological terms.

Breastfeeding "has effects that go far beyond the simple function of ensuring nutrition for new-born babies. The breastfeeding experience is the central event in the existence of an infant, the foundation upon which, if all goes well, the child will build his faith in himself, the important people in his life and by extension in the world" (Bettelheim). The breast gives not only milk, but, as Erich Fromm says, it can give "milk and honey", the latter being the symbol for sweetness and love for life. The breast offers security, human warmth, special tactile sensations, an opportunity for play, verbal exchange and an intimate relationship with the mother.

The breastfeeding data for our Region (Emilia Romagna) falls within the national Italian average, demonstrating a prevalence of exclusive breastfeeding of 55% at 3 months and of 28% at 5 months (data for 2002), which is still far from the WHO objective of 50% at 6 months. A "human cub's" right to mother's milk is very often denied. But the mother also must be guaranteed the conditions to be able to exercise this right.

Objectives / goal statements

Our women's health and paediatric services have been promoting and supporting breastfeeding for many years, both during antenatal classes and after birth, through post-natal clinic meetings, telephone advice services and home visits paid by the midwives. In 2004 we decided to create a visible physical place, managed by the midwives and open every day for mothers and their new babies. The objective is above all to offer a place for meeting qualified staff (midwives) to solve the problems met by the mothers in approaching breastfeeding at the beginning, and then to create opportunities for the mothers to share and exchange experiences and advice, accompanying them along their child's growth path with greater serenity and security. It is incredible to have to "teach" breastfeeding to mothers. But while all other mammals continue to nurse their offspring simply by following the law of supply and demand, in our society today breastfeeding is something that has to be "learned".

Quantifiable results / changes made

In the past 2 years of work, we have seen encouraging results. We counted 592 users in 2005 (one quarter of births) and around 2.600 single services delivered. A further increase has been noted for 2006.

Conclusions / future plans

The above considerations are positive, above all because almost all the women who take advantage of the "Latte e coccole" service persevere with breastfeeding. New forms of activities are currently being investigated, such as for example group meetings. This may contribute to strengthening maternal skills with a view to empowerment.

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128. Mamme nel pallone: "Mums in a Mess"

Mara Manghi, Piera Bevolo, C. Lamantia, P. Ferretti, E. Bocconi

The birth of a child implies a 9-month long period of wait for the parents. During these nine months, a myriad of thoughts, images and daydreams act as a backdrop before the growing belly and the baby which elbows its way into the mind as well as into the body. After the birth of the baby, it may happen that mothers do not feel as happy as they had imagined. In place of the expected joy, there may come a feeling of sadness and confusion. They may feel alone, unprepared for their new maternal role, irritated by the baby and by their partner, dissatisfied and irked by daily life.

To support and accompany the path through pregnancy, birth and beyond, which is a very delicate moment in the life of a woman and a couple, close cooperation has been in place between the Family Health Clinic and the Clinical Psychology unit of the REGGIO EMILIA district for many years. This offers assistance and support during the first stages of development of the parent-child relationship, strengthening the hospital experience with the resources in the territorial network. Following numerous work experiences, we felt the need to create an additional opportunity for debate and emotional support for mothers and families facing the period of pregnancy and childbirth.

To improve the effectiveness of the health services offered during this very special and complex time and to be able to reach out also to those mothers who, for obvious reasons, spend a lot of time at home, we have decided to create a website dealing with these issues. In this way, we can offer a virtual listening point, which can act as a resource for support and prevention for new parents. The website has been created in close collaboration with the day clinic that carries the same name ("mamme nel pallone"), which offers advice, information and psychological support before and after birth. The clinic is also open to foreign mums, thanks to the available cultural and linguistic mediation services, to help mothers to overcome the disadvantage of access to services by other cultures. In the website (www.ausl.re.it/mammenelpallone) you will find issues relating to feelings about birth, post-natal depression, providing information for further reading and the possibility to put your questions and doubts to our experts (midwife, paediatrician, psychologist). There is also a forum for exchange and dialogue among mums "in crisis".

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**Session P 2-5:
Strategies for Pain-free Hospitals****129. Pain Free Hospital: An Experience in Crema Hospital**

Roberto Sfogliarini, Francesca Gipponi, Gianluigi Brambilla, Luciano Orsi, Agostino Dosena, Michela Franceschini

Aims

In the year 2001 we started the project "Pain Free hospital" with the purpose to improve the sensibility of the staff about pain, to systematically introduce the evaluation of pain, to

measure it, to treat it and to modify the use of analgesic drugs, increasing the opioid ones.

Materials and Methods

Preliminary phase

- benchmarking with other hospitals
- recognition of what the staff knows
- choice of the method of pain recording (types of scale, specific scales for anaesthesia and paediatric areas)
- surveillance of the prevalence of pain

Implementation phase

- training plan for the staff
- definition/revision of guidelines about pain treatment

Evaluation

- evidence of the evaluation of pain level and treatment in clinical records
- evaluation and availability of data about drug use for staff
- staff satisfaction about training

Results

- In a sample of 244 patients interviewed in November 2002, 55.1% reported that pain was not treated
- Use of the scales in the units: year 2005 80%; 2006 88%; regularly in surgical patients
- The first course of training (basic level) was realized (training courses are foreseen annually); the course pointed out the necessity of giving more information about drugs and of discussing clinical cases (audit)
- Systematic use of PCA technique (patient controlled analgesia) in patients who undergo surgical interventions
- Application of the reviewed specific guidelines about chronic and acute pain
- The preliminary results of the use of analgesic drugs show no significant differences (2006 vs 2005):
 - Reduction of phentanyl and an increase of buprenorphine, but the total of drugs by transdermic way is substantially the same
 - Evidence of little increase of morphine per os

Conclusions

Because of the training program we have registered an improvement of awareness of the staff with regard to pain. We must pay more attention to the choice of appropriate drugs and to introduce new physical and pharmacological techniques of neuromodulation.

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130. A training program for pain-free hospitals

Monika Zackova, Francesca Raggi, Loredana Fauni, Patrizia Feltrami, Giancarlo Caruso, Franco Riboldi

Along with the startup of the new Bologna Health Authority, the organisation of the former 3 Health Authorities has been revised, such as the organisation of the local HPH Network, according to the European directions, with the intention of realising health promotion programs, in the framework of high priority thematic areas. Among these areas is the "Pain-free Hospital"; therefore the PainFreeHospital Committee has been enforced, in a totally operational and multidisciplinary style.

By unifying the coordination center, and sharing the principle that pain control is paramount to promote dignity of patients and improvement of services (Vienna recommendations 1997), we acted as follows: we motivated the health operators involved (initiatives are being set up); we set up a continuous training to assessment and treatment of pain, for a cultural shift of the professionals (Ottawa Chart, 1986); we created a network of medical and nursing promoters for each involved department, for a multidisciplinary cooperation (Alma-Ata declaration, 1978). We promoted the pain surveying activity in all involved units, the adoption of clinical / therapeutic protocols, fitting for specific situations (a benchmarking is ongoing, with the regional HPH Network). Moreover we are writing information leaflets for patients; lastly, we'll verify the obtained results using ad hoc indicators. In 2002 we organised a basic level course on pain management, aimed at surgery units.

Since 2003 the proposal has been open to all operators and is part of the Health Authority Catalogue, thus improving its importance. In 2005 a basic course on chronic pain treatment has been added, together with a second-level one. Today the catalogue has three proposals, all of them ECM-certified, aimed at interdisciplinary groups and oriented to chronic and post-operation pain. The adopted methodology is interactive and teaching material is available. The teaching initiatives have achieved a good result, assessed by customer satisfaction tests.

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131. Post surgical pain assessment and treatment

Chiara Bovo, Lamberto Padovan, Maria Vittoria Nesoti, Stefano Kusstatscher, Stefano Avanzi, Alberto Graiff, Maurizio Agnoletto, Giovanni Pilati

Introduction

There is great scientific evidence that untreated postsurgical pain causes delay in patient complete recovery; indeed, correct pain treatment largely improves clinical outcomes. Nevertheless, in our country, postsurgical pain is underestimated particularly when it could be effectively managed.

Findings

Our Hospital is active in the "Postsurgical Pain Assessment Project", with the purpose of postsurgical pain control, a more intelligent use of analgesic drugs and better cooperation among health care staff. The project has been extended to all surgical units of the hospital. Eight specific therapeutic protocols have been adopted using the Acute Pain Service methodology, which includes analgesics administration at planned times or by infusion pumps and a rescue dose at patient request. This project is based on the clinical responsibility of anesthesiologists and on pain and vital signs assessment by nursing staff. The methodology improved patient wellness, early mobilization, vital functions, and reduced complications. A first analysis of the effects of this project has been performed after three months. The results showed a complete disappearance of severe postsurgical pain, and a 30% reduction of mild pain. We had very low side effects and they consisted in postsurgical nausea and vomiting. A structured questionnaire has been administered to patients and the overall opinion was good, with a high grade compliance for all therapeutic schemes.

Conclusions

The relevance of this project consists not only in a better management of postsurgical pain, but also in the fact that it did not need additional resources, indeed it implies a more effective organization of work flows and drugs use, without any other modification in hospital health care delivery system.

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132. Improvement of postoperative pain treatment at the department of obstetrics and gynaecology at Hietzing Hospital, Vienna

Ekkehard Schweitzer, Ursula Denison, Robert Fitzgerald

Before the realization of this project (Improvement of postoperative pain treatment) there existed no standardized procedure for postoperative pain treatment at the department of obstetrics and gynaecology. Treatment was mainly based on the use of non steroidal antirheumatic drugs (NSARs). Morphine was seldom used; instead NSARs were overdosed, unusual combinations of different NSARs were applied or patients were sometimes left in pain.

Before initiating this project it was not common practice to question patients about their postoperative pain or intensity of pain on a regular base. Pain and pain scores were not documented in the charts. Questionnaires were given to the patients regarding postoperative pain, promptness and efficiency of pain treatment, patient satisfaction with pain treatment and attitudes of staff members. Questionnaires were also given to all staff members regarding their perceptions towards postoperative pain and pain treatment.

A documentation system for postoperative pain was established. Thus it became possible to obtain "pain profiles" of different procedures, to identify especially painful procedures and to control efficiency of pain treatment. Many gynaecological procedures, such as D&E or minor breast surgery were found to cause minor postoperative pain. The most painful procedures were open laparotomies (including caesarean sections), vaginal hysterectomies and to our surprise laparoscopies. In the questionnaires handed to the patients postoperatively, laparoscopies were judged as painful as open surgical procedures (same mean pain scores). Recommendations for postoperative pain treatment were formulated, discussed with all staff members and finally made obligatory.

At the conclusion of the project the following improvements could be demonstrated: increased awareness of all staff members towards the problem of postoperative pain, patients were questioned regularly about their postoperative pain, the results of these interrogations were documented, efficiency of treatment was determined as well as documented and in general more morphines were administered.

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133. Meditation and pain control

Francesca Raggi, Gioacchino Pagliaro, Lore-dana Fauni

The word meditation has a broad meaning, including therapeutic effects. Meditation can be defined as a training to mental presence, contributing to the patient's healing and enhancing wellness, through mind relaxation and the achievement of a deeper level of consciousness. Its effectiveness has nowadays been shown to cure psychological conditions or, combined with pharmacological treatment, to mend several cardiovascular, respiratory and gastrointestinal diseases.

Meditation has moreover beneficial effects on the endocrine and immune systems. Scientific literature and psychoneuroendocrinology have widely demonstrated that pain is a combination of a physical and a psychological component. From a cognitive point of view, the more one is aware of suffering, the higher is the perception of pain.

The mental tranquillity induced by meditation helps to distract the patient's attention from pain and to promote an effective analgesic effect. Meditation works by reducing muscular tension, distracting the attention from pain, developing an analgesic effect, acting against mood disorders and facilitating a better attitude toward pharmacological treatments. The Pain Free Hospital Committee of the Health Authority of Bologna, according to the Health Promoting Hospital (HPH) projects, is supporting psychological assistance and meditation in order to empower patients in getting control over pain and better manage their health.

Therefore the Unit of Clinical Psychology within the Department of Oncology has started treating selected patients sent by the Pain Control specialist or by the Oncology Unit. This clinical pathway follows the directions and objectives stated in both the Budapest Declaration (1991) and the Ottawa Charter (1986), which are also emphasised by the Vienna recommendations (1997). The project identifies the following steps: activating psychological consultation for a psychological-clinical assessment; activating the best psychological treatment or the appropriate body-mind intervention; enriching the relation / communication skills of the hospital personnel towards patients and relatives; preventing personnel's uneasiness and burn-out.

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134. Telephonic triage for pain assessment in oncological home care

Maria Vittoria Nesoti, Chiara Bovo, Maurizio Agnoletto, Stefano Kusstatscher, Antonio Gjonovich, Paola Zorzan, Giovanni Pilati

Introduction

The Pain and Palliative Care Unit of our hospital takes care of oncological patients during their hospital stay and after discharge, in collaboration with home care services. Hospital staff together with GP and specialistic personnel take care of patients according to a home care specific assistance plan. During hospital stay the Pain and Palliative Care Unit staff make up a program for individual therapeutic protocol and follow-up schedule.

Findings

In 2005 we set up a telephonic triage system aimed to optimize resources and to have an educational function for patients and home care givers. We planned a monitoring system implemented by telephonic contacts, at scheduled times, for all oncological patients enrolled in home care service to take care of them especially after discharge. The Unit nursing staff performs weekly telephone interviews with patients or caregivers in order to obtain useful information about pain level, patient's clinical condition and care priorities.

The triage scheme includes these items: presence / absence of continuous pain (NRS scale), presence / absence of incident pain (NRS scale), number of sleep hours, any new symptoms and general conditions, analgesic drugs intake and any drug side effects. Every item was associated with a score and the total value gave an idea of care delivery priorities. In 2005 the telephonic triage system was used in 140 cases, 53% of the patients had three phone calls, 25% had eight phone calls and 22% had twelve phone calls, indeed it is important to point out that this patient population had a survival trend of 60 days.

The service was improved without further resources, but with the principal purpose to optimize the existing ones, it prevents useless and inefficient practices and points out the real care needs. It was also confirmed by the result of a questionnaire administered to patients and their caregivers, in which they said they felt strongly comforted and aided by health care services, particularly when patients were at home.

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Session P 2-6: Improving quality and safety in Health Promoting Hospitals

135. Medical staff attitude towards improvement

Laimute Radziunaite, Loreta Treigyte, Stasys Gendvilis

Increasing requirements regarding the quality of healthcare services urge the management and all the staff to increase the quality of services provided. The aim of this survey – to assess the attitude of the doctors and nurses towards improvement of the quality of services provided.

Methodology

A self administrated questionnaire was conducted among medical staff in January 2007. 201 questionnaires were handed out.

Results

To ensure the quality, a quality management system was introduced in the hospital. The opinion of the staff about introduction of the system was better than average (3.20 points out of 5). Introduction of the quality management system was appreciated more by the nurses – 3.48 (0.92) points, than doctors – 3.25 (1.00) points, $p < 0.001$. In the opinion of the medical staff, importance of quality in the hospital is of average level (47.12%), many chose the option "High" (35.08%). Medical staff indicated that the main reason for improving the quality of health care services provided was their wish for personal improvement (4.31 (0.76)) and satisfaction (4.21 (0.84)). Doctors and nurses believe, that quality of work could be improved by better equipment and higher wages. In order to ensure the quality healthcare services, cooperation among the management and staff of the institution is important. The staff are almost fully satisfied with the cooperation of their direct management (3,73 (1,69)). Majority of the staff share their ideas with the direct management (78.1%), while the management regards the suggestions of their staff (84.9%) ($p < 0.001$).

Conclusions

In the opinion of the staff, quality is of average importance in the hospital. The nurses are more concerned with improvement of the quality. The main reason for improving the quality of services provided is the wish for improvement of the staff. Better equipment and higher wages would also improve the quality of work.

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136. Health promotion and nursing: Working in partnership to improve documentation of health promotion in the acute ward setting

Mary Smyth, Deborah Reynolds, Aoife Clare, Mairead Lyons, Deirdre Ryan, Rosemary Orr

Objective

Increased nursing documentation of Health Promotion assessment and intervention for patients on one pilot ward in collaboration with the Nurse Practice Development Department.

Rationale

Participation in the pilot WHO Health Promoting Hospitals (HPH) self-assessment tool identified areas for improvement in Standard 2 (Patient Assessment) and Standard 3 (Patient Information and Intervention).

Concurrently, the Nurse Practice Development Department (NPDD) introduced new nursing documentation, including a Health Promotion/Education sheet. An audit by the NPDD of nursing care plan documentation demonstrated limited use of the Health Promotion sheet.

Methods

The process involved:

- Involvement of key personnel
- Education
- Development of tools
- Audit

Results

The results will demonstrate the effectiveness of a partnership approach to increase the documentation of health promotion assessment, intervention and education in one pilot ward.

Conclusion

The Health Promotion staff need to work in partnership with key leaders to progress Health Promoting Hospitals standards. The NPDD are highly valuable partners and have a clear understanding of health promotion for patients. Managers and staff nurses are essential partners for implementing and promoting the project locally.

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137. Clinical indicators: Searching for the Arab phoenix?

Enrico Baldantoni, Maria Grazia Allegretti, Annalisa Bergamo, Paolo Barelli, Elisabetta Mon, Marco Scillieri

Objective

Describe the multidimensional, incremental approach to clinical indicators used in the Hospital of Trento (HT)

Methods

HT management was implemented in 2003 for reviewing performance indicators with a combination of structure, process and outcome data. According to the International Quality Indicator Project (IQIP), these were collected both from administrative sources and from the clinical units as part of the program of activities negotiated each year (budget) and linked to the salary of result. HT is also participating in the volunteer JCI Indicator Project.

Results

During 2004-2006 each unit collected, and submitted data on clinical indicators of choice. A total of 50 indicators were collected (46 process indicators and 4 outcome indicators). IQIP was launched in April 2005 starting with 4 indicators. At present we are working on 11 indicators (8 process indicators and 3 outcome indicators). HT is also collecting data on AMI and HF Indicators as part of the volunteer JCI Indicator Project.

Conclusions

Concerns about quality and safety of care combined with notions of clinical governance, professional accountability and public disclosure have made performance monitoring a major concern for providers of health services in recent years. Nevertheless the technical barriers inherent in assessing performance (including lack of evidence-based measures for many specialties, definition of threshold for acceptable care, sample size, confounders in process and outcome measures, representativeness, feasibility and cost) may appear to be insurmountable, at least at the present time. Although the use of outcome and process indicators to judge the quality of care should be diligently avoided, they are useful tools to discuss matters of common interest between management and physicians, getting rid of all so common cost-constraint considerations.

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138. The standardisation and the development of Home Artificial Nutrition (HAN): Experiences and results of our group

Federico Ruggeri, Mariano Barberini

Artificial Nutrition is one of the most developed disciplines in modern Medicine. Technological advances, a better knowledge of malnutrition physiopathology and its involvement in the evolution of several clinical entities have made possible to improve the nutritional attention paid to our patients. Our patients on home artificial nutrition (HPN) are monitored after discharge from the hospital. The prevalence of home parenteral nutrition (HPN) ranges is 21 patients per million inhabitants in Rimini, Emilia Romagna, Italy. The most frequent indication is active cancer and the short intestine syndrome. The largest group of patients is aged between 50 and 70, with only 5% of children. Almost 1/3 of patients apply parenteral nutrition through a tunnelled catheter.

The use of enteral nutrition (EN) has expanded as a first choice practice in patients with undernutrition or at risk of undernutrition that have a minimally functional intestine and are unable to cover their total caloric and proteic requirements with natural or supplemented diets. Although home enteral nutrition was developed after HPN, it has grown much faster. It is difficult to determine the real incidence, which varies 179 patients per million inhabitants and new 60/year. Neurological diseases and cancer are the most frequent indications. The gastrostomy access occurs in 32 % of cases in our experience in Rimini, Emilia Romagna.

Terms like "medical food" or "organ- or system-specific nutrition" or "pathology-specific nutrition" have revolutionized the EN field in the last 20 years with the emergence of specifically defined formulas, but artificial nutrition outside hospital settings is a widespread practice but with great variability. So we wrote some guidelines, left during our home visits, that explain how monitoring and handling of complications. The rate of complications is around 0.20 complications per patient and year.

In our experience, the incidence of complications is similar than that registered in Europe or North America. The most frequent are infection-related complication in HPN. At the present time, prognosis and survival in the medium and long term are higher with HPN than with intestinal transplant. This must be reserved for those patients presenting severe complications with HPN.

The standardization of care and the development of good education programs may contribute to an improvement in the results. The prognosis basically depends on the underlying disease. Its increasing use in patients with progressive neurological deterioration raises ethical questions in Italy, but HAN has been shown to be cost-effective in patients with malnutrition when the indication is established early.

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139. Process management to administer a relevant social problem: Pressure ulcers

Cristiana Lucani, Diego Ceci, Carlo Turci, Maria Annunziata Parafati, Francesco Stella, Francesco Lavarone, Maria Paola Corradi

Introduction

With the aging of society and the change in the models of illness, the problem of the pressure ulcers (PU) is surely destined to grow especially in hospitals. Among the principal factors that determine a greater risk of PU there are the increase of the chronic-degenerative pathologies and the increase of the population middle age, even if PU can develop in all persons determining elevated costs in terms of negative aspects for patient quality of life (increased risk of mortality and complications), for the nursing and medical staff that has to increase the time of assistance and for the society.

The attention to this aspect must cover a very important role in the politics of complex organization, must be addressed by continuous quality improvement keeping affirming that PU can be avoided by prevention strategies, control, evaluation and education of the patient and the operators in accordance with international scientific guidelines. For these reasons the Surgical and Second Medical Faculty of Sant'Andrea University Hospital La Sapienza, Rome, decided to define and confront patient treatment in the hospital by studying the organization and management of the care process for patients affected by or at risk of developing PU, examining the logical continuation of treatment in the hospital and the connection to treatment outside the hospital. This approach is done through a hospital self assessment and defining precisely parameters of reference, which are used to understand the principle differences of assistance and approach to the PU treatment process, using surfaces that prevent bed sores and the evaluation of risk.

Goals

The principal goals were: to make the correct thing, to the correct moment, in the correct place, to the correct price through quality culture improvement, driven by patient needs in an appropriate manner. The project was coordinated by quality assurance hospitalwide. ealthcare and nursing department has foreseen the analysis of management / organization aspects through actions defined that have allowed to delineate and to take action. The starting was an accurate analysis of the weak points of our structure (self-assessment), that has underlined some critical situations and precisely: total absence of historical data owed to the recent hospital start-up (2001 diagnostic and ambulatory care services; from 2002 medical and surgical wards up to completion in 2004); Nursing and medical short

work experience; complete absence of professional instruments like protocols, procedures and risk / evaluation tools; surface for bed sores used only in PU presence.

For these reasons it became necessary to start some activities that allowed us to build improvement strategies: to create an epidemiology observatory introducing the nurse specialist (wound specialist) consultant to support medical and nursing staff during PU treatment process; to elaborate instruments for measuring the risk to develop PU and measuring and evaluating PU clinical situation; to introduce surface renting in order to support prevention; to monitor the monthly costs connected to surface renting against the total number of beds; to improve medical and nursing professional competencies by education activities. Another important aspect, that we analysed, was to understand how many patients arrived in our hospital with PU and where they come from (hospice, home etc).

Results

In nine months (April-December 2006) of activity we observed significant results.

A procedure for renting bed surfaces.

Every patient at risk to develop PU was treated by surface. The preventive surface data shows a constant course during the period analysed (March-December 2006); besides to verify surface appropriateness, wound specialist control surfaces, revaluating patient specific risk (Braden score) in collaboration with ward staff. During this activity the patients are informed by the wound specialist about the reasons for which to apply the surface or not; this activity is the same in PU presence. In all of these activities, indicators were used that allow re-planning and implementation of corrective action to resolve located problems.

The indicators that we elaborated are: Appropriateness of surface requests. Request surface is considered appropriate when the condition of risk is revealed correlated to the type of surface requested and / or the presence of PU is revealed correlated to the type of surface requested (precisely: patient to risk with appropriate surface requests/total of requests*100 Standard: $\geq 90\%$, patient with PU with appropriate surface requests / total of requests*100 Standard: $\geq 90\%$). Another aspect that we control monthly is the rent of surfaces according to their use. Data show that nursing staff have understood the importance of the risk survey just on the admittance to the ward.

In order to introduce instruments for monitoring risk and PU in all wards, a flowsheet to register Braden Score and Push-Tool scale was developed and introduced. The flowsheets are being sent to wound specialists at patient discharge. In order to introduce a multidisciplinary protocol to assure an appropriate patient treatment; the analysis of the weak points of our structure (self-assessment) has further underlined the absence of protocols for PU prevention and treatment and different behavior among the surgeon-physician that support staff to the PU treatment. For these reasons it was necessary to constitute a multidisciplinary working group.

To guarantee management of the patients who are affected by or at risk of developing pressure ulcers we contact the Territory Medicine Department to improve a shared clinical path and

integrated documentation. To implement nurse and medical education: in one year (December 2005-December 2006) 12 training courses were developed with the objective to allow participants to acquire theoretical notions and practical tools for PU management and the treatment in according to international guidelines, with the purpose to assume behaviors and attitudes that guarantee patient safety.

Conclusions

It is important to specify that the greatest difficulty met in the implementation of such a project is the total absence of reference data. Now we can say to have succeeded in collecting meaningful data, after one year of activity, that will allow us to plan actions and specific interventions. Another difficulty, given particularly by the young middle age of the nursing staff, is that activities have mainly been devoted to the education of the personnel, to the correction of non appropriate behaviors, to the introduction of tools, to awareness-raising about risk management and to quality culture. To modify the culture and organization of care, and to introduce quality, means to discuss professional habits and skills. It is important to say that a change in the management of PU determines also a change of organization which cannot be realized without staff cooperation.

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140. Strategies to improve the safety of care: The experience of the Reggio Emilia Health Authority

Pietro Ragni, Mirco Pinotti, Lorena Franchini, Stefano Mastrangelo, Sara Baruzzo, Daniela Riccò

Objective

To develop a programme for the safety of the care system with the objective of clinical risk management becoming an integral part of health activities.

Methods

In December 2005 the Health Authority management formalised the organisation of its integrated risk management system, which falls under the responsibility of the Health Management. In this system, the Management Board constitutes the governing body, and the departments are the main management site. The functions of the different bodies of the authority that constitute the "skeleton" of the system were defined:

- Risk and Safety Management Unit, with the function of promoting initiatives in the field of clinical risk, supporting and coordinating the Authority Network of risk management references.
- Authority Committee for Safety, which has the function of contributing to the definition of annual strategies in the field of risk management and proposing priority interventions to promote safety.
- Authority Observatory for risk analysis, with the function of analysing the events, complaints, requests for claims and filed reports with the aim of identifying the risk areas and factors and to provide useful elements for the promotion of improvement actions.
- Authority Network of clinical risk management references, divided into two levels, with the functions of implementing clinical risk management activities and monitoring their relative implementation.

The Risk and Safety Management Unit, in collaboration with the references of the single projects, has carried out an analysis of the main activities already in place to improve patient safety (e.g. prevention and treatment of bed sores, prevention of accidental falls, surveillance and control of infections, safety of management of medicines and medical appliances, application of guidelines concerning: correct and efficient use of blood, prophylaxis of gastrointestinal damage by medicines, evaluation and management of post-operative pain).

The Authority Risk Management Programme was circulated to and validated by all levels of authority management responsibility, including the report on current activities; annual objectives were defined and negotiated with the various departments and included in the budget process (1st quarter 2006).

To support the development of the programme, a dual-level training path was designed: basic training, delivered to all health operators to assure the capillary dissemination of the clinical risk culture, and advanced training, addressed to the members of the reference network in the use of specific methods and tools for the identification, analysis and management of clinical risk. The training was delivered between March and May 2006 to around 500 professional health workers.

The criticalities concerned the complexity of the programme development during the phases of integration and coordination with other authority departments, the structuring and implementation of training paths and the adoption by the departments of the tools for the identification, analysis and treatment of risk.

Results

The main results can be summarised as follows:

- Definition of an appropriate organisational model for supporting the clinical risk management programme, resolved by the authority management
- Identification of the objectives of clinical risk management that are part of the negotiated objectives in the budget process for all authority departments
- Awareness raising of health operators on the subject of safety and the tools for the prevention and treatment of clinical risk through training (27 issues of the basic course and 5 of the advanced course)

- Sharing of the information flow among departments concerning the notification of undesired events, the model for development of an improvement plan and the definition of responsibilities at all organisational levels concerning clinical risk management
- Construction of a dedicated intranet area containing all the produced materials

Conclusions

The structured clinical risk management programme clearly describes the actions and interventions implemented by the authority to improve the safety of the care system. The dissemination of basic knowledge and the involvement of staff at all levels of responsibility are fundamental premises for achieving the set objectives. Continuous support to operational departments is essential to assure that the clinical risk management tools increasingly become an integral part of health activities.

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141. Reorganisation of the peritoneum dialysis centre: Investing in quality for empowering patients / caregivers and operating sanitary staff

Giuseppe Remedi, Ottavia Elisei, Franca Giuntoli, Elisabetta Giovanetti, Mauro Aloisi, Monica Bibolotti

In order to reach the target "to improve the quality of information and communication to enlarge the knowledge of the population and to strengthen the relationship between health service and citizen", the USL 12 of Viareggio with the nephro-urologic department, decided to take part in health promotion and quality improvement, using models based on the development of personal ability of the citizen-patient and also of nurses who are responsible for organizing care. This is the method of action:

- Elaboration of procedure of reception and introduction of new operators
- Audit / updating of care run for the peritoneum dialysis:
 - Time and methods of the educational development to give information of complications owing to a chronic renal insufficiency
 - To give instruments / tools to keep or improve correct lifestyles
 - To develop ability to follow the right procedures (patient training / care-givers)
- Scheduled visits at home: before the beginning of treatment

to check the conditions of the house; after to organize everything is necessary for dialysis and training, and periodically to keep in touch with patient

- To give psychological and technical help 24/24 hours
- Clinical audit with patients and relatives

We created a formative course for the operators of the nephro-urological ward which improved their knowledge and personal ability. And we improved patient safety thanks to the phone service 24/24 hours that provides the right answers for any query. Everything is confirmed by the following valuations:

- Check of knowledge and abilities of operators
- Check and health promotion also for operators
- A card, double signed, to record the educational programme and updates of operators (training and re-training)

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142. Quality improvement by registration of unintended events (medical errors)

Ib Sogaard

On January 1st 2004 a new law in Denmark instructed all Public Hospitals to start registration of unintended events (medical errors). According to the figures of 1,2 million in-patients and 5 million out-patients in the country, 8% (3-13) of incidents was expected to be reported. In 2004 a total number of 5.740 (0,1%) reports were sent to the Health Authorities. In 2005 the number increased to 11.400 (0,18%), but there is still a long way to go.

In our local hospital the numbers was the same with 200 reports among 203.000 treated patients (0,1%). Most staff members agree that registration of unintended events is a valuable tool in quality improvement in the institution, so what is the reason for this very low number of reports? The paper will discuss this. Employees have been accustomed to the fact that all mistakes could start a claim for damages. Nobody wants to expose themselves as scapegoats, and it takes time to convince them that the law has taken account for this.

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143. Patient safety and medication errors: When will we ever learn?

Maria Grazia Allegretti, Enrico Baldantoni, Paolo Barelli, Annalisa Bergamo, Elisabetta Mon, Michela Monterosso, Marco Scillieri

Patient safety is an important issue for hospitals, medication errors (ME) occur every day at any phase of the drug delivery process from prescribing to drug administration. Since most ME are preventable, one approach to improving the safety of this complex process is to identify the individual points of failure through a medication errors reporting process and by implementing remedial countermeasures.

In this papers the authors describe the reporting system of ME adopted in the hospital of Trento-Italy (HT) both as part of the organization strategy aimed at improving patient safety, as well as by its characteristics of being confidential (information remains anonymous and is only used to improve organizational performance), non-punitive (to encourage openness in reporting) and system-oriented (focus on processes). HT management has implemented an "ad hoc" form for confidential reporting of ME available through intranet and "stressed" by Pharmacy with meetings in Units. The form, strictly confidential and FMEA model based, has four sections: process phase; professional involved; type of errors; organizational conditions.

In 2005 several Units have sent a total of 289 forms with 353 ME: 189 (53%) related to prescription and 127 (38%) related to administering; the majority (163= 57%) happened in the morning shift; the majority of ME caused no harm: 113 (39,1%) ME in the A category; 54 (18,7%) in the B category; 54 (18,7%) ME in the C category. Feedback to Units is given by Pharmacy.

Since the causal factors of consequential incidents with harm are similar to those of non consequential near misses, we believe that knowing what happened could improve the effectiveness of preventive measures such as computerized physician order entry and prescription & administration of new records, both implemented in our hospital. Furthermore pharmacist intervention can decrease the occurrence of such events and pharmacists who are aware of preventive factors involved in adverse drug events can become proactive leaders in the field of medication safety.

Connex to HPH

Prevention of medication errors will improve patient safety. Confidential reporting of medication errors is an effective strategy to better understanding underlying causes of errors and therefore making prevention more feasible

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144. Introducing a falls prevention programme into a Care of the Older Person Rehabilitative Unit in an acute hospital

Lakshmi Gupta, Rosemary Orr, Mary Lyons

Introduction

The frequency and impact of falls amongst older people is well documented. Subsequently, the prevention of falls is an important health promotion initiative to improve the health and quality of life for older people. A multidisciplinary team was established at Connolly Hospital to address falls prevention in a unit.

Aim

To address falls prevention in the Care of the Older Person Rehabilitative Unit.

Objectives

- Establish a multidisciplinary Working Group to develop a clinical pathway to identify patients at risk of falling and undertake appropriate interventions.
- To identify a validated falls risk screening tool for use in the clinical pathway.
- To raise staff awareness regarding falls prevention and to implement staff training to utilise the falls screening tool.
- To evaluate the effectiveness of the falls prevention initiative and make recommendations for the further improvement of the programme.

Methodology

- Working Group established with participation by nursing, physiotherapy, occupational therapy, medical and health promotion.
- Literature review undertaken of falls screening tools for the acute care setting to identify suitable validated tool.
- Clinical pathways established for medical, nursing, physiotherapy and occupational therapy.
- Guidelines developed for screening tool.
- Staff training sessions undertaken prior to introduction of screening tool.
- Screening tool piloted over 3 month period.

Evaluation

- 69% of patients assessed during pilot period identified as high risk of falling.
- 11% experienced a fall during the pilot period.
- Of those who experienced a fall, 50% were identified as medium risk and 50% as high risk.
- On comparing the number of falls that occurred during the same three month period in the previous year, it was found that the number of falls reduced by 50% in the unit.
- 85.6% of staff either strongly agreed or agreed that the screening tool helped reduce the risk of falls amongst patients in the unit. All staff who participated in the evaluation found the tool easy to use.
- Next Project Stage: Patient and family information leaflets developed and piloted and will be distributed as part of screening process.
- Provide ongoing training for new staff.
- Develop post-fall protocols.

- Disseminate information to other departments in the hospital.

Connex to HPH

The project was identified as a priority in the hospital's health promotion plan for Care of the Older Persons.

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145. Environmental health impact of the hospital

Jana Trolla

Standard 4 for Health Promotion in Hospitals – Promoting a Healthy Workplace – means that the management establishes conditions for the development of the hospital as a healthy workplace and the organization ensures the implementation of a policy for a healthy and safe workplace supporting health promotion activities and occupational health for staff.

The task of surveying the hospital laundry is often dismissed by public health officials unnecessary because the laundry cycle is generally considered to be capable of destroying all pathogens. Even though a properly operated laundry can produce a relatively bacteria-free product, there are a number of variables that have an impact on the bacterial quality of the linen before it reaches the patient. It is vital that surveillance personnel understand these factors during processing, transporting or sorting linen so that the final products are bacteriologically acceptable for patient use. Operational improvements have been instituted at this laundry that would not have been possible without a thorough understanding of the laundry cycle.

As textiles sent to hospital laundries contain many types of pathogenic organisms, it is important that laundering not only has an appropriate cleaning effect but also has a satisfactory disinfecting effect. Critical to this process is the maintenance of an appropriate hygiene level in the clean area of laundries in order to prevent recontamination of textiles from manual handling when ironing, folding, packing etc.

Evaluation of the hygienic state of the hospital laundry was carried out by evaluating the number and types of micro-organisms present at the critical control points throughout the whole laundering process.

To prevent micro-organisms spreading into the entire clean working area, it is important that, in addition to regular sanitary measures such as cleaning / disinfecting all working areas, technical equipment and storage shelves etc., regular education sessions for laundry employees on proper hand hygiene

are undertaken and effective separation of the clean and dirty working areas is achieved.

The laundry of South-Estonia hospital is the first laundry in Estonia with hygienic barrier washing machines and works on the principle of hygienic laundry, which started working in January 2007.

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146. Risk assessment from exposures to mechanical vibrations in the dental and orthopaedic field

Gian Carlo Scarpini

Background

To reduce the incidence of pathologies linked to the exposure of mechanical vibrations.

Population

Dentists and orthopaedics of the A.O. Pavia in the year 2006.

Method

The directive 2002/44/CE regards the minimal prescription of emergency in the presence of mechanical vibrations, together with the measuring methodology, and also values actions to limit the exposure of the entire body and the hand-arm system to mechanical vibrations. Relatively to the hand arm system the value acceleration limit is placed equal to 5 m s⁻² like average quadratic temporal on 8 hours and the level of action is placed for an acceleration quadratic-time-weighting of 2,5 m s⁻².

By portable monitor MAESTO 01 dB Metravib endowed of accelerometer type CAC3008000 estimating x-y-z axis, the vibration agents on the hand-arm system of the operator, assigned to dental activity and orthopaedic activity of removal of chinks, can be measured.

Results

Vibrations stemming from at least two manipulations during several stages of cure were measured. For the activity of chinks removal in white and synthetic chalk were inquired. In the dental activity, an overcoming of the limit of 5 m s⁻² relative to the standardized acceleration is never observed. The overcoming of the value of 5 m s⁻² is observed for times also consisting but do not determine the overcoming of the value limit. The distribution of the acceleration values turns out to be strongly dependent from the way of use of the application consequent to the specificity of employment of the dentist. The level of action is exceeded on 11 situations (78% of the cases).

In the chalks removal activity the instantaneous accelerations are much advanced to 10 ms⁻² but the brevity of the operation causes the overcoming of the level of action on 7 dispositives (63% of the cases).

Conclusions

Training of dental surgeons and operators planned for year 2007. Substitution of machines or parts of them.

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147. Restructuring the hospital services: Case study at a radiology department in a multi specialty hospital in New Delhi

Santosh Kumar, Anupama Sharma

Modern healthcare organisations are increasingly facing the challenge of coping with constant development in the international market and newer and newer techniques adopted by their competitors. Therefore to remain competitive, providing quality of care with new value additions has become a crucial issue. Some of the smaller and middle sized trust run hospitals are either closing down, or getting merged up with big groups. Once merging or acquisition of healthcare facility takes place, the first and foremost thing a health administration look at is to reorganise the existing healthcare facility and reposition it in the market. Are we ready to cater to the customers need in a most ethical and professional manner is important question hit the hospital administrators? This paper presents the process of reorganising a radiology department of multi speciality hospital in New Delhi.

It is a sum of micro and macro analysis. The three basic elements chosen to reorganize the radiology department are need and demand estimation, financial analysis and Planning infrastructure. The layout of radiology department of the hospital under study was found insufficient in delivering services due to reduced layout of circulation room, insufficient waiting area and incorrect location of x-ray machine, registration room and water closet water radiology. The current layout of the department have also put radiation hazard to the environment due to poor protection from radiation. There was under utilisation of fluoroscopy x-ray machine and presence of repairable x-ray machine idle for long time leading to overburden on other equipment during peak time. Lacks of automated film processors despite of high workload results in high x-ray film and time wastage. Lack of standard system for radiology department result in confusion and high staff and patient dissatisfaction.

Connex to HPH

The macro and micro analysis of the radiology department of the hospital under study lay emphasis on rationalizing the major processes that govern the quality aspect of radiology department, establishing continuous training programme for doctor and staff, inducting latest equipment, and having frequent communication between the patient and the consultants who refer the patient for imaging services.

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148. A partnership between citizens and healthcare professionals to improve the quality of health services: The civic audit in the Local Health Authority of Reggio Emilia

Marca Bellavia, Sara Baruzzo, R. Bondi, F. Boni, M. Codeluppi, G. Diquattro

Aim

To improve health services through the quality evaluation of care undertaken by a mixed team made up of citizens and Health service workers.

Methods

Civic Audit is a methodology developed by Cittadinanzattiva and promoted in 2005 by the Health Authority of Regione Emilia Romagna through a project developed in collaboration with the participating health authorities and Cittadinanzattiva.

The project was developed in the Reggio Emilia Health Authority in collaboration with the Joint Consulting Committees (CCM) and the methodology was applied by all the health structures in an entire District (Scandiano):

- The hospital and all the long-stay structures.
- Primary care department (basic and specialist medicine).
- Mental health centre and Sert (Public drug abuse assistance services).

In order to promote the awareness of all citizens and health service workers and to gather support, in May 2005 the project was advertised through the local press, on public notices displayed in places frequently used by local inhabitants, in doctors' surgeries, in chemists and town halls, on the Local Health Authority website, and also through an informative e-mail sent to all health workers in the district of Scandiano.

The operating team was set up in June, once support had been gathered; the team shared the approach and drew up the plan of work. Training took place in September and was focused on knowledge of the organisation and a detailed analysis of methodology and instruments. Through an ongoing consultation process, the training meetings facilitated the creation of a "group unit" which allowed the project to be supported and backed at every stage. The climate of trust that developed in the group was transferred through consultation with those in charge and with the operators in the structures undergoing evaluation.

The phase of revealing the indicators (over 250), which was carried out through interviews with individuals at various levels of responsibility (ranging from the General Manager to heads of structures at a local level) and field assessments using observation grids, took place from late September to mid November 2005. The data were processed during the first half of 2006 and the working team undertook an analysis of results and produced specific proposals for improvement that could be achieved in the short term at the various levels examined (local health authority, hospital care, primary care). Critical aspects: limited participation by citizens in the initiative; considerable commitment required.

Results

The main result was the development of a new approach to the participation culture, which plays on the creation of a relation marked by a partnership between citizens and professionals. The results were also integrated with information obtained from other sources (satisfaction surveys, analysis of complaints, etc.). As an experience and through its results, the civic audit is now part of the accreditation process. Collaborative relations were established between the civic audit team and CCM: the latter undertook to monitor the progress of implementing the improvement measures proposed by the civic audit team.

Conclusions

The experience proved extremely positive in a variety of ways:

- The transparency and openness shown by the Local Health Authority
- The climate of collaboration, trust and consultation created within the operating team
- The willingness to collaborate with and the welcome given to the monitoring team at the different levels of responsibility
- The possibility, in particular for citizens, to understand many aspects concerning organisation and processes and to analyse some of the topical and innovative issues that the Health Authority is developing (e.g. integrated risk management)

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149. Patient forums – improving the patient experience

Julie Cassidy, Diane Loughlin

Patient forums have been widely developed in most NHS Hospitals. It is in recent years that their expertise and value has been recognised by the Scottish Executive. The NHS in Scotland now has a duty to bring in the expert patient or service user to support and represent the interests of patients, carers and relatives within the health care agenda. This supports and ensures that services are patient led, with the needs of the patient at the heart of the decision making process.

NHS Lothian has 3 Forums each supporting 3 of its larger hospitals. There are 5 patient forums supporting the 5 primary care areas.

The role of the 3 acute forums is to enable the interests of patients, relatives and carers to be integrated into NHS Lothian acute services. These forums consist of patients, carers, public, voluntary groups and staff from the different departments. Each member has a wealth of life experiences and skills to offer. For those volunteer members who attend these groups, it is essential to ensure that they are provided with sufficient information and training to enable them to participate fully in the decision making processes of these meetings.

The forums are provided with regular workshops and updates on changes to services, redesign projects or changes to organisational and national structures. This helps them to make informed decisions about the many services provided but to make sure that their priorities influence clinical care and management policies.

Each forum has an annual action plan that they work with, detailing audits, patient programmes that they will be involved with. They also produce an annual report detailing their involvement within the organisation. This provides evidence for the Scottish Health Council annual assessment and shows involvement at a local and strategic level within the organisation.

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150. Patients' perspectives on health outcome assessment in routine health care: Do they prefer SF-36 or EQ-5D?

Evalill Nilsson, Marika Wenemark, Preben Bendtsen, Margareta Kristenson

Background

Today, measures of health and health-related quality of life are increasingly used for monitoring the health of populations, as patient-reported outcome in clinical trials, and now also in routine health care. This use is often a part of an explicit aim to focus on health outcomes and a wish to increase the ability to serve peoples' need in a more holistic approach.

Aim

To investigate patients' perceived value of health outcome assessment in routine health care and their satisfaction with, and preferences regarding, the two commonly used health assessment questionnaires SF-36 and EQ-5D.

Method

Eighteen member hospitals from the Swedish network Health Promoting Hospitals, participated with 463 patients from 30 patient intervention groups, covering eight common diagnostic groups (e.g. ischemic heart disease, chronic obstructive pulmonary disease, rheumatic disease, pain and knee/hip disorder). Patients responded to SF-36 and EQ-5D before and after ordinary interventions in routine health care, and completed an evaluation form.

Results

Health outcome assessment was perceived to be valuable by 56% of the patients, while 5% disapproved. A majority found both SF-36 and EQ-5D easy to understand (70 vs 75%) and respond to (54 vs 61%), and were satisfied with both instruments to give a means of expressing their health (both 68%). Most patients (72%) answered that "it doesn't matter" which instrument is used in routine health care, 20% preferred SF-36 and 8% EQ-5D. Even among those who favoured EQ-5D in the respondent satisfaction questions, many preferred SF-36.

Conclusions

A majority of the patients perceived health outcome assessments in routine health care to be valuable, and found both SF-36 and EQ-5D easy to use and satisfactory for describing their health status. Respondent burden was not found to be a crucial argument in the choice between SF-36 and EQ-5D.

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151. Patient views of their health service experience

Diane Loughlin

Within the NHS Lothian Clinical Governance and Patient Focus and Public Involvement Agenda the patient experience forms a crucial part of an ongoing quality process. Patient views are extremely valuable in determining the quality of services provided within the acute setting and also contribute towards improving and redeveloping services. It provides patients with services which meet their needs. Patients and their representatives are involved in many aspects of their journey through our health services. These range from:

- Involvement in the decision making processes about their own care.
- Giving their views about the way the services are delivered.
- Involvement within formal groups, such as patient forums.
- Involvement in consultation and redesign of new services.

There is a strong focus on the patient experience and the quality of services provided.

Large scale surveys are carried out on a 3 yearly basis using consulting companies such as Picker and Patient Perspective.

As part of a continuing programme of local activity NHS Lothian is currently piloting a free standing electronic touch screen which offers patients, carers, members of the public and staff the opportunity to give their views on their experience at point of contact. This complements the larger surveys but allows for a local influence from the patients. Areas identified for change are implemented more speedily and resurveying of the clinical areas provides evidence of improvement or change.

It meets disability and race requirements with the ability for different languages, as well as larger font for the visually impaired. To date the touch screen has been well used by patients and visitors and results have been encouraging. The ability to also add comments has provided a wealth of information for the organisation to act upon. These are mainly around the environment, appointment times and provision of information.

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152. NA. ME. Project**F. Circolo, S. Polvani, G. Giarelli, Alberto Appicciafuoco**

Narrative medicine (NM) has a specific application to evaluate and improve quality health care as a complementary approach to Evidence Based Medicine, focusing on the humanization of patients and care. NM can offer an opportunity to empower patient-health personnel relationship and therapy adherence.

The Azienda Sanitaria of Florence has implemented an experimental biennial project about NM which regards three research areas (chronic cardiac failure, oncology and Alzheimer disease) and involves patients and their families, health professionals, patients associations, and general practitioners. The Health Sociology Department of Bologna University leads the project supervision. One of the project aims is to spread a new culture to think about disease including the "illness" concept and patients' point of view as a comprehensive way to the care approach. The project activities are:

- Constitution of three research teams
- NM course for health professionals
- Data collection and literature metanalysis
- Drafting a history telling model
- Delivery patients or patient relatives interviews
- Analysis of interviews
- Clinical audit about interviews analysis results
- Elaboration of integrated guidelines EBM and Narrative Based Medicine
- Results publication and diffusion

This paper proposes the key points of history telling models and presents the preliminary interviews results.

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153. Quality of health systems – quality of services: Contribution of the improvement of quality of life inside and outside the hospital “We are near here”**Graziella Borsatti, Camelia Gaby Tiron, Enrico Burato, Patrizia Crescini, Stefania Campana****Context**

Seeing the patient as being in the centre of the sanitary activity is the only way of satisfying the health needs of consumers'

world; this point of view wants supports a vision of clinical government which is based on holistic values such as:

- Transparency regarding the choice of resources allocation priorities
- Methodological strictness when evaluating available information regarding the appropriate action based on evidence of effectiveness
- Professional integration
- Systemic management of assistance routes
- Widespread responsibility
- Learning from errors
- Changing, communication and participation of the patients.

General aim

Promoting the quality of the sanitary system through continuous improvement of services as a result of direct participation of consumers:

- Starting with the experiences in order to renew the system from the inside
- Empowerment – inform and question patients in order to enable them to participate and increase control of the decisions and the actions which influence their health.

Clinical government must not be understood as something abstract, as a measure meant to create a different balance between general directors and sanitary professionals, but instead as a continuous decision process of managers in tight cooperation with staff and operative team after having considered the request / proposals and influence of the consumer: "The consumer in the centre of the activity". In order to make this model of sanitary assistance work it is necessary to elaborate instruments which allow the initializing of a "renewal, modernization" project the fundamental point of which is the clinical government. One of the necessary steps for carrying out this project is relying on the competencies of the actors who operate in the sanitary field. Quality and appropriateness will be the central point of clinical governance in order to improve a quality management system tuned with customers. Quality of life inside and outside the hospital during hospital stay and after will be one of the aims.

Specific aims

- Identifying in each hospital garrison proposals, requests, lacks in the service that has been given, through the method of the questionnaires to patients.
- Identifying problems regarding services management and organizations
- Doing own activities ones a month at a garrison level instead of a directional level
- Defining corrective and improving interventions with regard to:
 - The organization of clinical assistance of the department considering the specific competencies and the synergy with consumers' requests
 - Cooperating with active citizens and volunteers of the territory / hospital in order to evaluate proposals and define potential answers
- Cooperating with the territory (provincial ASL) for the post hospital staying assistance continuity

Methodology

1. Quality and appropriateness area which includes quality, appropriateness and epidemiology services, like staff services

of the sanitary direction intends to move ones a month its activity in a hospital of the company – Asola, Pieve, Mantova, Bozzolo, in order to personally identify the different matters and decide after that together with the direction and the citizens (patients) the possible improvements.

2. Questionnaires containing maximum 3 questions will be given to patients / parents who will want to take part – question will be about:

- Quality of hospital life and after staying one
- Comfort and staff gentleness
- Quality of hospital cures
- Participation of patients together with sanitary staff to decisions regarding their therapy / diagnosis plan
- Security in hospital
- Respect of patient rights in hospital

Answers will be fit in the company DB and data elaboration will be made; evidence will be analyzed every 3 months by the quality area who will improve on the way corrections where possible, otherwise once in six months a report containing the results of the investigation together with the possible proposals / solutions will be presented to the sanitary direction and besides, once a year the direction will have to examined.

3. Interviews to sanitary staff regarding:

- Working conditions
- Rights of the workers
- Courier possibilities
- Media and communicational way
- Operative communication made by mail
- Information and results on the company site in the space regarding quality service
- Information and discussion form on “Carlo Poma” hospital company's site
- Brochure

Evaluation

- Proposal resolution rate = $\frac{\text{received proposals}}{\text{solved proposals}} \times 100$
- Proposal reduction rate = $\frac{\text{this year's proposals number}}{\text{last year's proposals number}} \times 100$ – reduction of proposals number reflects happiness level, consumer satisfaction because he's got less problems to refer

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Session P 2-8:

Health promotion for hospital staff: Studies, surveys and training tools

154. Ward characteristics and nurses' worry about their own health

Ingeborg Strømseng Sjetne, Knut Stavem

Background

According to The Norwegian Labour Inspection Authority, available resources in hospitals do not match the duties of the personnel. Therefore, hospital employees' workload may be harmful to their health. In the present study, we studied the effect of ward characteristics on nurses' worry about their job undermining their health.

Methods

In a postal survey of a representative sample of Norwegian somatic general hospital wards, we collected data on staffing, daily census of patients and staff through three weeks, and ward characteristics from 94 ward nurse managers. Data were also collected on nurses' perceptions of their work environment, with response from 1204 nurses (55%).

We used linear regression to study the effect of several ward characteristics on average nurses' health worries connected to the job (on a 1 to 4 scale). As independent variables we used ward and average nurse work environment characteristics during the collection period, see table.

Results

Type of care, nurses' age, working hours, or experience, or patient length of stay were not associated with nurses' worries.

Conclusion

Increasing bed numbers, improvised staffing, and high patient mortality were characteristics that were associated with nurses' worries about their own health. This indicates that predictability is beneficial for the nurses and confirms that terminal care is an emotionally draining challenge.

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155. Subjective health perception and peculiarities of work conditions of nursing staff

Larisa Paulaviciene, Jurate Macijauskiene, Grazvyde Masiliuniene, Rita Baneviciene

Regular assessment and early interventions are one of the most important means to prevent professional diseases.

Objective

To establish the subjective health perception and work conditions of nursing staff.

Material and methods

Using random selection, 250 respondents were chosen who worked at departments of Therapy, Surgery and Intensive Therapy. They completed the questionnaire, which included 4 subsets:

- Sociodemographic (age, gender, education)
- Lifestyle factors (smoking, alcohol consumption, nutrition, blood cholesterol level etc.)
- Work conditions and factors (workload, environment at work, experience etc.)
- Health (general health estimate, diseases diagnosed, symptoms, consumption of medicines etc.)

Results

Mainly, the nurses perceived their health as medium (49%) or good (48%), while poor health was mentioned only by 3% of respondents. Emotional strain at work was mentioned by 88% of respondents. 54% of nurses their health harms attributed to disinfection measures at work. The most common skin damages due to disinfection measures at work were skin rashes, flushes and itches. The nurses working in uncomfortable position most often suffered from back (38%), waist (34%) and neck pains. Health disorders due to emotional strain at work were headache (61%), dizziness (29%); 21% of respondents felt drowsiness at work, 88% related depression and emotional strain, and 23% had sleep disorders.

Conclusions

- Good health was reported by 49%, medium health by 48% and poor health by 3% of respondents.
- Contacts to chemical agents at work were reported by 97%, to biological agents – by 88% of nurses. Fifty-six percent of nurses worked in uncomfortable position.
- Skin damages were mainly related to work with disinfection measures (54%); weakness, back-, waist- and joint-pains were related with uncomfortable position at work ($p < 0,05$); headaches, dizziness, weakness, sleepiness at work were related with physical and psychological fatigue at work ($p < 0,05$).

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156. Job satisfaction among staff in HPH

Lagle Suurorg

Objective

The purpose of this study was to identify children's hospital staff job satisfaction.

Material and method

All staff in children's hospital: physicians, nurses, attendant personnel, non-medical staff (psychologists, speech therapists and physiotherapists) was involved. The self-administered questionnaires collected staff perceptions of: compensation and benefits; co-worker and manager attitude and support; teamwork and communication; job demands and decision authority; feeling of stress ; staff training and development; and impressions of the organization. The respondent is asked to indicate his or her degree of agreement with the 38 statement. Traditionally a five-point scale is used.

Results

Response rate was 34,6%, among them physicians rate 17,8% and nurses-45,0%. After the questionnaire was completed, each item was analyzed separately and item responses were summed. Mean score agreement was 3,5. Below the score 3,0 were agreement with compensation of the work and discussion with board members about salary level, notice of employees effort, opinion about going up in one's career and advantages from hospital. Higher agreement level -score over 4, 0- was opinion about colleagues knowledge and skills in care, planning, responsibility and valuation of own work.

Communication with direct manager openly was found in 84% of physicians and 30, 5% of nurses ($p < 0, 05$). Some more than one fifth of respondents did not feel free in communication with higher board members. Only half of staff (49, 7%) share the vision and understood strategy of the hospital. As a threat to quality of children's care, in this study the level of stress was investigated. One third of respondents (34, 1%) felt stress with no difference between physicians and nurses. Comparison of scores by stress there was found that all items were evaluated with lower scores by those with and without stress.

Conclusion

The regular study of staff satisfaction is an important aspect of continuous quality improvement and may effect a radical change in how work is produced as hospital develop.

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157. Starting points for a study on hospital staff health promotion

Eeva Hakkinen, Maria Hallman-Keiskoski

This abstract is based on a literature review which aimed at analyzing the basis for the study of hospital staff health promotion. The analysis is based on more than 40 international research articles; however, it is not a systematic literature review.

The approach used in the previous research has often been a pathogenic health point of view. This means that the research related to the health of hospital staff has been focused on an analysis of risks, diseases or impaired health. Several studies have been carried out concerning work-related stress, burn-out and work load intensity, which have been found out to be harmful for both the emotional and physical well-being. The psychological work environment in hospitals involves both emotional and cognitive competence factors and work-related conflicts between employees. Comparative studies have analyzed how the work load factors and the characteristics of the organization influence the personnel's psychological reactions of working ability.

Several researches have suggested the salutogenic model as an appropriate theory for health promotion. This model focused on human resources instead of diseases and problems. The components of salutogenesis are understandability, manageability and meaningfulness. The model provides answers and explains why people feel well in spite of stressful experiences. The results of the data collection showed that, as a research basis for the hospital staff, salutogenesis seems to be in its initial stage.

Based on the literature review, a preliminary framework for a thematic interview of a qualitative study was prepared. The data collection methods used in the study consisted of group interviews during which 12 informants discussed with each other illustrating their views of the hospital staff health promotion. The study was carried out in the Central Finland Health Care District and the results of the research will be published later.

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158. HPH and E-learning in the Tuscany HPH Network

Anna Zappulla, Fabrizio Simonelli, Roberto Della Lena, Marco Luvisi, Katalin Majer, L. Berni

In the last five years of activity the Tuscany HPH Network has carried out numerous traditional training interventions destined to hospital operators. The Regional Co-ordinating Centre has set up an online training pathway on the HPH theme, given the development perspectives of the HPH project and the increasing number of professionals involved in it. The course is addressed to all the hospital staff of the Regional Health System, but it is open also to other professional profiles (such as volunteers) interested in the theme of health promotion in hospital and to the students in social and health disciplines. The course is structured in 4 sections: the first is devoted to the health promotion as new reference paradigm and the other three sections concern the different levels of the HPH Network activity (International, National, Regional). A particular relief is given to the specificity of the Tuscany Network focusing on specifications such as the operative physiognomy, the inter-organizational projects, the proposed health promotion standards for the hospitals in Tuscany, the enhancing of good health promotion practices in the hospitals in Tuscany, the connection with the reference social and territorial context as well as the self-evaluation system. This course is an instrument structured in a regional web-portal especially dedicated to the E-learning. It allows the user-learner to have a great flexibility not only in the progressive and sequential learning of the contents but also the opportunity for consulting the definition glossary, notes, bibliographical references, graphics and images. During this course the user-learner has the support of tutors both for the technical aspects and for the scientific contents.

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159. High school students gain medical and spiritual care experiences as volunteers working with older patients in a chronic care setting

Ellen Lindau, Helle Mæltsemees, Tiiu Härm

Problem

People who require long term hospital treatment, particularly elderly people, often experience loneliness due to a lack of social interactions. They are surrounded by other patients who

are also ill and interactions with them can be tiring and cause further melancholy. Medical personnel and the hospital's spiritual carer do not have sufficient time to spend attending to needy patients.

East-Tallinn Central Hospital's chronic care clinic has over 1100 patients every year which translates into over 25,000 sick days spent in the hospital. In collaboration with elderly members of nongovernmental organizations, several attempts were made to establish a volunteer department in the hospital. Unfortunately, these attempts proved to be unsuccessful. The elderly volunteers that came to help the chronically ill patients had often suffered through his or her own loved one's illness and, as a result, they became downheartened as they were reminded of those sad experiences. It was unrealistic to expect that they would interact in a cheerful and encouraging manner with chronically ill patients. As well, exposure to ill patients their own age was often traumatic and a reminder of what could await them in the near future. In fact, a number of these elderly volunteers required medical attention onsite as a result.

The collaborative efforts between the clinic and the neighbouring Lillekula High School were successful. This school's administration believed in working together to promote health in the community.

Activities

- High school students volunteered their services and a number of training sessions took place at the hospital.
- Volunteers gave a concert of their own music to patients and hospital personnel.
- Memories and interesting experiences were gathered from elderly patients.
- A "healthy heart day" was organized to which local officials and residents were invited.
- Handicraft lessons were given to patients and hospital personnel by a handicraft specialist.
- The hospital became a place where the young volunteers were able to ask advice from medical personnel regarding their own, as well as family member's issues, such as healthy eating habits, how to quit smoking, maintaining mental health, memory problems and how to handle stress during exams.

Evaluation

The effective and lively collaboration between health and education establishments gave both partners new ideas for future collaboration. The elderly patient's stay at the hospital was more substantial. The volunteers showed interest in the medical and management operations of the hospital, a few of them even plan to continue their education in the field of medicine.

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Session P 2-9:

Contributions of hospitals and health care to community health promotion

160. Continuous attention and areas of primary attention in the hospital "Dr. Josep Trueta", Girona: Evaluation of the first year

Rosa Sunyer

Introduction

The need for coordination and continuity calls for a rationalization of the sanitary expenses, the reduction of hospitable re-entries and better quality in the welfare process. The goal of this study is to make the evaluation of the first year of functioning of the program of coordination and continuity of care between the hospital and the primary sector, to guarantee high quality of attention given to the patients in the hospital and the provision of continuity of care through the implementation of a link nurse.

Material and methods

Follow-up of all the patients included in the link program. Studied variables: age, sex, hospital unit, basic area of health, diagnosis and profile of care, reasons for admission.

Results

283 patients were included, 52,7% women and 47,3% men. The average age was 57,25 years, in 91,9% of the cases there was a family caregiver; 23% came from the traumatology unit and from orthopaedic surgery. Profile of patients: 42% needed infirmary care, 19% were premature babies who required monitoring of weight and surveillance, in the third place were fragile patients; 39,2% re-entered during the first year. The scoreboards of re-entry are to be a fragile patient, to present a hospital stay up to 16 days and to have a surgical diagnosis.

Conclusions

The program has been a key element for the development of the coordination of the welfare levels, the link nurse facilitated cooperation with primary care, generating an automatic demand within 48hrs of hospital admission in determined patients. Strategies of improvement include improving the coordination in cases with clear scoreboards of re-admission, to improve the times of visit at home from the hospital registration, more pro-active identification in the hospital admission

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161. HPH's contribution to the community: A case study on the food safety chain

Nanta Auamkul, Jaruwan Jongwanich, Chuen Techamahachai, Srivipa Liengpansakul

A qualitative study on the keys to success of five hospitals participating in "The Role of the Hospital in the Food Safety Chain Project" was conducted in Thailand during 2005-2006. Data and information were collected through an observation study, in-depth interviews and sharing of stories and secret of success. Following keys to success were identified: managerial support, multidisciplinary teams formed within hospital as well as among the hospital and other sectors concerned, people-centered value, holistic approach, the involvement of food producers, and distributors and empowering of consumers. Additionally, the certified HPHs performed better than the HPH beginners.

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162. The role of nongovernmental organisations for the development of health policy and the implementation of health programmes in Lithuania

Zemyna Milasauskiene, Irena Miseviciene, Juozas Pundzius, Rasa Marcinkeviciene

Background

Nongovernmental organizations (NGOs) have become increasingly influential all over the world. These organizations are not directly affiliated with any national government but often have a significant impact on the social, economic and political activity of the country. Strong NGOs play important role in the process of regional and National health policy development. Lithuanian health promoting hospitals network since 2006 become a NGO, i.e. Lithuanian association of health promoting hospitals (LAHPH). LAHPH looks for cooperation with other NGOs, which activities are related with health issues. The investigation of existing situation of NGOs in Lithuania is very important for National health policy development. The aim of the study was to analyse what is the role of nongovernmental organizations in the development of Lithuanian health policy and provision of health promotion.

Methods

The anonymous questionnaires were sent by post to the NGOs which have indicated their address in the list of National De-

partment of Statistics at the Government of the Republic of Lithuania. Although in the list of Department of Statistics there are 1080 nongovernmental organizations that could be related with health issues, only half of them are involved into activities related with health promotion or social care. 157 nongovernmental organizations (response rate- 47.4%) and 149 (response rate - 44.4%) heads of nongovernmental organizations took part in the study.

Results

Data analysis showed that only one third of NGOs have formulated their own mission, vision, purposes and are planning financial activity for no longer than one year period. Heads of NGOs noted that nongovernmental organizations often do not take part in the formation of regional health policy and their knowledge about regional health policy is limited. The majority of heads of NGOs declared that they personally are not actively involved in the formation of the regional health policy.

Conclusion

Due to insufficient cooperation between national health and education institutions, inadequate competence of heads of NGOs in planning of health programmes and collaboration with other partners, Lithuanian nongovernmental organizations' activities are not used purposefully for the development of national health policy, health promotion programmes and projects including health promoting hospitals project as well.

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163. Just one stop

Dawn McKee

The One Stop Assessment Clinic was developed to provide a timely, needs-led patient-responsive service, following an identified need in service provision. Through this service GP's have access to refer vulnerable and at risk individuals, who present with an acute decline in their physical and/or mental function, to a convenient local setting.

Telephone referrals are received directly from the GP's to a multidisciplinary team consisting of consultants, nurses, physiotherapists, occupational therapists, speech and language therapists, dieticians and social workers to deliver an evidence based holistic and comprehensive assessment. Therefore treatment is initiated at time of referral. Patients are seen between 24 and 48 hours from referral time.

The service offers immediate access to laboratories, routine radiology, electrocardiograph and investigations such as

ultrasound and endoscopy. This prevents further decline or hospital admission to Emergency departments (which in turn reduces trolley waits) and enables the patient to remain at home and avoid hospital admission for either investigation or treatment. Often before the patient leaves the department a detailed action plan of the assessment and treatment recommendations are faxed to the patient's GP. The ethos of the One Stop Assessment Clinic challenges both existing practices and new ways of working by applying recommendations in Priorities for Action (DHSSPSNI,2005).

The service promotes and disseminates best practice, networking and shared learning. The success of the project so far has justified the funding of a medical staff grade and additional nursing which has increased clinic capacity. Most recently an audit of service demonstrated the appropriateness of referrals with an increase in the number of attendees as well as the effective use of the multidisciplinary team at the one hospital visit.

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164. First Aid Kit Leaflet

Meinir Jones, Fiona Falvey

Aim

Every home should be prepared to respond to common medical emergencies by having a home First Aid kit. The Accident and Emergency Department of Galway Regional Hospitals, in conjunction with Health Promotion Services decided to produce a simple leaflet for the public, regarding what a home first aid kit should contain.

Methodology

A list of suggested items to have in a home First Aid kit was produced. All the items should be available from a local pharmacy. The leaflet mentioned that it's a good idea to keep the items together in an old ice cream box or bag, clearly labelled and in a place where all household members know where it is. The leaflet provided information under the following headings:

- First Aid Manual
- Emergency Telephone Numbers, including local Garda Station, Fire Station, Accident and Emergency Department, Family Doctor, Dentist, home phone number and home address
- List of allergies – separate list for each household member
- List of medication – separate list for each household member
- Suggested contents, including Medicines and Supplies, Bandages/Wound Care Supplies, and Other Supplies

Dissemination

The leaflet was produced and sent to General Practitioner surgeries and other community facilities in the region. It was also featured in an article in a local newspaper.

Connex to HPH

By providing the public with useful information regarding a home first aid kit, it is hoped that the public will feel more empowered and in control of their lives.

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165. Project: "Discharge Path Coordinator"

Annamaria Guarnier, Paolo Barelli, Renata Brolis, Luisa Pederzoli, Amabile Raffaelli, Rosanna Tabarelli

Problems concerning the continuity of care between hospital and territory as well as home care have characterized the hospital wards' activities in the last years. In June 2005 the Ministry of Health suggested to our organization to participate in the testing phase of a new professional role, the "hospitalist", who should, based on the Anglo-Saxon model, coordinate the discharge path for frail patients, assuring continuity between hospital and territory physicians.

The choice of our organization, also adhering to EFQM and JCI perspectives, has been to entrust this function to nurses. In fact nurses are those which have always been involved, for their education and closeness with the patient, to the "protected discharge" project, but despite the efficacy of this project it has not yet been implemented in the whole organization.

Therefore a biannual project was set up between June 2005 and June 2007, to test a new organizational model with the aim to improve the continuity of care from hospital to territory and develop specific competencies in nurses, which will ensure the continuity of care. The Internal Medicine Department, the Geriatric and the Orthopaedic ward as well as the Home Care Unit from the district of Trento were involved, and 50 nurses were identified. These were educated with integrated hospital / territory paths (stage and formal education).

The expected outcomes are: modification of the health organization connected with the discharge process; improvement of the integration between hospital and territory care, with special attention to the phases concerning discharge preparation (therapeutic education projects) and the territory care; reduction of the non-planned hospital re-admissions.

Process and outcome indicators were identified. A six-month long testing period is starting; afterwards, depending to the outcomes, the project will be implemented in the whole organization.

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166. A project to promote mental health in schools: Experimental application of the "Self assessment manual and forms" of the International HPH Network

Matteo Vezzoli

In 2006, the European Office of the World Health Organization developed a document called "Implementing health promotion in hospitals: Manual and self-assessment forms". This document is a tool used to assess, monitor and improve health promotion activities in hospitals, based on the five Standards of the H.P.H. Program. The document was entirely translated from English to Italian and it was used to carry out an experimental assessment of a project that promoted mental health, which was created by a working group of the 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.

The project's aim was to analyze the social representation that young people, (between the age of 14 and 18), had of mental health and to promote mental health in collaboration with external educational agencies, in this case, the school.

The document was mainly created to assess how hospitals or health services are oriented with regard to health promotion. However among its aims, the following are included:

- Assessing health promotion activities
- Formulating suggestions on how to improve health promotion activities in hospitals
- The involvement of all professionals and the patients in improving health promotion activities
- Providing more effective and efficient health services

The hypothesis that we wanted to verify is that these general objectives, can justify and support the application, even if in an experimental stage, of even a single project. It was possible to carry out the self-assessment of the project for 66% of the measurable elements that form the sub-standards of the Manual. A good compliance of the project emerged based on the criteria indicated in the document: there was a complete

compliance of 45 % of these, a partial compliance of 13,60% and 6,80% of the measurable elements were not respected.

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167. Establishment of regional centres of excellence to prevent school based bullying

Matthew Masiello, Diana Schroeder

The Office of Community Health (OCH) of the Conemaugh Health System was established in 2004. The Child and Adolescent Health and Wellness Council, founded in 1997, served as the predecessor to this office. In 2006, Memorial Medical Center of the Conemaugh Health System became the first hospital in the United States to be accepted as a member hospital to the World Health Organization-Health Promoting Hospital Network. Multiple health promotion/disease prevention programs have been introduced to the schools of the region by the team of public health professionals from this hospital based office.

On a daily basis over 25% of school age children are victims of bullying. Bullying is a factor in school absenteeism, diminished learning capacity in school, childhood depression, teen suicides, school-based violence, and drug and alcohol use in teens. Self-esteem is lost and the virtue of empathy does not adequately evolve.

In 2000, the OCH introduced an evidenced based bullying prevention program into 50% of the school districts of Cambria County, Pennsylvania. Over 15,000 children have participated in the Olweus Bullying Prevention program.

In the 2006, the OCH was asked by Highmark, Inc., a nationally recognized managed care company, to submit a proposal to expand this bullying prevention program. The Office of Community Health (OCH) will implement the nationally recognized, evidenced-based, Olweus Bullying Prevention Program to support the creation of Highmark Healthy High 5 Centers of Excellence in Bullying Prevention. The Centers of Excellence would be virtual centers that would have a home-base at the OCH in Johnstown, Pennsylvania. The Johnstown site would be expanded to encompass five counties beyond the existing two now being served. Approximately 250,000 children would participate in this expanded program. National and international experts will be asked to serve as consultants.

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Session P 2-10:

Special internet session: How to make the best and the most of the HPH website www.who-cc.dk

Majbritt Linneberg, Margrete Ripa, Hanne Tønnesen

Background

As the WHO-CC for Evidence-based Health Promotion in Hospitals took over the secretariat functions, a HPH communication strategy was developed in order to facilitate the internal and external communication of the HPH Network.

According to the communication strategy one top priority was to establish a new interactive website to work as communication platform for all HPH network and hospital coordinators, staff, task force members and other interested. Hence a series of interactive functions have been developed:

- HPH Library
- HPH News and other information services
- HPH Coordinator- and hospital lists
- Group rooms and public discussion forum
- Exchange of experience/knowledge and registration of results
- HPH Standards
- DRG Codes

The aim of the workshop is to introduce the different functions of the HPH website to existing and new users, to demonstrate how relevant HP literature and other information material is easily found in the HPH Library, find partners for collaboration, share news and publish new knowledge and results. At the workshop we offer you to:

- Register as user and have access to the complete website
- Have your hospital registered at the website
- Learn how to share your publications via the HPH Library
- Have the latest news of your National / Regional Network or member hospitals published
- Register and view the results of the HPH Standard Assessment
- Online registration for international HPH events

The workshop will include a short presentation of www.who-cc.dk, questions/answers and interactive exercises on the spot.

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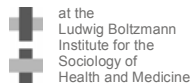
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