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Health
Promoting
Hospitals

16th International Conference on Health Promoting Hospitals and Health Services

May 14–16, 2008
Berlin, Germany

"Hospitals and health services in the health society: Quo vadis, HPH?"

Conference Abstractbook

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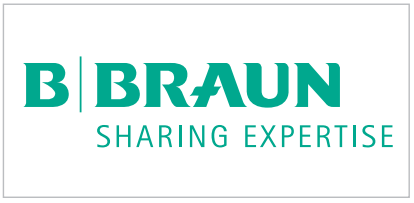
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ZIEGLER
Außenanlagen von A-Z

1. Scope and Purpose

Health has been gaining a key role in most developed countries over the last years – a phenomenon framed as the "health society" by Ilona Kickbusch, doyenne of the health promotion movement, and others. There is mounting evidence justifying such a description: Mass media coverage and communication about health have significantly risen over the past decades, covering not only medicine and health care in general, but also prevention, positive health, fitness, wellness and health promotion, allowing for a wide access to health related information. Together with the demographic and epidemiological developments towards longevity and chronic diseases, this results in an increased relevance of maintaining and improving health in daily life – which becomes visible in lifestyle and shopping choices, in the utilisation of wellness resorts and health services. The so-called first and second health markets are booming, so that health is increasingly becoming a driving force for economic growth, by some seen as the 6 th Kondratieff cycle. On a political level, these developments are mirrored by the emergence of a broader approach towards health: "Health in all policies" is high on the European agenda since the Finnish EU presidency in 2006.

What consequences can be expected for hospitals and health services? On the one hand, epidemiological and demographic developments, together with medical progress, will guarantee an increasing attention for treatment and care. On the other hand, the "health society" appears ambiguous: While service providers with a strong focus on client orientation and attractive services for well-off clients may easily profit, others may find themselves left in charge of dealing with the unattractive problems of the poor, the old, the severely ill, multimorbid and dying patients. The gap between the professional doability of health and the constrained public finances is widening. Consequently, questions concerning inequalities in health and the accessibility of services are gaining new momentum, leaving health care providers in the need to further develop or even reposition themselves if they want to benefit from the health society in a socially responsible way.

How can HPH react to these developments? What alternatives for development and reorientation can the movement offer to owners, management and staff of hospitals and health services, from a health promotion perspective? How can patients, patient organisations and advocates utilise the health society to push for a patient-centred health service? How can community representatives influence health service development towards health promotion, empowerment, capacity building, cultural appropriateness and equity? Which health policy frameworks are needed to support such developments? The HPH conference 2008 will discuss these questions around four topics:

- Quo vadis, HPH: Health promotion by re-orienting core business or by expanding into new services – or by both?
- Improving patient orientation: Safety, clinical evidence, cultural appropriateness
- Improving staff orientation: The challenge of an ageing workforce
- Improving community and public health orientation: Sustainability and corporate social responsibility

QUO VADIS, HPH: HEALTH PROMOTION BY RE-ORIENTING CORE BUSINESS OR BY EXPANDING INTO NEW SERVICES – OR BY BOTH?

Kickbusch and others argue that health services, under conditions of the health society, may find themselves increasingly competing with other players on the health market. In order to position themselves in this new arena, they may need to orient their future developments not only at traditional drivers like medical-technological change, demographic and epidemiological trends, demands for effectiveness and efficiency, but increasingly also at patients' needs and expectations for contributions to public health. How can HPH take up the challenge – and benefit from the chances – of the health society? How can hospitals and health services understand and implement Ilona Kickbusch's recommendation of a "critical role change"?

There are two basic options: Health services can either compete by integrating health promotion principles like participation, empowerment, equity, and sustainability into their clinical core services and, by that, increase the somato-psycho-social health gain of their patients, staff, and community members. This would also include controversial issues like the reduction of unnecessary services and hospitalism. The second option is to expand into new fields, thus offering additional – and potentially lucrative – health promoting clinical, information and training services to clients. The decision on which option to take up – or how to find an adequate mix – may differ between types of health service providers, health systems, countries and regions, and will depend on expectations and demands from health policy, financiers, patients, and staff. The conference will discuss the pro's and con's of the different options from a health promotion perspective, and against the background of the different conditions in the European countries.

IMPROVING PATIENT ORIENTATION: SAFETY, CLINICAL EVIDENCE, CULTURAL APPROPRIATENESS

(Potential) patients in the health society are becoming increasingly aware of the quality and environment of service provision. They are expecting not only clinical excellence and safety, but increasingly also empowering information provision and participative involvement in treatment-related decisions. Many clients demand for individualised services and an environment that considers their personal preferences and supports their quality of life and well-being, and they expect support also for their partners and relatives. This opens a wide range of options for health promotion interventions, many of which have been touched upon in past HPH conferences. In 2008, three issues will be highlighted exemplarily:

- Interlinks of HPH with the current WHO strategy "Strengthened health systems save more lives", especially also implications for aspects of patient and clinical safety;
- Needs and options to implement evidence based health promotion interventions in clinical core processes in order to improve clinical outcomes

- Needs and options for providing culturally appropriate services in an increasingly globalised and diverse world

IMPROVING STAFF ORIENTATION: THE CHALLENGE OF AN AGEING WORKFORCE

In the health society, the awareness for the health impact of work is rising: Demands for fair, acceptable and healthy working conditions, including chances for a better work-life balance, are getting more prominent among the workforce. Hospitals with their predominantly high-risk working places are faced with these changing expectations at a time when they are pressured for further work acceleration and rationalisation, not at least by the increasing need for care, which is due to changes in demography and epidemiology. At the same time, the increasing attention for the negative impacts of distress in healthcare staff on the quality of care and on patient safety are further supporting the need for workplace health promotion in health care – a need that is even stronger underpinned by the increasing shortages in healthcare staff in many countries, and by the ageing of health care staff: Already now, more than 20% of staff are aged 50+ in some European countries. The 2008 conference will discuss the impact of the demographic developments on the health care workforce and options for adapting workplaces in health care to the needs of older staff – which is also a precondition to be able to profit from their competence and experience and to retain qualified staff.

IMPROVING COMMUNITY AND PUBLIC HEALTH ORIENTATION: SUSTAINABILITY AND CORPORATE SOCIAL RESPONSIBILITY

Discussing the impacts of the health society draws our attention not only to health as an individual and purchasable phenomenon, but also to the health impacts of societal functioning at large and the wider health determinants. From an HPH perspective, this means to interlink health promotion with other major trends like ecology and sustainability. For health services, this brings about an increased awareness of the ecological dimensions of energy consumption, emissions, waste, traffic management, purchasing goods and supplies, and the design of buildings and gardens. The conference will focus on options for the orientation of single health care organisations and the overall health sector towards sustainability, environment-friendliness and corporate social responsibility, which may also support the survival of health care organisations in an increasingly competitive health market.

2. Conference Committees

Scientific Committee

•••• Hartmut BERGER (HPH Task force on Health Promoting Psychiatric Hospitals, Riedstadt) •••• Elimar BRANDT (German National HPH Network, Berlin) •••• Zora BRUCHACOVA (Slovak National HPH Network, Bratislava) •••• Felix BRUDER (German HPH Network, Berlin) •••• Pierre BUTTET (French National HPH Network, Vanves Cedex) •••• Paul CASTEL (President, EAHM, Strasbourg, tbc) •••• Antonio CHIARENZA (HPH Task Force on Migrant Friendly, Hospitals, Reggio Emlia) •••• Gary COOK (Stepping Hill Hospital, Stockport) •••• Bertrand DAUTZENBERG (European Network of Smoke-Free Hospitals, Paris) •••• Mark DOORIS (IUHPE, Preston) •••• Christina DIETSCHER (Austrian National HPH Network, Vienna) •••• Carlo FAVARETTI (Italian National and Trentino Regional HPH Network, Trento) •••• Pascal GAREL (Secretary General, European Hospital and Health Care Federation – HOPE, Brussels) •••• Johanna GEYER (Austrian Federal Ministry of Health, Women and Youth, Vienna) •••• Rui GUIMARAES (President, Permanent Working Group of European Junior Doctors, Lisbon) •••• Maria HARALANOVA (WHO-Euro, Copenhagen) •••• Tiiu HAERM (Estonian HPH Network, Tallinn) •••• Virpi HONKALA (Finnish HPH Network, Raahe) •••• Michael HÜBEL (European Commission – DG SANCO, Luxemburg) •••• Milena KALVACHOVA (Czech HPH Network, Prague, tbc) •••• Ann KERR (Health Scotland, Edinburgh) •••• Karl KRAJIC (WHO CC for Health Promotion in Hospitals and Health Care, Vienna) •••• Margareta KRISTENSON (WHO-CC for Public Health Sciences, Linköping) •••• Karl KUHN (European Network of Workplace Health Promotion, Dortmund) •••• Irena MISEVICIENÉ (Lithuanian National HPH Network, Kaunas) •••• Rod MITCHELL (International Alliance of Patients' Organisations – IAPO, Bournemouth) •••• Ann O'RIORDAN (Irish National HPH Network, Dublin •••• Jürgen M. PELIKAN (Chair Scientific Committee; WHO CC for Health Promotion in Hospitals and Health Care, Vienna •••• Barbara PORTER (Northern Irish HPH Network, Londonderry) •••• Paul de RAEVE (European Federation of Nurses' Associations, Brussels) •••• Christa RUSTLER (German Network of Smoke-Free Hospitals, Berlin) •••• Robert SCHLÖGEL (Austrian Federal Ministry of Health, Women and Youth, Vienna) •••• Werner SCHMIDT (German HPH Network, Berlin) •••• Fabrizio SIMONELLI (HPH Task Force on Health Promotion for Children and Adolescents in and by Hospitals, Florence) •••• Judith SPANSWAGNER (Austrian Federal Ministry for Health, Women and Youth, Vienna) •••• Simone TASSO (Veneto HPH Regional Network, Castelfranco Veneto) •••• Hanne TONNESEN (WHO CC for Evidence Based Health Promotion in Hospitals, Copenhagen) •••• Yannis TOUNTAS (Greek HPH Network, Athens) •••• Nils UNDRITZ (Swiss National HPH Network, Suhr) ••••

Local Organising Committee

•••• Shirley ATHERLEY, German HPH-Network •••• Thomas Bauer, German HPH-Network •••• Elimar Brandt, German HPH-Network, Head of Board •••• Felix Bruder, German HPH-Network, Managing Director •••• Manja Nehrkorn, German Network of Smoke Free Hospitals •••• Christa Rustler, German Network of Smoke Free Hospitals, Coordinator

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3. Programme Overview

The Pre-Conference Programme

Monday, May 12, 2008

10.00–12.00 **WHO Workshop for HPH Newcomers 2008**

Venue: Immanuel Diakonie Group,
Am Kleinen Wannsee 5, 14109 Berlin)

13.00–16.00 **WHO Summer School**

Best evidence-based practice in HP: MD, DMSc Hanne Tonnesen, DMSc Ann Moller

Venue: Immanuel Diakonie Group,
Am Kleinen Wannsee 5, 14109 Berlin

Tuesday, May 13, 2008,

09.00–16.00 **WHO Summer School**

How to develop evidence?:
DMSc Ann Moller
Dr. med. Tim Neumann, Prof. Claudia Spies

Venue: Immanuel Diakonie Group,
Am Kleinen Wannsee 5, 14109 Berlin

Wednesday, May 14, 2008

09.00–16.00 **WHO Summer School**

Implementation – and follow-up
Dr. Doris Kurscheid-Reich (requested),
Mette Rasmussen (DMSc Ann Moller)

Venue: Immanuel Diakonie Group,
Am Kleinen Wannsee 5, 14109 Berlin

09.00–17.00 **HPH General Assembly (upon invitation only)**

Venue: Senatsverwaltung für Integration, Arbeit und Soziales sowie Senatsverwaltung für Gesundheit, Umwelt und Verbraucherschutz, Oranienstr. 106, 10969 Berlin

17.00–19.00 **Possibility for on-site registration at the Berlin Townhall**

The Main Conference Programme

Thursday, May 15, 2008

Most events (except parallel sessions 1.8 and 2.8) take place at the Langenbeck-Virchow-Haus, Luisenstr. 58/59, 10117 Berlin (Mitte). Parallel sessions 1.8 and 2.8 take place at "Bettenhaus Charité) within walking distance from the main conference venue.

08.00 **On-site Registration**

09.00–09.30 **Opening Ceremony**

09.30–10.45 **Plenary 1: "Quo vadis, HPH: Health promotion by re-orienting core business or by expanding into new services?"**

10.45–11.15 **Coffee, Tea, Refreshments**

11.15–12.45 **Parallel Paper Sessions 1.1–1.8**

12.45–13.45 **Lunch**

13.45–14.35 **Electronic Poster Sessions 1.1–1.7**

14.45–16.15 **Plenary 2: "Improving patient orientation: Safety, clinical evidence, cultural appropriateness**

16.15–16.45 **Coffee, tea, refreshments**

16.45–18.15 **Parallel Paper Sessions 2.1–2.8**

20.00 **Conference Dinner**

Venue: Wintergarten Varieté,
Potsdamer Str. 96, 10785 Berlin

Friday, May 16, 2008

All events except Task Force Meeting HPHCA at the Langenbeck-Virchow-Haus, Luisenstr. 58/59, 10117 Berlin (Mitte). The Task Force Meeting will take place at "Bettenhaus Charité" within walking distance from the main conference venue.

09.00–10.30	**Plenary 3: "Improving staff orientation: The challenge of an ageing workforce"**
09.00–11.00	**Meeting of the WHO Taskforce "Health Promotion for Children and Adolescents in and by hospitals" (HPHCA)**
Venue:	"Konferenzraum B" (Charité)
10.30–11.00	**Coffee, Tea, Refreshments**
11.00–12.30	**Parallel Paper Sessions 3.1–3.7**
12.30–13.15	**Electronic Poster Sessions 2.1–2.7**
13.15–14.15	**Lunch**
14.15–15.45	**Parallel Paper Sessions 4.1–4.7**
15.45–16.15	**Coffee, Tea, Refreshments**
16.15–17.00	**Plenary 4: "Improving community and public health orientation: Corporate social responsibility and sustainability**
17.00–17.30	**Conference Summary and Closing**
17.30	**Farewell Cocktail**

4. Plenary Presentations

Plenary 1: Quo vadis, HPH: Health Promotion by re-orienting core business or by expanding into new services?

Health horizons – Challenges and chances of the health society for HPH – what options for ways forward?

Stephan SIGRIST (CH)

The importance of health and thus also of the health market have considerably changed over the last years. Causes and impacts of this change concern different areas of modern society, including economy, technology, and politics. Technological progress makes diseases ever better controllable, and health related demands are rising. These developments lead to an increasing relevance of health and especially prevention, individuals are increasingly prepared to spend their own money on health related interventions, wellness, fitness or functional food. Next to the traditional health market, which is focused on the treatment of diseases, new markets for health and prevention are on the rise. These new markets promise sustainable potentials for growth and contribute significantly to economic developments. But the new market for health also contributes to sensitizing a wider public for health and prevention. Potential actors on the new market need to develop a broader understanding of innovation as well as to develop new networks of cooperation between players in the “disease” and “health” market.

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Plenary 2: Improving patient orientation: Safety, clinical evidence, cultural appropriateness

Evidence-based clinical health promotion

Hanne TONNESEN (DK)

Health promotion in hospitals and health services should be based upon evidence in the same way as other clinical interventions and services. The evidence-based approach should be reflected in every aspect of the work and research of the HPH Network. Best evidence-practice for health promotion is defined as integration of individual clinical expertise, evidence and patient preferences. Health promotion in hospitals and health services is a rather new research field to be developed on the evidence-based platform, and the HPH Network needs to initiate and perform scientific projects of high quality. During the presentation examples of evidence-based health promotion, the importance of clinical expertise and patient preferences will be presented. You can no longer justify interventions on an empirical basis, on feelings or ideologies. It all has to be replaced by best evidence-based practice.

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Adapting health services to ethnocultural diversity: Challenges for implementing solutions

Allan KRASNIK (DK)

The European countries are all facing increasing immigration and ethnocultural diversity in their populations. The organisation of health services and the health professionals must adapt to these new challenges in order to deliver health care on an equal basis to all patient groups irrespective of their origin and culture. Health services research has documented serious problems among migrants and ethnic minorities due to formal and informal barriers in access to care as well as problems among health care providers due to professional uncertainty when facing ethnic disparities among patients. This has clear negative consequences for the quality of care. There is a need for systematic interventions targeting patients, staff and the way health care is organised. These interventions should aim at increasing health competences among minority patients, and cultural and communicative competences among staff, but also aim at ensuring formal rights of all patients in order to reduce financial, geographical and linguistic barriers for migrants and ethnic minorities.

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Plenary 3: Improving staff orientation: The challenge of an ageing workforce

Reorganising work in hospitals and health care for an ageing workforce

Marjukka LAINE (FI)

The challenge of an ageing population: European societies are affected by the challenges of an ageing population. People are retiring too early, dependency ratios are becoming an increasingly heavy burden, and the costs of retirement and health care are growing. The Fourth European Working Conditions Survey shows that countries such as the Scandinavian countries and the Netherlands, which have a higher proportion of older workers, will see a substantial proportion (above 15%) of their workforce retiring over the next 10 years. Differences in Europe also exist between the age profile of different sectors, with the worst situation being in the sectors of education and agriculture. Demographic changes also impact on the health workforce. In 2005, the proportion of health sector workers aged 55 years or more was approximately 13% and workers aged 24 years or younger 7% (Fourth European Working Conditions Survey). According to research carried out in 10 European countries in 2002–2005, the proportion of older nurses (50+) working in hospitals differed substantially between the participating countries. The proportion was very low in Poland (7.4%), high in Norway (19.6%) and particularly high in Finland (25.5%). As a result, ageing challenges the sufficiency and quality of social and health care services. The national pool of potential recruits is reduced because of the contraction of the size of the population reaching working age and competition from other sectors of the labour market. Early retirement of health care staff is a matter of concern in several European countries. In most of the former EU15 countries, demand for labour supply in the care sector has exceeded the supply of workers available. Thus, innovative policies are considered to be increasingly necessary to increase participation by potential workers, especially women, older workers and migrants, in order to narrow the gap between the supply and demand for human resources for health.

Work ability of older workers: The most important asset of employees in work life is their work ability. Work ability is built on the balance between a person's resources and work demands. A person's resources consist of health and ability, education and competence, and values and attitudes. The results of a longitudinal study involving about 6,500 municipal employees showed that, over a period of 11 years, the work ability of older workers remained good for about 60% of the workers, decreased significantly for a little less than one-third of them, and improved for about 10% (Tuomi 1995, Tuomi et al. 1997). The changes in work ability were similar in physically and mentally demanding occupations and also in work that included both physical and mental demands (e.g., nursing work among women and transport work among men). The work ability of workers with mentally demanding tasks remained systematically better than that of workers in the other two groups, but, nevertheless, somewhat less than one-third of the workers with mentally demanding jobs also reported decreased work ability caused by ageing. The work ability of ageing workers was related to adjustments in physical and psychosocial work environments, and to the health, functional capacities and competences of older workers. The positive effects of the Promotion and Maintenance of Work Ability (PMWA) were also seen after retirement in the quality of life of the "third age".

Age management: In 2001, the Stockholm European Council set the objective that the proportion of people between the ages of 55 and 64 in work should be increased to 50% by 2010. The solution to the ageing challenge is presented as being four-fold: (i) attitudes towards ageing must be changed (an attitudinal reform), (ii) the knowledge level of managers and supervisors in age-related issues needs to be improved (management reform), (iii) better age-adjusted and flexible working life is needed (work life reform), and (iv) health care services should meet the increasing needs of older workers (reform of health services) (Ilmarinen J. 2006). Thus, companies are playing a key role in creating the conditions and incentives that will enable and encourage their employees to work longer. However, targeting just those who have reached pre-retirement or retirement age is not considered sufficient. The European Working Conditions Survey points to workers aged between 45 and 55 as the main target group for measures designed to encourage the extension of working life. It is in this age group that physical risk factors increase, especially for women. Faced with a decision of whether it is possible to continue working, the working conditions, working time arrangements and support experienced by this group are bound to play a major role. However, according to research from Eurofound (European Foundation for the Improvement of Living and Working Conditions), only a few companies are actively responding to demographic change. Although age management policies in companies have become more common, there is a wide diversity of approaches, and developing and implementing good practice tends to be triggered by the direct business needs of companies, rather than by pressure from public policy or age-awareness campaigns. The approaches of health care organisations include initiatives related e.g. to establishing a formal policy in the organisation regarding the older workforce, improving attitudes towards older workers, and paying attention to intergenerational relationships by, among others, organising opportunities for employees to learn from each other and to exchange experiences. Practices related to working time are also in use. They include releasing older workers from shift work or on-call duties, reducing their working hours, or permitting additional paid leave or days off. One example of career planning is career development courses for older employees. Some organisations have provided possibilities for coaching to help employees deal with the psychological difficulties they may experience as part of their job, and training courses in handling patients or advice from occupational therapists. Organisations have also intensified cooperation with employment agencies in terms of directing older candidates returning to work, and utilising pensioners as substitutes – employees can continue to work as subtitutes after retirement. More examples of Employment initiatives for an ageing workforce in health care organisations in the EU15 can be found on the following web site: www.eurofound.europa.eu/areas/populationandsociety/ageingworkforce.htm.

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Plenary 4: Improving community and public health orientation: Corporate social responsibility and sustainability

Improving community and public health orientation: Linking health promotion with sustainability, corporate social responsibility and quality in hospitals and health services

Elimar BRANDT (DE), Jürgen M. PELIKAN (AT)

Hospitals have had to learn to adjust to continuously changing environments and expectations, and this is an ongoing process. Therefore, it is necessary for them to observe new reform and/or political expectations in their relevant environments, and to evaluate in how far they fit into their already existing strategies, or offer chances for important re-adjustments. For most hospitals, this was the case with quality. In the case of HPH, this also happened with health promotion.

Parallel to health promotion, the sustainability concept came up and even stipulated specific hospital movements (e.g. green hospitals) and accreditation schemes, as well as a specific branch of hospital management, i.e. environmental management. Later on, corporate social responsibility was developed, specifying one of the three corners of the sustainability triangle, and was strongly supported by the European Union for organisations in all member states.

Against this background, the joint lecture will discuss the concepts of sustainability and corporate social responsibility and their interlinks with health promotion and the quality of core services. It will present a selection of methods and examples from practice. The specific role of management and leadership and links to ethical questions will be highlighted. Drawing on these concepts and experiences, the lecture will argue why it makes sense for HPH to embrace these related concepts and, in this way, to strengthen its own position in the health society.

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5. Oral Presentations: May 15, 2008, 11.15–12.45

Parallel Paper Session 1.1: Health promotion for patients with chronic diseases & patients in need of surgical interventions

Chair: Virpi HONKALA (FI)
Venue: Plenary Hall

Clinical pathways in the management of chronic diseases: empowering patients with Asthma, Diabetes and Epilepsy, one year later

Sebastiano GUARNACCIA, Daniela VALSERIATI, Silvia BATTAGLIA, Antonella BRESCIANI, Ada PLUDA, Emma RIVIERA, Italia POLESINI, Anna CONSONNI, Paola DI DOMENICANTONIO, Giuseppe FARELLA, Elena PRANDI, Barbara FELAPPI, Lucia PAGLIAINI, Marcella BATTAGLIA, Laura VALSERIATI, Chiara CORNELLA, Maria Angela SALUCCI, Brunella PASQUINI, Claudio MACCA, Fabio BUZI, Costanza ARCIPRETE, Giuseppina GNACCARINI, Emanuele D'AGATA, Maria Teresa CHIARINI, Serena DOMENIGHINI, Patrizia PELLEGRINO, Elena BELOTTI, Miriam PARZANI, Alessandro GAFFURINI, Andrea LOMBARDI, Roberta PILATI, Stefania GASTALDI, Silviana TIMPANO, Adriana BARALDI, Silvana MOLINARO, Mariarosa SCALFI, Enrico COMBERTI, Beatrice BONARDELLI, Stefano BAZZANA, Alberto ARRIGHINI, Alfonso CASTELLANI, Rosaria AVISANI, Franscesco PINI, Raffaele SPIAZZI, Giovanna FERRETTI, Alessandra TIBERTI, Alessandro PLEBANI, Daniela STRABLA, Adriana BOLDI, Luigi Daniele NOTARANGELO

Objective: Last year we presented our program to realize clinical pathways for the optimization of in-hospital care for children with asthma, diabetes and epilepsy. We now wish to show our progress with those pathways.

Methods: In 2006 we formed three disease specific teams who each drafted the clinical pathway, a staff educational leaflet and multimedia courses for parents and children. During 2007 the Clinical Paedagocical Laboratory and Biomedical Research team formed a multidisciplinary group consisting of at least one physician and one nurse of all units involved in the in-hospital management of children with the three target diseases: Emergency Room, Intensive Brief Observation, ICU, Paediatric ward, and Neuropsychiatric ward. Aim was to test the draft pathway, guarantee it's feasibility and efficiency in order to maximise impact and acceptance among staff members. Supervision of the technical experts from the first drafting group was always available to ensure compliance with existing national and international guidelines. At this stage the Quality Control Center of our Hospital supervised the development of the pathways to make sure they met their high quality standard in the spirit of HPH. The final step was approval of the three clinical pathways by the heads of all involved departments and the hospital directors.

Results: We now have ready to use clinical pathways for the three major chronic childhood illnesses, that allow coordinated and efficient management of affected patients from the Emergency Room through general and intensive care units until discharge. We will now implement the pathways and audit their impact on the individual steps and ask for feedback also of the patient organizations.

Conclusion: We expect a shorter in-hospital stay, with more efficient drug use and clearer information for patients and families. We hope to increase quality of life, empowering of affected families and ultimately customer and staff satisfaction!

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Implementation of WHO Health Promoting Hospital Core Strategies on Action Research of Diabetes Patient Care

Shu-Chin TUNG, Jin-Tang CHEN, Hsiao-Ling HUANG, Yea-Wen LIN

From the views of international trend, domestic health policy and needs of patient, it is important to provide holistic care including health promotion activities for diabetes patients within the hospital. The core strategies and values had clearly demonstrated the way that the quality of life among diabetes patients can be improved. They are: to empower patients being able to conduct self-management and self-care of their disease, to promote patient-specific life style and to receive the continuous support from both the hospital and the community. The aim of this study was to import the core concept and values into the health promotion activities and plans of diabetes patients. The results of interviews had demonstrated that diabetes patients had basic knowledge and skill with regard to their disease. After attending the health promotion activities, the most improved areas of diabetes patients included:

- to learn how to self-monitor the level of blood sugar and dietary control,
- to enhance the compliance of medial order,
- to increase exercise frequency and
- to promote healthy dietary.

The data also showed that for those diabetes patients with A1C lower than 7%, 34.6% (increased from 33.01%) of diabetes patients could conduct self-monitored level of A1C. The level of LDL of diabetes patients was improved when pre-program and post-program was compared as well as the level of blood pressure. All study samples were inquired regarding their health promoting lifestyle. The best performed health promoting activity was dietary control, followed by interpersonal relationships, stress management, self-fulfillment, health responsibility and exercise & nutrition. The same question was asked to answer by the high risk group of diabetes

patients and the ranking was slightly different when compared to all subjects. They were interpersonal relationships, self-fulfillment, exercise & nutrition, stress management and health responsibility. The case hospital had successfully implemented the concept of health promoting hospital and the quality of life among diabetes was improved.

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Influencing anxiety and stress in cardiosurgical patients by means of perioperative psychological or spiritual interventions

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Background: Anxiety and stress significantly influences outcome in cardiac surgery. We evaluated as to whether perioperative psychological or spiritual support may help to reduce these adverse phenomena.

Material and method: 293 patients (223 male, 70 female, 67±9 years) underwent aorto-coronary-bypass-surgery (CABG) with or without valve surgery. In all patients plasma-cortisol-level (µg/l), bed-side lung function (ml) as well as 2-minute walk (m) were measured after admission, directly preoperatively (cortisol only), and at PO day 6. In the control group (268 pts.) no interventions were performed. In the treatment group (25 pts.) patients received one preoperative and two postoperative interventions either by a psychologist or a healthcare chaplain.

Results: In all patients highest cortisol levels were found postoperatively, while 2-minute walk as well as lung function exhibited a decrease between pre- and postoperative values. In the treatment group, however, directly preoperative values were significantly lower than corresponding values of the control group (Control directly preop.: 101±53µg/l, Treatment directly preop: 77±26µg/l). While 2-minute walk did not exhibit significant differences between control and treatment group, lung function of the treatment group showed higher postoperative values than the control group (Control p.o.: 1554±734ml, Treatment p.o.: 1807±936ml) (Table).

Conclusion: Anxiety and stress is present in cardiac surgery manifesting in a significantly increased postoperative stress level as well as a significant reduction of basic physical parameters. However, interventions appear to have a positive impact on these parameters resulting in a reduction of stress as well as maintenance of basic physical exercise. The first results of this ongoing study elucidate the potential of psychological or spiritual interventions in cardiac surgery

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You Are Not Alone: The Health Promoting Hospital care program for liver transplantation

Lidiana BALDONI, Paolo De SIMONE, Rosa PAGANELLI, Luciana TRABALLONI, Massimo ELISEI, Juri DUCCI, Paola CARRAI, Stefania PETRUCCELLI, Monica SCATENI, Flora COSCETTI, Michele CRISTOFANO, Franco FILIPPONI

Background: Current clinical practice is based on the principles of efficacy, appropriateness, efficiency, quality and safety. Compliance with these tenets requires experienced medical and nurse staff, and active participation of patients and their families to the planned therapeutic program. In order to match patients' expectations on quality and safety of care and spur active participation to the transplant care process, we set up an integrated, multiphase, multidisciplinary care program compliant with the HPH initiative and devoted to liver transplant (LT) candidates, engrafted patients, and their families: the "Non Sei Solo" care program (You Are Not Alone).

Materials and methods: The basic principle of the care program was that, in order to provide efficient and effective education to their patients, health care professionals need to learn how to teach and what to teach, acquire successful communication skills and monitor the process of education.

Results: The methodology encompassed five distinct phases: phase 1 consisted of exploration of patients' needs, by means of a questionnaire devoted to waitlisted and engrafted patients and their care givers, phase 2 consisted of creation of 16 patient-oriented educational brochures directed to patients and their families. Once created, the educational brochures were presented, discussed and amended during a consensus meeting involving all transplant nurses and physicians (phase 3). In order to acquire the necessary skills and ease communication with patients, the transplant nurses, physicians, surgeons and anesthesiologists attended a six-month counseling course under the tutorship of an expert counselor phase 4. Finally, in June 2007 the program started officially with monthly meetings with patients and their families, guided hospital tours on patients' request, and activation of a toll-free phone number to provide support to patients and answer their questions (Phase 5).

Conclusions: Given the complexity of the LT care process, patients are often in demand of thorough medical information, as well as psychological support, in order to be prepared to tackle the criticalities related to the transplant procedure. There is public awareness that such an approach proves useful in meeting patients demands on quality and safety of care and

might also improve adherence to the therapeutic plan, with a favorable impact on both patients' and graft outcome.

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Parallel Paper Session 1.2: Health promoting psychiatric health services (I)-Tools & Models

Chair: Hartmut BERGER (DE)
Venue: Room "Paul Ehrlich"

A tool to promote empowerment and self-commitment to well-being in mental health: The Shared Care Pathways

Renzo DE STEFANI, Barbara D'AVANZO, Emanuele TORRI

The Shared Care Pathways (SCP) are meant to translate ideals of empowerment and self-responsibility into care management in the Service of Mental Health of Trento, Italy. They were born from the need perceived by users, family members and professionals to decrease disparity and increase partnership inside the therapeutic relationship, promoting and evaluating real participation. In regular meetings during twelve months, users, family members and professionals together addressed and agreed what characteristics and values the care pathway should contain. These concerned five topics defining the core of the care pathway:

- how the relationship between the various subjects works: empathy, reciprocal listening and respect, clarity in information and communication,
- definition of goals, means, schedule of the therapeutic project,
- drug prescription and assumption: thoroughness of information, attention either to the user's uneasiness with drugs and to the professional's reasons,
- signs of crisis: identification for each user and indications for their management,
- user's indications and wishes in case of acute admission.

The device is a contract divided into five parts to which all the subjects try to adhere, applied to each group of user + family member + psychiatrist + nurse. Each subject is free not to sign the contract, or to sign some parts. Every six months each subject estimates how much she/he feels what agreed was realized, and, if necessary, the contract is modified. A guarantor, selected among the trained volunteers active in the mental health service, is identified for each group: she/he explains the SCP goals and procedures, follows the contract signatures and the longitudinal evaluations, favouring reciprocity and parity. In one year, 75 STP have started, 28 also underwent the 6-month evaluation and 7 the 12-month one. Characteristics and effects of the tool in terms of empowerment, health promotion, prevention, well-being, and quality of care will be discussed.

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Mental Patients Against Stigma and Discrimination

Danguole SURVILAITE

Stigma is a major social and clinical problem contributing to social exclusion and isolation. Stigma associated with mental illness affects people and processes related to it: patients, their families, psychiatric institutions, staff, psychotropic medications. There are few studies regarding mental patients stigma and discrimination worldwide. Patients' advocacy workgroup, established at Club 13&Co. (National Organization of Persons with Mental Disorders and Their Friends) investigated stigma and discrimination of mental patients in Lithuania in 2007.

Aim: To investigate the level of stigma and discrimination of mental patients as self-reported by patients themselves.

Method: Questionnaires were sent to 300 mentally ill, randomly selected. 245 questionnaires were analyzed.

Results: In this presentation age, gender, education, occupation and employment, money income, housing of respondents, years since first contact with mental health services, main type of mental health care received, as well as questions about diagnosis and social networks analyzed. ~25% of respondents reported that mentally ill people tend to be violent.

Conclusions: Lithuanian society is very intolerant for persons with psychiatric experience. 92% of respondents agree that employer would prefer an employee without mental disability, 86% report that social opinion about a person who has been hospitalized in psychiatric institution is worse than about one not hospitalized, 85% think that most people would not employ a person with mental disability to take care of their children. Survey showed high resistance of mental patients to stigma. 76% of respondents with mental illness believe that persons with psychiatric experience can be useful to society, 72% agreed that life could be good and valuable despite mental illness. 71% of respondents have a positive attitude towards themselves. Respondents do not feel powerless and have high self-esteem and self-assessment. 86% of them think that they have many good qualities and can usually achieve their goals.

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Save the childhood – children of parents with mentally illnesses

Lisbeth KOEFOED JENSEN

In the regional psychiatric hospitals of western Denmark the project "Bevar Barndommen" ("Save the childhood") has during 3 years aimed to offer an early support and intervention to children of parents with psychiatric diseases. The intervention has been based on collaboration between different professions and sectors. The project contains an important aspect of prevention. The aim is to support these children in growing up as well-functioning adults and to prevent them from ending up with mental illnesses. It is well known from various studies that children with mentally ill parents may get difficulties in establishing a normal adult life and they have a higher risk of getting mentally ill. "Bevar Barndommen" has focused on:

- Noticing the children as suffering relatives,
- Strengthening the possibilities of the parents to fullfill their role as parents,
- Supporting involvement of private and professional network around the child,
- Making sure that the necessary societal support is given to children and parents.

The presentation will briefly introduce the organisation and structure of the project and focus on the main topics of the project: Therapeutic family conversations, development of staff competences, training of "key-persons", conferences, collaboration between regional and municipal authorities.

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Slipstreaming Hospitals into health promotion through partnership synergy

Jennifer GALE

Many of the approaches to reorienting hospitals to the wider concepts of social health and health promotion in the past have failed. This is in part due to the throughput focus of acute work and a lack of understanding and opportunity to collaborate. Collaboration has increasingly become a policy tool to reform publicly provided health service systems. In Victoria, Australia, the Primary Care Partnership strategy was introduced in 2000. The aim of the Partnership strategy was "to improve the health and well-being of their catchment's population by better coordination of planning and service delivery in response to identified needs" (Department of Human Services 2000). Consistent with definitions of collaboration (Wood & Gray, 1991, Mandell, 1994, Cropper, 1996, Mattessich, Murray-Close et al, 2004) the members of these partnerships remained autonomous organisations but created a new corporate structure. Kyneton District Health Service, a hospital, is an active member of the Central Victorian Health Alliance, one such partnership. We have used the partnership structure and policy direction to change the way we do business. We believe this has and will continue to improve the health outcomes for our community. This presentation will address the mental health aspects of our work. Development of a shared understanding of the entire service system and the opportunity to participate in and influence the development of an integrated service system. As a result of this work we have achieved better outcomes for clients and greater efficiency for the Hospital by:

- Greater awareness by staff of the different services within the local system, therefore improving referral practices.
- Development of systems to enable a Step up Step down psychiatric unit.
- Development and implementation of effective follow up pathways for suicidal clients.
- Suicide prevention training for general nurses.
- Information for suicidal and self harming clients.

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Parallel Paper Session 1.3: Health promotion for hospital staff – research on working conditions

Chair: Yannis TOUNTAS (GR)
Venue: Room "Robert Koch"

Reducing physicians' work-related stress and promoting health through participatory work design: a trial control study

Matthias WEIGL, Severin HORNUNG, Jürgen GLASER, Peter ANGERER

Objective/Background: Although many studies have demonstrated that hospital physicians are confronted with high workload and work-related stress, only few studies have addressed adequate intervention and prevention methods. Moreover, there is a lack of evaluation studies testing the effectiveness of such work-related modifications. An ongoing trial-control study is presented, which uses a quasi-experimental design to evaluate the longitudinal influence of work-related interventions to reduce hospital physicians' work stress and improve their psychological well-being.

Methods: In the first wave, working conditions (especially adverse work characteristics) and indicators of subjective well-being were assessed with a self-report questionnaire. Additional shift observations focussed on the role of interruptions in the daily clinical work of hospital physicians.

Results: Results show that work interruptions, time pressure, and patient-related stressors are among the most commonly reported unfavourable working conditions. Furthermore, poor supervisor feedback, low possibilities for participation and insufficient specialty training are considered as deficient resources. Correlational analyses show adverse effects of stressors on hospital physicians' health and wellbeing (i.e. emotional exhaustion and depersonalisation) and point out specific causes of work-related strain. The intervention consists of participatory quality circles, where affected physicians have the chance to discuss, develop, and suggest solutions to reduce work stressors and improve workflow to the hospital management. These quality circles were implemented in two randomly departments of the hospital (respectively surgery and internal medicine). The meetings had the mandate to discuss and suggest ways to improve working conditions and reduce stressors to enhance work-related well-being and job motivation. The second wave of the study, assessing potential changes in working conditions and subjective well-being after the intervention, is planned for Summer 2008.

Conclusion: This ongoing study and its preliminary results allow insights into procedures and the effectiveness of participatory, work-related interventions for hospital physicians.

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Benchmarking an HPH in its organizational strategies and achievements as a healthier workplace – what differences can it possibly make?

Shu-Ti CHIOU, Hui-Ting HUANG, Ying-Shiang CHUO, Hei-Jen JOU

Taiwan Adventist Hospital (TAH) historically endorsed health promotion and strived to become a healthier workplace since 1998. This study reviewed its organizational strategies and compared the staff health behaviors and staff perception and utilization of hospital resources between TAH and 4 referent hospitals. The policy and strategies for staff health promotion were reviewed using WHO HPH standards as a framework. The management team was interviewed and related documents and evidences were checked. A structured questionnaire was sent to all the employees of TAH and 4 referent hospitals in 2007 to collect data on staff views and practice. A total of 4,840 copies (64.6%) were returned from 5 hospitals. The review identified that TAH released its white paper on the development of a healthy organization in 1998 and aimed to promote staff physical activities, healthy eating and better organizational identification. It set up one specific department for health development and one for preventive medicine. Up to 5% of the hospital's annual surplus was invested in health promotion. Staff health learning and health practices were included in the learning and growth perspective of department balanced scorecard. Employees were offered unlimited accesses to hospital fitness facilities with a very low annual fee. The cafeteria provided only low-fat high-fiber vegetarian foods with a 40% discount for employees. There was testing for staff physical and psychological fitness every year. In the questionnaire survey, 60.7% of TAH staff had regular physical activity, 64.2% paid attention to calories when purchasing foods, 68.8% had normal BMI, 95.9% were aware that TAH promoted staff physical activities, 55.6% accessed fitness facilities, 53.3% participated in sport club activities, 92.1% were aware that TAH promoted healthy eating for staff, 71.2% were aware of the availability of healthy foods in TAH, 27.0% have been to nutrition education activities, 70.8% and 73.7% were satisfied with hospital environment for physical activity and for healthy eating respectively, and 75.6% agreed their hospital placed higher emphasis on staff health than before. All of these rates were significantly higher than those of the other hospitals. We concluded that TAH has developed itself into a healthier organization where staff enjoyed better opportunities to health promotion and had significantly healthier behavior as compared to other hospitals.

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Job satisfaction among senior staff members at Bispebjerg University Hospital, Copenhagen

Vibeke THYGESEN, Poul SUADICANI

Introduction and purpose: Job satisfaction and well-being among staff members is recognized as a precondition for the optimal treatment of patients at Bispebjerg University Hospital, Copenhagen. In order to identify key areas for improving psychosocial working conditions and intensifying health promoting activities a survey was carried out in 2006.

Materials and methods: An anonymized questionnaire was sent to all 3,486 staff members. Questions were grouped in three categories: Psychosocial and physical aspects of the job, lifestyle (exercise, diet, alcohol and smoking), health and well-being. The response rate was 72%.

Results: Some interesting results concern staff members aged 50-plus. The majority of employees stated that they were in good or very good health, whereas staff members aged 50-plus expressed significantly less satisfaction with their general health. The majority of all staff members reported a healthy lifestyle, but staff members aged 50-plus were less physically active, had a higher BMI and drank more alcohol compared to younger colleagues. On the positive side, a significantly larger proportion of staff members aged 50-plus reported being less irritable and more often felt calm and relaxed as well as active and energetic compared to younger staff members. Those aged 50-plus reported getting significantly less support from their leaders and colleagues than was the case for all staff members. The frequency of experienced stress, however, was identical in all age groups. Analyses showed experienced stress being strongly correlated with 3 psychosocial working conditions: speed of working, lack of time to complete one's tasks, and large variations in workload.

Conclusion: The survey showed a strong correlation between psychosocial working conditions and health and well-being. Heavy demands regarding work speed correlated with general health and well-being, but stress and job demands were not connected to age. The results have given rise to different initiatives to improve working conditions.

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Actual Cost Benefit of a Hospital Employee Worksite Wellness Coaching Program

Matthew MASIELLO

In 2006, the Office of Community Health (OCH) at Memorial Medical Center in Johnstown, Pennsylvania, USA reported on savings secondary to a worksite wellness program. These savings were based on reference data provided by a nationally recognized health resource company. As a follow-up study to determine actual cost savings secondary to the improved health of employees, the OCH initiated a modified COACHING program. Employee heath parameters were monitored as well as the elimination and/or reduction of medication. These employees had the highest number of risk factors determined through a health risk assessment survey. Two cohorts of employees were evaluated. By following the employee health risk assessment survey as well as results from a multiphasic blood screening program it was determined that the COACHING program allowed for a reduction in body mass index, total cholesterol, an increase in high density lipoprotein, a decrease in low density lipoprotein, triglycerides, glucose level and body fat. An institutional cost savings was realized secondary to the elimination/reduction of antihypertensive and cholesterol lowering medication routinely purchased through the employee health plan. A COACHING program would appear to facilitate maximum health and cost benefit of a worksite wellness program, beyond that of employees' use of a HRA and available worksite wellness fitness and nutrition resources. Future use of an evidenced based COACH program will be implemented as a third phase of programmatic activity. It is expected that hospital employees and physician referred patients would serve as participants.

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Parallel Paper Session 1.4: Reorienting health services towards health promotion (I) – Approaches for hospitals, long term care and health systems

Chair: Margareta KRISTENSON (SE)
Venue: Room "Robert von Langenbeck"

Creating Patient-Centered Hospitals: Impact on patients, families and healthcare providers

Susan FRAMPTON

How do we create healthcare environments that support not only the highest quality of clinical care, but caring, kindness and respect, three of the most important qualities of the interactions between patients, their families, and providers? Since it's inception as a non-profit patient advocacy organization in 1978, the Planetree model of patient-centered care has striven to find the balance between the imperatives of delivering safe, quality care and the very human need for a personalized and demystified experience in a healing environment. Developing both a culture and facility that support the active involvement of the patient and their social support system is integral to the goals of a health-promoting hospital. To be a patient-centered healthcare organization requires an uncompromising commitment to not only soliciting meaningful input from patients and their families, but to addressing their needs in ways that are meaningful to them, instead of convenient for us as providers. Patient advocate and Planetree founder Angelica Thieriot's vision of "the ideal hospital" combining the best of modern technologic medicine, with the best possible patient care experience to become a truly healing environment, is still a vision waiting to be realized by many healthcare organizations. Over one hundred and thirty Planetree member hospitals around the United States, Canada and Europe currently serve as laboratories for the development of best practices for promoting the involvement of patients and their social support systems as partners in their own care. These best practices have been organized into a formal Patient-Centerd Hospital designation program recognized by the Joint Commission on Accreditation for Hospital Organizaiton. This presentation will present these best practices, and the outcomes achieved through implementation.

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Health Promoting Health Service in the acute sector in Scotland

Lorna RENWICK

Aim: This presentation will inform the conference of the national implementation of health promoting health service in Scotland.

Introduction: The Scottish Goverment have set out their commitments to Health Improvement in their Action Plan, 'Better Health, Better Care'. A review of performance management has been undertaken and it has been recognised that health promotion in acute care settings offeres a significant opportunity to improve health and reduce inequalities, complementing the input of other sectors.

Health Promoting Health Service in Acute Settings: In support of this strategic drive, a national commitment has been made to the delivery of key interventions for health improvement in all acute settings within the National Health Service. These interventions include:

- Provision of brief interventions to support smoking cessation for out and in patients in maternity units and all acute care settings
- Provision of brief interventions for patients in accident and emergency departments who screen positively for harmful drinking or alcohol dependence
- full and maintained implementation of the UK Baby Friendly Initiative in all maternity units
- increased provision of competitively priced fruit and vegetables through retail outlets
- Removal of soft drinks with added sugar from all vending machines in hospital sites
- Attainment of Healthy Working Lives Award (Staff health initiative) for all acute sector units.

Outcome: The commitment to the delivery of these interventions signals a move from pilot sites for HPHs in Scotland, to the initiation of national implementation, where 'every healthcare contact is considered a health improvement opportunity'. The outcomes of this work will be linked to the recently reviewed performance management structure for health improvement outcomes.

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Health Promoting Hospital: What can we learn from each other?

Rhona DENHAM

NHS Forth Valley is situated in Central Scotland with a population of 280,000, has a mixed rural/urban population, and is serviced by 2 Acute hospitals and 57 General Medical Practices. The Scottish network meetings have played a crucial role to support the development and to embed effective practice for health improvement throughout the NHS in Scotland. This is supported by NHS Health Scotland and gave NHS Forth Valley the impetus to take forward and develop the Health Promoting Health Service framework. The unification of the 2 NHS Trusts – Acute and Primary Care, into NHS Forth Valley gave the ideal opportunity to assess the committment towards health imorovement. The Chief Operating Officer is lead executive director for HPHS and is committed to developing the national HPHS Strategy and to

ensure that the NHS promotes health and wellbeing in the widest sense. A one day information and training session on the HPHS was held for Managers. This highlighted the need to assess the level of health improvement already established and to what level of awareness and understanding there was around HPHS. An online audit was written and sent to Managers and Heads of Service. A very good response was received. Further contact has been made with differing levels of staff and community through focus groups. A Gaps Analysis will be undertaken in the next few weeks. If this submission is successful, details of the planning, process and outcomes to date will be available for discussion.

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Health Promotion in and by long-term care organisations: An invitation for discussion

Karl KRAJIC, A. BÜSCHER, O. ISERINGHAUSEN, D. SCHAEFFER

Due to demographic and epidemiological transitions there will be a considerable increase in the need for long-term care (LTC) services in the near future. In many countries long-term care for a long time was, and still even is, an informal or family affair. Because the availability of informal carers (i.e. family members, mostly women) cannot be taken for granted and the prevalence of chronic conditions cannot be neglected any longer, there is an urgent need for policies to address issues such as the legislative frameworks for LTC as well as actual service delivery. Among the issues that need to be addressed are the recruitment and education of a sufficient amount of adequately prepared staff and the development of supportive interventions for informal carers. From an organisational perspective aspects of effectiveness, efficiency and quality of the services provided need to be taken into account in further developing existing and creating new organisational forms of LTC.

Health promotion not necessarily is associated with long-term care services. Unlike hospitals LTC organisations have only marginally been considered as settings for health promotion so far. Issues of occupational health in LTC organisations are beginning to become subject to investigations and interventions. However, the combination of health promotion and key LTC processes for users and informal carers has caught only limited attention and calls for the systematic development of conceptual frameworks and strategic analysis. Within the newly established Ludwig Boltzmann Institute of Health Promotion Research, located in Vienna, a programme line is devoted to Health Promotion in Long-Term Care. It is concerned with questions such as how client/ user oriented core processes and environments can be optimised by using principles of health promotion in institutional as well as community-based LTC-settings, how this can be combined with staff health promotion and what role LTC can play in population oriented approaches to health promotion. Starting from an analysis of lessons to be learned from experiences of the network of health promoting hospitals (HPH), a theoretical framework and options for health promotion interventions in long-term care will be developed and adapted to particular LTC settings. This will result in the development of toolsets for health promotion activities in LTC. The implementation of these toolsets will be evaluated in Austria and Germany. It is intended to initiate a discourse on health promotion in LTC in the scientific community as well as to provide adequate tools for LTC organisations. The presentation will highlight some of the underlying concepts and present first results. Participants are explicitly invited to contribute their own ideas and experiences in this area.

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Parallel Paper Session 1.5: Linking health promotion and quality management for improving care in specific areas

Chair: Felix BRUDER (DE)
Venue: Room “Rudolf Virchow”

National Clinical Audit of Falls and Bone Health: Hospital Orthogeriatric Care

Gary COOK, Martin FINBAR

Problem: In the national organisational audit (2005), 74% acute trust/PCT sites self-reported having integrated falls and bone health services in line with the NSF for Older People. But the details and patient activity levels suggested otherwise. We present the first national patent-level clinical audit of these services.

Design: Web-based audit, questions derived from NSF standards, NICE guidance CG21 and TA87, SIGN 56 and the BOA/BGS “Blue Book” on fragility fractures. Questions were piloted and refined with detailed support information. Weighted domain scores for percentage compliance were calculated from individual audit items.

Setting and Sample: Three month survivors from people 65+ presenting to A&E having fallen and sustained a hip fracture (target 20/site).

Results: 168 sites (91% of eligible trusts) submitted hip fracture data from 3184 patients, mean age 83y, 80% women, 22% care home residents. There was marked inter-site variation. Domains scores-median (inter-quartile range) were: pre-operative care-70% (60–80), operative, post-operative and rehabilitation care-60% (45–70), information

provision-0 (0–0). 23% remained in A&E after 4h. 54% had pre-operative pressure relieving equipment, 29% had cognitive assessment, 28% had pre-operative medical input (13% scheduled specialist, 15% duty team). 31% had surgery delayed beyond the 48h target. 59% returned to their usual residence.

Conclusion: A few are good but many services provide inadequate organisational, surgical and medical components of orthogeriatric care. Delivering orthogeriatric care as described in the "Blue Book" remains a challenge.

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Secondary fracture prevention in patients with Colles' fractures

Nicholas KALSON, Gary COOK

Osteoporosis is a common disease, with increasing prevalence in an ageing population. Hidden until a low-impact "fragility" fracture occurs, fracture risk can be reduced with bone-strengthening medication. Colles' distal radius fracture, whilst itself not serious, indicates greater risk of subsequent forearm or other osteoporotic fracture. Therefore it is important to identify fragility fractures and reduce the risk of secondary fracture according to existing guidelines. In 2004 a letter notification system to GPs was set-up, this project aimed to review the current status (1). Of 150 patients presented to A&E April-September 2007 with wrist pain, 88 were low-impact Colles' fractures (82 female, mean age 73±SD 10.2). Most injuries were due to a fall at home (43%) or garden (18%). Risk-factors for osteoporosis were significant: 100% women were post-menopause, 10% had undergone hysterectomy, 17% had a history of hyperthyroidism, 11% were on oral steroids, 33% had previous fragility fractures, 32% had a history of falls, and 23% had been immobilised for >2 weeks in the past 2 years. Only 7% were on bone-strengthening medication, 2% were taking Calcium/Vitamin D supplementation and 3% previously had a bone-density scan. On discharge from fracture clinic, no patients were referred to falls clinics, bone-scanning, or prescribed bone strengthening medication, and no discharge letters mentioned a fragility fracture requiring investigation and treatment. This study highlights two shortcomings in patient management:

- Failure in the community to recognise risk-factors for osteoporosis and a history of fractures and falls, demonstrated by the small percentage treated for osteoporosis.
- Failure at the acute stage to recognise fragility fractures and to recommend appropriate treatment despite our 2004 initiative.

Further steps are being explored within the Trust to re-establish the secondary prevention pathway.

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Current Situation and Perspectives of the Specialized Hospital of St. Zoerardus in Nitra in HPH

Dalibor PETRAS, Stefan PETRICEK, Zora BRUCHACOVA

Specialized Hospital of St. Zoerardus in Nitra has oriented its activities in the health promoting strategies into cardinal medical problems from patient, staff and community points of view. The aims of HPH in the Specialized Hospital of St. Zoerardus in Nitra were as follows: screening of risk population, dispensary, treatment, education and scientific activities. Methodology was based on the morbidity incidence and prevalence data according to EBM. The initial HPH projects in the Hospital were Asthma self-management and The preventing diabetic foot complications. Both of them resulted in increased quality of patient care and the Hospital services development. These projects primarily concerned to patients, the projects running now give emphasis also on community and hospital staff. Three running projects are Stop lung cancer, Preventing osteoporosis and Smoke free hospital. One of the target groups of the Smoke free hospital project was the staff. Community oriented activities thanks to HPH increased significantly, especially as health promotion services outside the hospital. Development of the Hospital requires new activities. There are two projects planned: Mental HP and HP for older person. Their ideas are based on the demographic perspectives, not only in Slovakia but in EU. In conclusion, the effect of positive experiences in HPH projects gives perspective for successful development in this area.

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Producing synergy in a hospital-based health promotion programme

Lise CORWIN, Even ENDRESEN, Hope CORBIN, Maurice MITTELMARK, Anne Berit GUTTORMSEN, Randi TANGVIK

The aim of hospital-based collaborative projects is to produce synergy, that is, outcomes that are not possible without collaboration. However, effective collaborative functioning is hard to achieve, because various departments/health

professionals have different aims, traditions, styles of working, and mandates. Overcoming differences to forge productive collaboration is a key challenge to the implementation of innovative health promotion in hospitals. Little attention has been paid in the health promotion literature to the processes of collaborative functioning that lead to successful and/or negative outcomes. The purpose of this study was to examine the factors and processes that facilitate successful implementation of a health promoting initiative in a hospital setting, which requires substantial collaboration across a number of departments and implementation of new routines. Using the Bergen Model of Collaborative Functioning as the framework, a case study was conducted, which focused on the process of implementation of a programme to improve patients' nutrition status/health. Seventeen interviews (12 respondents) were conducted, alongside document analysis. Results indicate that even after enthusiastic commitment to the programme was achieved at the highest levels of the hospital's leadership, it was an overall struggle to implement the programme. Lack of common recognition of the problem and its importance to patient recovery created a continuous challenge to create willingness to work for the programme's aims. Sustained attention from the leadership of the hospital, clear structure of the programme and allocation of tasks, and undemanding as well as timesaving strategies for implementation were vital factors that led to synergistic and negative outcomes. Synergy was achieved, but it was a constant challenge to leadership to keep the programme on course. Hospital leadership that prioritises a collaborative health promotion innovation, but then fails to exert constant leadership over implementation, may experience that the demands of hospital routines override the new programme.

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Project Evidence Based Nursing at the Regional & University Hospital in Graz. A way of securing nursing quality

Richard WEISS

Introduction: Main target of the mentioned EBN-project is the initiation of evidence based care in the largest State Hospital in Styria to improve the quality of care continuously through implementation of research results to caring practise. Intensive cooperation with Graz Medical University within the scope of the nursing sciences curriculum is an additional factor.

Method: The activities of this project are based on three stands: Education/Training, question of caring and knowledge management. The training part is supposed to ensure the implementation of evidence based care according to the the principals of sustainability by integration as a fundamental part of nurses' training. The concept of knowledge management in this context means that all results of this project are shared with a wide circle of interested parties. Several procedures have been designed to increase the internal acceptance of EBN and to improve the cross-departamental distribution of gained knowledge. The set-up of a web-based platform (www.ebn.at) in cooperation with Krankenanstaltenverbund KAV Vienna (Vienna Hospital Association) which is intended to provide information about EBN, database access and precise inquiries. This web-platform is planned to contribute to the link-up of all Austrian EBN events and information by means of joint activities and increase the effectiveness of EBN. Because of the persons in charge of caring are affected by the practical part of care, it was necessary to consider a precise "question of caring" (the definition of a care-related problem) as an important project part. By this means the advantages of a work with evidence based methods for everydays' practice can be demonstrated. At the same time obstacles in processing the question of caring can be discussed and regarded as recommendations in further EBN-practice. The project team was confronted with the task to prototype the flow of answering a question of caring. It was essential to clearly structurize the process to allow reconstruction of process steps at any further time.

Conclusion: Problems arising in everydays' caring process are being formulated into so called "questions of caring", scientifically answerable questions and the conclusions are applied in practice. Evidence based nursing contributes a possibility to bridge between caring practicioners and caring theorists.

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Session 1.6 – Workshop: A pathway to health promotion in hospitals and health services

Facilitator: Nils UNDRITZ (CH)
Venue: Room "Emil von Behring"

A pathway to health promotion in hospitals and health services

Situation: Classical health promotion activities consist in preventing smoking, alcohol abuse, stress and obesity. They also encourage healthy nutrition, physical exercise and relaxing. For health services, health promotion aims at two different groups of people: staff and patients. Furthermore, health promotion for patients requires networking between in- and outpatient institutions. Stays in hospitals are too short for empower the patient. The WHO Standards for Health Promotion in Health Services represent a comprehensive list of what should be done in hospitals, but they don't provide a concrete pathway for procedure.

Aim of the workshop: To consider the possibilities and acceptance of developing a pathway for health promotion in health institutions.

Hypothesis: Such a pathway would strongly help hospitals and health services to realize successful health promotion programs of good quality and efficiency. It's a tool to other hospitals and health services to join the Health Promotion Family. It could also persuade politicians and health insurers to give more support to hospitals and health services.

Program:

- Moderation and introducing: Nils Undritz, Coordinator of the Swiss HPH Network
- Integration of Prevention Centres into European Hospitals – a novel concept: Prof. Hugo Saner, Inselspital Bern
- How to document Health Promotion and get reimbursed for? Hanne Tønnesen, MD DMSc Head of Research Centre CEO WHO-HPH Network, Copenhagen
- A pathway for a healthy workplace: Ruedi Wyssen, project leader for health promotion, Hospitals of Zurich
- Panel with experts from Ireland (Ann O'Riordan, JCM Hospital Dublin), Canada (Suzanne De Blois MD, Public Health Agency, Montreal) and others
- feedback on the previous presentations
- other experiences
- feasibility of the pathway concept
- necessity of research
- Open discussion with the participants
- Recommendation to the HPH Network on how to go ahead

Web-Definition Clinical Pathway: A patient care management tool that organizes, sequences, and times the major interventions of nursing staff, physicians, and other departments for a particular case type (e.g., normal delivery), subset (e.g., hysterectomy), or condition (e.g., failure to breastfeed). (Synonyms: critical path, care map) www.qaproject.org/methods/resglossary.html

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Session 1.7 – Workshop: Smoke-Free Hospitals and Health Services (I): Implementation of the concept and the tools of the European Network for Smoke-Free Healthcare Services ENSH in national Networks

Facilitator: Christa RUSTLER (DE)
Venue: Room "August Bier"

The ENSH concept and tools and the implementation in EU countries

Ariadni OURANOU

Legislation applying to smoking in health care facilities has been reinforced in most European Countries and is in a state of continuous evolution. Smoking is clearly recognised as a true public health priority. The reduction of tobacco consumption has been classified as a national priority in most European countries. However, the implementation of smoke free health care facilities remains difficult. Changing a hospital with facilities for smoking into a totally smoke-free environment is a hard task and one that necessitates long-term effort and commitment. While, tobacco control is the driving force, implementation needs to be within a framework of supportive cessation services, staff training and organisational change. The European Network of Smoke free Hospitals (ENSH) has developed a series of tools to support the development of smoke free hospitals.

ENSH gathers14 national hospital networks among its 20 European country members. This represents about 1,500 European hospitals and 1million health professionals, involved in its concept. ENSH is not static but in a state of evolution, assisting countries with local or regional experience to implement activities on national level, and collaborating towards a concrete impact on national health authorities.

The ENSH concept is innovative and offers excellent implementation instruments for the new E.U. country members, who are very interested in this concept and who have expressed a strong desire to make progress through networking.

Participation and registration with the European Network of Smoke-free Hospitals signifies commitment to establish uniformity in tobacco control policies within European hospitals. The long-term goal of this policy is to achieve a totally smoke-free environment in the hospital setting. The successful implementation of a tobacco control policy is dependent on clearly defined decisions on policy and budget, comprehensive and training processes, the participation of all staff and the establishment of a long-term evaluation procedure. The first step for hospitals, who wish to adhere to the European Network of Smoke- free hospitals is the adoption of the European smoke-free hospital code, available in 14 European languages (www.ensh.eu). This common code provides a set of 10 basic guidelines for the implementation of a smoke-free hospital policy. In this code have been based, the European Standards for Smoke-free Hospitals and a self- audit questionnaire. The objective of the "European Standards for Smoke-Free Hospitals" is to acknowledge

the current implementation difficulties and to address them in a realistic and achievable manner, while the self-audit questionnaire is used in order to evaluate the smoke-free hospital's performances. According to the ENSH policy, the implementation of smoke free hospitals occurs in four levels: membership, bronze, silver and gold level. In order to reach the gold level criteria, a hospital needs to have a totally smoke free environment inside and outside the hospital, provide training for its hospital staff, organise cessation support facilities for staff and patients, adopt appropriate signage, remove all ashtrays, ensure follow up and quality assurance.

As part of its 2007 year activity, ENSH has publicized the first directory of smoking cessation training courses in Europe and assessed smoking cessation training courses targeted at different health professionals in hospitals in Europe. This initiative seeks to support hospitals in their endeavour to set up a training plan to instruct all staff on how best to approach smokers and to organise cessation support facilities for patients and staff in the hospital.

The on-going activities of the network are based on the improving information and knowledge in specific target groups and high risk wards such as maternity services and psychiatric departments. With regard to the psychiatric and long stay units, ENSH has developed a common set of guidelines in order to assist hospitals in the management of tobacco issues, taking into account the exemption from legislation and the employer's duty of care to health care workers.

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Implementation guide for building a national network of smoke-free hospitals

Sibylle FLEITMANN, Bertrand DAUTZENBERG, Ariadni OURANOU, Ann O'RIORDAN, Miriam CUNNING, Christa RUSTLER, Denise VANCIKOVA, Michel WOUTERS, Jacques DUMONT, Anne Marie SCHOELCHER, Tiiu HAERM, Kristof SPECJALSKI, Louis OLIVEIRA

The European Network of Smoke free Health Care Facilities has developed an implementation guide to facilitate the creation and organisation of national networks of smoke free hospitals. The aim is to assist national co-ordinators to overcome resistance to change from hospital management, health professionals and policy makers to implement an effective smoke free policy. The implementation guide is a collaborative effort, based on a needs assessment and of practical experience of network members. A three stage approach was chosen, called the CIA procedure: Choose a strategy, Identify a partner, Apply a tool The first stage consists of an analysis of the national situation, identification of human and financial resources, assessing potential partners and the development of a dissemination plan. The second step is to contact persons, organisations, institutions and ministries to support the network and to evaluate potential sponsors. The third step is to seek, adapt or develop tools that support the implementation of the ENSH smoke free hospital concept. As each national situation is unique, it is impossible to give a 'one-fits-all' recipe of how to set up a culture specific network. Each national co-ordinator has to analyse the country specific situation and develop a strategic plan that fits the identified needs. The implementation guide therefore leads through the different development steps in the form of a check list which will be presented. To illustrate the different possibilities of building a national network, a good practice questionnaire has been developed. Among others, Estonia, France Germany, Ireland and Spain (Catalonia and Galicia) have agreed to share their experience. These examples illustrate how tobacco control legislation and the drive towards smoke free public places and health care facilities, personal perseverance, creativity and engagement have made it possible to establish successful networks.

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Session 1.8 – Workshop: Migrant friendly and culturally competent hospitals and health services: Addressing healthcare disparities – a view from the field

Facilitator: Joseph BETANCOURT (US)
Venue: "Konferenzraum B" (Charité)

Addressing healthcare disparities – a view from the field

Joseph BETANCOURT, Tessa G. MISIASZEK

Racial/ethnic disparities in health care have been widely documented across disease types, health outcome measures and disciplines. The Institute of Medicine in the United States and others have cited education in culturally competent care as one approach to addressing these disparities. The goal for the presentation will be to outline the prevalence of racial and ethnic disparities in health and healthcare, key lessons from the Institute of Medicine's Report Unequal Treatment, a view from the field, and practical approaches to culturally competency training.

One approach which will be discussed is a nationally recognized, cross-cultural curriculum published in the Annals of Internal Medicine (Cross-Cultural Primary Care: A Patient-Based Approach. Ann Intern Med. 1999;130:829–834) by Dr. Joseph Betancourt and his colleagues, Drs. Alex Green and Emilio Carrillo. It centres on the idea that the patients themselves are your best source of information about their cultural perspectives. Instead of learning information and making assumptions about various cultural groups and their beliefs and behaviours, we focus on the development of a set of skills that are especially useful in cross-cultural interactions.

The Patient-Based Approach builds on the foundations laid by medical anthropologists and sociologists (Arthur Kleinman, Leon Eistenberg and others) in the 1970s and 80s. By adapting these concepts to suit the needs of busy health care professionals (including residents and medical students), this approach to cross-cultural care that is both practical and effective. The patient-based approach and other related articles include a discussion of the important role of social factors in cross-cultural education, a model for improving communication and adherence in minority populations, and a discussion of ethical issues in cross-cultural care

Physicians, nurses, and administrators will all benefit from this presentation as it will provide evidence for the importance of addressing health disparities and practical solutions that speak to this problem.

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6. Oral Presentations: May 15, 2008, 16.45–18.15

Parallel Paper Session 2.1: Health promotion for children and adolescents in and by hospitals

Chairs: Fabrizio SIMONELLI (IT), Katalin MAJER (IT)
Venue: Room "Robert Koch"

Creative Drawing Competition to Promote Oral Hygiene Education

Po-Yen LIN, Ho-Chin CHEN, Hsin-Wen CHANG, Hua-Cheng WU, Hui-Ting HUANG

To encourage and motivate children about learning oral hygiene education, the dental department of Taiwan Adventist Hospital invited Taipei County Wang-Hsi Elementary School to collaborate together. The campaign was a drawing competition, entitled "A fairy tale of teeth." The grade 3 and 4 students, 27 classes altogether, participated in the activity. After choosing the best work from each class, the pictures were assembled and compiled to create a story book. The purpose of this idea is to extend oral hygiene education. We hoped that this innovative and creative model can enhance awareness and learning. The original story was taken separated into 27 parts. Each part was delivered to individual classes for the drawing competition. The ideas of the main characters were outlined, but the rest depended on the children's imagination. After choosing the best work from each class, the pictures were gathered together, adding story lines and some comments, to produce the final story book. We provided gifts and awards for the best work, and all of the contents were also replicated onto CD-rom for wider publication. The campaign was extremely successful. The children all gave full effort to their talent and originality – every piece work was of a high value. The gifts and awards have already delivered, and the story book along with the CD-ROM has now been produced. Thus, the project aim was successfully achieved – to extend oral hygiene education in a more fascinating and entertaining way. Moreover, we decided to proceed this project every 2 years. We hope we can not only introduce and enhance oral hygiene education through this inspiring way, but also spread more community service from Taiwan Adventist Hospital.

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Focus on children with mentally ill parents

Inge Hella JUL

Children suffer from living with mentally ill parents, and their problems are often hidden. Therefore during a period of three years a specific focus was set on developing good practice for adult in-patients in psychiatric wards and their visiting children and other close relatives. Qualitative as well as quantitive research methods were used to document the results of this intervention for good practice. The results show that to succeed this kind of intervention various parameters are very important, such as strong leadership, an organisation with specially competent supervisors and "key-persons" with special knowledge in every ward. Supervisors and key-persons know of children's reactions to parental mentally illness and how to guide patients and relatives through difficult conversations of how the mental illness influence the family. Keypersons have an important function in supporting collegues in their work with the in-patients and their families. All members of the staff must know how to welcome the visiting children and to support the mental ill parent in spending a good time with the visiting child. Based on research results it is recommended, to go on keeping a special focus on the children of the mentally ill patients. There need to be yearly courses for keypersons, keypersons need supervisors and a stronger collaboration between the hospitals and social authorities, schools, day-care etc. is wanted to improve the situation for children with mentally ill parents wherever the children are.

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The WHO-HPH Task force on Health Promotion for Children and Adolescents in & by Hospitals (HPH-CA)

Fabrizio SIMONELLI, Katalin MAJER, Benedetta ROTESI

Mission of the HPH-CA Task Force: The mission of the International Task force, active within the WHO Health Promoting Hospitals (HPH) Network since 2004, 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".

Work areas & results: The Task force defined 3 work areas, based on the findings of the Background Survey (2004). In 2007, 3 reference documents were published and disseminated in a targeted way at international level, both within and outside of the HPH Network. Also, translations in different languages were prepared. The results achieved are related to the work areas:

- definition of a specific conceptual background
- document on Health Promotion for Children and Adolescents in & by Hospitals (2007).
- promotion of the respect of children's rights in hospitals: following the suggestions of the Recommendations on children's rights in hospital (2007), a self-evaluation tool for the assessment of the rights of children in hospital has been elaborated.

Mapping and evaluation of current practices of health promotion addressed to children and adolescents in hospitals:

using the Template to map and evaluate the current practices of health promotion for children and adolescents in & by hospitals (2007), an observatory on good health promotion practices for children and adolescents in & by hospitals is being established. Also, new work and research hypothesis were formulated during the last HPH-CA Task force meeting held in Athens, Greece in February 2008. The presentation aims to describe the development level of the activities listed above and the new directions to be followed.

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Hospital care as an integrating support in eating disorders

Luigina CENCI, Maria Antonietta TAVONI, Claudia PASQUALINI, Arianna PANZINI, Oriana PAPA, Cesare CARDINALI

Eating disorders (E.D.) are illnesses with a biological basis influenced by emotional and cultural factors. The public and professionals often fail to recognize the serious, dangerous and potentially life-threatening consequences of eating disorders. A therapeutic intervention, customized and adaptable, represents an effective institutional contribution available for possible recovery. In our experience from January 1998 to May 2008, we observed 30 subjects (21 F and 9 M) suffering from eating disorders. The average was 12.8 years. We report that the most represented disorder typology was Anorexia (63%), followed by Bulimia (23%) and NOS (14%). The purpose of our Children's Neuropsychiatry hospital sub-unit is to organize a practical professional network during an emergency admission to hospital, in case of 25–30% loss of ideal weight with BMI<14,5, medical complications, severe psychopathological expressions as impulsiveness, self-destructive behaviour, high household conflict, psychosis, suicidal risk, abuse behaviour, long-lasting disease or previous therapeutics failure. Our intervention tries to reduce the risk of severe psychosomatic disorders allowing medical care for body weight re-establishment and review a possible electrolytic imbalance, as well as ensure individual and parental psychologic counselling. During hospitalization starts a cooperation with ABA, a private non-profit organization about anorexia, bulimia, obesity and eating disorders research, as a primary health territorial service which will be subsequently involved in the outpatient care. The Team is multidisciplinary and includes children's neuropsychiatrists, psychologists, paediatricians, nurses, nutritionists, welfare officers, voluntary workers. This group coordinates and implements the proper actions to answer to the need of a complex care (pharmacological, nutritionist, psychotherapeutic, palliative) which is personalized, flexible, integrated. The team is trained through courses and periodic (monthly-bimestrial) meetings held by our Medical Doctors, experienced in E.D. in partnership with ABA health workers. The team members get periodic mutual support to prevent long-lasting pathology-related staff burn-out. Our goal is to analyze the current epidemiology of eating disorders (early appearance of the symptoms and increase of the anorexic phenomenon in males) and empower DH and outpatient clinic VS hospitalization, in the attempt to avoid a further trauma.

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Teen parents programme Galway

Aileen DAVIES

Background: The Teen Parents Programme Galway is part of mainstream services National Initiative called the TPSP, (Teen Parents Support Programmes). The Galway programme is based at University Hospital close to the Obstetrics and Gynaecology Department and is managed by the social work department. The programme provides support for young parents under 20 and their children during pregnancy and for the two years following. The area covered by the programme is Galway City and County. The philosophy underpinning the programme is to offer a non judgemental, non stigmatising service to all young parents.

Aim: To provide a holistic service to address the individual needs of the targeted young parents and to empower them in their parenting role.

Objectives of the Teen Support Programme:

- Identify the needs of the targeted young parents, the services available to them and any gaps in those services
- Provide services to enhance and support the wellbeing of young parents and their children and ensure equality of opportunity
- To work in partnership with both statutory and voluntary agencies and make appropriate referrals as required and work collaboratively with existing services

Methods: The supports provided cover a range of information and advice on health, pregnancy, social welfare entitlements, childcare and child development, accommodation options, support networks, family relationships, education and parenting.

Conclusions: This multi disciplinary team approach to this project ensures that clients receive more streamlined services. Teenagers who participate in teen support programmes are more likely to remain or return to education. The importance of the right kind of support being available for these young women at this vulnerable time cannot be overestimated.

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The new Observatory of practices of health promotion for children and adolescent in & by hospitals

Francesca CIRAOLO, Fabrizio SIMONELLI, Ilia Di MARCO

The "Template for Description of Good Practices", adopted in April 2007 by the Task Force on Health Promotion for Children and Adolescents in & by Hospitals (HPH-CA) represents a tool to better understand and define the role which hospitals can and should play in children and adolescent health promotion. A collaboration with Documentation Centre for Health Education (CEDEAS*) in Florence Health Service (ASF) has been implemented to create an observatory for good practice. The observatory aims to improve practice in the field of children and adolescent health promotion through good practice recognition, analysis, evaluation and dissemination, supporting networking activity of the Task Force HPH-CA. The core activities will be:

- to realize an easy and immediate interface (database on web) to collect information on existing practice,
- to organize and maintain on-line data base to insert or access practice information,
- to analyse and make accessible for users the collected practices,
- to evaluate the quality of the collected experiences, distinguishing good and excellent practices,
- to disseminate health promotion good and excellent practices, sharing experiences supporting the exchange of ideas among HPH members, staff working in paediatric hospitals and paediatric departments and other health care providers, practitioners, care-givers, policy makers and researchers,
- to promote evidence-based health promotion activities. In this paper the main architecture of the data base and the whole implementation process will be presented and discussed.

*The Documentation Centre for Health Education (CEDEAS) provides documentation and selection of information to support operators and projects delivering prevention and health education qualified documents, experiences, data, bibliographic and multimedia tools. It also contributes to develop educational activities and methodologies collaborating with Tuscany Region, other regional or national documentation centres, and the HPH Tuscany network.

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Parallel Paper Session 2.2: Experiences with implementing smoke-free hospitals and health services (I)

Chair: Doris KURSCHEID-REICH (DE)
Venue: Bernhard von Langenbeck

Proven performance and shared good practice. Results of the certification process for smoke-free hospitals in Germany

Christa RUSTLER, Manja NEHRKORN, Matthias PFORR

Background: The German Network of Health Promoting Hospitals has initiated a German Network of Smoke Free Hospitals based on the code and standards of the European Network for Smoke-free Healthcare Services ENSH. The implementation of the ENSH concept in German Hospitals and Healthcare Services should support their important role in tobacco control and health promotion. This includes not only the provision of a smoke-free environment to protect non-smokers, but also the active support for smokers in their quitting process. The implementation process of the standards is supported by members conducting an annual re-audit using the ENSH-self audit tool. Based on these results and on a detailed report and proven evidence, members can achieve European certificates in Bronze, Silver or Gold.

Objective: The evidence of the implementation of the standards is reviewed in the certification process. In 2007 a survey was conducted in all silver certified hospitals to find out what are the supporting factors of the implementation of the smoking ban and smoking cessation programs.

Methods: A standardised process for the certification is developed and implemented. A questionnaire was sent to silver certified hospitals in Germany.

Results: A survey in 10 silver certified hospitals showed that the implementation of the ENSH standards improves not only the smoke-free environment but also the structure and quality of smoking cessation in hospitals. All buildings are smoke-free, except rooms in a closed ward in a psychiatric hospital. Assessment and analysis of smoking status is implemented in all hospitals and documented. Brief intervention and smoking cessation programs are part of the treatment and care pathway. Hospitals reported that the ENSH membership and certification process was supportive for the quality improvement in heath promotion and tobacco control. The methods, experiences and results of the certification process and the survey will be presented in the session.

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Totally Smoke Free @ Barwon Health (Australia): The journey and challenges ahead

Rudi GASSER

On July 1, 2006 Barwon Health, Victoria's largest regional healthcare provider (6000 staff) introduced a 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 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. An audit conducted in September 2007 (1 year post implementation) identified variability in practice reflecting a need for a more coordinated approach, generic protocols, specific staff training and clear enforcement procedures. The audit also identified opportunities, which will be addressed in the next 12 months: more proactive staff support, focus efforts in high risk/high return areas such as surgery, maternity, diabetes and COPD. It is also planned to develop a dedicated smoking cessation service with input from addiction specialists. The aim is to change the culture and integrate treatment of nicotine dependence as a routine aspect of any clinical care. This paper will discuss the Barwon smoke-free initiative in the context of the general Australian experience, the issues, barriers, challenges and opportunities including an attempt to combine efforts with other health care providers.

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Smoking cessation support in Montreal hospitals, Canada

Chantal LACROIX, Diane VILLENEUVE, Hawa SISSOKO, Emanuelle HUBERDEAU

Hospitalisation provides an excellent opportunity for interventions promoting healthy lifestyle habits. Smoking is the leading preventable cause of morbidity and mortality in Canada, and for the past two years, Montreal's Health and Social Services Agency (Agency) has collaborated on a project designed to integrate support for smoking cessation into services offered in 11 Montreal-area hospitals. The project targets several groups of smokers: adults who are hospitalised

and their families, pregnant women and their spouses, the parents of children being seen in paediatric hospitals, and adolescents. We will present the measures implemented in hospitals to encourage identification of a patient's smoking status upon arrival at the hospital, referral of smokers to the nurse in charge of the program, smoking cessation intervention, and, once the patient has been discharged, 6-month follow-up by community resources. We will show how the Agency supports hospitals by providing training in smoking cessation counselling, facilitating cooperation with community resources, and providing educational material, promotional material, administrative forms and a data monitoring system. We will discuss implementation evaluation data for more than 5,000 people who received smoking cessation support in Montreal hospitals. We will also look at the results of a telephone survey of 350 participants that showed a 31% smoking cessation rate six months after discharge from a hospital specialising in cardiology. Finally, we will identify conditions for successful implementation of health promotion activities in hospitals.

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Parallel Paper Session 2.3: Health promoting community interventions

Chair: Louis Coté (CA)
Venue: "Konferenzraum B" (Charité)

Osteoporosis prevention – from hospital to community

Thomas Cheung-Lin LAW

Osteoporosis is a major concern in country with aging population like Taiwan, although increasing resources have been drained into this quadrant, yet the result is unsatisfactory. A new scope and tactic is needed to better promote treatment and prevention of the disease. In stead of treating osteoporotic patients inside the hospital, the osteoporosis task force of Kaohsiung Municipal United Hospital have extended our service into the community via elementary school student educational program by composing adventure story incorporated with knowledge about the disease of osteoporosis and how to promote bone health from teenage. The movie was presented to more than 1200 grade 3 and 4 students in four different elementary schools. Questionnaires were given to these students one week after the class and another 1800 students who did not observe the program to compare the different in knowledge about osteoporosis and attitude toward promoting bone health. The result is in favor to this educational program with statistical significant (P ?0.05). To minimize the risk of osteoporotic fractures, we have organized balance training program and fall prevention program for community residents along with house hold environmental safety survey; producing multimedia DVD to magnify the influence of public health education. Berge balance scale and questionnaire were used for evaluation of improvement in balancing skill and subjective responses. All 49 participants have positive response to the program and feel the training was useful to them and would like to recommend others to participate in this program in the future. However the effect on fracture risk reduction was unable to determine due to small patient population and short follow up period. Nineteen homes were visited for environmental safety survey with completion of questionnaire. Most of the family has at least one to three household safety defect that needed to correct. An osteoporosis club with 800 members was established since 1999 with regular annual activities and events such as outdoor hiking and parade to provoke public concern and better organize public resources. In addition to pharmacological therapy, a physical fittness center is established inside the hospital to provide optimal physical exercise training programs for middle age to elderly people in order to improve their physical fitness to prevent osteoporosis and frailty. By this multiplicity project, we have successfully extended the work on osteoporosis prevention and treatment from hospital to community of Kaohsiung city.

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Survey on Community and Public Renal Health Orientation In Taiwan

Choo-Aun NEOH, Chien-Te LEE, Hsiu-Che LI, Cheng-Chih KAO, Yu-Kuei LIAO, Li-Chen HSIAO, Teck-Siang TOK

Introduction: Renal disease was the 8th most common cause of death in Taiwan and incidence rate of ESRD patients in Taiwan ranked the 2nd worldwide. Over 40,000 patients with uremia accept the treatment of health insurance. The National Insurance Bureau spends NT$30 billion on dialysis a year.

Aims: To survey public knowledge and awareness of renal protection and healthy life style as a guide for public health promotion in the future.

Methods: Our hospital with the help of 60 community family physicians done a survey on public concept and understanding about renal protection. 2000 questionnaires were delivered, 304 effective questionnaires returned.

Results: 128 male, 176 female, age between 40 to 65 y/o. 29.3% with high school educational level. 66.1% married. 53.3% with family chronic disease history. 25.7% has hypertension, 21.1% has diabetes, 9.5% has hyperlipidemia and 0.3% has renal disease they. 64.1% are worker. 18.4% smoke, 46.7% live under second hand smoke environment. 57.3% lack of exercise. 13.5% did not eat breakfast, 47% did not eat 5 vegetable or fruits everyday, and 52% eat oily food. 75.3% use herbs, 76.8% taking other people medication,

57.3% measure their blood pressure regularly, 75.3% maintain normal body weight, 31.9% having yearly medical checkup, less than 20% taking regular renal function test, only 36% pass the test of proper renal medical knowledge (7 questions).

Conclusions: These survey showed that the public lack of correct healthy behavior, lifestyle and poor understand about their kidney, which may be the cause of high incidence of renal disease in Taiwan. It showed that we need to work closely with our 60-community physician, ensure a sustainability and corporate social responsibility to curb renal disease.

Keywords: renal disease, health promotion, healthy lifestyle, uremia.

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"Social Health Guardian" – Public and Private partnership for caring fragile elderly in risky demographic and social environmental contexts

Alberto Maurizio RIPAMONTI, Rino MALENGO, Achille LEX, Valentina BERTAGNA

Objectives: Foundation Don Gnocchi (Palazzolo Institute), an Italian network of more than 25 research, care and rehabilitation hospitals, experienced in 2003 a pilot location of "Guardians". After this experience in 2004 the Project Social Health Guardians was implemented by public-private partnership (Ministry of Health, Region of Lombardy, City of Milan, Territorial Health Unit, Lombardy Housing company). The aim was to experiment a new service, empowering elderly citizens living in riskly demographic and social environmental context, institutions, operators. Specific *Objectives:* offering assistance to the elderly, developing a map of frailty, pointing out and activating local services and informal networks exhisting.

Activities: The Social Health Guardian is a new job profile who, as a sentinel in the area, detects expresses and unexpressed needs of the elderly, directs and activates health and social interventions, through Local Authorities services, organizes local supporting network, providing timely interventions. Main tools: social-health screening file of recipients, eletronic database. Results. In four years: placement of eleven locations of Guardians on the territory (target: 24,000 elderly). The goals were measured with specific indicators: 9,163 elderly reaches, 318,657 support activities (78,353 home visits, 53,184 direct assistance, 42,556 meetings with social services and 21,257 other caregivers). 4,207 elderly Registed in the database, their outstanding needs are: loneliness (56.43%), loss psycal-physical autonomy (47.81%), family disconforts (19.15%).

Conclusions: The collected data and feedback outline the achievement of objectives and that local, permanent and qualified operators, are able to detect and to track needs, assisting fragile people at home with effective planning care, stimulating the integration among social services, strengthening the informal relational network, monitoring, in part, the hospital admissions through an ambulatory/home care. The increased participation of the private sector, including profit organizations (which funded part of the Project), shows the need to establish new partnerships to meet the needs of the fragile population, enhancing and integrating public and private resources, encouraging empowerment of the recipients themselves.

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The integration between the Hospital and the surrounding area: ten years of experience in Mammography Screening in Bologna.

Gianni SAGUATTI, Natalina COLLINA

Mammography Screening, by means of an examination every two years starting from the age of 45–50 up to 70, remains up to now the most efficient early diagnosis strategy against breast cancer. Early diagnosis permits better survival and allows, more frequently, minimal breast surgery. In the City of Bologna and in its surrounding area mammography screening started in 1997 and concerns about 97,000 women. Over ten years 1,100 tumours have been diagnosed, of which 45% smaller than 1 cm. From the beginning, moreover, the percentage of not yet invasive tumours has increased (from 14% to 21%), while the percentage of advanced stage tumours has diminished (from 36% to 26%) Therefore, the percentage of conservative surgical treatment has increased from 68% to 83%. The screening activity is based on a close interaction between Hospital and surrounding area. Infact, women go to local Medical Centers (in their towns or in their villages: "taking mammography to women"). A Mobile Mammography Unit is used around Bologna to reach the furthest areas away from the City, particularly those places which are more difficult to get to geographically or by road. In this way we try to observe the principle of fairness by giving the same chance of participation to all women. In the same way, projects to make access easier for immigrant women have been developed, through meetings and production of special informative material, and other similar projects are planned. The success of a Mammography screening programme depends on the direct relationship between the women attending and the Health Authority offering the service, in a kind of ethical agreement between the Organisation and the Users.

All the results of the Mammography Screening are yearly monitored by GISMa (Italian Group of Mammography Screening), wich checks them according to the national and European guide lines. One of the most important results regarding HPH is the attendance of the women invited to the programme: we reached a general attendance around 64%

(in a target population of 97.000 women 50–69 years old), but the first results of the activity of the Mobile Mammography Unit (MMU) suggest we can increase this percentage. In some villages, in fact, we reached 80%. I think that, generally speaking, Mammography screening can be considered a perfect exemple of HPH philosophy: moreover we consider the MMU (the van which, starting from the hospital, reaches the surrounding areas) as the best true expression of that. On the occasion of the arrival of the MMU, village by village, we organize a campaigne of awareness for the population, with public meetings, dedicated above all to the migrant women and to the weakest groups.

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Parallel Paper Session 2.4: Developing overall Hospital Organisations to become Migrant Friendly and Culturally Competent Hospitals and Health Services – Case Studies

Chair: Karl KRAJIC (AT)
Venue: Room “Rudolf Virchow”

National Intercultural Hospital Initiative (NIHI) at Galway University Hospitals

Martina MANNION, Laura McHUGH

Background: The increasing diversity of patient populations poses new challenges to hospitals. Migrants and people from ethnic minorities are frequently seen in Hospital departments such as maternity. The national central statistics office demonstrates that the migrant population nationally doubled from 2002–2006. This group comprises 10% of the overall population. The annual reports of the maternity services in GUH have shown steady increases in the number of babies born to mothers from countries from outside Ireland from 11% in 2005 to 20% in 2007. Statistics obtained from “Context”, a local based agency which has a contract to provide Interpreting Services to GUH show that the number of Interpreting assignments increased from 391 in 2006 to 1135 in 2007.

Methods: Galway University Hospitals is attempting to be proactive in meeting the unique needs of diverse patient groups. We are addressing the problems caused by language barriers and challenges to staff in dealing with staff and patients from different ethnic and cultural backgrounds.

Galway University Hospitals National Intercultural Hospitals Initiative steering committee comprises representatives from senior management, social work, health promotion, psychiatry, Galway refugee support group, women’s health division, Human resources, services, interpreter agency. The group began work in this area in 2003 and some of the services on offer are detailed below:

- Improving interpreter services – training delivered to staff on how to access and work with interpreters, guidelines developed with hospital services manager and interpreter agency around good practice in using interpreters.
- Introduction to cultural Diversity Training: This one day anti racism training course aims to raise staffs awareness of the concepts of prejudice, power, racism, discrimination, the role of the media and barriers to accessing health services.
- Information pack for staff on culture and culturally competent care, contact details for government and NGO support agencies and churches.
- All newly appointed employees attend induction training which contains a component of cultural competence.
- Multi lingual point to talk aids are available in 3 pilot sites in GUH to assist communication between staff and patients in the absence of interpreters.
- Some documents and patient information has been translated into various languages.
- An Interfaith prayer room is planned for the hospital.

Evaluation of initiatives:

- A survey of staff experiences of using interpreters was conducted. Staff are overall very satisfied with accessing and working with the interpreter services provided in GUH.
- The Cultural diversity training programme has been adapted in line with best practice guidelines on anti racism training. The training programme receives very positive feedback at every session and is in high demand.
- The information pack for staff is widely circulated and has received very positive feedback. The pack has been updated three times since its inception.

Conclusion: Developing good intercultural communication is a constant learning process. This has been reflected in new concepts arising, e.g. multiculturalism and interculturalism which is informing current approaches to working with ethnic minorities. Developing culturally competent practice is dependant on the willingness to examine our current practices and embrace change. This will not be effective without a commitment from management to provide resources for all patients to maximize their potential for health gain.

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Intercultural hospital: health colours

Angela LOLLI, Giovanna BOLLINI, Raffaele ZAZA, Maria Cristina MOIOLI, Immacolata PICCOLO, Elena PARRAVICINI, Luciana BEVILAQUA

With reference to WHO direction, and to 40/1998 act and Piano Socio-Sanitario Regionale 2002–2004 of Regione Lombardia, Niguarda Ca’ Granda Hospital of Milan, in

Italy, has made many interventions related to intercultural mediation. The main goals are to improve the foreign people access to the hospital and the communication and relation ability between healthcare professionals and foreign patients and their relatives. The projects' aims have been:

- Intercultural need analysis and promotion of cultural and research initiatives,
- Set up a cultural-linguistics mediation Service,
- Formalisation of access procedures to the Service,
- Create a specific training program for professionals to improve information and education in foreign patients,
- Spread multilingual informative documents, like informed consent,
- Implement a call center service for 5 languages mediation and simultaneous translation (Arabian, Chinese, France, English and Rumanian), in Pediatric, Obstetric and Emergency Units,
- Keep attention to cultural and social aspects, like religion and food.

The project targets are: foreign patients, particularly women and children with difficulty in comprehension of Italian language, Relatives and specific ethnic group, healthcare providers and front-office personnel.

With these interventions we have achieved some good results, particularly in personal involvement, use of communication and linguistics skills, relation and network ability. Moreover the cultural-linguistics mediation Service has allowed to realised better compliance in some critical situations, giving support to healthcare professionals and improving mutual understanding. In the future we intend to:

- Create a network in Hospital to improve the management of foreign patients,
- Spread clinical good practices,
- Improve foreign access to health-care services to achieve health-care continuity from hospital to primary care.

In this way we have realised a premise in a more and more multiethnic society, and we hope to promote health culture in an intercultural hospital.

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Welcomed to welcome

Rosa COSTANTINO, Sonia CAVALLIN, Jora MATO, Francesca NOVI, Victoria Jane REYES, Aida SEFERI

Short description of the project: The set up of a centralised service of cultural mediation in the hospitals of the Health Service of Bologna, which aims at supporting the coordination and mediation of professionals where their tasks are requested by translating documents and the useful information. The service aims at making an easier service access for foreign users, thus providing easily and always all the information during their hospitalisation and/or visit in our hospitals. Thanks to an info point it is possible to receive the information regarding other services operating in the area in order to ensure a constant assistance to all foreign citizens, who want to address to these local services and hospitals of the Health Service of Bologna.

Aim and Objectives: For them the language is not the main barrier. What hinders them are mainly the cultural aspects: the oral modality, the behaviour codes, the stereotypes, their perception of the surrounding society and of the different social and health workers, etc. It goes without saying that the perception of health and illness varies from one culture to another. Common mechanisms for the western culture society as for the medical treatments, the periodical medical examinations, the vaccine calendar, result to be uncommon to foreigners. Therefore it is necessary to provide them with the information as far as the health care system and its relevant services are concerned in the region where they live. The actions of the cultural mediation performed in the hospitals of the Regional Health Service are aimed at this goal: be a real bridge between the foreign citizens and the various services in order to help them and to establish a reliable relationship, thus avoiding all cultural obstacles and fill the language and communication gaps generated by the cultural differences.

Methodology/actions: A centralised service of cultural mediation will be created with the aim at sorting all the requests from professionals and users:

- to facilitate and improve the Service access of the Regional Health Service for the foreign users,
- to make an easier contact between workers and professionals of divisions/services and the foreign users,
- to identify all obstacles and difficulties that foreigners face to access services through a constant monitoring,
- to collaborate for the improvement of the Services quality providing foreign users with optimal procedures for an easy and appropriate way to benefit from them,
- to integrate, qualify and broaden the mediation services for all citizens.

Main target: foreign citizens and health workers

Result assessment and conclusions: Projects, actions and data: Toll-free telephone number 800663366 and Info Point for counselling services in the following languages: Albanian, Arabic, Filipino, French, English and Italian. Actions: 3,510, Opening hours 2,465 per year. Centralised mediation services – opening hours per year: 1,695 hours; data regarding coordination, receiving hours, actions of mediation for urgent and planned requests, interpreting and mediation in hospital divisions and translation activity: 190 urgent actions out of 277 in 16 languages and 74 translations in 11 languages. Interpreting and mediation in the obstetrics division of Ospedale Maggiore: A total of 500 hours per year (Chinese and Romanian).

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Parallel Paper Session 2.5: Strengthening health promoting health care organisations by quality management

Chair: Shu-Ti CHIOU (TW)
Venue: Room "August Bier"

Applying organization development theory into HPH Practices: An empirical research of two hospitals in Taiwan

Yea-Wen LIN, Shu-Chin TUNG, Hsiao-Ling HUANG, Szu-Hai LIN

Based on organization development (OD) theory and principles of WHO-HPH, the authors developed the "health promoting hospitals action research model". The developed model was applied to examine the process and discover key success factors in implementing HPH using case study from two Department of Health owned hospitals in Taiwan. The authors constructed a framework of the HPH action research model in consisting of seven steps:

- entering and contracting,
- need assessment,
- joint diagnosis,
- joint action planning,
- action,
- evaluation and feedback, and
- improvement.

Applied the model to examine the two hospitals, the results demonstrated that several key factors play vital roles in enhancing the effectiveness of the HPH implementation process, including the support and participation of president, the committee on HPH project management, resource inputs and reliance on consultants. The study found that organization development theory suitable for hospitals to implement HPH, but the actual practice is still facing the need to amend or adjustment.

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Health promoting strategies and EFQM excellence quality model

Danilo ORLANDINI, S. BOARETTO, L. FRANCHINI, Daniela RICCO

The Health-care and Health-promotion activities and projects of the Reggio Emilia Health Authority (REHA) refer to the EFQM-criteria and the REHA uses the EFQM-model in order to systematize actions and to benchmark planning and results with other EFQMs-user Health Authorities (HA). The self-assessment of the HA-quality system was done with EFQM tool by the board of directors (29), self-assessment results showed the People criteria critic: 3 (49%) and 7 (33%), REHA coordinated inter-company working-groups in order to translate the EFQM-criteria into HA. The groups produced a document that contains the idea of an health promoting organisation that is pursued, and not only declared that defines the how of the presence of the human and professional component within it. Then the groups worked on Society Results(8) criterion (self-assessment = 57%), strategic for social talks and impact evaluation, groups were made up of public health, society, communication, quality, clinical effectiveness experts. Health care condition differences are unavoidable, but some of these differences could be avoided, particularly the determinants for health-status differences and social-health intervention areas. The group identified some main determinants of the differences of the health care status in order to measure, analyze and influence the socio-economic, cultural and environmental impact (in the areas of health care promotion of the local community and of specific sectors, of the environment, of the social integration and cohesion, of the socio-economic development, of the political-cultural growth, of the development and production of knowledge, and of the whole health care system). Healthcare interventions(EFQM criterion-2) always get indirect effects on the population and on the behavioural changes, therefore it's very difficult to clearly separate the indirect impact(criterion-8) from the direct impact(criterion-9). The accountability towards the stakeholders is documented in the final "mission balance" and in the "forecast balance" that contains specific health-promoting and social-impact actions, and is also controlled by civic audit.

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HPH, what else? The dynamic yearbook for government and management

Stefano TERUZZI, Carmelina SOMMESE

Context: "A review of the standards developed by the major accreditation agencies yielded that there was little reference to health promotion activities" (WHO). How is it possible to insert, in permanent way, the HPH standards in Management and Quality Policy?

Planning: We have designed the "Dynamic Yearbook of Medical Direction" (DYMD). The innovative DYMD represents:

- manual for Clinical Audit activity,
- tool of government and management, as interactive and flexible system, which allows the HPH standards to enter in the Quality and Business Policy.

How can it be? Because the DYMD has been built starting from the daily activities of each hospital department. In which way? Through the forecast of a common database for Medical Direction and for each departments.

Topics selected: clinical records, hospital hygiene, customer satisfaction, death management, interculturality, drugs.

Every topic includes: aims, results, corrective and preventive actions, standards and performance indicators.

Steps 2006: starting of the pilot project.
- Self-assessment about our level of performance focalized on Health Promotion,
- meeting between Medical Direction and departments,
- sharing of HPH standards in daily activity,
- installation of the database for use of Medical Direction and departments,
- data indicators added into database,
- data processing and presentation to hospital staff,
- DYMD editing, available in inner hospital network.

Target: Medical Direction, physicians, nurses, administrative personnel.

Results:
- The whole activity of the departments has been more checked, increasing attention for care.
- Empowerment for Staff as health promotion core concept.
- The General Management inserted the DYMD in the strategic document "Re-examination of the Direction" (June, 2007).

Objectives 2008:
- To consolidate HPH standards in the strategic hospital planning with the help of the DYMD.
- To extend the project to all departments
- To widen the DYMD contents adapting it to hospital Management.

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The responsibilities and possibilities for health promotion in specialised health care – The management and administration perspective

Anne-Marie RIGOFF, Kirsi WISS, Pirjo LINDFORS, Matti RIMPELÄ

Background: The Health Promoting Hospitals (HPH) network has long highlighted the responsibilities and possibilities of hospitals in health promotion (HP) programmes. In Finland, specialised hospital districts have increasingly included HP among their strategic core tasks. As part of a larger study examining the current status of HP, we investigated the views and interpretations of municipal and specialised hospital district managers on HP and its current challenges.

Data: Data were obtained in 2007 from focused interviews (45–60 min) addressing 30 top and department managers from various administrative fields in two large cities and one hospital district. The participants were asked how they perceived the role of HP in municipal activities and describe the responsibilities and possibilities of specialised health care in this domain.

Results: We found that the concept of HP was obscure regarding its interpretation and role in each organisation. Although considered important on strategic level, HP remained an "invisible" activity generally not recognised or directed by the managers. Most of these decision-makers viewed HP as part of municipal tasks and thus a municipal responsibility, but its role in specialised health care was unclear. A distinct line was drawn between municipal versus specialised health care activities. Participants in whose sector HP was more easily recognisable also accepted the stronger role of specialised health care in HP and considered the activities less divided.

Discussion: Few managers and administrators in Finnish municipalities and hospital districts have as yet adopted the aims and lines of action for population-level HP as described in the HPH. In order to strengthen the role of HP in specialised health care, a clearer interpretation and consensus of HP's activity content is needed. Furthermore, clarifying the management responsibility and improving the visibility of activities would contribute to expansion and implementation of HP beyond its traditional municipal role.

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Parallel Paper Session 2.6: Health Promoting Hospitals in different national/regional contexts

Chair: Lorna RENWICK (UK-Scot)
Venue: Room "Emil von Behring"

Quo vadis HPH in Quebec?

Nicole DEDOBBELEER, Robert BILTERYS, André-Pierre CONTANDRIOPOULOS, Lise LAMOTHE, Hung NGUYEN, Louise ROUSSEAU

The "healthy society" constitutes a new environment which calls for more integration between the different systems of health action and policy. The Quebec Bill 25 provided for a major structural reorganisation in December 2003. To organize primary care services, 95 local Health and Social Services Networks were developed, each with a Health and Social Services Centre (HSSC). For more specialized care, the HSSC will have agreements with the University Integrated Health Networks which consist of University Health Centres (UHC), affiliated hospitals (AUH) and University Institutes (IU). Each HSSC, usually composed of a general hospital, a local community health centre and a long-term care facility, must provide access to a broad range of primary social and health services in the community. The success of this latest system reorganisation might be related to the policy understanding or

meaning given to this radical restructuring and to the vision proposed. The HPH concept may play an important role. We conducted a study (2005–2007) in the Montérégie region, south of Montreal, to validate the extension of the HPH concept to the Health Promoting HSSC concept. The interest toward the HSSC concept has been growing and meetings to discuss its implementation are held with HSSC from different regions in Quebec. The Montreal Health and Social Services Agency developed the Montreal HPH Network. The need to contextualize the HPH concept, to adapt the WHO self-assessment tool and to connect with agreements standards evolved in meetings we held with HSSC and recently with UHC. In this presentation, we will present results from these meetings on the contextualization of the concept and of the WHO self-assessment tool. New developments in the standards of the Canadian Council on Health Services Accreditation will be examined as a tool for the implementation of the HPH concept in a "healthy society".

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A prescription for building trust-positioning HPH in the "health society"

Andrea CULLEN

Over the last two decades, the World Health Organization through a variety of charters, policy statements, declarations, and reports, has advanced the concept of the hospital institution as a powerful setting to actively re-orient service delivery to promote health within and outside its physical boundaries. This has become known as the Health Promoting Hospital (HPH) initiative. Given the prominence health has now gained in most developed countries over the last decade the question needs to be asked, where to from here in terms of the contribution HPH can now make in the "health society"? This paper argues that the new focus for HPH in the "health society" lies in its ability to serve as a prescription for building trust. Drawing on "open systems" theory, this paper proposes that those hospitals implementing HPH as "whole" organizational and cultural health reform, within an overarching strategic framework, as opposed to fragmented reform, have the potential to build institutional trust. The paper will consider, firstly, how HPH can generate, sustain and, where necessary, re-build institutional trust and, secondly, how institutional trust, as an asset, can contribute to the effectiveness and efficiency of strengthening hospitals and health services. Herein lies how HPH can take up the challenge, and benefit from the chances, of the "health society" in the 21st century. In seizing this window of opportunity HPH not only has the capability to make a substantial economic, and a positive political contribution, but most importantly, will continue to contribute to improved health outcomes for all.

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Health Improvement Performance Management for the National Health Service in Scotland

Julia MURPHY, Lorna RENWICK

Introduction: "Better Health, Better Care" (published Dec. 2007) outlines the Scottish Government's commitment to tackling health inequalities and helping people to sustain and improve their health ensuring better, local and faster access to health care. The core principles of the Health Promoting Health Service are acknowledged as integral to the NHS's (National Health Service) enabling role in improving these health outcomes. This presentation will inform delegates of an ongoing review of health improvement performance management for the NHS in Scotland, which supports the Government's strategic objectives and the national outcomes required to achieve a "Healthier Scotland". This work nests within a wider strategic approach to developing performance governance for health improvement based on the delivery of shared outcomes across sectors.

Aims: The purpose of this review work is to advise the Scottish Government on key improvements to the performance management system for NHS Boards, regional bodies funded to deliver population level health improvement and to reduce health inequalities.

Methods: The process involves a review of performance management arrangements for health improvement within the NHS, and in particular the health improvement dimension of the HEAT (Health Improvement, Efficiency, Access, Treatment) targets. Key to this is identifying what are the most important and unique contributions of the mainstream health care services to delivering priority health improvement outcomes and that could be used to assess NHS performance. A multi disciplinary working group, with national and local representation was established. The review will make recommendations in March 2008 on:

- the main ways in which NHS organisations contribute to the delivery of national health improvement outcomes and targets
- a set of meaningful indicators and measures of NHS performance that help track progress in these areas
- an approach to performance management and reporting appropriate for the wider inter-sectoral system of health improvement

Results and conclusions: As a result the NHS will no longer be expected to demonstrate the link between their services and long term health improvement outcomes and will instead demonstrate performance against the immediate outcomes of mainstream health care services. For health improvement, this is a way of keeping focused on improvements in outcomes so that health inequalities in Scotland are reduced and mainstream services support health improvement for the population as a whole.

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Health Promoting Hospitals in the Regional Planning

Alberto ZANOBINI, Benedetta ROTESI,
Fabrizio SIMONELLI

The Tuscany Region approach to the health issue is marked by two concepts in particular: the citizen's right to health and the public action on health as investment for the social, economic, cultural growth, deriving form the principle of the utmost realization of the intellectual, emotional, spiritual, economic, relational capacity of the individual and the community. The regional political-planning trend is thus clearly oriented to achieve the building of a quite true "health regional system", through investment actions, more and more suited to the right to health of the people, and able to catch further gains in health and higher levels of social cohesion. In this general process of change, the hospital system has to be an active part, while the culture of health promotion in hospitals becomes a power and innovative element in the consolidation of a new paradigm of health supported by the Ottawa Charter. The Tuscany HPH Network represents a necessary demonstration of the re-orienting of the hospital structures (identifying them as settings improving health promotion for patients, families, professionals, and the related community) but also a relevant factor to boost the realization of regional health system designed by the policy maker.

The self-evaluation system on the advancement of the HPH project in the Tuscany Health underlines:

- a growing input in the Agency's mission and structure,
- a strong integration with some cross-functions, such as training, health education, communication, local associations,
- a quite adequate connection with the local services and the quality system,
- persistent difficulties to be included in the budgeting and in the bonus-system, as well as to elaborate programme timetables,
- a positive increase of the internal and external visibility of the HPH project.

Moreover, the progress of the projects developed among Agencies had an increasing steady dimension as regards involvement and quality. It can be affirmed that the dynamic of the Tuscany HPH network, designed thanks to the self-evaluation system adopted, clearly emphasizes an up trend relating to:

- the perception of the health promotion activities by the citizens,
- the involvement of the professionals and hospital management,
- the general evolution of the Tuscany hospitals to become the setting for the health promotion.

To this activity of re-orienting developed inside the hospital system it is to add a new perspective, connected with the innovative trends of the health regional system, stated both in the actual and in the next Regional Health Plan: the building of Integrated Health Plans by the institutional local authorities, inside which the health promoting hospital should bring a specific contribution with its particular value. Moreover, the Framework Cooperation Agreement that the Tuscany Region has stipulated with the WHO European Office from the 2003, is a great opportunity of growth, both from a cultural and practical point of view, of involvement in the international networks and partnerships, of development of investment for health promotion. The presentation will describe the state of the art about the planning process.

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Developing a Health Promoting Hospital: a rural South African example

Peter DELOBELLE, Hans ONYA, Cynthia LANGA,
Rika DECOCK, AnneMarie DEPOORTER

In 2007 a proposal to transform a rural district hospital of the Limpopo Province in South Africa into a health promoting hospital (HPH), according to standards developed by WHO-Europe and adapted to the local context, was endorsed by Provincial Health Authorities. The proposal was developed through a collaborative North/South partnership project aimed at the strengthening of health systems and focusing on HIV/AIDS care and referral. The project aims at assessing HPH impact on staff and patient wellbeing, according to staff and patient oriented needs, organization oriented aims, and community oriented needs. Specific objectives include appraisal of HPH impact on staff job satisfaction and turnover intent, occupational health & safety, and HIV/AIDS related knowledge, attitudes, and self-reported behavior of staff and patients. The project is designed as intervention study based on the principles of emancipatory action research, and implemented in nine stages according to the precede-proceed model developed by Green & Kreuter for the systematic development and evaluation of health education & promotion. The study is complemented through hospital self-assessment and pre- & post-assessment of staff satisfaction and HIV/AIDS related indicators of staff, patients and their relatives. Initial activities comprised a comprehensive needs assessment regarding health promotion in hospital staff and patients, followed by HPH intervention mapping and program design. The process includes promoting a shared vision, providing strong leadership and empowerment workshops, complemented by institutionalization of the concept through introduction of formal policies, systems and structures. Activities are planned through committee meetings with hospital representatives and supervised by an overall project leader. A forum of community stakeholders was also established for

developing networking activities. The project builds upon a recently finished process of hospital revitalization and is considered as pilot project by Provincial health authorities for improving quality standards in the hospital sector.

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Session 2.7 – Workshop: New HPH project: Project DATA

Facilitators: Hanne TONNESEN (DK), Matt MASIELLO (US)
Venue: Plenary Hall

An evaluation of a simple documentation tool for patients in need of health promotion: A new international multi-centre study in the HPH network

Hanne TONNESEN, Matt MASIELLO

Background: A critical step in implementing health promotion activities is the ability to systematically and easily identify all patients with health risks, such as physical inactivity, malnutrition, overweight, smoking and harmful drinking. In this process there is also the benefit of reducing inequity in health. When risk factors are reduced, better health is achieved and health gains can then be documented. When the patient at risk is identified, motivational educational support could be provided by the health care provider and the patient referred to the appropriate interventional/rehabilitation program. We have previously developed and successfully evaluated a model for systematic documentation of hospital-based health promotion activities and the relation to reimbursement trough the DRG process. The physician specialists found this to be useful, applicable and sufficient.

Aim: The aim of this new multi-centre study is to evaluate a simple documentation tool for patients in need for health promotion. This evaluation demonstrates if the model is useful, applicable and sufficient.

Material: 20 local medical records representing 20 consecutive patients from 10 hospitals/departments in 10 different regions/nations to be coded by the individual specialist. 20 standardized medical records in English to be coded by all participating specialists

Method: The model consists of 9 registration questions, which categorize the five risk factors, and to be answered with “yes/no” or “unable to categorize”. First, the specialists perform a pilot-implementation by using the model for identification and registration of the patient risk factors from material A)+B) in order to become familiar with the model (in total, 2 (A+B) x 18,000 registrations). Then they evaluated if the model was useful, applicable and sufficient for registration in their own hospital/department (3 x 9 registration questions x 10 hospitals/departments x 10 regions/nations = 2,700). Data are collected by the national/regional coordinators, who shall travel and stay at their 10 participating hospitals and secure correct and uniform procedures. The coordinators will receive training in data collection. The time consumption of the documentation/registration is observed, and a possible learning curve is identified. The comments from the specialists are registered throughout the evaluation.

Analysis: The results are given in absolute numbers, frequencies, median (range). Kappa statistics is used to calculate the agreement of registration among the specialists in material part B) (interobserver variation). The analyses will be performed by the project leader and coordinator.

Presentation and reporting: The progress and preliminary results will be presented at the annual HPH conference in 2009 and the final results will be disseminated in 2010 through international scientific journals as well as conferences.

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Session 2.8 – What works in HPH, and how do we know? Discussing experiences with and expectations towards evaluation

Facilitators: Jürgen M. PELIKAN (AT), Christina DIETSCHER, Hermann SCHMIED (AT)
Venue: Room “Paul Ehrlich”

What works in HPH, and how do we know? Discussing experiences with and expectations towards evaluation

Jürgen M. PELIKAN, Christina DIETSCHER, Hermann SCHMIED

Since the end of the European Pilot Hospital Project of Health Promoting Hospitals (1993–1997) and the publication of project descriptions and evaluation results in the “Pathways to a Health Promoting Hospital” (Pelikan, Garcia-Barbero et al. 1998), some HPH networks have undertaken evaluations on a national/regional level, but no further systematic and comparative evaluation of HPH activities has taken place on an international level.

Despite the obvious success of HPH – the international network has seen continuous quantitative growth and considerable qualitative developments for almost 20 years – this lack of evaluation research leaves numerous open questions concerning the level of establishment of HPH in networks and health care organisations, concerning the

philosophy and practice of documentation, monitoring and evaluation in place, and, finally, concerning what has worked and what has failed. This shortcoming has repeatedly been a source of criticism of HPH (see e.g. Whitehead (2004), Gröne (2005), Pelikan (2007) and Wise & Nutbeam (2007)).

Efforts to improve the knowledge gap by launching an international evaluation project have repeatedly been undertaken in the past few years, but it has proven difficult to find international money for such a challenging endeavour. Due to an organisational reform, the WHO Collaborating Centre for Health Promotion in Hospitals and Health Care (Vienna) is now in a position to start a new initiative in the field.

Against this background, the workshop will provide an overview on the internationally published literature on HPH evaluation, as a start for discussing approaches and criteria for further systematic evaluation of HPH. Participants will be invited to share their views on

- the experiences and expectations of workshop participants concerning the evaluation of health promotion in and by the institutions they represent
- what knowledge should be produced by an international evaluation project and for whom (e.g. learning for practice; evidence on specific interventions; arguments to convince decision makers).

Depending on the number of participants, either small groups or a general discussion approach will be chosen as workshop method. Conference participants with a general interest in or experiences with HPH evaluation are invited to join in the workshop and possibly in the evaluation project which is currently under development.

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7. Oral Presentations: May 16, 2008, 11.00–12.30

Parallel Paper Session 3.1: Health promotion for patients in oncology and palliative care

Chair: Zora BRUCHACOVA (SK)
Venue: Plenary Hall

Integrating health promotion principles into clinical onco-haematology

Luigi RESEGOTTI

Malignant large cell lymphoma is a rapidly fatal disease. In the last two decades aggressive chemotherapy proved effective and nowadays a 3 years survival is obtained in 80% of patients. However in the past the patient was just the recipient of treatment and the battlefield in which therapy and disease confront themselves. Health promotion completely changed this situation. Biological empowerment of the patient is produced by monoclonal antibodies against malignant cells and autologous transplantation. Mental and social empowerment is obtained through informed consent that put the patient at the centre, leading him to feel having the steering wheel of the disease in his hands. Empowerment of the staff is produced by cooperative clinical groups that gather together the capacity and experience of several haematological department thus reducing the stress for the individual doctor or nurse. Empowerment of the community is provided by no-profit foundations that support research and patients' relatives. Three consecutive periods of time have been compared. Despite chemotherapy is remained unchanged in these years, the results improved remarkably, as shown by the disease free survival curves. CR rate moved from 42% in the first period to 82% in the last one, but, most important, perceived health was rated "good" or "fairly good" in 85% of patients, included those who did not attain complete remission, the relatives' wellbeing improved remarkably and the request of staff members to be moved to other less stressful departments dropped from 2 in the first period to zero in the following two periods. The health gain produced by a more health promoting approach in onco-haematology is impressive and evidence proved.

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Improvement in the diagnosis and operative treatment of breast cancer patients presenting to University Hospital Galway

Mary HELLY, Ray McLOUGHLIN, Michael KERIN, Carmel MALONE, Irene SWEENEY, Helen HENEGHAN

Aim: To improve the diagnosis and operative treatment of breast cancer patients presenting to University Hospital Galway.

Objectives: 1. To improve the pre-operative diagnosis of malignant breast disease in order to make surgery less invasive for the patient and facilitate better operative planning 2. To increase use of breast conserving surgery in eligible patients. 3. To reduce the number of axillary nodal dissections in order to save patients the morbidity associated with this procedure. 4. To increase the number of patients receiving breast reconstruction postoperatively, and in particular, the number of patients receiving immediate breast reconstructions.

Methods: In order to facilitate the objectives a multi disciplinary approach was adopted. This approach includes triple team assessment, surgery, specialised procedures such as immediate breast reconstruction, radiotherapy and chemotherapy including neoadjuvant therapy in a single team environment.

Results: We have successfully increased the proportion of patients with cancer receiving less invasive procedures such as core biopsy from 6% ten years ago to 78% today. We have successfully moved from a situation where the vast majority of patients were treated with mastectomy ten years ago, Today 66% of patients are treated with breast conserving surgery. Through the use of minimally invasive sentinel lymph node axillary surgery we have reduced the number of patients receiving axillary clearances from 100% ten years ago to 35% today. 10 years ago no mastectomy patient was given reconstructive surgery, this situation has been reversed where 80% of all mastectomy patients are now given a breast reconstruction. The majority of patients undergo immediate reconstruction which has psychological and financial benefits to the patient, eliminating the need for a second surgery and reducing time spent in hospital.

Conclusions: Through intersectoral and multi strategy working, these developments have resulted in the improvement of treatment and holistic care received by patients presenting to the breast service in University Hospital Galway.

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Oncological Centre Soest

Joachim von MIRBACH

The hospital of Soest has the strategy to change from an single city hospital to a healthcare centre in their region. In accordance with the WHO philosophy they want to follow a

holistic approach in terms of medical treatments with a special focus on the situation of their patients and region. One action point to achieve the goal is to establish an oncological centre comprised of three clinical institutions: the city hospital of Soest, the radiological practice Dr. Wolkewitz and an organisation with additional medical treatment. Further cooperation exits with physicians and specialists in the area organised in a "Medical Doctor Network". The idea was to provide a holistic patient treatment with a cooperation between all involved medical departments including a fluent interaction between in- and outpatient units. The oncological centre of Soest will have a central admission located at the city hospital. The patients will be assigned to a special medical department and to a medical and nurse case manager only after the first ambulant examination. The case manager will accompany the whole process of medical treatment. In compliance with all involved medical departments a common treatment plan will be conceived. Therefore the patient has the advantage of using only one medical centre instead of changing between different hospitals, radiological clinics or care institutions. The common treatment plan provides a high transparency for the patient and unnecessary double examinations can be avoided. A healthcare centre with diverse cooperations and complementary know how will also improve the importance of the region. Besides improved medical treatment a healthcare centre can also realize economical advantages by sharing investments. A mandatory requirement for this cooperation is a technical network between the three main institutions, with a high available archiving and communication architecture to be able to exchange and secure the necessary patient information in an easy and effective way. SVA can meet this demand due to comprehensive experiences in the healthcare sector. The oncological centre is an open network, further medical organisations can participate as long as they provide added value.

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Parallel Paper Session 3.2: Reorienting health services towards health promotion (II) – Quality, empowerment and gender

Chair: Christa PEINHAUPT (AT)
Venue: Room "Bernhard von Langenbeck"

Health Promoting Hospitals in Tayside, Scotland: are senior managers aware of this initiative, and how involved are their departments in health promotion?

Carol BARNETT

The World Health Organisations self assessment tool for Health Promoting Hospitals has been successfully used to audit health promotion activity within the Maternity Service in Tayside, Scotland. Before undertaking an audit of other directorates within Tayside it was decided to survey clinical directors and senior management to raise awareness of the Health Promoting Hospital Initiative and to determine the level of knowledge of and involvement in health promotion. NHS Health Scotland, acting as national co-ordinators for the WHO, HPH initiative have developed a framework for health improvement, the "Health Promoting Health Service" (HPHS). The framework has eight branches, namely: Patient and Community Care Programmes, Staff Health, Environment, Partnership, Policy, Advocacy, Training and Development, and Research and Evaluation. A survey based on these eight branches was developed and piloted by NHS Forth Valley, a region in central Scotland, and has now been adapted to suit NHS Tayside. This survey aims to identify gaps in the organisations practices and procedures in order to develop an action plan and work towards achievement of all of the aims of the framework. The survey, which took 30–40 minutes to complete was sent in an electronic format (survey monkey) to clinical directors and senior managers within NHS Tayside, Scotland. The results of this audit will be presented and comparisons made with the original audit carried out in Forth Valley.

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Research on "Empowerment for Health expectations of hospitalised children's parents"

Caterina TEODORI, Federica MONTI, Fabrizio SIMONELLI

Introduction and *Objectives:* The Health Promotion Programme of the A. Meyer University Children's Hospital of Florence has promoted and coordinated this exploratory study on the dynamics of parents' expectations related to the active involvement of their own child within the clinical pathway in hospital. The research aims at understanding if hospitalised children's parents have the expectation that their child would be not only cured/treated adequately, but also informed, involved and prepared to be a protagonist within all his/her clinical and care pathway, according to his/her own age, thus acquiring awareness and skills in the management of his/her own health.

Methods: The tool used is composed of 2 questionnaires specifically prepared for this study, it explores several levels and dimensions in order to understand at best the attitude, the beliefs, the opinions, the views of parents on the hospitalization of their child. The questionnaire was filled out by 160 parents (80 for each questionnaire), staying with their children in the waiting room of the outpatients clinics of the Meyer Hospital in Florence in the spring of 2007. Data have been analysed along 2 directions: a) 6 dimensions of empowerment (serenity, coping, knowledge/information, skills, expression of assent/dissent, civic growth) and b) 4 levels of expectations.

First *Results:* If stimulated to reflect, parents express the expectation that their child would be informed, involved and prepared to be a protagonist within all his/her own clinical and care pathway, moreover, most of them agree on the importance of using hospitalisation as an opportunity to make the child acquire useful skills for a correct management of his/her own health, and on the fact that considering the child's point of view is an effective way to make him/her feel a part of his/her recovery process. The presentation will describe the results of the survey, which confirm the evolution of the parents' expectations toward the role of hospital, with regard to the empowerment for health.

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"Real Time Health Reality" Program comfort and quality for the best management before hospitalization

Pierpaolo PAROGNI, Carlo Antonio CALAMARI, Giampietro BARAI, Ivano GIACOMINI, Mario LUPPI, Camelia Gaby TIRON, Pier Vincenzo STORTI

Background: Characteristics of the territory of Mantua and the Province, with 393,723 people of which 106,579 persons aged greater than 60 years and with prevailing incidence of diseases cardio-cerebro-vascular. Presence on the territory of three corporate hospitals, including only two of them with DEA. Presence at the hospital in Mantua of Cardiology equipped laboratory hemodynamics, Stroke Unit. Absence of Neurosurgery, where the Hospital company Mantua refers to Civilian hospitals Brescia.

Goals: Improving the management of sorting and intended destination as triage prehospital. Increasing the criterion of appropriateness recognizing the characteristics of the various emergency relief. Increasing the efficiency of the system-emergency urgency, as Multidirectional network, ensuring the second movement defined criteria and timing information from both clinical logistics facilities Health territorial network. Reduce Crowd through a phase of active management prehospital rescue and identification of the most appropriate hospital. Emergency Alert with sending identification and clinical data related to the patient arriving.

Operational planning: The intervention is aimed to improving the functionality of the system of territorial management of the network through the emergency application EMMA WEB with the introduction of cartographic features and internal messaging. The feedback of the informations and essential clinical data between ambulances, which must be equipped with handheld computers, and hospitals. Reinforcement of forms of cooperation with the territory with the introduction of the transmission system images. Interactivity of the Web Business and system CRS-SISS Lombardy.

Conclusion: Exploitation and rationalisation of all the assets and computer technology in order to improve the relationship between user and system health through self-resources and their use reasoned. A great work satisfaction could be in harmony with the improvement of the quality of life.

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Health promotion in hospitals: Success criteria for gender-specific interventions

Beate WIMMER-PUCHINGER

Task: Female and male risk factors, needs and burdens differ, as do hospital client structures, with women overrepresented in two life phases (birth/motherhood and old age). Hospitals can promote health using tailored interventions, therefore the Vienna women's health program with its slogan "Health is a matter of gender" was unanimously accepted by the City Council. The program involves improving female patient care and health promotion activities.

Measures implemented by the Vienna Hospital Association: Preventing violence in hospitals: Interdisciplinary training for all Vienna Hospital Association departments. Research shows that female victims of violence often conceal the causes of their injuries out of shame, while hospitals give precedence to anonymity. Serious violence-related illnesses are well documented, so hospital staff training in early identification, communication and treatment makes sense. Around 900 staff participated in the programme.

Preventing postnatal depression: A study of 3000 pregnant women in three Vienna hospitals identified risk factors and the effectiveness of intervention. To facilitate early support, measures were implemented to screen pregnant women suffering from psychosocial burden (25%). Guidelines were developed with obstetric departments for higher psychosocial care standards.

FEM, FEM-Süd (FEM South) and MEN clinics: Two Viennese public hospitals established women's and men's clinics to promote health among the local population, hospital patients and employees. Clients' and referring institutions' responses, and the subsequent evaluation, illustrate the program's success.

Preventing cardiovascular diseases among socially disadvantaged women: A project in a district with high cardiovascular morbidity rates, together with the district hospital. 7,000 women, mainly immigrants, were offered physical activity, nutrition and stress reduction programs, resulting in weight loss, improved well-being and lifestyle changes.

Lessons learnt: The experiences and data show that gender-specific interventions can bring about learning effects and

increased social awareness among hospital staff, patients and socially disadvantaged members of the population. Introducing measures specifically for women has been a valuable exercise.

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Parallel Paper Session 3.3: Improving sustainability in Health Promoting Hospitals

Chair: Karl PURZNER (AT)
Venue: Room "August Bier"

The risk of the "health society": Decreased sustainability leading to negative health impacts

Willi HAAS, Ulli WEISZ

Health has gained in importance within societies throughout the developed world, leading to the new notion of a "health society". This paper further interprets the scope of the conference, to understand a health-orientated society of this kind as one that extends the medical and health care sector and that ultimately transforms its patterns of consumption and production entirely. Health related sectors are growing fast and developing features different to those of the more or less nationally organized systems of patient treatment. These new features, such as less state intervention, are both enabled and made necessary by a globalized market. Clients and professionals have increased mobility, while services focus on wellness, on prevention and on information. The new health related sectors are both needs-driven and trying to create and shape needs. Lifestyles and consumer choices are influenced by these changed priorities. Free time is increasingly used to keep the body fit and patterns of food intake will be radically different to our food patterns of twenty years ago. On top of this, demographic and epidemiological developments will demand that greater efforts are made to maintain public health. Altogether health is becoming a driving force for economic growth. HPHs are asking themselves how to react to these new trends and the newly-emerging notion of a "health society" and what alternative approaches need to be developed. We want to approach the "health society" under debate from a different but nevertheless related angle. As scientists coming from the field of sustainability research, we discuss the sustainability of such developments and the risk of so-called rebound effects: Will the "health society" increase its material and energy throughput leading to more environmental pressures, which will consequently decrease quality of life? This would have a negative impact on health determinants and would ultimately endanger the very outcome that the "health society" promised to deliver: the improvement of public health. The contribution discusses qualified guesses about the factors that would be decisive as to whether or not rebound effects might outweigh the envisaged health improvements. Since sustainable development depends on healthy societies and has established health as one of its key goals, health promotion and sustainable development communities have considerable common ground when it comes to analysing which developments of the "health society" might improve health and which might fail to do so. By discussing decisive factors from a sustainability point of view, potential strategic links to health promotion can be identified that will hopefully enrich the scope of the conference in finding alternative approaches to these challenging trends.

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Health Promotion in the Environment

Chin-Lon LIN, Chun-Yen HOU, Szu-Ching SHEN, Ming-Nan LIN

Introduction: The global warming and the greenhouse effect have fundamentally changed the environment we live in. For the past several decades, efforts to slow down the temperature rise, to reduce carbon dioxide production have become more and more important. How to reduce the use of water, power and other resources and to reduce the amount of waste are important issues facing a modern hospital today.

Objective: The study aims to examine the effect of waste reduction, power and water conservation in the Buddhist Dalin Tzu-Chi General Hospital.

Strategy: We refrain from using disposable items such as paper or plastic plates, cups, bowls and chopsticks and mandate the use of reusable items whenever feasible. Utilizing modern information technology, we installed a hospital-wide hospital information system (HIS), electronic medical record (EMR), laboratory information system (LIS), and picture archiving and communication system (PACS) as part of our effort to become totally paperless and film-less hospital. Power saving measures such as using solar energy road lamps and energy-efficient light fixture, utilization of electronic lighting, and waste heat recycling (to recycle the heat generate by the air-conditioning unit to heat hot water). Installation of rainwater recycling system, reduction in water pressure, pavement of osmotic brick around the hospital, etc.

Result: There was reduction in our waste production from 2.36 kilogram per hospital bed per day in 2005 to 2.18 kilograms per bed per day in 2006 (a reduction of 8.26%). Reduction of power usage (16.5%) and water usage (0.9%).

Conclusion: Our efforts in waste reduction, power and water conservation not only save money but also reduce carbon dioxide production and helped to slow down the global warming and make the environment healthier.

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The sustainable hospital concept and its practical understanding. Insights gained from a Viennese pilot project carried out in a health promoting hospital

Ulli WEISZ, Willi HAAS

Sustainable development requires health services and patient treatment systems that are viable for the future, systems whose own functioning must meet the criteria of sustainability. Hospitals play a central role in the health services system and make a significant contribution to public health. This makes them major players in ensuring a fundamental building block for the sustainable development of society as a whole. At the same time, however, hospitals themselves face pressing problems that call the sustainability of the services they offer into question. This is where the project "Testing the sustainable hospital" comes into play. We research the possibilities that exist for introducing the concept of sustainable development and implementing it in a health promoting hospital, an issue which until now has been rather a novel one. In so doing, the sustainable hospital would not be seen as a static final state but rather as an intelligent, learning organisation in which ecological, social, and economic aspects are systematically processed together. On the basis of the problematic issues that currently exist, three areas with significant potential for improvement were identified in the pilot hospital with the aim of developing practicable solutions. These "test areas" are:

- Sustainable corporate management,
- Sustainable service planning, and
- Sustainable service provisions.

Our pivotal questions are: What are the crucial changes necessary to bring sustainability into the focus of hospitals? What is the added value for HPH?

In our presentation we discuss important aspects of sustainability such as a long-term perspective in hospital governance and, regarding decision-making processes, an integrated consideration of economic, social and ecological impacts of the services offered. Moreover, we draw attention to the expected added value for HPH: Combining HP and sustainable development will lead to an integration of quality management, environmental management, human resources management and HP with economic issues. If such a bridging exercise across this crucial divide in hospitals can work, it will strengthen health promoting hospitals in an increasingly competitive health market.

The project "The sustainable hospital. Trial Phase" (May 2006 – April 2008, funded by the Austrian Technology Ministry), is a cooperation involving an interdisciplinary team of researchers with an Austrian Health Promoting Hospital, the Viennese Otto Wagner Hospital, the Vienna Hospital Association and the Berlin Immanuel Diakonie Group. In 2007, the three sub-projects were approved as health promoting measures.

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Parallel Paper Session 3.4: Developing Migrant Friendly and Culturally Competent Health Care on a National and Regional Scale

Chair: Antonio CHIARENZA (IT)
Venue: Room "Robert Koch"

Culturally Competent Maternity Care for Polish Migrants in Lothian

Dermot GORMAN, Judith SIM, Philip CONAGLEN, Jane BRAY, Rosemary TOWNSEND

Since the accession of the A8 countries to the European Union there has been an unprecedented influx of migrants with estimates suggesting 50,000 have relocated to Scotland. Almost half have come to Lothian and about 85% are Polish. After an initial period, when men aged 18–30 predominated, there are now also large numbers of young women. This population accesses all NHS services notably general practice, family planning, accident and emergency, gynaecology, obstetrics and paediatrics. Maternity services are seeing increasing numbers of deliveries by Eastern European mothers: 27 in 2004, 136 in 2006 and over 200 in 2007. We conducted focus groups in Polish with women who delivered in Scotland to collect user perspectives and audited clinical records of births in 2006 to Eastern European women to assess care. The group has similar complication rates to the local population. Emerging findings suggest specific sources of health inequalities. A lack of comprehensive interpreting support in labour is striking and exacerbated where continuity of care is poor. We found instances of women not getting their chosen pain relief. Interpretation caused fewer problems antenatally as interpreters were booked for planned appointments. There was also some unwarranted cultural stereotyping by professionals. Our findings suggest that "traditional" cultural understandings of pregnancy may be less important than a conflict between the model of care generally offered in Scotland and expectations of medical care in their countries of origin (often partly private and medically led with more investigations than in the UK). The key role that support staff such as midwifery assistants, domestic and catering staff (often overlooked in research) have in shaping users' perceptions of whether services are culturally-sensitive was highlighted. We discuss how findings were fed back to maternity services staff and a programme which was instituted to improve equity of care.

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Culturally differentiated care for Vietnamese minority in the Czech Republic

Helena BUBNIKOVA, Valérie TOTHOVA, Lenka SEDOVA, Gabriela SEDLAKOVA

The report is focused on differentiated nursing care provided to the Vietnamese minority. The Vietnamese minority is the third biggest in the Czech Republic. A qualified nurse is able to saturate the client's needs individually. If her clients are members of different nationality groups, the modern nurse must adapt herself and provide culturally differentiated care. A nurse without knowledge of cultural differences of minorities cannot provide her clients with holistic care. Therefore we believe that it is necessary to speak about minorities and to ascertain their differences, so that we can adapt the nursing care adequately to their needs. The research was focused on the Vietnamese minority living in the Czech Republic. The aim of the work was to detect the barriers preventing the nursing staff from providing holistic care to the Vietnamese patient. The project had set the goal to map the opinions of the Vietnamese citizens on the quality of medical services in the Czech Republic, to ascertain the communication abilities of the Vietnamese minority in medical institutions and to map the approach of the Vietnamese minority to their health. In order to obtain a base for solution of the above stated tasks, a questionnaire containing 61 questions was elaborated and translated to Vietnamese. The extensive research was performed in the whole Czech Republic and 4710 respondents of Vietnamese nationality took part in it. Descriptive statistics was used for interpretation of the results. The research shows that the members of the Vietnamese minority care for their health and are satisfied with medical care in the Czech Republic, unfortunately, the research demonstrated communication barriers between the medical staff and the Vietnamese patient. This extensive research demonstrated that the Vietnamese citizens do not require any specific handling. On the contrary, they require the same approach as to the other patients from the nurses. This finding shows that the Vietnamese minority is assimilated and has adapted to the Czech culture in a level that does not require culturally differentiated care. This fact documents also the high quality of nursing care provided in the Czech Republic. Yet it is necessary to perceive cultural differences, so that we can offer even more professional and individual care at top modern level. The essence of multicultural nursing is to provide the care sensitively according to the peculiarities of the clients' culture. This report has demonstrated that the citizens of Vietnamese nationality are provided with adequate qualified nursing care in the Czech Republic. The report is related to solution of the grant project NR/8473–3, which is implemented under financial support of IGA MZ R.

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Evolution towards Migrant Friendly Health Centres

Elvira MENDEZ, Josefina ALTES, Breogan VALCAREL, Marina ISLA

This is a collaborative project developed during 2003–2007 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 29 intercultural mediators provided by ASF, covering the areas of North Africa, Pakistan, Rumania and Xina and giving direct support to more than 71.900 immigrant patients. The PHC is developed in 5 hospitals and 22 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 is gradually expanding and adapting to other hospitals and health centers.

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Which criteria to assess migrant friendly quality development in Swiss health services?

Chantal DISERENS, Renate BÜHLMANN, Patricia HUDELSON, Franziska KJELLSTRÖM, Yvonne STAUFFER, Fabiola ULLMAN, Moreno DONINELLI, Patrick BODENMANN

Issue and Objectives: The Swiss network of Health Promoting Hospitals (HPH), involved in the care of migrants, created a Migrant-Friendly Hospitals (MFH) section last year. A working group gathering professionals from different health institutions from the three Swiss linguistic regions was in charge of developing criteria in order to define a MFH institution according to its ability to identify and respond effectively to patients' linguistic and socio-cultural needs and ensure access to quality care for all patients.

Results: The institution must ensure qualified language assistance to allophone patients based on needs' assessment and authorize the use of close family members only in case of emergency. Moreover, quality standards for interpretation should be defined and evaluated regularly. The patients' written skills should be estimated, important information, research questionnaires and satisfaction surveys should be available in patients' main languages. If the declaration of consent is not available in the patient's language, an interpreter should be present. Both patient and employee records should contain information concerning their origin, their most spoken language and their religion, for purposes of MFH policy planning. If all employees should receive basic information on the commitment of the institution, those involved with patients should also be trained in transcultural skills.

Discussion: Out of 20 criteria, 11 relate to oral or written communication. Institutions must answer the questions of training and financing interpreters and the lengthened time of consultation due to the presence of an interpreter. The benefits of a mutual understanding are probably more relevant than the interpreters' costs. Indicator measures must still be defined so that these criteria can enable institutions to evaluate and improve their situation.

Conclusion: A reasonable number of common MFH quality criteria should encourage health institutions to organise measures to improve the care of migrants, and are a first step for a future evolution towards MFH standards.

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Parallel Paper Session 3.5: Experiences with implementing smoke-free hospitals and health services (II)

Chair: René THYRIAN (DE)
Venue: Room "Rudolf Virchow"

What support do hospital patients need to stop smoking?

Kirsten DOHERTY, Leslie DALY, Cecily KELLEHER, Denise COMERFORD

Hospitalisation provides a window of opportunity to promote smoking cessation, due to the increase in health awareness caused by illness and the impact of hospital smoking restrictions. The aim of this study was to profile smokers admitted to an Irish urban teaching hospital, establish the quit rate six months after discharge, and determine factors related to smoking cessation in hospital patients. 1086 smokers admitted to an urban teaching hospital were interviewed during admission and six months later (follow-up rate: 76.7%). Reports of smoking cessation at follow-up were biochemically validated using carbon monoxide testing. Additional information was obtained from ten in-depth interviews. The six-month overall validated smoking cessation rate was 11.4%. Three-quarters of patients wanted to quit, yet only 23% were referred to the smoking cessation service. Factors which increased the chances of quitting included being male, retired, having lower exposure to passive smoking, and being admitted through the emergency department. Continued smoking cessation support after discharge, from both the smoking cessation service and other hospital staff, was also associated with quitting. The in-depth interviews revealed considerable variation in the quality of advice from hospital staff. This study showed the impact of hospitalisation on smokers and the potential for intervention by hospital staff. Both brief and intensive interventions were effective, but only if continued after discharge. This has implications for how smoking cessation services are delivered. The fact that a minority of smoking patients were referred to the service indicates the need for increasing awareness of smoking as a clinical issue among health professionals. Smoking cessation services need to be expanded and access greatly improved. The inconsistency in the quality of brief advice received by patients indicates that ongoing training in brief intervention is essential to support smoking cessation, as part of the health-promoting ethos of the health services.

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The Smoking Cessation Database – How to develop an international clinical quality database

Mette RASMUSSEN, Hanne TONNESEN

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. In 2005 Norway joint the SCD. During the last year our focus has been on preparing the database to become a clinical quality database and to establish the international cooperation. Two articles have been published in scientific journals.

Aim: The aim of this presentation is to share our experiences in developing clinical quality database and how to secure a smooth transition from national to international database.

Methods: In cooperation with the ENSH we work to
- evaluate and compare the strengths and weaknesses of smoking cessation databases in E.U.
- create a model for smoking cessation databases based on international quality criteria, best practices and recommendations

Results: Relevance – The SCD is the first database in the field of health promotion witch can be used by both hospitals and health services. The SCD can be used in the medical records, documentation, exposure, projects and research. Level of evidence: Through the SCD new evidence is created on level 2, recommendation strength B. Communication – When accepting a new country into the database we have experienced the importance of a very close communication throughout the start up, to ensure that any possible questions will be taken care of. Transition – Experiences concerning language, security, economy and organisation will be presented at the conference.

Conclusion: An international Smoking Cessation Database for smoking cessation programs has been well established. The database serves as documentation and evaluation of the health promotion activities within the field of smoking cessation. We have experienced a rising interest for international cooperation, and we have had the first experiences in expanding the SCD.

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Smoking Cessation for hospitalized cancer patients

Micaela LINA, Roberto BOFFI, Cinzia De MARCO, Cristina CERATI, Roberto MAZZA

Hospitalization is a teachable moment also for cancer patients and quitting smoking not only reduces the probability of smoking related second primary cancers but also improves treatments' outcomes and patients' quality of life. Through the collaboration between Tobacco Control Unit and Psychology Unit, a multidisciplinary smoking cessation intervention has been activated to inform and help quitting smoker patients of National Cancer Institute (INT) of Milan. We agreed with Nursing Department to put in every clinical record an item to assess and document tobacco use for each patient. Once a year we perform a training program for nurses: (27 nurses till now) to identify tobacco users and to provide them with a minimal advice. Patients motivated or compelled to stop smoking for clinical needs (i.e. before liver or allogenic bone marrow transplants or TRAM procedure for reconstructive surgery) meet the psychologist. During the interview the psychologist evaluates, through the Fagerström and Mondor tests and the CO measurement, tobacco dependence and motivation to quit. Then, she informs patients about the resources available to be helped in quitting smoking inside or outside the Hospital. Patients that decide to be supported in the Hospital are helped with a free nicotine replacement therapy (despite NRT is not included in Italy NHS essential drugs) and/or a second level psychological intervention that includes individual counselling and relaxation imagery. All the other smoker patients are supplied with a list of the antismoke centres working near patient's home. From October 2006 to October 2007, nurses have drawn up 1147 anamnesis about smoking habits, 306 smoker inpatients have received the minimal advice, 195 wanted to stop and 135 of them asked to meet the psychologist.

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Parallel Paper Session 3.6: Improving pain management in Health Promoting Hospitals

Chair: Simone TASSO (IT)
Venue: Room "Emil von Behring"

Overlapping pains – biomedically incomprehensible human suffering

Anna Luise KIRKENGEN

Background: Epidemiological research in chronic non-malignant pain provides evidence for a fourfold "overlap" between:
- what are considered "different" bodily pains,
- "different pains" and other diseases considered to be somatic of origin,
- "pains", somatic diseases and diseases considered to be of mental origin,
- "pains" residing in supposedly separate individuals (mothers and children)

The distribution of such "overlap" is asymmetrical both as to gender and to social class. The phenomenon called "overlap

of pains" has to be examined with regard to theoretical and methodological assumptions in current biomedicine.

Theory: The increasing numbers of studies documenting an "overlap" of what, in terms of method and statistics, is defined as separate entities, makes evident the epistemological shortcomings of current epidemiology. The term "overlapping pains" represents the logic of presuppositions and tenacious assumptions, in other words of a belief in the "map" despite there being obvious indications of a mismatch with the terrain. Epistemological and methodological orthodoxy results in knowledge that, although methodologically correct, seems to be counterproductive with regard to the problem it seeks to solve.

Material and Method: Epidemiological studies concerned with the phenomena termed "overlapping pains" and "co-morbidities" are mirrored in epidemiological documentation of strong correlations between these phenomena and different kinds of recent adverse life events respectively chronic adversities such as relational and structural violation and exploitation.

Results: Lifetime experience of powerlessness, loss, marginalization, stigmatization, discrimination, violation and exploitation seem to affect the core of vitality of human beings expressed in dysfunction of the central nerve system, the hormonal and the immune system, disturbing their mutual regulation and correction.

Interpretation: The documented correlations between, on the one hand, adverse lifetime experiences, especially if these are continuous, socially silenced or structurally grounded, and patterns of chronic pain and co-morbidity, call for a change in biomedical theory.

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Promotion of health evaluation: Monitoring of pain after discharge

Rosa SUNER, Dolors JUVINYA, Carme BERTRAN, Neus BRUGADA, Carme GRABOLEDA, David BALLESTER, Maria GARCIA

Background: The role of the professionals responsible for liaising and coordinating hospital care and primary care is essential to deliver consistent care, treatment and management of pain for the patients after their hospital discharge.

Methods: Using a longitudinal, prospective and observational design we included a sample of patients in 2007 from the Liaison and Continuity of Care Programme. We are conducted standardized telephone interviews with patients or relatives at 24h, 7 days, 1 month and 3 months after discharge. The outcome measures include hospital readmissions, time between hospital discharge to first readmission, information level at discharge, patient satisfaction, doubts and questions about care and information related to the perceived state of health and pain.

Results: A total of 83 adult patients who at time of discharge needed continuity of care were followed-up. The average age of patients was of 69.3 years, the predominant age group was that of 75 years or older, and 50.6% of the participants were men. A total of 10 of the patients participating died during the follow-up of the study and 7 patients required readmissions to hospital. Nearly half the patients stated that had understood very well or perfectly the information given at the time of discharge. After the first 24 hours from discharge, 30% of the patients already stated having doubts about their state of health and managing their condition. Respect to the perceived state of health, only 25,3% declared that it was good or very good. At 24 hours from discharge, 41% of patients stated being in pain, at 1-week increased to 51.3%, and at 3 months 45.2% of patients still expresses pain.

Conclusions: The findings have important implications respect to improve the discharge planning for patients requiring continuity of care, we founded many patients with doubts respect their management and pain after discharge.

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Pain free hospital: An integrated approach to the oncological paediatric pain

Dorella SCARPONI, Ilaria PUGLISI, Simonetta BARONCINI, Andrea PESSION

Oncological pain is by now recognized as "total pain" that is a whole of physical and emotional suffering (fear, anxiety, depression, rage), an experience linked to huge reference-marks: cultural, spiritual, social. It is connected not only to the base pathology or to the side effects of the therapy but, overall in the paediatric patients, to the diagnostic-therapeutical procedural manoeuvres. The treatment of pain in children has to do with a series of factors that concur to give shape to the experience of pain: the child's level of psycho-physical development, his cognitive and emotional capability, the main characteristics of his personality, his past experiences, his family contest. Sharing with the equipe the information that are necessary to comprehend the binomial "pain-pain experience" is the starting point to individuate, with competence, the family resources to use in a strategical doctor-patient-family alliance. The pharmacological approach is the basic requisite to reduce the pain to a tolerable level (the mean level of the perception of pain, after procedures, measured from the anaesthetist, is under 3, by VAS – Visual Analogical Scale). In any case anxiety and tension, of the patients and the family too, worsen the pain, amplifying the perception and voiding the psycho-physical resources of the young patient.

Distraction and cognitive-behavioural techniques aim to reduce these correlated, "shifting" the cognitive and emotional attention onto something else, a game or a task, respectively; the relaxation techniques focus on tension control that has almost always somatic consequences (muscular contraction, nausea, vomit and migraine).

The Education: a way to know the reality: The analytically oriented (individual and group) psychotherapy provides a next occasion for communication-change of the most intimate experiences such to allow longer lasting behaviour modifications, in the presence of dramatic events. To contain adequately the experience of acute pain, induced by a medical procedure, we use the integration of pharmacological and non-pharmacological methods, with the objective, non only to "remove" the pain and to minimize the related stress and fear, more generally the integration should correspond to an empathic disposition of the entire multidisciplinary group that, even though foreseeing the presence of a specific psycho-pedagogical support, aim to facilitate a trust relation between the patient and the operator to face the pain experience. The emotional and rational comprehension of the pain phenomenon, either related or not to the procedures, within a wider communicative area on the disease experience, usually, enables to:

- individualize within each family the prevailing communicative style before disease,
- understand the significance that the term pain has for each child and for his parents,
- control the share of "mental pain" associated to physical pain
- make family able to have a more active part in the care-project

The changing: the acquisition of new possibility to approach the reality

Play therapy in hospital: The play therapy is the ideal space, in the hospital, where the children in difficulty usually place personages, experiences and means regarding fear, indecision, suffering. In particular way the play, inside the therapeutic relationship, becomes occasion of encouragement to find places, in the reality and the imagination, where it is possible to tell frightful stories. In the same times it is possible to find another sense, with a different end, thanks to the tie with another person: it is possible to change perspective, to look at the events adding new hope elements. The specific therapeutic factors of the play setting for the childhood age allow, through the transfert and the interpretation, a new reading of himself and the events. The therapeutic relationship, similar to the primary parental one, introduces a corrective emotional experience which allows to live again some steps of the own life, not only like as a repetition but also like as a variation. The confidential link between patient and his therapist is a fundamental requirement for the overcoming of mental behaviour outlines and for the acquisition of new possibility to approach the facts. The history told, lived or lived again, inside of the setting, can open a changed perspective (and end!) so that one can change usual thoughts because the scene is showing somes else: every child, with satisfaction, plays roles of protagonist, can invert the roles and invent, in the fantasy, new ends. More and more this change becomes stable within the psychical life, much more it becomes possible to transfer this change in the concrete life. The chronic disease experience reduces in the child this normal ability to create, to invent, to play, because the disease and the medical therapy impose a series of forced changes (somatic, behavioural ones, life style) which are perceived like limitation of the own abilities. The emotions associated to the negative illness experiences confirm the idea of being completely under the power of the events, without possibility to control them. They reduce the trust and the hope to determine, in some way, the course of the own life. When the disease is potentially mortal, like the oncological one, the feelings are complicated and the child is immobilized by psychic impotence and pain. The play therapy, in these particular contexts, becomes a privileged occasion of communication and normality. It assures: the continuity of the mental and emotional development, a sufficient level of socialization, a control of anxiety and fear. The fear of physical pain is often not expressed because they are afraid of disappointing the others consideration or, on the contrary, it comes exasperated in no controlled expressions of anger. More than all, the seclusion risks to confine the patients in psychotic fears of "falling in pieces" and to feel to die. Altogether these fantasies are going to increase the self-pain perception, in occasion of medical procedures. The movement, connected to the action of playing, supplied already a channel of expression to the anxiety that becomes tolerable, because it visualized in the protected space of the therapeutic setting. In this case the therapeutic work, in the individual play and in the group one, was to recover such acting in order to give to it a verbal communication form: the play of the colours, the paintings, the rules play, the plasticine, had a translation "from the concrete to the symbolic level, until the level of the words. The play therapy gave the possibility to the facts and to the concrete objects to find "the words in order to say": "I have pain", "I have fear of the illness", "I have fear to be alone", "I need you". The children followed with the play-therapy had the opportunity to find expressions for their pain which, wit less anxiety and worry, was perceived smaller. Continuing the intervention also after the manoeuvre, it has been noted a further reduction of aggressiveness that, generally, persists beyond the procedures, against the adults involved in the act, both executors (operators) and impotent participants (parents).

Education – changing – autonomy: Parents, always very worried that the pain suffered by their child is not sufficiently evaluated, generally act as anxiety amplifiers, that is they tend to describe their child's pain as the "maximum pain". In this case, helped in containing their child's pain, through play-therapy for the child and conversations for them, they managed to minimize the effect of "resonance box" that their own anxiety induces to the painful perception of their child. Similar benefits have been observed in the operators that have effected the painful manoeuvre; whenever they can carry out these painful manoeuvres on less anxious children, they face this experience with more relaxation, being even able to experiment it as a further occasion of comprehension and vicinity with the children. The results of project underline the importance of educational and support interventions for oncological patients undergoing procedures, with special attention to the use of psychotherapy for patients and their

parents, as an important step to the self government of the family in front of emotional pain.

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Nuclear magnetic resonance (NMR) in the "Hospital without pain"

Daniela STRABLA, Raffaele SPIAZZI

NMR in children has several critical aspects. First, since children are not able to keep still during the whole procedure, they need sedative medication, usually achieved by intravenous drugs. Catheterization of a peripheral vein is often difficult, due both to vasoconstriction and lack of compliance by the child. Therefore, nitrogen protoxide is commonly used, since it has the advantage of inducing vasodilation, though exposing the subject to the risk of cardio-circulatory arrest. NMR can therefore expose the patient to several risks, as a consequence, the child may need to be admitted to the ward for a whole day with remarkable discomfort and delays in the waiting lists for this procedure. In 2007 the Children's Hospital of Brescia, has realized new guidelines, defined "Topic analgesic applications during procedures of venipuncture and positioning of indwelling catheter", in the area of "A Hospital without pain". These Guidelines have been used for a new procedure that has allowed us to optimize the NMR execution in children in terms of timing, comfort and safety. In particular, the nursing staff of the Unit where the child is admitted arranges the positioning of the venous catheter according to what recommended by the Guidelines and then, in the RX Unit, sedation induction turns out to be easier. Propofol, a drug allowing a quick neurologic recover and therefore an earlier discharge of the patient, is the hypnotic medication used. Therefore, one can conclude that the production by a Task Force of Guidelines for the positioning of a catheter after analgesic medication, their application in a hospital setting and the tight collaboration between the medical and the nursing staff of the PICU, Neuropsychiatry and radiology has allowed reducing the risks derived by sedation, performing pediatric NMR in a day-hospital setting and shortening the waiting lists and the admittances to hospital.

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Session 3.7 – Workshop: What can hospitals and health services do to improve equity in health?

Facilitator: Tomas STEFFENS (DE)
Venue: Room "Paul Ehrlich"

What can hospitals and health services do to improve equity in health?

Tomas STEFFENS, Thomas ELKELES, Holger KILIAN, Gerd LUDESCHER

There is strong and growing evidence that lower social and economic status is associated with worse health: Persons with low income, education and professional positions have a greater risk to become ill and a shorter lifespan expectation. The workshop will deal with the topic of health inequity in three steps:

- Firstly the forms, extension and causes of health inequity will be explained.
- Secondly, we will consider the possibilities and restrictions hospitals and other health services are confronted with in improving health equity.
- Thirdly, the experiences of the "Kooperationsverbund Gesundheitsförderung bei sozial Benachteiligten (Cooperation on Health Promotion for the Socially Disadvantaged)" in Germany, a cooperation platform for many health promotion actors on the basis of the setting approach, will be discussed.

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8. Oral Presentations: May 16, 2008, 14.15–15.45

Parallel Paper Session 4.1: Improving patient empowerment, lifestyle counselling and health literacy

Chair: Pierre BUTTET (FR)
Venue: Plenary Hall

Disclosure of appropriate and non frightening information – communication skills

Klaus HUELLEMANN

The paper feature begins with two case vignettes highlighting a common clinical problem. Evidence supporting various strategies is then presented, followed by an review of formal guidelines, when they exist. The article ends with the author´s clinical recommodations and a plea for sensitive communication skills.

The clinical problem: Physicians are required by law and by medical ethics to obtain informed consent of their patients before initiating treatment. Data suggest that the performance of the physicians´ duty on the disclosure of information to a competent patient is often suboptimal. Physicians are neither aware of the patient´s anxiety nor of a patient's relatives' serious worry.

Strategies and evidence: A table is presented of legally relevant criteria for decision-making capacity of the patient. Every physician-patient interaction is an intrinsic aspect of how the patient cope with anxiety. Provisonal guidelines are recommende by the author, e. g. 6 stepts in breaking bad news and Ericksonian Diamond (what and how to communicate: Set-up, intervene, follow-through).

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Facilitating lifestyle counselling in primary care: a year two progress report on the Clinical Prevention System (CPS)

Robert PERREAULT, France REMETE

The CPS is a sustainable strategy designed to strengthen capacity for lifestyle counselling in a community of 2,000 physicians in Montreal, Canada. Initially presented as a concept at the 2006 Dublin HPH Conference, the CPS is a novel strategy deployed by the 12 local health authorities (called CSSSs) of the city. This presentation reports on the initial implementation results including uptake by each CSSS. Conceived by the Regional health authority's Public health directorate in close cooperation with the CSSSs and the medical community, this service acts as an extension of physicians' brief counselling efforts for nutrition, physical activity and smoking cessation in the fashion of a lab or radiology service. It is based in the medical clinic where a waiting-room poster invites patient participation. A short motivational questionnaire is filled by each patient and handed over to the doctor who then uses a green prescription to refer the patient to one of 12 local Health Education Centers (HEC). Using a motivational interviewing approach, the Centers serve patients regardless of their readiness to change status. With a design integrating the best practices as well as directions from an extensive participatory consultation process, the program has already achieved many of its planned milestones:

- Creation of a dedicated team in each CSSS composed of a nurse facilitator, health educators, smoking cessation specialists and physician champions from participating clinics,
- Deployment of 12 multimedia Health Education Centers providing computerized lifestyle appraisal and face to face motivational interviews,
- Design, production and distribution of program materials,
- Detailed consultation report to be sent back to referring physician,
- Support of all personnel using the communities of practice approach,
- Extension of the HEC service to major hospitals under way,
- Systematic process and outcome evaluation.

Lessons learned from this initiative are discussed and debated.

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Nutrition education for the metabolic syndrome prevention of elder residents in the community through the team work among the university, university hospital and community voluntary health workers.

Shwu-Huey YANG, Chiao-Yun CHUANG, Geng-Chang YEH

There are up to 2,180,000 persons who are over 65 years old in Taiwan and about 9.6% of total population. It is of significant public health importance to be able to decline mobility of severe chronic disease. The metabolic syndrome has become increasingly common in Taiwan. It's estimated that over 50 million Taiwanese have it. According to leading cause in Taiwan, there are 8 disease items related to metabolic syndrome. Metabolic syndrome defined in terms of abdominal adiposity, elevated triglyceride level, low high-density lipoprotein cholesterol (HDL-C) level, high blood pressure (BP), and high fasting blood glucose. This study is based on combination the resource of medical university, medical university hospital and community voluntary workers

to establish a community-base elderly health care program. Not only proved more medical resources but also educated its quality of the life seriously. University students are very powerful for nutrition screening among the community. To concluded the nutrition problem of the residents after screened. We established and conducted a nutrition education program into the community, especially practice skill. The nutrition education program base on those theory as follow: "theory of reasoned action", "health belief model", "community learning activity", "social cognitive theory" and "social learning theory". A role model was picked up from the community voluntary worker which was based on the idea of "the power of positive deviance". Study evidenced that nutrition education program improve the health diet and higher concernment have higher healthy benefit for the participants from the nutrition education program.

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Families as partners in Patient Safety Committee – A strategy to promote family centred care and enhance patient safety

Kimberley MEIGHAN

Patient Centred Care (PCC) is a key component to delivering safe care (Kohn et al. 2000). PCC respects and is responsive to individual patient preferences, needs and values, and ensures that these preferences guide all clinical decisions. In a pediatric setting, both the child and family's preferences and values are critical and as a result the concept of PCC is broadened to include the entire family and is termed Family Centred Care (FCC). True FCC requires transparent and ongoing collaboration between the child, family, and all members of the healthcare team (Fleming-Carroll et al, 2006). At Toronto's Hospital for Sick Children (SickKids), we have embarked on a partnership with families to ensure the safety of their children through the Families as Partners in Patient Safety Committee. The committee includes representatives from the hospital's Children's Council, parents, and healthcare providers. The mandate of the committee is to:

- identify pediatric patient safety issues,
- make recommendations to improve patient safety,
- implement and evaluate improvements in patient safety, and
- increase awareness and promote the partnership between patients, parents and staff in ensuring patient safety.

Key initiatives to date have included the development of patient safety information pamphlets for families, a combined hand hygiene campaign, strategies to ensure a latex free environment, policies regarding the use of wheeled devices (e.g. "wheelies", tricycles) in hospital, recommendations related to accurate patient identification, suggestions for appropriate pain management during IV starts and a campaign to make the hospital 100% smoke free. These achievements highlight the importance of partnership and collaboration to improve the quality and safety of care for patients and families. This presentation will highlight the Families as Partners in Patient Safety Committee and their collaborative efforts to improve the quality and safety of care for children at Sick Kids.

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Parallel Paper Session 4.2: Health promoting psychiatric health services (II) – Patient education and dementia

Chair: Rainer PAUL (DE)
Venue: Room "Emil von Behring"

Implementing Smoke Free Mental Health In-Patient Services in Scotland (One Year On)

Thomas HARRISON

Forensic Mental Health Services within NHS Greater Glasgow & Clyde would like to share with you how they went smoke free internal buildings in two seperate hospital sites on the 1st June 2007 last year. Patients often felt that they were being discriminated against because of the exemption by legislation of mental health services in Scotland. In general cessation services were delivered to the public and rarely did it included mental health. In Forensic Mental Health Services, I will aim to discuss how we tackled this area of health inequality and how going smoke free has been a major success with no smoking relating incidents to date identifying how it has made a difference re tobacco consumption, referral rates and quit attempts and statistics around staff training. I will also provide a detailed timeline of how we prepared towards implementing smoke free practice re patient, staff and carer involvement and what barriers we encountered along the way. In 2004, Forensic Low Secure services had 81% of the patient population smoking tobacco products. This figure I will demostrate re cessation work by nursing staff dropped to 77% in 2006. Figures rose slighly in 2007 to 78% due to

patient and staff movement. 2008 figures will be available before HPH conference for analysis.

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Patients' perspective to patient education interventions at psychiatric hospital

Heli HATONEN, Anneli PITKÄNEN, Harri WARRO, Lauri KUOSMANEN, Marita KOIVUNEN, Tiina JAKOBSON, Maritta VÄLIMÄKI

Background: Patient education as an element of health promotion is a central part of the psychiatric care. The aim is to support patients' involvement in treatment and their well-being. For this to be achieved, psychiatric services need to orient their future developments at patients' needs and expectations. Although a number of patient education programs have been developed and evaluated, there is a lack of knowledge of how patients themselves experience the various patient education methods used on psychiatric wards.

Objective: The aim of the study was to describe patients' experiences of different types of patient education interventions and their suggestions for further development for patient education.

Method: Patients (n=16) with schizophrenia and related disorders were interviewed in three different educational groups. The patients in the first group (A) received needs-based education using a computerised patient education system. The second group (B) received patient education sessions with standard written leaflets, while a third group (C) received patient education according to ward standards. The data was analysed with a qualitative content analysis.

Results: Patients' different experiences of patient education were described as dynamic, passive and fragmentary. The patients who participated in structured patient education with the computer (Group A) and the leaflets (Group B) described their experiences mostly as dynamic or passive. The patients who received patient education according to ward standards (Group C) reported patient education mostly as a fragmentary intervention. Patients' suggestions for the development of patient education were more facilitative nursing actions and more individually delivered patient education programmes.

Conclusion: The patient orientation of health promotion can be improved by enabling the use of structured individually delivered patient education in psychiatric services. Structured patient education programs can contribute to improvements in patients' active participation to the treatment and the well-being of people with psychiatric problems from patients' perspective.

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Health promoting psychiatric care services in the elderly with dementia: The outcomes of a specific network for Alzheimer's disease and the role of "Alzheimer Evaluation Unit"

Niccolo VITI, Carlo ABBATE, Alessandra CANTATORE, Francesca NIDO, Federico PIRRI, Giuliana BONACINA, Mio Li Chiung Ching WANG, Giuseppe GALETTI, Roberto CAPRIOLI

Introduction: The aim of this work is to show the main outcomes of a specific network for Alzheimer Disease (AD) and role of "Alzheimer Evaluation Unit" (AEU).

Methods: The AEU visit elderly with cognitive deficits, dementia or psychiatric disorders (especially depression). This Unit is responsible for the technical direction, planning and coordination of all activities of prevention, diagnosis, treatment and rehabilitation carried out to ensure the health objectives defined by specific acts of programming. The activity of the department for AD is designed to develop the network of services and benefits and health care and social activities for people with cognitive problems and their families. The UAE aims to follow the elderly with Alzheimer's disease and their families with different services that are offered depending on the phase of disease: Daily Center for mild forms of dementia, the Clinical Institute for patients in acute phase, the "Rainbow's Nucleus" for elderly suffering from dementia with severe behavioural disorders and the Nursing Home for severe dementia.

Results: The main outcomes obtained are: creation of a "reference point" for family and elderly with Alzheimer desease, a plurality of services for the care of the elderly with dementia at every stage of the disease, the slowdown in the progression of the disease especially for patients admitted in "Rainbow's nucleus", a progressive improvement of assistance and the reduction of stress and burn-out operators, promoting conferences and meetings, the creation of a service of cognitive rehabilitation and psychology for the assistance of families, publication of results obtained.

Conclusions: This work show the path for the management of the elderly with dementia at every stage of the disease. The main outcome was a concrete help for elderly with Alzheimer disease and their families, seeking a growth intellectual, cultural, structural for the good care of this disease.

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Parallel Paper Session 4.3: Improving mental health promotion in Health Promoting Hospitals

Chair: Christina DIETSCHER (AT)
Venue: Room "Paul Ehrlich"

Promoting Mental Health in the Workplace

John WELLS, Jennifer CUNNINGHAM

There is an increasing social responsibility amongst employers to promote positive mental health in their workplaces, and a need to support and retain employees who endure mental health problems. Mental health policy identifies employment as being key to the recovery and rehabilitation of people who experience mental health problems. However, there is a paucity of Irish literature on mental health and employment, particularly in relation to employers' views of mental health problems within their workplaces and what they feel would be a supportive policy environment for corporate responsibility in this area. The European Commission (2005) issued a Green Paper on Mental Health indicating that people with mental health problems have the highest rates of unemployment amongst all people with disabilities and called for more research to be carried out in this area. Specific attention has been drawn to the relationship between unemployment and the social exclusion of people with mental health problems (Social Exclusion Unit 2004). For many recovery from their illness is now achievable, however recovery from the consequences of their illness is more difficult to achieve. This is reality for many who because of their mental health problems are excluded from the workforce. An ongoing study amongst a number of employers and service providers across the south east of Ireland aims to investigate employers' views of disability policy and the employment of people with enduring mental health problems. The study aims to promote awareness of mental health as being a significant issue amongst the business population in the Republic of Ireland. Preliminary findings indicate that depression, anxiety/stress and alcohol dependence are the most common mental health problems experienced by employees. A large number of employers indicated that they had no access to support services for employees who experienced mental health problems. The level of support offered by industries to employees who experience mental health problems is influenced by the size of the business. Larger companies employ a greater number of people with mental health problems and are more likely to offer support services to employees who experience mental health problems. A large number of employers who participated in this study indicated that although they are aware that many of their employees experience mental health problems, they are unaware of what type of mental health problems their employees endure. In relation to employment equality legislation, employers ranked advise on legislation and implementation of legislation as a low priority in supporting them in the employment of a person with a mental health problem. Qualitative finding from this study are currently being analysed and analysis is due to be completed in April 2008. Anticipated outcomes from this study are likely to include information on the effectiveness of current support initiatives from the business perspective; identification and dissemination of good business practice when dealing with mental health issues in the workplace; dissemination to clinical and rehabilitation settings in mental health to inform recovery based service development and delivery.

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Medical personnel and alcoholism: How to deal with a taboo? A German and Italian confrontation

Ina Maria HINNENTHAL

Medical doctors and nurses affected by alcohol dependency easily don't enter in a therapeutic program for feeling ashamed and being afraid of the legal consequences. Even if in Europe in the youngest generations the stile of alcohol consumption follows a global northern imitating effect the middle and older generations in Italy have the characteristics of the Mediterranean stile of drinking:

- never drink too much,
- drinking mainly wine during lunch and dinner.

Consequently, the Italian alcoholism has the characteristics of an important physical dependency, a low social damage and a late biographical on-set, often related to traumatic life-events (Cloninger, 1988, Hinnenthal et al., 2001). In Germany, the northern stile of drinking is ambiguous:

- never drink in working, driving or other situations with a high level of responsibility
- It's allowed being even drunk for fun without feeling ashamed in outside home situations.

The resulting alcoholism quickly creates an important social damage. The physical dependency is less. There is an earlier biographical on-set and it is less correlated to life-events (Hinnenthal et al, 2006). The social, legal and clinical differences of Italy and Germany in the field of alcoholism and the consequences for the therapy of medical doctors and nurses are discussed.

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Mental health promotion project in the Forssa District

Virpi LAAKSO, Riitta SUHONEN, Markku TURUNEN, Markku PURO

Mental health is crucial in the information society. The Health Care District of Forssa in Finland started a Mental Health Promotion Project in May 2007. The project has government (75%) and local municipality funding (25%). The inhabitants in the area (36,000) are faced with many mental health challenges, including a high amount of divorces and single-parent families, many young men having difficulties in finding their place in the society and a high proportion of disability caused by mental health problems.

Project goals: To produce a plan for mental health promotion in the area. The plan assembles the interventions already in action in the different services and provides a helpful tool for considering the unity of actions. Subprojects to develop services Six subprojects are organized targeting divorcing parents with children, promoting the participation of youth in the society (going to school, getting a job, joining social networks), depression prevention, psychological crisis intervention, occupational health care in cases of problems with the work community and the mental health of aged people.

Project organization: A full-time project coordinator (psychologist) takes care of the practical developmental process. She is assisted by the project group, which consists of mental health professionals. The project work is guided by the steering group, which has a broad representation from several community areas.

Theoretical framework: The process model of mental health was chosen as the framework to guide the developmental work. Mental health is understood as a dynamic process, affected by several factors. Some of these factors build and strengthen mental health, others deplete and weaken it. Mental health promotion focuses on strengthening the constructive factors and mental health prevention aims at diminishing the impact of destructive factors.

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Implementing a Mental Health Promoting Network in an area of Northern Italy: The Como Project

Antonino MASTROENI, Ornella KAUFFMANN, Claudio CETTI

Background: A core issue of Public Health Policy in Italy, in the last decades, has been considering citizens' participation as an essential element of good governance. Lombardy Region legislation on mental health, after completing the closure of former mental hospitals in the years 1997 to 1999, has designed a fully Community-based mental health system. Many projects have been implemented, aimed at involving key stakeholders such as users, relatives, and voluntary organizations, in mental health management and planning. In the years 2005 to 2008, a Project aimed to build an "Alliance for Mental Health Promotion" held by Como Mental Health Department, has been funded by Lombardy Region. The program reflects both the philosophy of the Regional Mental Health Act of Lombardy and the Como Mental Health Department policy. Really, user associations (both patients and relatives), local authorities, non profit organizations in the Community, are called to participating in policy definition with Health and Hospitals Services. Main Objectives of the project

- Implementing a fully integrated community-based mental health system
- In providing an integrated mental health care, framing the needed interventions within a wider agenda for the promotion of mental health.
- Creating a Steering Committee for Mental Health Promotion in the Como Province area, fund raising, identifying shared priorities and objectives and monitoring results
- Building users and non profit organizations capacity to contribute to an integrated and person-oriented mental health services development

Core *Methods:* A central idea has been – as a way of strengthening partnerships – to allow the Mental Health Department to use "ad hoc" financial resources for training not only the health sector workforce, but even non health sector and non profit organizations. The second core idea has been, experiencing the decentralization of funding capacity to MHD beyond traditional existing funding bodies. Preliminary results are presented and discussed by the authors.

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Parallel Paper Session 4.4: Health promotion for hospital staff – areas for intervention

Chair: Matt MASIELLO (US)
Venue: Room "Bernhard von Langenbeck"

Violence against nurses in the Accident and Emergency Department: Heading towards structured preventive measures

Susanne BARTEL, Heike OHLBRECHT, Marco STREIBELT, Ernst von KARDORFF, Werner MÜLLER-FAHRNOW

The Accident and Emergency Department (A&E) constitutes an interface between the accident ambulance and hospitals, putting high demands on professional and individual competences, resources and coping strategies of the staff as well as on the arrangement of workflow. In this context

violence against staff by patients and/or relatives in the A&E depicts a problem, which should not be underestimated. In the German context the NEXT study identifies a surpassing rate of violence in the field of nursing compared to other European countries. The prevalence rates of violent situations in A&E Departments are almost corresponding to those in the psychiatric health care system (Camerino et al. 2008). The intended lecture will present a systematic literature review of violence in the A&E focussing its prevalence, predictors and effects. It will be shown, that results are widely varying in terms of prevalence rates and that explanations for the experienced violence is limited to patient characteristic factors only. Though violence in the A&E is a widely discussed and documented phenomenon in the international research circle, no explanation for the varying prevalence rates can be found, nor precise knowledge about causes, conditions and effects are examined and structured prevention programmes (except in the psychiatric health care system) are evaluated either. Our project aims at filling this gap by developing preventive measures in order to reduce violence and its effects in the A&E. A systematic survey of violence will be conducted to identify conditions, risk factors and causes for violence in the A&E by focussing on different levels: person, situation, interaction and process with a special emphasis on basic underlying structures. Quantitative as well as qualitative methods will be applied during the main phases of the project, that is survey and analysis, development and implementation of the preventive measures and its evaluation. On one hand the results will provide representative data about prevalence of violence in German A&E and on the other hand a prevention catalogue for implementation will be developed.

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7 columns activation programme for staff health

Charlotte DICHTL

An initiative for the promotion of our staff's health. Developed by employees for employees.

Short project description: In the St. Vincent's Hospital in Linz, Austria, health promotion and prevention is understood as the collective mission of employees from the departments of occupational medicine, clinical psychology, nutritional medicine, pastoral care and hospital hygiene. Representatives of these disciplines have developed the "7 columns activation programme for staff health" as one way to fulfil this mission for the hospital staff. The hospital management is supporting the idea and provides financial resources. The participants of the programme are paying a minor contribution.

Project details: Problem analysis, initial point of the project: Hospital workers are exposed to numerous physical and emotional burdens. Employees in all departments and from all disciplines are affected to a different extent by working with and for patients, and by performing administrative and technical tasks.

Concept, new quality, aim of the project: It is the aim of the 7 columns activation programme to have permanently available offers for all our employees to support them in promoting and taking care of their own health. In the long run, we want our employees to make use of these offers in teams, following the motto "together instead of lonesome": We all know that we occasionally need a gentle push for our own health activities.

Practical implementation, experiences, results: The development of the project concept began in September 2002. In August 2003 we promoted our 7 columns activation programme for the first time. For this project, we were awarded the Health Award of the city of Linz. Our vision is to implement the programme as a permanent routine in our hospital. In 2007, we started the fifth project cycle, the programme for 2008/9 is currently being developed. The 7 columns activation programme has been developed for our hospital staff with the aim that every individual employee shall be motivated to reflect his/her own health and to become active, if necessary. With our example, we would like to encourage also other health care institutions to support and promote activities for their staff's health.

Evaluation: In 2008, the 7 columns activation programme has been evaluated by a university student for the first time.

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The Ethical Chart

Giuseppe VILLANI

In Aosta Valley, an Italian region of 120,000 inhabitants, the local Health Agency employs about 2,200 in- and out-of-hospital employees with increasing mean age. To promote well-being at work, in line with the WHO's "Health21" policy framework and local Trade Unions, it firstly explored to what extent its staff is satisfied at work by means of a survey on organisational environment being submitted to all its employees and obtaining a response rate of 84% . Secondly, it drew up an ethical chart. This chart is a dynamic instrument: it takes into account ethical working conditions affecting efficiency and effectiveness of services to promote a sense of belonging to the Authority, recognize the meaning of one's work, sympathize with the Authority's values and purposes, foster settings and procedures to understand such values and enhance their transparency, so to get involved in defining and realising them. It was carried out in several stages and involved proportionately all different Authority professionals and organisational areas. First of all, suitably advised on principles and grounds of well-being at work by a philosopher of organisation and management, a pilot group of about 20

developers was created. Together with such outside consultant, it involved a further 200 employees (10% of all Authority employees) in training activities aimed at providing basic linguistic and conceptual tools to tackle with ethical concerns and extend ethical learning to all healthcare professionals. Being selected in a cohesive fashion, considerations pointed out by working groups, participants' proposals and mutually agreed ethical guidelines are the content of this chart which healthcare professionals virtually enter into with the Authority, themselves and their working grounds, their colleagues and, of course, citizens-users. It is up to developers, who are now becoming a permanent group, to implement and update this chart.

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Powerplay or empowerment? That is here the question! Change management within a crisis needs support or it doesn't happen

Karl PURZNER

The Otto Wagner Spital in the city of Vienna has been member of the national and international network of Health Promoting Hospitals for many years. Ever since 5 years within a complex strategic project we are working on the issue of integration between sustainable development and Health Promotion in our hospital and within the Vienna Hospital Association with scientists and the Diakoniegroup in Berlin as partners. Nevertheless we currently experience a critical state of our hospitals system, the reasons for which are pointed out within the staff oriented "Scope & Purpose" passages of this conference: In the health society, the awareness for the health impact of work is rising: Demands for fair, acceptable and healthy working conditions, including chances for a better work-life balance, are getting more prominent among the workforce. Hospitals with their predominantly high-risk working places are faced with these changing expectations at a time when they are pressured for further work acceleration and rationalisation, not at least by the increasing need for care, which is due to changes in demography and epidemiology. At the same time, the increasing attention for the negative impacts of distress in healthcare staff on the quality of care and on patient safety are further supporting the need for workplace health promotion in health care a need that is even stronger underpinned by the increasing shortages in healthcare staff in many countries, and by the ageing of health care staff. What is not mentioned in this passage is the continuously rising level of aggression, destructive behaviour and violence within society, that sweeps more and more into the health care system and has to be coped with. Under these circumstances of crisis and pressure as we experience them at present more or less in the hospital scene all over Europe, we observe a high risk for our humanistic endeavors in the above mentioned areas to be crumbled by powerplay, as transactionalists have named it: a destructive form of exerting influence within a system. How can we deal with this understandable, but not at all tolerable trend and danger, which has a strong ethic implications? We will try to show, how even under severe distress we not only hold on to the principles of health promotion. Rather more we find new ways of consolidating and deepening our health promoting and sustainability developing efforts by remembering and making use of one of the main ideas of health promotion: crisis by symptom formation or disease is on the one hand a danger; always and at the same time though there is a chance to it: to detect and fulfill developmental needs, that up to the moment of crisis have not had enough attention yet. This principle which holds true for our patients could likewise be applied for the patient "hospital" as an organisation or system in crisis. In the early years of Health Promotion we were used to call this perspective the fourth pillar of Health Promotion: working on the "health" of the organisation. Today we find this approach within the "setting oriented part" of the 18 strategies of HPH, which have been developed several years ago. We will try to show, how we make use of this original and basic idea of Health Promotion by different quality management instruments like TQM-concepts, the sustainable balanced scorecard and the news concepts of learning and cultural change. High quality change management under circumstances of crisis obviously doesn´t happen by itself, but deserves a broad and effective support initiative, in order to empower those people who are willing to move towards the goal of health promotion. We will report from the Otto Wagner Hospital, that even although we are under severe distress there is no reason for resignation. Many things can be done, to empower people for moving towards sustainability and health promotion as individuals and together with their organisations. As to our experience a combination of (1) supportive strategic frameworks (2) innovative methods, tools and concepts with (3) different forms of networking and (4) continuous communication and coordination seems to be a rather efficient way of empowering people and systems.

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Parallel Paper Session 4.5: Applying standards for health promotion in hospitals and health services

Chair: Hanne TONNESEN (DK)
Venue: Room "August Bier"

Audit of health promotion activities within Greater Manchester hospitals, UK

Charlotte HAYNES, Gary COOK

Background: UK Public health policy requires hospitals to deliver health promotion to patients for healthy lifestyles, but there is currently little data on the health promotion services delivered within hospitals. This study collected data on the routine health promotion activities delivered to hospitalised patients.

Methods: An audit of data contained in hospitalised patients? written medical case notes for evidence that the following standards were met: 100% of hospitalised patients screened for smoking, alcohol use and obesity, 70% of smokers offered health promotion for smoking cessation, and 50% of patients identified as misusing alcohol, obese, consuming an unhealthy diet, and/or physically inactive delivered the appropriate health promotion. Nine hospitals in Greater Manchester, England participated. A minimum of 70 case notes was provided by each hospital. A total of 969 case notes were audited.

Results: Four hospitals screened all patients for smoking, but none of the hospitals met the standards for screening alcohol use or obesity (body mass index). An average of 23% of patients were screened for diet and 3% for physical activity. For health promotion delivery, based on absolute proportions/95% confidence intervals, all hospitals met the standard for diet, four for alcohol misuse, and four for physical activity. None of the hospitals met the health promotion delivery standards for smoking or obesity.

Conclusions: Major changes to screening procedures are required for acceptable levels of screening for obesity, diet and physical activity to be reached. While some hospitals appeared to meet standards for health promotion delivery for alcohol, diet and physical activity, given the poor screening procedures for these risk factors, we can not conclude that health promotion delivery met the standards set. The delivery of health promotion is poor for all risk factors and major changes in health promotion practice within hospitals may be required to improve the situation.

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Development of Thailand HPH Standard to HPHNQA

Nanta AUAMKUL, Sopon MEKTHON,
Somsak PATTARAKULWANICH, Chuen TECHAMAHACHAI,
Jaruwun JONGVANICH

Rationale: Thailand has been implemented the Project of Health Promoting Hospital since 2001. Almost 900 hospitals or more than 90% of hospitals under the Ministry of Public Health (MOPH) accessed as a Health Promoting Hospital (HPH). One of the key majors for the success of the project is "the criteria standard" which covers the 4 target groups of the hospital starting from health promotion for hospital staff, health promotion for patients and relatives, environmental health and health promotion for the community. This standard criteria were modified by the standard of Total Quality Assurance (TQA) by means of 7 components of Organization Leadership and Administration, Human and Resources Management, Healthy Environment, Health Promoting for hospital staff, Health Promotion for the community and Outcome of the health promotion process. The ranging score is 5 levels. The passing level is level 2 and up. In the year 2007, the Department of Health, MOPH trys to develop the HPH standard criteria to be more justified and benchmark to the standard of Health Care Criteria for Performance Excellence (Baldrige National Quality Program (MBNQA). This research study has been launching in 16 hospitals. There are 2 phases: the first phase (year 2007) is the setting of questions for hospital as tools to assess and meet the opportunity for improvement or for hospital development named Health Promoting Hospital National Quality Award (HPHNQA), the second phase (year 2008) is the process of learning and defining of good practice models from 16 hospitals for knowledge management sharing among themselves. Objectives to develop the guideline and procedure of hospital self-assessment by mean of Health Promoting Hospital National Quality Award: HPHNQA Standard.

Methodology: The study had developed the HPHNQA Standard Criteria by benchmarking with the HPH Standard Criteria's Thailand and the MBNQA Standard Criteria under the brainstorming and discussion for 4 times among 16 hospitals target. The setting of questionnaire is based on the MBNQA seven components but difference in some categories refer to be more health promotion concept. The first phase (year 2007) finish with the first draft for proceeding in 16 hospitals.

Result: The HPHNQA Standard Criteria first draft for pre test among 16 hospitals.

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Self assessment monitoring and outcomes in Health Promoting Hospitals in Estonia

Tiiu HARM, Lagle SUURORG

Introduction: The self-assessment tool for health promotion (HP) in hospitals addresses the all important issues of health care ("Manual on implementing HP in hospitals", ed. Oliver Groene, 2006).

Aim of the study: To evaluate the implementation of health promotion (HP) in the Estonian HPH Network member hospitals.

Material and method: 17 HPH out of 23 filled the self-assessment questionnaire.The survey was provided in November 2007 and analyzed using SPSS statistical package.

Results: In the management policy the aims and mission of HP was in full stated in 21.4% and partly – in 78,6% of hospitals. Less than in one third (28,6%) hospitals had HP in quality and business plans in full and 64,3% had it in part. All hospitals had some resources for the HP activities. 85.7% of hospitals captures data on HP interventions routinely. The patients' HP needs were assessed systematically in full in 33,3% and partly in 45,2% of hospitals. The HP activities were documented in 85,7% of patients' records. All hospitals had the information about high/risk diseases. Almost all (92.9%) hospitals had the patient satisfaction asssessment. The most successfully (100% of hospitals) were implemented the standards of promoting a healthy workplaces (smoking cessation, physical activity and stress management programs were in place). Altogether 92.8% of hospitals stated that HP services were coherent with regional health policy and 100% of hospitals sent written summary of patients' care to family doctor.

Conclusion: HP is becoming an integral part of the health care process and is related to clinical, educational, behavioural and organizational issues (Groene, O, Garcia-Barbero, M). The self-assessment of Estonian HPH activities was valuable for futher planning of improvement of quality in health care.

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Implementing HPH within a teaching hospital network: Adapting the HPH concept to fit the organization's strategy

Marie-France NOEL, Charles SOUNAN,
Marie-Claire RICHER, Ann LYNCH, Stella LOPRESTE

This presentation describes the integration of the HPH concept within 5 teaching hospitals at the McGill University Health Center (MUHC). Recognized as a leading health care organization in Canada providing tertiary and quaternary care, the MUHC is part of McGill RUIS that covers over 60% of the province's geographic region and serves a population of 1.7 M. The HPH implementation process followed a number of steps that served to establish the validity of such a concept within a teaching hospital network. The process started with the development of a steering committee of multiple stakeholders to lead, support and plan the HPH strategic orientation. This bottom up approach was not only unique but successful to ensure the buy-in of the different stakeholders while ensuring the fit of the HPH concept with the organization's strategy. Furthermore, to better analyze on-site HPH initiatives, an inventory tool was developed to evaluate the progress of grassroots health promotion initiatives. Following HPH standards gave the opportunity for the organization to review the health promotion concept in the context of a teaching hospital network. Preliminary results of the concept integration and implementation highlight a number of best practices that can be shared with other similar healthcare organizations in Canada and abroad.

Note: In Quebec, the Agence de la santé et des services sociaux de Montréal has been mandated to develop and lead the Montreal network for Health Promoting Hospitals and CSSS Health Care Organizations. Fourteen Montreal CSSS & hospitals are officially members of which the McGill University Health Centre since Spring 2007.

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Parallel Paper Session 4.6: Central Issues of Migrant Friendly and Culturally Competent Health Care: Concepts, Research and Interventions

Chair: James ROBINSON (UK-Sco)
Venue: Room "Robert Koch"

Advancing cultural competent performance in health care organizations: best practices in dealing with conflict and critical communication involving minority patients and communities

Anja Corinne BAUKLOH

In the public sphere conflicts between individuals and groups with a background of different cultures and values, have increased in the recent past. Health care organizations represent an important context in which these conflicts take place and are confronted with the need to provide culturally appropriate services in an increasingly globalised and diverse world. While the health market in the so called "health society" is booming, do the needs of minority patients and their communities pose questions concerning inequalities in health and the accessibility of services. Conflicts which are not articulated or poorly managed have a negative impact on the working climate, the quality of the service provided and the patients safety. They damage the relationship between health care providers and minority patients and lead to a deep sense of powerlessness and frustration on all sides. Appropriate procedures of dealing with emerging tensions and exploding intercultural conflicts in health care organizations are urgently needed.

The paper presents best practices in dealing with conflict and critical communication involving minority patients and communities and outlines their impact on the advancement of cultural competent performance in health care organizations. The empirical evidence derives from case studies of HPH Task Force Migrant friendly and culturally competent hospitals. Intercultural conflicts and critical communication, the quality of the health services provided and the patients safety are topics of an qualitative analyses aiming at the development, testing and revising of a set of practical instruments involving management and staff of hospitals and health services, patients, patient organizations and advocates and community representatives in the discussion and elaboration of new forms of dealing with conflicts and critical communication involving minority patients in a patient-centred health service developing towards cultural appropriateness and equity.

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The impact of immigration over the surgery department and the need for new cultural competences

Andrea BURON, Francesc COTS, Cristina INIESTA, Ana SANCHO, Xavier CASTELLS

The catchment area of Hospital del Mar, a migrant friendly hospital in Barcelona, is made up of two districts, one of them with the highest figure of immigrants (38,5%, double the average for the city). The challenge of being responsive enough to the specific needs of migrants, which are at risk of not receiving the same level of health care that the autochthonous population receives, has been one of the hospital's main concerns. Our study focus up to now was the emergency department, where access barriers are low and the impact of the migrant population over the hospital's case mix, although overall relatively minor, was higher. Impact over other services like surgery, in-hospital or outpatient services had shown to be trivial in previous analysis. However, preliminary findings of recent data show that immigrant's weight over surgery has increased considerably. Immigrants make up a higher percentage of the urgent than of the elective surgeries, but further insight needs to be given into this data. Variables such as urgent/elective entrance, type of intervention, age, country of origin, etc., and their relationship with the available sociodemographic characteristics of immigrant population in the area will be assessed. Several hypotheses have been raised:

- the "healthy immigrant effect" and the younger age distribution of the recently arrived lead to a smaller surgical need than that of the autochthonous population, underutilisation being expected,
- due to access barriers to hospital services, immigrants tend to underutilise the surgery department, at least for elective causes, which could derive to a higher need of urgent surgery,
- since some of the diagnoses that imply elective surgery in Spanish healthcare system may not require surgery in the countries of origin, an accumulation of "previously undetected" cases and thus overutilisation among immigrants would be expected.

The final objective of the analysis will be to assess, based on the previous results and interviewing the cultural mediators, the need of promoting cultural competences among the staff and structure of the surgery department.

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Improving medical care for migrant patients: driving the change towards a migrant-friendly hospital

Anna COLUCCIA, Fabio FERRETTI, Francesca LORINI

Providing healthcare within a multicultural setting is a complex matter. Health issues touch the core of human experience, and migrants from foreign cultures with poor language skills have particular difficulty accessing Italian health services. Italian data indicate that the number of immigrant patients hospitalized has increased of 41% between 2000 and 2003, stressing the importance of implementing, for these patient groups, new quality measures, friendly routines for service provision and friendly hospital settings. In this paper are shown the results of a research conducted on a group of immigrant hospitalized at the hospital of Siena (S. Maria alle Scotte, HPH member). The project had three main objectives. Firstly, we evaluated the features of immigrant hospitalized from 2000 to 2005 (during this period, 5.498 immigrants has been hospitalized). Quantitative data were analysed to assess nationality, gender, age, pathologies and other personal features. Secondly, we studied the experiences and difficulties faced by immigrants accessing health services. From November 2006 to July 2007 a questionnaire, translated in nine different languages, was administered to a group of immigrant during their hospital stay (161 cases). The themes of the questionnaire focused on health, lifestyle, experience with health services, especially about their stay at the hospital of Siena. The study still evidence the existence of cultural and linguistic barriers, especially against physicians. Although some of those interviewed were probably undocumented, most of them had no significant difficulties accessing healthcare services. The most important problem evidenced by the survey is related to the skill of the nursing and medical staff in understanding the needs of the immigrants. We are still working for the last *Objective:* to improve hospital services' responsiveness to diverse needs. The results of the study has been used to drive a change that, through staff training, will lead to a migrant-friendly hospital.

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Wealth for all: Health without barriers

Stefania ARISTEI, Rosa COSTANTINO, Patrizia BELTRAMI, Saverio DI CIOMMO, Gian Piero CORELLESSA, Valentina DI GREGORI, Michele D'ALENA, Paride LORENZINI, Sonia CAVALLIN, Alice SCAGLIARINI, Stefano VINCENZI

Main target: Foreign young people – ethnic communities of the territory.

Scope:

1. To implement and to estimate a process of cultural and structural change in the organization in a promotional point of view of health and inter-culture promotion.
2. Making participating foreign young people and their communities in the improvement of the process of access to services.
3. Checking of personal integration in every single activity. Pointer: judgment of the tutor
4. Participation to the educational activities. Pointer: number of specific participations
5. Linguistic and cultural adaptation of communication instruments. Pointer: number of instruments

The territorial context in which the project moves is the area coinciding with the 59 Commons of the Province of Bologna, which are constituted of 50 territories of competence of the AUSL of Bologna and 9 afferent to the Consortium Social Services of Imola. This territory corresponds to one population of approximately 900 thousand inhabitants to forehead of 61568 foreign nationals residents, that is 6.5% of the total population. "Welfare for all: health without barriers" is a plan of civil service turned to foreign citizens of the Ausl of Bologna and the Consortium of the Social Services of Imola to which it has been joined also by Casalecchio di Reno's Common. The main target that the Emilia Romagna Region has been placed by promoting and financing this experience of civil service, the only one in Italy, is to involve youngsters in an experience of active citizenship, that it can be useful to the community, and to represent an occasion of improvement for the young person that experience it. This purpose has been pursued by supplying and supporting integration, starting from an interinstitutional level, in order then to become true itself concretely between the generations, between Italian young people and foreign, between individuals and their own community. The project has a purpose of promotion of a culture of health like psyco-physical well-being that cannot overlook good integration into the community and the lessening of cultural barriers in the process of access to the system of care of the Ausl of Bologna and of the Consortium of Social Services of Imola to which it has joined also by Casalecchio di Reno's Common. The activities in which the foreign volunteers are employed are all previewed in social and sanitary operating interactions. They support and are included in the following:

- acceptance and listening of the user
- translation and support to other services of the agencies in relationship with the foreign user
- elaboration of contents of informative material about social sanitary services and about activities promoted in plans for health

- planning and organization of effective modalities of divulging information (plans of communication, events and several activities)
- plans of international cooperation.

The integration of volunteers makes provision for an activity of training, aimed on the field, in order to develop basic relational competences, including an Italian Language course. Simultaneously, it has been supplied a general education on the values of the Civil Service and a specific training on single activities that the foreign volunteers will carry out in the services. The 10 volunteers, select among many applications, are highly educated, and they come from Spain, China, Poland, Albania, Morocco, Tunisia.

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Knowing each other better might be good for health

Sandra CHIGHIZOLA, Adriano PASSERINI, Emanuele TORRI

Introduction: We think that policies and initiatives for a migrant friendly and culturally competent hospital can greatly benefit from the development and dissemination of knowledge tools. Over the years, in our Trust, we pledged to put HPH policy for a migrant friendly hospital into action. The Healthcare Trust of the Autonomous Province of Trento (Trentino) operates with nearly 7,400 workers. Since 2001, the 7 corporate hospitals have joined the HPH network. Health promotion is a key corporate strategic direction.

Tool description: During 2007, with a broad stakeholders involvement (including patients and migrants organizations), we developed a manual (reference guide) for a better reciprocal understanding and knowledge among patients, professionals and citizens. The textbook is made up of different sections. It starts discussing the general contradictions between need and fear of foreigners. To follow it traces the history of Italian emigration, and outlines future perspectives of migratory phenomenon. After that, the 20 main countries of migrants provenance are analysed considering background data on: languages, health care and school systems, social and religious issues and eating habits. In the second part the manual draws the attention on the pathways of foreigners integration in Trentino. This section include detailed information on health care services utilization by foreigners (hospital admissions, emergency room attendance, cultural mediation services, etc). The third and most innovative section of the guide include reports on 30 authentic happenings in our Trust involving migrants and health care workers, facts are reported focusing the attention on the key aspect of communication.

Results: This textbook has been widely circulated inside the Trust and the community. It is intended to be actively used enabling to "wear other people's clothes" and improving attitude towards migrants.

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Session 4.7 – Workshop: Smoke-Free Hospitals and Health Services (II): Benefits of the collaboration between the HPH and ENSH Networks

Chairs: Bertrand DAUTZENBERG, Simone TASSO
Venue: Room "Rudolf Virchow"

Experiences about the integration of the ENSH concept in the HPH network

Christa RUSTLER

Health promotion as part of the implementation of a smoke-free hospital

Nicolas BONNET

The workshop will promote discussion and present proposals for greater collaboration between the International HPH Network and the European Network of smoke free Hospitals and Health Services in the field of tobacco prevention, training and smoking cessation activities. Workshop discussion will aim to identify the key actions and strategies that a collaborative taskforce could adopt for the promotion and support of health promotion and smoke free policies in hospitals and health services across Europe and internationally.

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9. Electronic Poster Presentations: May 15, 2008, 13.45–14.35

Electronic Posters 1.1 – Patient information and education in Health Promoting Hospitals and Health Services

Chair: Jaques DUMONT (BE)
Venue: Plenary Hall

P1 Effect of Lifestyle Education through Telephone Intervention in Patients with Hypercholesterolemia

I-Ching LIN, Yu-Wen YANG

Introduction: Hypercholesterolemia is a strong risk factor of cardiovascular disease that should be treated with lifestyle modifications and medication. Although telephone intervention has been approved as an efficacious way of improving patients' compliance with hyperlipidemia treatment, the efficacy of blood cholesterol reduction by telephone education program for lifestyle modification is still controversial in Taiwan. Our study would like to know if lifestyle education through telephone intervention is efficacious in reducing blood cholesterol.

Material and *Methods:* Subjects from health examinee and outpatients of Family Medicine (FM) Department with blood cholesterol more than 200 mg/dl were included in this study. We called candidates back to FM OPD to follow lipid profile. Lifestyle education for reducing blood cholesterol level, including diet, body weight reduction, and exercise, was done by trained educator. All participants were randomly assigned to 3 groups: control group (25 males and 18 females, only calling once every three-month for returning OPD without lifestyle education), monthly telephone intervention group (22 males and 27 females) and twice-monthly telephone intervention group (17 males and 25 females). The identical telephone education materials were delivered by the same educator. The study period was 3 months. We used SPSS 10.0 to analyze our data.

Results: The pre-intervention mean blood cholesterol levels were 233.5 mg/dl (SD=23.8, female) and 228.4 (SD=26.0, male) in the intervention group, 230.7 mg/dl (SD=33.6, female) and 235.8 mg/dl (SD=34.2, male) in the control group. The post-intervention mean blood cholesterol levels were 215.6 mg/dl (SD=31.7, female) and 215.9 mg/dl (SD=30.8, male) in the intervention group, 221.4 mg/dl (SD=22.7, female) and 230.4 mg/dl (SD=32.0, male) in the control group. In the intervention group, there was significant improvement of blood cholesterol level between pre- and post-intervention in female ($p= 0.005$) and male ($p<0.001$). The percentages of blood cholesterol improvement in female were 89%, 68%, and 67% according to monthly intervention group, twice-monthly intervention group, and control group, respectively, and were 77%, 65%, and 56% in male.

Conclusion: The preliminary data showed telephone intervention for lifestyle education is a useful tool in reducing blood cholesterol.

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P2 Pathway brochures for patients: communication is the key to success!

Franco NICOLODI, Silvana GRANDI, Lorena IORI, Karin HOLZHEU-ECKARDT

In 2005, continuous quality improvement in the gynecological and obstetrics unit at the civil hospital in Cles, Trento led to the development of eight clinical pathways. To meet the outcome of an effective communication between patients, family and staff, a friendly version of each clinical path was developed: pathway brochures for patients. An effective communication with patients and family can be established by providing all the information about what is likely to happen while in the hospital and anticipate health care needs. Information is the main connector. In the brochures, events from admission to discharge are mapped on a timeline. Knowing what to expect lessens the stress, helps patients and family work with the multidisciplinary team to make hospital stay more comfortable. Patients and family are encouraged to actively participate in their health care process and make decisions about their health care needs and preferences (patient empowerment). The multidisciplinary team elaborated the brochures and after due consideration ensured appropriate and practicable solutions in order to provide information consistent with the clinical pathways demonstrating a high level of patient centeredness by building a provider-patient relationship. The team set the standards: 100% of brochures distributed, 0 complaints filed. The following results were observed: from January 2006 to June 2007, 273 brochures were handed out prior or on admission (cesarean birth 183, preeclampsia 21, menace of preterm delivery 21, vaginal hysterectomy 24, and abdominal hysterectomy 24), no complaints were filed on behalf of patients/family regarding ineffective or inadequate information/communication. We strongly believe that the staff members' recognition that each individual contributes towards the same purpose and the awareness of how important building a relationship on sincerity and respect with patients are the keys to the success of these brochures.

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P3 Development of an education programme for the removal of plaster casts from patients

Susan HOGAN

Background: Plaster cast removal is a routine and frequent procedure which is undertaken in all orthopaedic hospitals. In our unit this procedure was performed by a limited number of staff. Including Doctors, Clinical Nurse specialists and 6 nurses who had received specific education on plaster cast removal. This restricted number of competent staff resulted in delays for patients having plaster cast's removed. Particularly in the theatre and outpatient departments.

Aim:

- To improve care delivery to patients attending our unit.
- To provide a programme to allow staff to expand their role and attain new competencies.
- To avoid unnecessary delays in our theatre and outpatient departments.

Objective: Nursing, health care assistants and multitask attendants who receive appropriate education in the removal of cast can expand their role and achieve competency to safely remove casts' in line with the best recognised practice.

Methodology: Having identified the problem a brain storming meeting was held with all parties concerned to discuss the problem and outline possible suggestions. It was identified that more staff should be competent in the skill of removing plaster casts. It was decided that an educational programme and competency framework should be developed to facilitate this in house education. Following completion of this programme nurses, health care assistants and multitask attendants would be competent to safely remove plaster casts from patients.

Key points in programme:

- All staff were advised re details of the proposed programme
- An educational programme was developed which included theory and practical modules
- A competency document was developed
- Staff who wished to attain this competency were identified
- Certificates were issued to all staff who successfully completed the programme

Evaluation:

- Patient satisfaction with service provided
- Staff evaluation of the education programme and their new role
- Evaluation of service now provided in Theatre and Outpatient departments

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P4 Knowledge of the patients of the health school concerning risk factors of cardiovascular diseases

Victoria SEREBRYAKOVA, Ev EFIMOVA

The aim of work: to study knowledge of patients visited Health School for patients with coronary heart disease (CAD) concerning risk factors (RF) of cardiovascular disease and individual parameters of the health. Materials and methods. The knowledge in relation to cardiovascular risk factors and individual parameters of the health is investigated among the patients, past training at the School, organized on the basis of the named above hospital. The research was carried out anonymously, by self-filling of the questionnaire. The opinions of 98 patients, past training in the period since February till December 2007 were investigated. The statistical processing of results was carried out using EPI INFO 5 (WHO, 1990). Results. The average age of the patients consisted 56±0,89 years (M±m). Knowledge of the patients concerning such RF as an arterial hypertension, heredity and obesity proved to be as high as 88, 77 and 77%, accordingly. The knowledge concerning smoking and hypodynamia has made 67 ($p<0,05$) and 59% ($p<0,01$), accordingly. Depending on gender, among the men the greatest knowledge is marked in regard to hypertension (97%) and heredity (87%), as comparing to hypodynamia (57%, $p<0,05$). Among the women the knowledge concerning specified RF statistically evidently did not differ. Depending on age, the respondents of young age group (35–44 years) are marked to be more informed about hypertension and obesity, comparing to the patients of the senior age group (> 65 years). Depending on educational level the patients with higher education were considerably better informed on such RF, as a heredity and obesity, vs. patients with secondary education: 94 against 54% ($p<0,05$) and 88 against 43% ($p<0,05$), accordingly. Concerning individual health parameters the respondents were considerably better informed about body weight (94%), than about plasma glucose level (65%, $p<0,001$) and plasma cholesterol (55%, $p<0,001$). Depending on gender, the men were less informed than women concerning the specified parameters of health ($p<0,05$). Thus, we have revealed high enough level of knowledge concerning such RF as hypertension among the patients attendant to the HEALTH SCHOOL for patients with coronary heart disease. The fact can be considered as a successful realization of the regional target program "Prophylaxis and Treatment of Arterial Hypertension In Tomsk Region". At the same time, concerning such behavioral RF as smoking and hypodynamia the knowledge of the patients can be characterized as low. The low awareness on such individual parameters of health, as plasma glucose level and plasma cholesterol is registered. The results say that education during the training process at the HEALTH SCHOOL should be enforced in regard to informing of the patients about cardiovascular RF and individual parameters of the health.

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P5 Does health care professionals supply enough information to patients and partners about sexual life after myocardial infarction? A Swedish national survey

Bodil IVARSSON, Bengt FRIDLUND

Background: Sexuality is a central aspect of being human. After a myocardial infarction (MI) many patients and partners experience problems with the sexual life. No data is available on what type of information and thereby support they receive from health care professionals. The aim was to perform a survey among health care professionals to get knowledge about how they inform MI patients and their partners about sexual function and coexistence.

Material and methods: In order to reach most of the relevant hospital units in Sweden, a questionnaire was sent by mail to contact persons (nurse or physician) at cardiac intensive care units (n=73) and cardiac rehabilitation units (n=49). Topics for the questions were: information about sexual function after MI, coexistence, co-operating specialities, competence and source of information.

Results: Less than 5% of the units routinely gave oral information and around 55% routinely distributed written information about sexual function and coexistence to MI patients. Less than 20% routinely discussed the risk for enhanced strain in the relation between patient and partner. Two percent routinely gave partners oral information and around 15% routinely distributed written information. More than 80% of the hospitals were without existing routines for cooperation with other specialities with experts on sexual function and coexistence. The majority of the units reported that they had not enough competence about sexual and coexistence topics and only 3% think they have enough information material about it.

Conclusion: This study shows that health care professionals don't actively enough address information about sexual and coexistence function. One way to give information could be to collect previously asked questions from former patients and partners and use these as a guide for the discussion. The hospital also needs to prepare routines for cooperation with other units with experts on sexual function and coexistence for MI patients.

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P6 The influence of the intervention of the NEWSTART lifestyle program on chronic diseases participants

Ying-Hsiang CHUO, Anderson C.Y. HUANG, Jui-Hsiang HSIA

Because Taiwan's rapid economic development, and lifestyle changes, the ten leading causes of death gradually change from acute infectious diseases in 1952 to chronic diseases at present. Taiwan Adventist Hospital applied the NEWSTART lifestyle program from Weimar health and education institute in U.S.A., in 1997. Hope the lifestyle change can improve the status of chronic diseases. This study would like to know the relationship between the healthy diet, health education intervention and improvement of chronic diseases. We select 79 participants from 327 participants with hypertension, hyperlipidemia, and diabetes in 2007, three meals a day with no refined oil, no refined sugar, no eggs, no milk and high fiber, natural vegetarian diet, and healthy classes. The results showed that participants' cholesterol, TG, blood sugar and blood pressure, body weight, have significant differences before and after the meals intervention. Taiwan Adventist Hospital will keep promote NEWSTART lifestyle program and healthy diet to community, so everyone can have a healthy body.

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P7 Educational needs of Asian people with Diabetes Mellitus

Victoria OLADIMEJI, Adebayo OLADIMEJI

Introduction: Diabetes Mellitus is one of the ten highest causes of mortality in the UK, and it is one of ten priorities for health in East London. Diabetes is known as "the silent killer" (DOH, 1999, 2004). It is a progressive disease affecting 1.4 million people in the UK, but there may be another million who are not diagnosed and are unaware that they have it (NICE, 2004). Diabetes is 3 to 5 times greater in Asian population, especially in the Bangladeshi population in East London, compared to white European population.

Literature Review: The literature review focused on the health educational needs of south Asian patients with diabetes identifying key issues and the implications for health care professionals working in this field. Evidence shows that people of south Asian origin have a significantly increased risk of developing type 2 diabetes mellitus, compared to people of European origin. Early intervention and the avoidance or delay of progression to type 2 diabetes is of enormous benefit to patients in terms of increasing life expectancy and quality of life, and potentially in economic terms for society and health-care tax payers. There was evidence of poor knowledge about diabetes i.e. what it is and the risk factors associated with it such as overweight or obesity. There is also

limited knowledge about the services available for people with diabetes. Cultural issues also pose a problem as Asian diet tends to be predominantly high in carbohydrate.

Conclusions:

- Screening for early diagnosis of diabetes
- Sustained education about lifestyle changes, services and support available
- Good management which includes tight control of glucose, cholesterol, blood pressure and weight. These should be reviewed on regular basis
- Provision of advocates/interpreter services for patients who do not speak or understand English.
- Sustained education to ensure that patients understand what is happening to them, their treatment, and the part that they can play in improving and maintaining their health.

References: Department of Health (1999) Saving Lives, Our Healthier Nation: A strategy for Health in England. London: HMSO, Department of Health, (2004). Choosing Health: Making healthy choices easier. London: HMSO, National institute for Health and Clinical Guidelines Strategies for improving diabetes care in this client group should include. www.nice.org.uk/nicemedia.

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P8 Patients' and physicians' opinions evaluation of mutual trust

Ryte GIEDRIKAITE

The relevance of the problem: A strong connection exists between patients' preferred involvement in medical care and trust in the health professionals. Patients' trust in physicians and in the health professionals is vital for a successful patient-physician relationship. Trust is especially salient in critical medical situations. The aim of the study is to compare the opinions patients about trust in physicians and the opinion of physicians in mutual trust.

Material and methods: From November 2006 to February 2007, a survey was performed in seven randomly selected hospitals of two counties of Lithuania, three of these hospitals belong to the network of Health Promoting Hospitals. The study included all patients who on the day of the inquiry were undergoing treatment in the departments of internal diseases and surgery, as well as all physicians who were working in these departments on that day. The exclusion criteria were severe health condition and recent admission to the department. In total, 494 questionnaires were distributed, 366 of them were distributed among patients (response rate was 71.3%) and 128 among physicians (response rate was 70.3%).

Results: Nearly all inquired patients (94.2%) stated that they trusted their physician. There were no differences between the physicians' and the patients' opinions in mutual trust. Respectful communication is one of the preconditions for a patient trust in a physician. 94.2% of patients thought that physicians communicated with them in a respectful manner. 62.8% of physicians thought that patients communicated with them respectfully, and 36% partially respectfully.

Conclusion: Patients evaluated their trust in physicians very highly. Both physicians' and patients' mutual communication evaluated positively.

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P9 A new way to implement motivational interviewing concerning life style factors at Bispebjerg Hospital, Copenhagen Denmark

Christine WOLFF, Vibeke THYGESEN

Introduction: The Motivational interviewing as a brief intervention concerning life style factors (smoking and alcohol consumption) has been a standard procedure in the clinical setting at Bis-pebjerg Hospital for 6 years. However, audits of case records have shown that intervention had not been implemented according to an acceptable standard in al departments. On this background a team for prevention and health promotion conserned outpatient treatment was established at the hospital.

Objective: To implement a method in order to ensure referred orthopedic patients 1) a screening for life style risk factors (smoking, alcohol consuming, physical activity and nutrition) and 2) in case of risk factor(s) a motivational interviewing.

Method: Prior to the consultation at the orthopedic department, the patients received a question-naire concerning life style factors. In case of risk factors the patients were asked to give their consent to be contacted by the health consultant. The health consultant received the questionnaire from the department. Patients with risk factors were contacted by telephone. In most contacts an interview as arranged. Depending of the risk factor(s) different interventions were proposed and initiated.

Results: The new procedure was evaluated after 3 months. Results from a 3 days audit in the orthopedic department for outpatients will be presented.

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P10 The assessment of patients' health literacy level in hospitals

Daiva ZAGURSKIENE, Irena MISEVICIENE, Juozas PUNDZIUS

Patients' competence to care and use health care system, directly depends on health literacy skills. The aim of the study was to evaluate the level of patients health literacy and relation of some sociodemographic indicators with health literacy.

Methods: The study was performed in April and May 2007. It included 8 randomly selected hospitals located in two regions of Lithuania. Health literacy questionnaire STOFHLA (Short Test of Functional Health Literacy in Adults) with minor changes due to peculiarities of health services organization in Lithuania was used. Health literacy level was evaluted according to the STOFHLA score, i.e. the score for inadequate health literacy was 0–16. The study included all patients (n=876) who were in therapeutic and surgery departments on the day the survey was carried. The response rate was 85.0%.

Results: More than half (60.7%) of all patients had adequate health literacy. Among patients less than 45 years old there were twice more patients with adequate health literacy, than among patients aged 65 and older, respectively 81,0% and 37,6% (p<0,05). Women had higher health education than men. Twice as many patients who had primary education (66.7%) were with inadequate health literacy in comparison with those who had had higher (25.4%) or high (25.8%) education. The study showed that patients who live in the rural places have lower health literacy, than the patients who live in urban places, i/e. 41.8% and 30.7% (p=0.002) respectively. 60% of the respondents indicated that nurses use a lot of unknown medical terms and 24.0% of respondents with inadequate health literacy. Most of the patients pointed that they never ask to repeat the information which is important for them.

Conclusion: The study results showed that more than one third (35.2%) of patients had inadequate health literacy. Health literacy was related with the age, sex, education and place of residence of patients. Data analysis revealed that health education activities must be more intensive among older patients, men, patients with lower education and those living in rural places.

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Electronic Posters 1.2 – Specific interventions for different groups of patients: Mothers and babies, migrants, elderly, severely ill and disabled

Chair: Tiiu HÄRM (EE)
Venue: Room "August Bier"

P11 Breastfeeding promotion programme in maternity facilities

Ljiljana RADOVIC, Tanja KNEZEVIC, Djurdja KISIN

Background: Strategy for protection, promotion and support of breastfeeding, aimed at increasing the existing rate of breastfed babies started in Serbia in 1994 as Baby Friendly Hospital Initiative (BFHI) Program developed by WHO and UNICEF. BFHI strategy is adoption of the "Ten steps to successful breastfeeding" in all maternities and its transformations in "Baby Friendly" facilities.

Aim: Presentation of content and results of the BFHI Programme in Serbia.

Results: Serbia has 58 maternal facilities of different type and size: Maternities in Clinics in University centers, General Hospital and Maternity facilities in the Primary Health Care Centers. In the course of the period 1994–2007, 56 health facilities are in the transformation process towards Baby-Friendly status. Since 1996, when the evaluation started, 49 health facilities were assessed in accordance the Global criteria for BFHI and awarded Baby Friendly status. The results of the BFHI Programme in those health facilities are: 97% the average breastfeeding rate and 91% the rate of exclusive breastfeeding of infants at the point of discharge from hospital, 92% mothers with instructions how to breast-feed and how to maintain lactation, 84% of pregnant women were informed on advantages of breastfeeding. Analyzing the evaluation results we can state that the effects of BFHI Program are visible in the process of transformation of maternity services in "Baby Friendly" institution, in the breastfeeding patterns at discharge and providing education on breastfeeding for pregnant women and mothers.

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P12 Promoting breastfeeding: The "Breastfeeding counsellor" Project

Annamaria COSTELLA, Fabrizia TENAGLIA, Cecilia BONAT, Loredana GIACOMELLI, Chiara GIORDANI, Loredana ORLER, Elena TERRAGNOLO, Laura ZAMPIERO, Sabrina CEMIN, Giovanni MENEGONI, Matteo VEZZOLI, Mario RUOCCO

A joint WHO/UNICEF statement (1989) recommends exclusive breastfeeding for the first six months, to ensure the correct growth, development and health of a child. "10 steps" have been implemented to achieve successful breastfeeding, the tenth one aims to "foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic". In the Province of Trento (Northern Italy) an interdisciplinary working group has been established which has designed and run a project for thumber of coof volunteers mothers who are breastfeeding or who have breastfed successfully as breastfeeding counsellors, and who wish to support, guide and help mothers who breastfeed or who intend to continue breastfeeding.

General aim: To promote a longer duration of exclusive breastfeeding and to increase the percentage of mothers who breastfeed in the first six months of a baby's life through a peer empowerment method.

Actions:
- establishment of the working groups (the project involved 12 health professionals from different fields of expertise, divided into three groups)
- definition/sharing of the general aims of the project,
- a review of relevant literature and publications on this topic,
- assessment and acquisition of resources, and choice of a methodology (peer counselling),
- recruitment of women interested in the promotion of breastfeeding and with a motivation to help mothers experiencing difficulties,
- organisation of 5 training sessions,
- evaluation of the results and proposal for the extension of this initiative to other geographical areas

Preliminary results:
- 119 breastfeeding counsellors have been trained,
- the drawing up of a list of breastfeeding counsellors including their telephone number, day-time and evening availability, given to all new mothers,
- in January 2008 the peer counselling started,
- meetings with the working group to evaluate and assess the initiative.

Next stages: 1. check in 3–6 months' time on how many new mothers have benefited from the service, 2. evaluation of feedback, 3. evaluation of the effectiveness of the project in 12 and 24 months' time, 4. proposal for the extension of the initiative to other health care centres in the Province.

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P13 Predict Influencing factors on attachment among Taiwanese IVF women in their early pregnancy

Pi-Chao KUO

The women treated by in vitro fertilization (IVF) would face higher incidence of high-risk pregnancy and more difficult transition time during their early pregnancy. It is important to determine factors those would influence the maternal fetal attachment among Taiwanese IVF women in their early pregnancy in order to provide better prenatal care and useful health promotion program for them. The aim of this study was to explore the relationship between social support, pregnancy psychosomatic symptoms, pregnancy anxiety, pregnancy stress and maternal fetal attachment for IVF women. This was a longitudinal study design. Data were collected from 141 IVF women gestation at 9 weeks, 12 weeks and 20 weeks at an Infertility care center. The questionnaire was included demographic data, The Pregnancy Stress Rating Scale, The Symptoms Checklist, The Pregnancy-related Anxiety Scale, The Maternal-Fetus Attachment Scale, The Social Support Apgar and Chinese Childbearing Attitude Questionnaire. The results present that the main factors which influenced the 9th weeks of maternal fetal attachment were the level of social support and Chinese childbearing attitude (R2=15%). The main factor which influenced the 12th weeks of maternal fetal attachment was the level of the 9th weeks of maternal fetal attachment (R2=47.2%). The level of 20th weeks of maternal fetal attachment was influenced by the level of 12th weeks of maternal fetal attachment, level of 20th weeks of social support and level of 20th weeks of pregnancy stress(R2=50.2%). In addition, the similar results have been found by using the Path analysis. The findings from this study provide useful information in order to improve the quality of prenatal care service. The implications of these findings for maternal fetal attachment and health promotion among Taiwanese IVF women are discussed.

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P14 Exploring the experience of women who undergo a late disclosure of pregnancy

Maeve TONGE

Objective: This paper resulted from a trans-disciplinary collaboration involving gynaecology, medical social work and clinical psychology and explores the phenomenon of

late disclosure of pregnancy in a University College Hospital Galway sample. Prior research has focused on the negative medical outcomes for both mother and child following this phenomenon Furthermore, no research has explored the meaning of late disclosure of pregnancy from the "insider" perspective namely of the women who experience it. This paper comprises of two studies aimed at enhancing health professionals understanding of this phenomenon.

Methods: Study one explores late disclosure of pregnancy by employing in-depth interviews with a sample group of Irish women (n=8). The women were asked about their experiences of pregnancy and why they felt it was necessary to delay disclosure. The interviews were analysed using Interpretative Phenomenological Analysis (IPA). Study two investigated the socio-demographic profile of women in a target group who had delayed disclosure of pregnancy (n=43), a larger normative sample (n=100) and a smaller aged-matched comparison group (n=30). The demographic profiles of women drawn from these three groups were compared.

Results: Late disclosure was more common for women from a rural background and women who feared a negative parental reaction and the birth weights in the target group were lower than those in the normative sample.

Conclusion: Delayed disclosure of pregnancy emerged as a dynamic and multidimensional concept. Clinical findings regarding maternal complications are outlined, as are the relevant practice issues for health professionals working with this population within hospital and community environments.

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P15 Guiding System

Katharina HILLERT, Jennifer NÖBEL, Marlen GLÜCK, Theresa SCHULZE, Isabel SOMMERKORN, Yvonne MARX, Stefanie MEYER, Anne NIETER, Claudia JUNKER, Annika MICHALL, Josefine GROSCHOPP

The project "Health Promoting Hospital" at the university of Applied Sciences Magdeburg-Stendal grapples with the complexity of the guiding systems in hospitals. Because of the demographic change in Germany, the structure of the patients and visitors has changed, meaning the share in the elderly people, as well as migrants and disabled people is constantly rising. This must be considered when arranging a guidingsystem and the needs of this system in the future to eliminate insufficient conditions. So students of the field of "Health Promotion and management" work towards a standard procedure for general hospital inspection. The hospital has the possibility to reevaluate and if necessary to improve their guidingsystem. The project would like to present the achieved by way of a poster presentation at the 16th International Conference on Health Promoting Hospitals and Health Services in Berlin.

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P16 The psychosocial needs of older adults in residential care settings

Laura CANTWELL

Over the past few decades the prophesised demographic transformation has evolved from a distant prediction to a certain reality. Recognition of the ageing of demographic profiles compels one to consider the significance of this population shift for health care systems. An important challenge is to ensure that the years added to life are healthy, active and productive. Thus, research endeavours must make a more concentrated effort to enhance independent living through proactive health maintenance and health promotion initiatives which aim to maximise older adults' potential. This research aims to explore the psychosocial needs of older adults in residential care settings in Ireland. The views of both residents and care staff were sought to reveal both the service-users and service providers' perspective into the psychosocial needs of older adults. It may be inferred that older adults living in residential care settings enjoy few stimulating activities as these settings primarily work from a medical model thus many of their residents' psychosocial needs go unmet. Issues found to inhibit the provision of psychosocial care include educational deficits of health care professionals, resource constraints among services and the often passive role of older service users. Research that gives policy makers and health care professionals insight into older adults'unique perspective may be instrumental in overcoming perceived barriers in the strive for person-centred holistic care. In light of the study's aims, objectives and research design it is anticipated that this research will yield valuable data, which may have policy implications in the development of education and best practice guidelines in the psychosocial dimensions of health care for older adults. It is envisaged that this research will enhance our understanding of older adults' individualised needs, enabling health care professionals to work in partnership with older adults resulting in more accurate needs assessments and responsive interventions.

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P17 The department of sunshine: Prophylaxis and early diagnosis are the foundation of the struggle against the breast cancer

Raimonda BARISAUSKIENE

Project: The coordinator of the Project: Raimonda Barisauskiene, the head of the radiology department of Vilkaviskis hospital. The purpose of the project: The early diagnosis of breast cancer. The tasks of the project: To enable women to become acquainted with the main methods of self-examination: to issue a leaflet, to organize lectures, seminars. By carrying out a survey to select women with factors of risk for echoscopy examination. To carry out echoscopic examination of women with factors of risk, to issue the passport of echoscopic examination of breasts with the conclution of radiology doctor and the date of the prophylactic examination. Breast cancer is annually diagnosed to 1200 women in Lithuania. Breast cancer is the main reason of death for women aged 40–55. More than 500 women die of breast cancer every year. If women appealed to doctors without any delay the illness could be diagnosed in its early stage. It would give more possibilities to cure. For realization of the aims and tasks of the project it is necessary: To carry out the echoscopic examination of women's breasts. To carry out a questionnaire and to prepare leaflets and health passports. Expected results: The sickness rate of breast cancer in the third and fourth stages will decrease.

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Electronic Posters 1.3 – Health promotion for children and adolescents in and by hospitals

Chair: Katalin MAJER (IT)
Venue: Room "Robert Koch"

P18 The WHO HPH-CA Task Force and the Promotion of the respect of Children's Rights in Hospital

Fabrizio SIMONELLI, Benedetta ROTESI, Katalin MAJER, Giuliana FILIPPAZZI

The field of Children's Rights is still one of the priority areas of interest for the HPH-CA Task Force. In fact, based on the considerations and the results come from the HPH-CA Background Survey elaborated by the Task Force on Health Promotion for Children and Adolescents in Hospitals (published in May, 2005), some specific Recommendations on Children's Rights in Hospital were elaborated and published. These Reccomendations were developed by the Task Force with the aim to promote the respect the rights of children in hospital and to increase the collaboration among different subjects at the national and international level. This document is addressed to the staff working in paediatric hospitals and paediatric departments of general hospitals (both healthcare professionals and managers), to regional and national Ministries of Public Health, of Social Affairs, of Education as well as to National Human Rights Institutions, to Non-Governamental Organizations (NGOs), Local Health Authorities and International Organizations, to gain further commitment and draw more attention to the issue of the rights of children in hospital. This publication has already been disseminated in many structures of the Health Care System, and it has been traslated in four different languages. For the Hospital context, the Task force is elaborating a plan for evaluating the respect of basic Children's Rights in hospital, selected from different Charts working in European Countries. The plan aims to provide with a common self-evaluation system and with the perspective to build in a second time, an evaluation system based on the model "peer to peer"-, to promote shared tools and modalities of evaluation in the paediatric context. In concrete, the Task Force is elaborating a gridline concerning the self-evaluation system on the respect of child rights in hospital. It has been indicated just 3 macro-rights comprehensive of 3 fundamental fields of rights (right to health; right to self-determination; right to protection from all forms of violence), and some sub-rights for each macro-area. Moreover, it has been defined some Indicators (to define proposal of pragmatic and available indicators); some Source of information (to define proposal of standardized sources, i.e.: current statistics, Healthcare Direction, …); a Final evaluation (to define a scale for evaluation, i.e.: EFQM).

In this way, the Task Force hopes to contribute to the global process of promotion and respect of the rights of children and adolescents in line with the conceptual context of:

- the International Convention on the Children's Right and
- the framework of the WHO European Strategy for chid and adolescent health and development.

The presentation will describe the state of the art about the planning process.

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P19 Rights of Children in Hospital in Hungary

Dora SCHEIBER, Zsuzsa KOVACS, Ildiko ARKI, Eva MRAMURACZ, Dezsy BEKEFI

As the second step of the implementation process of Health Promoting Hospitals for Children and Adolescents in Hungary the National Institute of Child Health has been undertaking the implementation of the EACH Charta. As the first step, the Health Promoting Hospitals for Children and Adolescents working group recommended we had conducted a national survey in Hungary on the rights of children in hospital. As the second step, we formatted the Hungarian version of EACH Charta and its supplementary documents, like Background Document, Recommendation on Children's Rights in Hospital

and Template for Description of Good Practices. At the same time we compared the existing children rights in the Hungarian health care with the goals of EACH. We followed the chronological process of children rights in the health care in Hungary and the development of the attitude of the professional participants. We initiated collaboration between the governmental and civil organizations and institutes. We concluded that nevertheless the favourable, but infinitesimal results served by the slowly growing number of one-day-clinics, and expanding demand of parents guard in hospitals, without the clear declaration of children and adolescent rights in hospitals warranted by low and governmental regulation the children and the adolescent rights in hospitals stays incidental. Only certain points of EACH enactment serve technical and economical consequence and might be limited by the strictly tightening actions in the present health promotion in Hungary.

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P20 "Clown Care" means making hospitals a joyful place

Paul KUSTERMANN

When Sandra* told her doctors, she would prefer to have a clown accompany her for her spinal tap, instead of receiving an anaesthetic, the medical team of the cancer ward had to hold a conference to consider this unconventional request. Due to the fact that Sandra always reacted poorly to the anaesthetic, and often suffered from nausea and headaches for up to two days following the procedure, the doctors agreed to try. The result was that Sandra came through the event with flying colours. No pain, no fear, no side-effects! This is just one of many examples, where joyful intervention has aided the medical procedure by leaps and bounds. Promoting play and laughter in the hospital setting is beneficial to physical and mental health. It supports not only the patients, it is also a of great benefit to patients families, friends, and even the hospital staff. This 30 to 45 min presentation, accompanied by picture documentation, highlights the reasons why "clown care" should be a part of every paediatric program. The presenter: Paul Kustermann is Co-Founder of the ROTE NASEN e. V. in Germany and Ambassador for the cause of putting joyful caring into therapeutic settings.

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P21 Opening of a toy library of Reuse RIU in the children Hospital Salesi of Ancona

Valentina CERASA, Luca COGOI, Annarita DUCA

Un bambino creativo è un bambino felice (Bruno Munari) – a creative child is an happy child (Bruno Munari).

The Toy Library of reuse RIU were constituted by Marche Region as centres for the collection and evaluation, through playing, of discarded items and waste material. RIU is an operative workroom for creative – didactic activities and centre for the spread the reuse culture. Establishing a Toy Library RIU in hospital is directly connected with the idea of creative game as an important step in the growing of a child and as a powerful therapeutic instrument. When a childe has to spend a long period in a hospital, he's forced to live in a situation of inactivity, that often means feeling a certain uneasiness, and sometimes aggressiveness. A preventive therapy can be useful in order to let the child be as active as possible. The reuse working rooms, initially experienced in surgery ward, demonstrated that manual activities can prevent and treat those diseases. Then the child can not only play and have fun but he's allowed to manipulate waste objects and even destroy them without feeling guilty or lazy, in fact he will feel active and give free expression to his fancies. Let the child create "strange things", giving free play to his imagination, can be an effective help in order to find back the wish to get adversities over. In this way the child will leave his "passive" role (medical exams, analysis) and will get an active role, as a puppeteer or as a little handicraftsman. He will be the protagonist of therapeutic games, really able to free the child from negative psychological experiences. That's way we decided to create such workrooms in hospitals, supporting their full application.

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P22 The experience of promoting BFHI in Taiwan in maternal and child health care – the example of the Taiwan Adventist Hospital

Tzu-Chuan HSU, Wen-Chi LIU, Ho-Chin CHEN

To the medical profession all over the world, promoting the Baby-Friendly Hospital Initiative (BFHI) and improving the breastfeeding rate is the primary and most important campaign for maternal and child health policy. Taiwan Adventist Hospital is qualified as a "Health Promoting Hospital". We have actively participated in the BFHI held by the Department of Health in Taiwan since 2001. In addition, we incorporate the "Ten steps to successful breastfeeding", proposed by UNICEF (United Nations International Children's Emergency Fund), as our main core of maternal and child health policy. Since 2001 until now, we have been eagerly promoting BFHI and have been honored as one of the best maternal and child health care institutions in Taiwan. We take five steps to promote the BFHI.

1. Strengthen the breastfeeding education among medical staffs: every medical staff should take certification courses of maternal and child health care at least eight hours every year.
2. Improve the Baby-Friendly birth facilities: increased maternal breastfeeding rooms and related software and hardware equipment.
3. Strengthen antenatal, delivery and postpartum nursing care strategy: make records for nursing guidance.
4. Clarify the hospital policy and notice it through various media: hold parents' class, announce information at the website and track health education through telephone.
5. Train volunteer groups in breastfeeding promotion.

According to the statistical data about promoting breastfeeding in the Taiwan Adventist Hospital in 2005 to 2006, the data shows that the breastfeeding rate of the newborn reaches 83.27 to 76.66% when they are in hospital, while the mixed breastfeeding with formula feeding rate is 15.28to 20.83%, and the formula feeding alone rate is 1.45 to 2.51percent. The breastfeeding rate was far above the average (57.57%) at 2004 in Taiwan. The data shows the effective results in the Taiwan Adventist Hospital of promoting BFHI.

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P23 Newborn hearing screening programme (NHSP) in Estonia 2004–2008

Liina LUHT, Raili RAADIK, Age MITT

Objective: One to two babies in every 1,000 are born with a hearing loss in one or both ears. It is not easy to identify that a young baby has a hearing loss. This hearing screening test will allow those babies who do have a hearing loss to be identified early. Early identification is known to be important for the development of the child. It also means that support and information can be provided to parents at an early stage. In Estonia the NHSP was started in September 2004

Methods: Protocol of the screening procedure: I OAE is performed to the newborn babies before leaving the maternity clinic or at the end of week 1 (differs from clinic to clinic). False positives are those results who do not pass the screening test and are asked to come back at the end of month 1. Those babies who do not pass II OAE test are sent to the ENT Clinic's hearing centere for III screen (OAE and ABR). Diagnosis of hearing impairment is made at the University ENT Clinic. We have analysed the planned group (no of newborns per every clinic) and the actual coverage; false positive cases per every group, positive cases and actual measures for habilitation for those babies who have been diagnosed hearing impairment.

Results: By the end of year 2007 the overall group was 12000. The coverage was 93%.

- False positives for I OAE – 10%
- False positives for II OAE – 7%
- 11 babies were diagnosed with Hearing Impairment,
- 1 baby with Auditive neuropathy
- 4 babies are still under evaluation

In 2007 2 babies from the screening programme were implanted with a Cochlear implant. Other babies are using hearing instruments. In 2008 10 cochlear implantations are planned for the babies with severe hearing impairment.

Conclusions: The NHSP results are very good. Hearing impairment is diagnosed at an early stage and effective measures are undertaken for the normal development of the child

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P24 A Paediatric Hospital advocates for a Healthier Lifestyle by promoting Healthy Food Choices

Cinthia OLIVIER

Context: In 2004, the Canadian Government conducted a countrywide survey on health. This survey demonstrated that in the last 25 years, the prevalence of obesity amongst Canadians has increased by 67% in adults and 64% in children between the ages of 2–17 years. It is a well-known fact that excess weight adds to the burden of any health care system by increasing the prevalence of type 2 diabetes, cardiovascular diseases, hypertension, etc (www.statcan.ca/Daily/English/050706/d050706a.htm).

Objective: As a healthcare facility, the Montreal Children's Hospital (MCH) of the McGill University Health Centre (MUHC) is committed to promoting healthier lifestyle and better health awareness by providing healthier food choices to the patients, their families and the hospital staff.

Setting: The MCH is the paediatric hospital of 180 beds and 2100 employees. An average of 170 meals/day are served to patients and 396 purchases/day are made at the cafeteria.

Method: A multidisciplinary team composed of physicians, nutritionists, a nurse and an administrator was created to conduct this project. The most recent Canadian recommendations (http://www.hc-sc.gc.ca/fn-an/nutrition/reference/index_e.html) were used to evaluate the amount of food offered daily and the food quality in terms of content of fat, added sugars, salt and fibre. With input from all team members, a strategy was developed to implement these recommendations to increase the amount of fibre and non-processed fruits and vegetables and minimize intake of salt and high fat food items.

Discussion: The patient's menu is our first priority although it already meets important aspects of the new Canadian recommendations. In the second phase, we will be targeting the cafeteria thus having an influence not only on our paediatric population but also their families, the staff and the public at large.

Conclusion: By providing healthier choices, the MCH is committed to promoting an overall healthier lifestyle for the vital community it serves.

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P25 Jungle trees: Paediatric oral health project

Judith MORGAN

Attending Scottish Health Promoting Health Service network meetings gives the opportunity to share good practice and encourages innovative projects. The paediatric oral health project is a result of such meetings and reinforces the health improvement ethos of the health Promoting Schools which is now well established in Forth Valley. Money was granted from the Scottish Government's Oral health Strategy following an application. A multidisciplinary working group including paediatric and dental consultants, dieticians, caterers, nursing and health promotion staff decided to target vulnerable children and their carers attending outpatient departments in a fun and innovative way. Jungle tree stands were made by a local craftsman and put into designated paediatric out patient areas. They incorporated leaflet stands and baskets hanging from the "branches". These are used to hold bananas and oranges, toothbrushes and toothpaste packs and health information leaflets. Crucial to the success of this project is the oral health educator who attends the clinics and engages with these vulnerable children and their carers. She also give reusable water bottles to inpatients and fruit is now part of their daily menu. Her role has expanded to children in special schools and home visits. Over 200 children and carers are seen every month and evaluation has found that oral health messages are remembered and the service is valued by public and health professionals. A simpler stand is planned for eye outpatients which has daily children's clinics.

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P26 Promoting oral health related quality of life indicators in public health programs

Christian BACCI, Silvia SAMBIN, Dario BETTI

The purpose of this paper is to review the current status of oral health quality of life (qol) outcomes to suggest the introduction of subjective indicators while treating children and adolescents in a community and public setting. Most of the research has focused on a few conditions (caries, tooth loss, ...), the psycho-social consequences of oral conditions having received little attention. Oral health status have a significant effect on the well-being and life satisfaction of young population: oral disorders can affect biting, chewing, eating in front of other people, speaking, limit social contacts. The authors suggest OHIP-14 as a validated survey instrument to investigate how oral health status can affect qol through a variety of physical, social and psychological ways, to give access to appropriate oral health care, that means improvement of overall quality of life, to identify population subgroups reporting low levels of oral health related qol that may require additional health services and to monitor temporal or secular changes in qol that may be associated with major social and health events (e.g., implementation of health-care reform).

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P27 Hungarian validation of the cardiac module of the Pediatric Quality of Life Inventory (PedsQL). New prospects in the medical care of chronically ill children in Hungary

Andrea BERKES, Csilla KEMENY

The authors report the validation process of the cardiac module of the Pediatric Quality of Life Inventory' (PedsQL') into Hungarian. *Background:* The PedsQL, which was developed to evaluate health-related quality of life in children and adolescents of ages 2–18 years with self- and parent proxy-reports comes up to the current professional requirements at a high level. The PedsQL' studies the children's and parents' opinion with questionnaires essentially identical in wording, content and format in different age groups. The generic and several disease specific modules are adapted into many languages and countries, so it is suitable for international comparison analysis. There is no report on health-related quality of life (HRQL) measure in Hungary which was performed among children with heart disease. *Objective:* To adapt a pediatric quality of life questionnaire into Hungarian for measuring HRQL in children with heart disease. To perform a pilot study with the new Hungarian version. To establish a HRQL measure method suitable for continuous follow-up of Hungarian children with heart disease. *Methods:* Sequential validation process which follows international guidelines. Pilot-study on 105 children with heart disease. *Results:* After the successful validation process the new Hungarian version of the PedsQL' cardiac module is accepted to be identical with the original one and suitable for psychometric probe by the authors and the MAPI Research Institute. According to the results of the pilot-study the psychic domains have a negative influence on general HRQL index in both child and parent-proxy reports in all age groups. On the cardiac module parents of children of all age groups but only children of ages 5–7 years reported marked treatment anxiety. Cognitive and communication problems are mainly important for children of ages 8–18 years. Parent-child concordance is depending on

the age of the child, there was expressed difference in the psychosocial domains. We have found no negative effect of heart operation on HRQL by itself but taking medicine may impair it. *Conclusions:* The introduction of the validation process of a disease-specific pediatric HRQL measure opens up new prospects to the medical care of chronically ill children in Hungary by helping in the adaptation of other questionnaires and giving the opportunity for the continuous follow-up of HRQL of children with heart disease. This could also be an easy method for health promotion for children with heart disease. Further methodological research has already carried out and the statistical analysis is going on to evaluate the psychometric properties of the newly validated Hungarian version of the PedsQL' cardiac module.

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P28 Rehabilitation and nutrition in chronic kidney disease patients

Ülle PECHTER, Mai OTS-ROSENBERG, Liidia KIISK

The end-stage renal disease (ESRD), a chronic nephrology disorder, is a rapidly increasing health problem (7%/year increase) with as most frequent causes of diabetes mellitus and hypertension. In the EU 3 to 5% of the health care budget is spent on the ESRD patients, who comprise only less than 0.1% of the general population. The survival of ESRD patients depends on very expensive and complex treatments, i.e. renal replacement therapy, including dialysis and renal transplantation These numbers are expected to rise further over the next decades, due to an ageing general population, an increased prevalence of diabetes and the aging population. Clinicians and researchers in nephrology are working together in the fields of adequacy of treatment but also the possibilities to delay disease progression and improve the quality of life of chronic kidney disease (CKD) patients. Flexible collaboration between various specialists – family physicians, nephrologists, transplantologists, dieticians, rehabilitation team-specialists, dialysis nurses and good health promoting strategies could offer many potential benefits including improved treatment outcomes, reduced anxiety, greater prospect for continued employment of the patient, improved timing for the start of dialysis, and a greater opportunity for intervention to postpone disease progression. In our hospitals we have introduced systematic lifestyle councelling and the education of CKD patients including dietary advices and physical activity program. Regular monitoring of body composition gives a clear indication of dynamics and is an extremely useful tool for patients with type 2 diabetes mellitus, heart disease, hypertension, stroke, some forms of cancer and CKD patients- in terms of health monitoring, and for the motivation of the patient as well. A rehabilitation team is working with CKD patients regularily providing them with the water-based exercise-conditioning program. Aquatic environment is an ideal one for exercising for CKD patients. A program of a 12-week low-intensity exercising, 2 times per week, produces a beneficial effect. If initiated early in the course of renal failure development, the complex management of the patient by healthcare professionals can retard the development of risk factors for the cardiovascular disease and stabilise renal functioning for a longer period of time.

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P29 The department of sunshine

Kristina KUBILIENE

There is close contact between human and environment. A hospital, wards, beds and staff compose the environment of patient, which influences the emotional state. Difficulties of adaptation in hospital can cause emotional problems for a child, as the result insomnia, fear and neuroses can occur.

The purposes: To make adaptation of patients easier in the hospital, to improve relationship in staff, factors of adaptation: 1. Warm and friendly atmosphere corresponding to children behavior and attitude. While waiting for a doctor, children can play and draw. 2. Playful and colorful presence-clamber is safe and homelike atmosphere for children. Instead of white staff wears colorful uniforms. 3. Plain and clear information about illness is essential for both parents and children. All arguments are expressed. 4. Regardless of children age, they have the right to stay in the hospital with their parents. 5. The atmosphere in every ward is familiar. Children feel homey: the same toys, dish and clothes. 6. Parents can look up children at any time. 7. The survey of treatment is presented as the play. 8. There is a play-room, where children can play, watch TV or DVD after manipulation treatment. Occupation creates positive psychological environment. 9. Friendly relationship in staff is vital for adaptation of children. 10. Nurturance of traditions is very important for us. Each year we celebrate Christmas, New Years, and Easter. We cooperate with schools, Youth club, Music school, kindergartens and make together various performances. However, there are some problems:

- The lack of staff:
- Too heavy caseload,
- (Insufficient support of administration).

Methods and means:

- The creation and abidance of rules.
- Refresh courses of staff.
- Propagation of knowledge about health promotion of children.
- Cooperation with city organizations.
- Questionnaire for mothers and children.

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P30 Beyond the borders – integrated home care (IHC) for children with serious chronic patholgies in the Reggio Emilia health district, Italy

Enrica BIANCHI, Mara MANGHI, Cristina MARCHESI

By IHC, we refer to a form of health care delivered at the home of the children with serious chronic pathologies.

The care team comprises:
- Family paediatrician
- Community paediatrician.
- Nurses
- Specialist doctors
- Rehabilitation therapist
- Psychologist.
- Social worker.

General *Objectives:*
- To achieve the autonomous management by the family.
- To limit the number of hospitalisations to only acute situations.
- To promote the involvement and/or maintenance of the child in school
- To aim for the involvement of the "stock capital" of the community (neighbourhood, voluntary associations, etc.)

Methodology – actions: The process of taking a child into the care programme starts with:
- The notification of the case to a "single territorial care management unit".
- Activation of the Paediatric Assessment Unit (PAU).
- Preparation of the care programme, in collaboration with the family.
- Start of home care.
- Periodical meetings between the team and the family

Main target: Now there have been 28 cases of IHC, which despite a prevalence of neuro-muscular pathologies and respiratory and visual problems linked to prematurity are extremely heterogeneous.

Results and conclusions: In order to achieve these results it has been necessary to:
- Create a provincial register of chronic illnesses
- Create a theoretical home care project
- Identify the members of the working group
- Create a nucleus of home care nurses for paediatric assistance
- Promote the training of the care team workers to acquire the specific technical and relational competencies
- Involve the interested families with specific technical training and psychological support.

Future plans: This is a very complex activity, requiring high levels of technical skill from both the operators and the family, constant and accurate coordination between the hospital and the district care services, and psychological support for both the families and the operators. The good results obtained have driven us to:

- Consolidate the activity, extending the district nursing care to other cases.
- Increase the understaffed nursing group
- Improve the use of voluntary workers

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P31 Global Intervention for the children disabilities in the special education schools: nursing and physiotherapy

Mar del Mar MARTINEZ, Jordi VENTURA, Aranzazu ARGUELLO, Isabel FORTES, Cecilia GARCIA, Araceli CUERVAS

The last decade the Hospital Sant Joan de Deu of Barcelona work with an important number of children with severe disability. They need and special attention, individual and professional. More important that their disability, we need to cover their integration in a society that chances quickly, and they need to do it as normal as they can, with a good integration in the society and at the educational system. The special schools do different pedagogical work to help the children with disabilities and their families, before it was different professionals working in it, as the physiotherapist and Nurses. The HSJD of Barcelona offer professionals as nurses and physiotherapists with a specific education in neuropediatry to different schools, and its one of the firsts to have an early attention to the children with a sever disability. In that way the HSJD give a professional special education with not stop with their educational education. The goals are:

- To cover the different health needs of the children at their own shools.
- To keep, and improve and promote a good quality of life with disabilities.

After seven years old working with the children, we have had some results, with less children that need to go to the Hospital, a better quality of life (also a good quality of life to the parents), and also a better team work with the professionals that work and the schools, promoting consultant health.

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Electronic Posters 1.4 – Smoke-free hospitals and health services

Chair: Christa RUSTLER (DE)
Venue: Room "Bernhard von Langenbeck"

P32 NHS Tayside – Smokefree, a better place to be

Lesley MARLEY

Background: To improve the health of its population NHS Tayside were keen to build on their existing smoking policy and the impetus given by the introduction of the Scottish smoking legislation.

Method: Following extensive consultation with management and staff, in November 2006 NHS Tayside extended its smoking policy to include the banning of smoking within all its grounds, including acute and community hosiptals. In-patients are the only user group permitted to smoke on site using a site's one external designated smoking area. Without legislation to enforce the smoking ban in the grounds a comprehensive set of measures was set in place to prepare for and implement the policy. This comprised a communications strategy for the public, patients and staff. Extensive additional signage was erected and a telephone compliance line was established. An increased cessation service for staff and patients was introduced. In Oct 07 a cessation co-ordinator for the acute division was recruited to work with clinical staff. In Feb 08 we will employ a policy liaision officer to work with all hospital users to encourage compliance and cessation attempts. We are producing a professional television advert to be broadcast within the main hospitals using plasma TV's. We use hospital radio, a health shop and patient direct mailing to inform of the far reaching policy. Children's voices are used on public announcement tannoys to attract attention. Press coverage has been positive.

Results: Early indications are that the policy extension has been a positive move and sets an exemplar model for other employing organisations. There has been good team working amongst the many disciplines including, clinicians, nursing, pharmacy, public health, estates, operations and staff-side organisations. A policy committee will review the policy annually. Locally psychiatric units are considering giving up internal smoking rooms allowed under Scottish legislations. We have a project working with mental health patients to help quit attempts. All acute sector work links to the community based cessation services and all are targeted at reducing health inequalites in Tayside.

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P33 Rapla County Hospital is shifting towards Smoke-free hospital

Mari POLD, Liis-Mail MOORA, Tatjana KOROLKOVA, Aili LAASNER

Aim: To reduce smoking habits among hospitals staff and local inhabitans.

Objektives: Rapla county hospital is located in northen/ central part of Estonia, its catchment area involves about 37 000 inhabitans. there are 230 employees working at hospital, among them 30 medical doctors and 80 nurses. There are 110 beds in hospital what cover the needs of different wards. Rapla County Hospital joined to Health Promotion Hospitals Network in 2000, and Policy of Smoke Free Hospitals was accepted in 2005

Interventions: Personnel and patiens have been informed that smoking in our hospital is not allowed. Existing tobacco law supports those endeavours as well.Everywhere can be found the written inrormation that smoking in all our rooms is prohibited. The same labels are also at entrances of the hospital. There is no separate room for smokers. No tobacco and alcochol can be bought in hospital-cafe. Relevant information was given in local newspaper. Family doctors have also provided the same information. We counsel people, who would like to quit smoking since 2002. one medical doctor and nurse have passed a special training course: how to advise the current smokers to quit smoking. Assistance and advises are provided both to in-patients and out-patients. Seminars/ short training courses for nurses and general practitioners have been carried out: how to counsel quitters in right way, appropriate interventions, motivation and NRT treatment. Written guidelines have been delivered. All in-patients are asked the question about their smoking habits by their doctor and nurse. All information and data will be recorded. The motivating conversation and counselling will follow, if needed. Smokers among staff use NRT sticking plaster or chewing gum during the time they work an ward.

Results: Surveys regarding smoking habits among hospital staff have been carried out in, 2003, 2005 and 2006. Smoking among personnel has been decreased from 33%. 2003, to 19,6%. 2006 However, there is still a long way to go to achieve the goals of a Smoke Free Hospital. It concerns interventions focused both to hospital staff and patients.

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P34 Smoke-free hospitals ? What is the current status in Germany before the non-smoker protection law is in effect?

Jochen René THYRIAN, Annika BANDELIN, Ulrich JOHN

Background: The first non-smoking protection law in Germany has been put into force in august 2007. Nothing is known about the status of smoking policy in hospitals before that date.

Objective: To assess the current status of smoking policy in one federal state of Germany that has established a non-smoker protection law

Methods: A survey with medical directors of 86,1% of all hospitals and 70,0% of all rehabilitation centers in the federal state of Mecklenburg-West Pomerania assessing smoking policy at their hospitals.

Results: Close to 70% of the hospitals complied to the regulations the law demands. The process towards smoke-free clinics is younger in general hospitals than in rehabilitation centers, where close to 50% consider themselves smokefree for longer than one year. The majority however is already smoke-free, currently in the process or at least engaging in it shortly. Employees, patients and visitors still smoke on the site /the parc, on balconies and in entrances. In general hospitals it is even allowed in to smoke in the office. Many hospitals have created special smoking corners and smoking islands. Tobacco products are still available in institutions, mainly at the kiosk. Less than 10% of the medical directors anticipate problems regarding the transition due to the new law.

Conclusions: Our results show that providing active support for smokers as one goal for a smoke-free hospital needs more attention. There is a strong agreement towards smoking bans.

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P35 Review of smoking cessation services and smokefree hospital assessments in Scotland

Lorna RENWICK

Two national audits of smoking cessation in Scotland were undertaken in 2007, focusing on secondary care services and maternity services. Case studies of good practice, an assessment of adherence to Scottish Guidelines for smoking cessation, referral pathways and protocols were all considered within these reviews. Consideration of how services are delivered in line with the new National Institute for Clinical Excellence guidance for smoking cessation and secondary care, due in Fe 08. In addition, 5 pilot hospital sites have undertaken smokefree hospital self assessments and have developed action plans to work towards the silver award level. A review of this activity and recommendations for roll out across sites in Scotland will be undertaken in 2008. Description of these two related pieces of work will give the conference an insight to the developments in smoking cessation work in Scotland as well as key learning requirements for successful delivery in the context of the National Health Service in Scotland.

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P36 HPH Policy, translation planning, and on field results – smoke-free hospital projects

Danilo ORLANDINI, Stella BOARETTO,
Lorena FRANCHINI, D. RICCO

The Reggio Emilia health authority has supported the smoke-free hospital project since 1999. The project used an educational-training approach with actions intended to increase awareness among healthcare workers and to take part in addiction-breaking procedures, surveillance was increased and notices and information booklets were distributed. Smoker prevalence surveys were carried out on hospital staff and addiction-breaking procedures were organised with qualified staff. The project encountered some cultural and organisational obstacles, due to the workers' lack of inclination to use counselling tools that are not part of basic training, are difficult to learn and which require a long time to be applied correctly. The main aim of this paper is to analyse and assess the result of the smoke-free hospital projects over a period of time. In 2005, a survey identified 33.1% of staff as being smokers. An audit of clinical documentation began at the same time, with the examination of about 1500 medical records that highlighted: a recording of a smoking habit among 42% of hospitalised patients and the counselling in 1.5% of hospitalised patients. The last audit took place in 2007: the approximately 2000 medical records highlighted a smoking habit in 37% (38% in surgical wards and 28% in medical wards) of patients and counselling carried out 3% of cases (0% surgical wards and 7% in medical wards). These figures confirm that promoting correct conduct within healthcare organisations is not sufficient and that the impact of healthcare on conduct is actually minimal, even after a considerable use of resources, even though no-smoking campaigns are notoriously lacking in persuasion and generally produce low results, the experience gained in recent years has taught us that the best results are gained wherever the government has applied policies for improving conduct of the population. HPH should promote the inclusion of health promotion matters in its basic training programme for healthcare workers so that they become part of care action and should influence national and regional government policies.

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P37 Smoking cessation education in Taiwan Adventist Hospital

Hsien-Lin WU

Cigarette smoking is a harmful and addictive behavior. Statistic showed that out of all the smokers that have tried quitting smoking, only less than 10% actually succeeded. We started smoking cessation program as early as 1965. This program has an overall one year cessation rate around 40~45%. We arrange our program in accordance with quitters' needs at different quitting stages. They will first observe their smoking behavior and find out under which condition they will light up cigarettes and what they can do if they do not smoke at that time. We suggest them to set up a quitting date. The first 1–2 weeks of quitting is crucial. The quitters may feel anxious, irritable and craving for smoking at this stage. They learn different coping skills. They have different cognition of smoking. They also share their experiences with others during group discussion. When the withdrawal symptoms faded, they re-evaluate their smoking habits to block the triggers of smoking. Weight gain is one of the common causes that lead to smoking again. We educate them on how to deal with stress and how to eat healthily. We encourage them to have a healthier lifestyle by regular exercise, eating well and effective communication with others. We included nicotine replacement therapy in 2 trials in 2007. 43 out of 47 people quit smoking at the end of the 5 weeks' program. This is a very encouraging result. We have also engaged in education of our public nurse and health care professionals. We have trained 40 health care professionals and 459 public nurses to be familiar and engaged in tobacco cessation program. We developed posters and manuals regarding quitting smoking. This is a part of our on-going effort in the battle against cigarette smoking.

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P38 Effect of short-term preoperative smoking intervention on clinical complications in women undergoing breast cancer surgery

Thordis THOMSEN, Ann MOELLER,
Susanne SAMUELSEN, Hanne TOENNESEN

Background: Smokers are at higher risk of developing postoperative complications. Cancer diagnosis is a "teachable moment" and health staff should learn to capitalise on these moments with smoking interventions.

Objectives: The primary objective is to examine the effect of preoperative short-term smoking intervention on clinical complications in patients undergoing breast cancer surgery. Secondary objectives are to examine long-term smoking cessation rates, motivation for smoking cessation, nicotine withdrawal symptoms and experienced stress. Finally, the objective is to gain insight into patients' experience of preoperative smoking intervention in the context of cancer diagnosis and surgery.

Methods: The study comprises a randomised controlled trial and a qualitative study. The Randomised Controlled Trial: 130 smokers scheduled for breast cancer surgery at 3 breast surgical departments in Denmark were randomised to standard care or the intervention group. Intervention group patients participated in a brief preoperative smoking intervention according to the principles of motivational interviewing.

Outcomes: Clinical complications, smoking cessation rates and motivation for smoking cessation registered up to 12 months postoperatively. Nicotine withdrawal symptoms and experienced stress are registered perioperatively. Data collection is ongoing on all patients using blinded assessment of case notes and prescheduled, structured telephone interviews by blinded interviewers. Non-parametric tests will be used for data analysis.

The Qualitative Study: 12 intervention group patients were interviewed about their experience of the smoking intervention in the context of cancer diagnosis and surgery using individual semi-structured interviews and a phenomenological hermeneutical method for interpreting the interview data.

Preliminary results: Three main themes have emerged: Accentuated awareness of being a smoker in the face of life-threatening disease, deliberating the pro's and con's of the smoking intervention, striving to stay in control in an uncontrollable situation

Conclusions: The study potentially contributes to the development of evidence-based smoking interventions for newly diagnosed cancer patients undergoing elective surgery.

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P39 Smoking cessation treatment using varenicline in a patient population with mostly heart and lung diseases

Stefan WILLERS, Emma BORGSTRAND, Vesna STEFFAN, Eva RINGSTRÖM, Katja SANDMARK

Counselling and nicotine replacement therapies are useful tools in smoking cessation programs. However, still there is a need for better treatments especially in smokers with strong addiction. In 2007, Varenicline was introduced in Sweden. It can only be prescribed with discount if above mentioned treatments are not successful. Varenicline seems to have both an agonistic and an antagonistic effect on nicotine receptors. Earlier, only studies in healthy smokers have been performed, thus there is a need for studies in patient populations.

Material and *Methods:* All patients referred to our department, who received varenicline for smoking cessation in 2007 (N=91, 51% women, with mostly heart and lung diseases) were interviewed at the end of the year by a nurse about their smoking behaviour. Most of the patients were born in the fifties, had smoked for several years, and had a high score in the Fagerström test for addiction.

Results: Sixty-four percent were not smoking at follow-up. However, only 45 subjects (49%) had been followed for > 3 months at this time. Further, 36% had started smoking again within 1 month. Twenty-one percent had stopped taking the drug for various reasons, e.g. no effect, side effects, mainly stomach related . Hitherto, no serious adverse effects have been seen.

Conclusion: Varenicline seems to be a useful mean in smoking cessation treatment of patients with heart and lung diseases. However, we have to await the coming 12 months follow-up study of this patient population to be certain about the effects and side-effects.

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P40 10 years on: Smoking prevalence and attitudes to smoking among student nurses

Irene GILROY, Denise COMERFORD, Kirsten DOHERTY, Anna CLARKE, Frances CONLAN, Veronica O'NEILL, Leslie DALY, Patricia FITZPATRICK, Cecily KELLEHER

Student nurses have been shown in the past to have higher smoking rates than the national average of those in a similar age group. Two cross sectional surveys were carried out with 1st, 2nd and 3rd year student nurses at University College Dublin in the academic years of 1998/1999 (n=144, 2% males) and again in 2006/2007 (n=295, 9% males) to evaluate the changes in student nurses' smoking status, their beliefs and perceptions during their training, employing the same self-administered questionnaire. The response rate was 82% in 1998 and 53% in 2006. Smoking prevalence decreased from 47.9% in 1998 to 27.1% in 2006 (p=0.000). There was some variation in smoking rates by training site in 2006 (a=26%, b=33%, c=40%, d=52%). Knowledge among students of the harmful effects of passive smoking remained at 98%. The number who allowed smoking in their bedrooms has decreased from 23% to 14% (p=0.018). Multivariate models on both datasets, adjusted for age, gender, year of study and attitudes towards smoking, showed this allowance of bedroom smoking to be a significant predictor of current smoking status in both 1998 and 2006. In 2006 "age of first cigarette" was also a predictor. Current smokers tried their first cigarette at a younger age than those who are now not smoking (p=0.011). There has been a decline in smoking rates among student nurses, which may reflect the change in nurse education or wider secular trend influences. Nonetheless rates may be considered high for such a significant healthcare group.

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P41 Students in hospital – a project for smoking prevention for young people and parents

Nicolas SCHÖNFELD, Sabine STAMM-BALDERJAHN, Heinz KAUFMANN, Gabriele BARTZ, Anita JAGOTA

As to the effectiveness of tobacco prevention measures among young people, there are so far only few reliable data available, which, however, do not allow to draw a clear conclusion. On 'World No-Tobacco Day' 2007 (May 31st), as a contribution to the Berlin Network of Smokefree Schools, for first time in Germany a cooperative project on tobacco prevention for students was introduced. A teaching module for middle and high school is presented by expert doctors from eight chest hospitals or pneumological departments in Berlin. In the hospitals, the students are offered first-hand information about smoking, insights into the clinical routine and into the view of the patients. At school, the teaching modules are prepared as well as discussed afterwards. As compared to previous initiatives from single hospitals in other German cities, the network character of this project, the prospective scientific evaluation using a standardized questionnaire before and after the intervention, and the offer to parents' groups to participate (structural prevention) are a major step forward. The first evaluation of a subset of 233 students showed that non-smokers were strengthened to remain abstinent, they did not change their answers. For smokers, the intervention significantly strengthened the intention to quit smoking (p<0.05). The results of the long-term survey after six months of a planned total sample of 500 students remain to be seen.

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P42 Partnership is the effective way of smoking prevention

Irina KONOBEEVSKAJA

Epidemiological studies in Tomsk revealed high prevalence of smoking among the population (41–78% for men and 7–21% for women). Regional strategic program on health promotion and non-communicable disease prevention was developed within the frameworks of CINDI-Tomsk programme. We cooperated with the Administration of Tomsk Region, received the support of Health Care structures and of practical medical staff, voluntary organizations. Wide partnership with several structures including mass media, public organizations, universities, pharmacologic and insurance firms was used in our work. Special initiative was developed to organize head-quarters for smoking cessation and to form anti-tobacco lobby using mass-media (radio, local newspapers, press-conferences and distribution of press-releases, video-clips on TV, interviews with the participants of the program, round-table talks, exhibitions, research conferences and in-hospital conferences). In hospitals, we used different antismoking materials (booklets and doctor's consulting for individual smoking cessation, 5 types of leaflets, brochure for the physicians). More than 5 thousands of subjects (0.52% out of smokers) at the age of 18–80 took part in five campaigns "Quit & Win" in Tomsk in 1996–2004. 77% of the participants were males and 23% females. Mean age of men/women was 33/30 years, smoked 16/10 cigarettes a day and had been smoking for 15/9 years respect. 48% of men and 50% of women tried to stop smoking 2 times, 35–37% more than 3 times. In one month, 76% of participants became non-smokers and 31% did not smoke during one year. Thus, we can state that partnership with not only Health Care departments but with several non-medical structures allowed us to reach good results in quitting smoking and to attract attention both of medical staff and of population to problems of health promotion.

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Electronic Posters 1.5 – Health promotion for hospital staff (I): Health promotion for an ageing workforce & stress prevention

Chair: Nils UNDRITZ (CH)
Venue: Room "Rudolf Virchow"

P43 Organizational culture inside our hospital towards aging workforce

Denisa VANCIKOVA, Juraj VANCIK

Sports: In June, for the second time, we organized 3km run/walk for our employees (outside teams were invited as well – in the spirit of health promotion in the community), together with their families. The age structure in our hospital is 20% above 50 years of age, and 45% from 36 to 50 years. Many of those employees participated, to motivate other colleagues and their families as well. For the first time a local club of handicapped accepted their participation (on a wheelchair).

Training the personnel (as a result of 2-year project on gender issues): The hospital was part of an international project of the European social fund related to gender issues, done by local HR consulting groups whose partners are Italy, Spain and Portugal. The hospital was 1 of 70 organizations in Eastern Slovakia where employees were surveyed about the opinions and experiences related to the 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: ratio 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 gender issues were presented to the management: 90% of the respondents think that there are no discrimination elements, 94% say they did not come across discrimination in relation to their co-workers, and 92% say 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 outcomes were presented to the management of the hospital, and several important activities came out of it: training for the department heads and head nurses (many in their late forties and fifties, who experienced training for the first time in their life) in topics like Communication, Time management, Team work. It gave them a lift, it was a strong motivation for them, since attention was given to them, and the message was that they are important to the organization.

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P44 "Integrated" and "retired"

Andrea LENZINI, Sonia BORTOLOTTO, Rosanna DANVETTI, Marcella FILIERI, Marta LUPETTI, Monica MARCONCINI, Luca NARDI, Bernadette VARGIU, Rocco DAMONE

Attention to staff, the fulfilment of their potential and their growth are objectives in all modern organisations. They are a founding element in the philosophy of HPH to such an extent that HPH International Standard 4 is completely dedicated to the empowerment of employees. The following describes a project which has been running for some time in Pisa Health Service District (Tuscany) directed at the development of potential and integration of new employees. Together with this, we have recently begun a project aimed at those moving into retirement.

Objectives:
1. Allow new employees to acquire a full awareness of their professionalism and the contribution that they can make to the organisation.
2. Provide colleagues who are leaving with the means by which they may continue to feel part of the whole through limited involvement in the cultural, information, educational, innovative and organisational projects put into action.

Method of application: For new employees
1. Issue an information brochure upon starting employment.
2. Training courses to aid the process of rapport development between individual and organisation, and to communicate the values, strategic objectives, procedures
3. Specific training in the work to be performed by means of a tutor
4. Assignment of a "mentor" to each new employee, specifically created to develop potential and to improve motivation towards work and self-esteem through awareness-raising and self-evaluation activities.

For the retired:
- Issue a certificate from the Health Service Management, at the moment of retirement, containing various specific "notes" which have characterised the professional life of the employee
- For three years following the date of retirement, personal invitations to Christmas/Easter greetings, participation in the Health Services Conference, inauguration of new structures/services, participation in teaching and/or research projects connected with the professionalism of the retired employee.

Conclusions: The project has already to a great extent been activated as regards new staff, whilst being innovative as far as retiring employees are concerned. Extending the project could provide a thread of continuity for all those employees who have worked for many years in the Health Service, valuing the experience gained and contributing to its improvement.

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P45 The project "Older People on the Job" of the USL (Sanitary Offices) of Bologna

Daniele TOVOLI

Brief description of the project: The work force of the agency in charge of the health system is made up of a population that falls within the mid-range of the age spectrum. This median age grows consistently over the years. This problem is complicated by the fact that the majority of the work force in such health structures consists of female workers. For women in the age bracket between 45–55, these years coincide almost in all cases with the onset of menopause, which in turn often presents great difficulties both on a psychological and physical level for these female workers.

Purpose and Objectives: The goal is to evaluate, by means of an ad hoc study, the incidence of physical and psychological factors related to the ageing of female sanitary workers, and to estimate their influence on work performance and other aspects of the workers' daily lives. This project hopes to push health structures to establish means by which to improve the quality of the work environment and tasks/activities on the job in the health field, with the ultimate goal of an improved management of personnel.

Methods: Identification of target groups and stratifications. Distribution to female workers of a questionaire related to each worker's individual perception of menopause, related pathologies, behavioral issues, and other issues that impinge on one's work experience. A periodic evaluation is performed of the results and interventions in order to monitor the effectiveness of the project.

Main targets: Patients and sanitary workers

Analysis of results and conclusions: The data analyzed up to now show that there exists a pronounced discomfort among female personnel in the health field that is related to the problems of ageing. In particular, the analysis has shown an increase in the consumption of pharmaceutical drugs among the most elderly subjects, as well as an increased sense of risk, accompanied by a further sense of insufficiency, and in some cases psychological suffering.

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P46 Promoting a healthy work environment at the Centre hospitalier universitaire de Montreal

Chiara RAFFELINI, Suzanne De BLOIS, Robert SIMARD, Michel VEZINA, Michele De GUISE

The Montreal Network of Health Promoting Hospitals and Health and Social Services Centres is developing various strategies for the standard related to promotion of healthy work environments. Increasing work disabilities linked to mental health problems are of particular concern to professionals in our health network. Implementation of this standard is a major challenge in the context of the transformation to the health system, shortages in the work force, and an aging health care worker population. In addition to implementing interventions to promote healthy lifestyle habits and stress management for individuals, the Network is also working on developing initiatives targeting work organization and reduction in psychosocial risk factors. Our presentation will focus on a project that is being developed with an hospital, the Centre hospitalier universitaire de Montreal, which employs 10,000 workers and 900 physicians. The project is based on Karasek's and Siegrist's models to identify pathogenic effects of work organization and involves a participatory approach with targeted care units. The project will proceed as follows:

engagement, analysis of psychosocial factors or diagnosis, preparation of an intervention plan, and implementation and evaluation of the plan. The presentation will be centred on the model used, planned methodology for diagnosis, and challenges encountered. We will briefly look at the procedures that have been put in place regionally to share this experience with the other members of the Network and to develop collective expertise in mental health at work.

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P47 At work without stress and tension

Alma BUGINYTÉ

The structure and character of work in modern health care facilities is no more as plain and simple as before. Their function and workers' motivation depends on new ideas, creativity and ability to promote new projects. It would be difficult to achieve these objectives without considering staff's emotions, readiness for cooperation and novelty, prevention of problems, stress and fatigue. Evaluation and choice of measures most adequate for the efficiency of an institution is of special concern of its managers. The management and social work staff of Republican Vilnius psychiatric hospital have long ago initiated schemes for creation of possibly warm climate in the community, organization of events, care for ambience and social integration. In order to reveal the attitude of RVPH staff towards stresses experienced at work and possible prevention of stress and neggative emotions, in 2006 we completed a research by means of a questionnaire. 269 filled in copies were obtained and generalized recommendations on reduction of stress and tension at work are are presented below:

- to improve the ambience of work premises by necessary repairings and supplementary tools, by installing rooms and equipment for relaxation and sports, a full-time canteen,
- to organize regular social and recreational, cultural and educative events and excursions for the staff and their families,
- to pay due attention to introduction of team work and accomplishment courses or seminars for team work,
- to familiarize among the staff the possibilities of BEMER – 3000 method (application of bio-electro-magnetic energy regulation therapy). With consideration of above recomendations measures and events were plannned for 2007.

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P48 A survey of hospital employees' opinions on employee health management policies

Pei-Lin HUNG, Chung-Jen WEI, Shih-Li SU, Yu-Wen YANG

Objectives: The delivery of quality hospital services rests on the health of the hospital staff. A hospital is therefore obligated to oversee the health of its employees. Changhua Christian Hospital, Changhua City, Taiwan, on the basis of looking after the staff's position, begin to promote health management projects in hospital from 2004. This study investigated the opinions of hospital employees in regard to employee health management, to serve as the basis for future improvement.

Material and Methods: The study was conducted in a medical center in central Taiwan. Utilizing intra-hospital electronic mail, the entire hospital staff was surveyed from 3 March to 18 March in 2005. Of the total of 4613 questionnaires issued, 937 (20.3%) were answered.

Results: Analysis of collected data revealed: 98.7% considered employees as part of the hospital's resources, 92.9% believed that personal health is a personal responsibility, 69.3% claimed to know the hospital's health management regulations, 77.5% agreed the hospital should regulate employee health management, 75.6% agreed with the current mode of regulation, 48.2% were satisfied with the current health examination items (41.4% expressed no opinion), 31.5% desired change in the number of health examination items (Among 14.3% hope to increase abdominal ultrasonography),65.7% agreed that follow-up of abnormal examination results should remain mandatory, whereas 11.9% disagreed (of which 12.5% disagreed with exacting penalties for failure to comply). In our statistic result, elder and high degree education revealed more satisfactory ($p<0.05$).

Conclusion: Most employees concurred with the hospital's establishment and enforcement of employee health management policies to help them attend to their own health. The opinions expressed by the employees may serve as directions for progressive improvements, in the hope that health in the workplace may thereby become a reality.

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P49 Stressful status and working environmental status on staff working in a medical center

Ying-Ru CHEN, I-Ching LIN, Yu-Wen YANG

Introduction: Many people spend more than one third to one fourth of time in work everyday. A good working environment can make the employees in it work more efficiently and more happy. Working environment not only means the safety and the comfort of the workplace, but also means the atmosphere between coworkers, the load of the employees, and the attitude and the satisfaction of the workers to their jobs. People who can enjoy in and acquire sense of achievement

from his job may feel less stressful in life. We do this study to examine the relationship between stressful status and working environmental status of hospital workers. Materials and methods. The participants were the employees working in Changhua Christian hospital during 2005. We investigated their stressful status and working environmental status via questionnaires. The questions about stressful status asked one to evaluate his "stress level" (very stressful, stressful, ordinary stress, light stress and no stress) and the "stress index" (from 1 to 10, the more number means the more stressful), the questions about working environmental status included "the extent of quality and quantity of working performance being influenced after several hours of work" (severely influenced, highly influenced, moderately influenced, little influenced, no influenced), "can acquire appreciation of work" (very not agree, not agree, acceptable, agree, very agree), "can get sense of achievement from job" (very not agree, not agree, acceptable, agree, very agree), "need make extra-efforts to do ordinary works" (always, often, sometimes, occasionally, never) and "the relationship between coworkers" (very poor, poor, common, good, very good), "working performance in recent one month" (1–10 from poor to good). We analyzed the relation of stressful status and working environmental status via one-way ANOVA test.

Results: There were 2,767 questionnaires being collected. We found there are significant relation between "stress level" and all the 6 questions about the working environmental status mentioned above (all $p<0.001$). We also found significant relation between "stress index" and "working performance in recent one month" ($p=0.01$).

Conclusion: Hospital workers who feel more satisfaction to their job such as getting sense of achievement and appreciation, getting appropriate workload and better relationship between coworkers feel less stress and do their work with skill and ease.

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P50 The Burnout Syndrome is preventable

Jelena KOEL, Reet PEETERSON, Irina KARPOVA

Objective: The burnout syndrome (BOS) is preventable. We have aimed to create a burnout avoidance program in our hospital. The BOS and high stress level is an underestimated problem in East-Tallinn Central Hospital. The BOS – the syndrome of emotional exhaustion and cynicism that frequently occurs to individuals who work with people. The BOS usually affects the medical and paramedical staff working in Emergency Department (ED) and Intensive Care Unit(ICU). The key words are: end of life, conflicts, communication, ethics and organization.

Methods: The poster has been organized in collaboration with the staff of the Surgical Clinic and ED. The workteam has been formed by doctors and nurses who are working in ED, where patients suffering from several pain syndromes, having injuries and unstabile condition are diagnosed and treated.

Several activities: guestionnaire filled in by employees to find out BOS symptoms (emotional exhaustion, domination of negative feelings – sadness and anger, insomnia, depersonalisation, cynicism, detachment from patients and staff), guestionnaire filled in by patients to find out risk factors of stress and risk of deterioration of the quality of cure, training seminar for employees, development and expositon of guidelines in East-Tallinn Central Hospital. treatment steps – help the people with BOS, different counselling service and a few simple key points to avoid burnout.

Result: The result will be obtained through training process: awareness of BOS in ED and in future in the whole East-Tallinn Central Hospital, and what kind of steps could be taken to prevent and treat the stress related to the syndrome. In result of the poster, it is important to have a guestionnaire and quidelines to prevent BOS at workplace.

Conclusion: The BOS poster and preventable programme will facilitate staff-patient and patient-staff relations and help to control the occupational stress and BOS that in many cases can lead to the deterioration in the quality of cure or service provided by the staff.

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P51 Factors Associated with Staff Participation and Success in Hospital Weight Control Programs

Shu-Ti CHIOU, Ching-Ling LO, Wei-Lin WU

Obesity has become a global epidemic. Hospitals as workplaces with an aging workforce are facing challenges in finding better ways to help staff fight against obesity. We developed a structured questionnaire and collected hospital staff data regarding experiences in hospital weight control programs, personal body weight change, knowledge and attitude about obesity, and awareness and utilization of hospital resources in 5 hospitals that ever provided staff weight control programs. The questionnaire was sent to all the employees in these hospitals. The response rate was 64.6% (4,840/ 7,490). The analysis showed that the employees in the hospital with highest employee awareness of their weight control program had also significantly higher awareness and utilization of hospital resources, satisfaction with hospital environments, and participation in the weight control program. Multiple logistic regression showed that being 40 years or older, being overweight, having weight control experiences, perceiving self image as overweight, believing bodyweight should be well controlled, closely paying attention to bodyweight, and being aware of and having utilization of hospital resources and activities were significantly associated with participation

in hospital weight control programs, while knowledge and perceived difficulty in weight control were not associated with participation. Success of weight loss was associated with reminding and support from the superiors and coworkers, taking modified diets, doing more exercise, keeping continuous effort in weight control, and highly agreeing that health promotion should become a priority in hospitals. We concluded that organizational factors in hospitals were significantly associated with staff participation and success in weight control. Hospitals should be encouraged to apply HPH strategies to support staff in fighting against the obesity epidemic.

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P52 Spiritual Health Promoting Programs for the Hospital Staff

Chin-Lon LIN, Min-Nan LIN

Introduction: Holistic health is the pursuit of health promotion. At The Buddhist Dalin Tzu-Chi Hospital, in addition to the hospital-wide, systemic approach in implementing the concepts of health promotion, we believe that spiritual health promotion for our staff members is also very important.

Objective: The study aims to examine the effect of spiritual health promotion for the hospital staff.

Strategy: We subsidized various programs and encouraged our staff to participate in free medical missions throughout the island of Taiwan and overseas in The Philippines, Indonesia, Vietnam, Mainland China, even as far as Pakistan, and Sri Lanka. We created the atmosphere and encouraged our staff to participate in fund-raising events in the hospital's lobby for several natural disasters such as flood, earthquake, hurricane, etc. Our staff participated the annual winter relief missions to mainland China set up by the charity arm of Tzu-Chi Foundation. We also recruited volunteers from our staff to make free house calls for patients without convenient transportation and provided much needed medical care for this rural community. We encourage our staff to participate fund-raising performances around the island. In addition, we encouraged our staff to volunteer in the "Great Love Farm" which the hospital set up to provide occupational rehabilitation programs for our patients. We grow organic vegetables and even plant and harvest rice to sell at the hospital's lobby, the proceed goes to pay for the expenses and stipend of the patients who participated in the program.

Result: Increased number of staff members participated and realized the joy of participation.

Conclusion: For the hospital staff to realize that "There is more happiness in giving than in receiving" is a very important spiritual health-promoting program. The staff members generally transform their joy into their daily work and improve the quality of medical care the hospital provides.

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Electronic Posters 1.6 – examples of community health promotion by hospitals and health services

Chair: Evalill Nilsson (SE)
Venue: Room "Paul Ehrlich"

P53 Project lifestyle and health promotion

Ingela BLOMBERG

The purpose of this project is to make it safe for patients and relatives by improved information and education. The activities that would take place are individual conversation about health that will take place when the individual have contact with hospitals, primary care or the community healthcare. Written information should also be accessible. Personal working in the community health care, primary care or in the hospitals would be educated in methods of healthpromotion. The project will be connected with a project which aim is to optimize the care of patients older than 65 year with hip fracture.

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P54 Prevention of violence against women

Anna CASTIGLION

Preliminary remarks: The Aosta Valley Health Agency, starting from a training necessity of the Health Emergency workers, has started a prevention project which fulfils many actions and initiatives. The red line linking all the project actions is the need of preventing gender violence by direct interventions in order to arise the awareness and the knowledge of the phenomena among involved professional actors but also among the population. The creation and the strengthening of an operating network involving territorial actors is the fundamental tool to assure the success of the initiatives.

Objectives: Preventing violence against women. Improving victim assistance. Building operating networks involving all the concerned territorial actors (police, courts, voluntary associations, equalities advisor).

Actions: Communication and awareness campaigns addressing population by adding moments of great emotional impact, such as art, cinema and music, to public debates and discussions. Training courses for sanitary workers. Training

courses for different audiences in order to foster networking. Realisation of the handbook Vademecum "No more violence against women": a multilingual publication, widespread distributed on the territory, collecting all the information about defence tools and help and support services for the victims. Partnership in the European project "Making the Invisible Visible". The Daphne project, by a transnational research, aims to address growing concerns over accurately identifying and understanding under-reported and invisible domestic violence phenomena in prosperous European regions.

Target group: Local population. Sanitary workers of our Health Emergency Unit. Professional workers involved in the gender violence phenomena.

Evaluation: Carrying out of awareness campaigns. Training courses for the mentioned target (participants divided by gender). Achievement of operational protocols between the USL agency and different actors and institutions (voluntary associations, equalities advisor, public administrations etc.).

Conclusion: It is of fundamental importance for women who are victims of violence to know they aren't alone. It is important they feel that a whole Region, by its services, voluntary forces and common ideas, supports and carries them.

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P55 Outreach for gain in health. All together toward prevention

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Franca MASSARENTI, Matteo MINGOZZI,
Emanuela MONTANARI, Antenore ROVERSI, Enza ZECCHI

Background: From 2007 the Italian Health Department starts a program to promote and develop the culture of prevention and of healthy life. Ferrara Health Organization (FHO) follows this ideas and begins an integration communication project to diffuse information and knowledge about correct life style, using outreach practise. Develop a relationship more integrated on country area and improving communication external process, allow citizens to became more conscious about health, more responsible and more prepared to manage their well-being. With this practise the organization meets the citizens in area not institutional, like markets, square or neighbourhood.

Purpose and Objectives: Use Outreach methods to educate citizen on correct life style to reduce risk for health (primary prevention) and to promote participation at screening activities (secondary prevention).

Methods: FHO decided to diffuse information and communication throw a citizen practice guide about prevention and decided to conceive a different modalities of meeting people. The guide was realized by Local Health Public Department and was give out like enclosure in white pages and reached 123.000 family. The guide was also talked during village festival and was also diffuse in Public Relation Office, in Information Point and in all Desk Hospital. The new way to meet citizen was made with the participation of FHO operators to village festival, with specific stand organized to develop and test new alliance with local organization and citizens.

Conclusion: Outreach allow FHO operators to have a direct contact to citizens and vice versa. Talking and listening in this way permit a real communication about all prevention line (over all screening). The operators have also now the knowledge of really problem of citizens and a lot of part of citizens have more clear some important comportments. The organization now know citizens exigencies and can realize future aimed activities.

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P56 To Create A Supporting Environment of Health Promotion in Community Service and Hospital Staffs

Hui-Ting HUANG, Chia-Lin LO, Shu-Hua YEH

In recent years, with the implementation of the National Health Insurance and the changing social environment, chronic diseases become the major causes of death in Taiwan. In order to improve the quality of life for the public, hospitals should use professional medical knowledge to promote the emphasis on self-health maintenance, thus help people to learn healthy life style and create a healthy community. Taiwan Adventist Hospital is one of over 400 healthcare institutions operated by the Seventh-day Adventist Church in a worldwide mission system. We have the tradition of not only manage with acute medical disease but also make a point of doing disease prevention and health promotion. Uphold the spirit of Christ, we provide integrated life caring services for people in Taipei, including highly efficient medical services and active community health care. The goals are to give the public the integrated physical-mental-spiritual health care and to establish healthy living in the community. In October 2006, Taiwan Adventist Hospital expanded the Department of Community Medicine, merged the Department of Family Medicine, Home Care Center and all the Health Education Units with Community Health Development Center as a complete sector. This is to provide the community a more comprehensive preventive health care and establish sound health educational advisory network. By holding regular disease screening programs and giving public health lectures, we help people not only solve but also prevent their health problems. Through our initiative community health intervention, patients can find useful advices and accept the referral to proper health care. The role of the hospital expands, with the hospital's operating income increased, active community health intervention also give our hospital the assessment of numerous marketing opportunities. Therefore hospitals should take active changes, utilize professional

medical services to help communities to build regional support network and create a healthy community.

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P57 Health Needs Assessment among Community Residents: A 2-year follow-up study from one Public Hospital in Taiwan

Hsiao-Ling HUANG, Yuan-Nian HSU, Jui-Yi SHY, Chi-Zheng WU

Much health needs assessment of community residents is conducted based on the cross-sectional setting and little is known about the changes of needs for the target population. The current study aims to estimate the changes of health needs among community residents over two years. Moreover, not only the questionnaire survey was applied to assess the health needs of target samples, the qualitative method, in-depth interview, was conducted with the opinion leaders in the community such as neighborhood magistrates and directors of community development association. The results had shown that the most preferred information was disease prevention knowledge and coping strategies. The favorite method to gain such information was through seminars. Opinion leaders suggested how the community and hospital could cooperate and initiate better community health promotion programs.

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P58 Health Education in Franz von Sales Heimschule – Model of Health service in the community

Brigitte HUELLEMANN

School project (start in 2006) "Healthy Living, Fit for Future". Model of good practise! Project members: Representativs of different school-departments, teacher of puplic health, physician.

Main goals: Healthy nutrition and physical exersice. *Methods:* Healthy sandwiches with fresh fruit, whole meal bread, fruit drinks and teas. Regular school lunches prepared with lots of vegetarian food, cereals, potatoes, animal food with low fat. For gaining positive influence on emotional life by eating well and as an educational tool action-weeks: e.g." Italian week", "Five a Day", "Power-week", "Pupil`s favoured meals week." For overweight children calorie-reduced meals.-Daily exersice programme, achieving physical fitness by playing (little ones), walking (older ones). Health-Education for parents (evening presentations and discussions), for pupils (school-lessions).

Results: Pupils say having much more fun in daily school-life. Increase of physical and mental capability. Pupils with attitude disorders learned to rearrange themselves in the community. Project is winner of a reward.

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P59 Questioning a lifestyle of high risk behavior with a focus on alcohol, BMI, smoking and physical inactivity

Rie RAFFING, Charlotta PISINGER, Torben JORGENSEN

Background: This pilot study focused on how community and public health orientation could be improved by looking into the question of why some people continue a lifestyle of risk behavior, knowing this might cause them illness in the future. Risk behavior in this study was defined by not meeting the recommendations from the Danish National Board of Health: Not to smoke, to keep BMI lower than 25, to drink less than 14 (women) or 21 (men) standard drinks per week (please note that one Danish standard drink contains 12 gram of alcohol) and to be physically active at least half an hour a day. Each interviewee failed to meet at least two of these recommendations and did not have plans of changing his or her lifestyle.

Aim: To investigate: How four citizens from West Copenhagen with a high risk behavior regarded the concepts of health, illness and risk and what factors would increase their motivation for life style change.

Methods: Qualitative methods: Participant observation and interviews from a semi structured questioning guide.

Results: This study showed that a passive attitude to risk behavior was negotiated, created and maintained around the following themes: "future", "probability", "lit happens to others" and "luck", and that illness caused by risk behavior was expected to be the primary motivating factor for lifestyle change.

Conclusion: The citizens with high risk behavior in this study had a strong focus on everyday life in the present. They didn't expect to fall ill due to their risk behavior, but if they did, they believed the disease to be the primary motivating factor for lifestyle change.

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P60 'Move for Health'

Valerie REDDAN

'Move for Health' is a Nationwide campaign run by the Irish Society of Chartered Physiotherapists. It aims to highlight the importance of exercise and movement in our everyday lives. The first year 2006 the focus was on children in the 12–14 age group. The topic was 'posture and back care' as back pain is now a common complaint among Irish teenagers. A recent study found that 50% of 14–16 year old reported that they had suffered from back pain. Childhood back pain has been related to heavy school bags and ill-fitting school furniture, this with a lack of exercise and poor posture can lead to back pain in young people. Physiotherapists visited schools to educate students on the importance of maintaining a healthy back. In our presentation we provided tips on standing and sitting postures and how best to sit at desks in order to avoid back pain also how to reduce the impact of carrying their school bags. Also we spoke about the importance of taking regular exercise The feedback from teachers was very positive and they reported an improvement in the pupils posture and the way in which they carried their school bags. The second year 2007 the topic was Bone Health. The theme was' Healthy bones-a hop, skip and a jump away. 'The campaign highlighted the need for young children to be as active as possible in particular to take plenty of weight bearing exercise. Weight bearing exercise is essential in the development of healthy bones and long term bone health. The target age group was 10–12 years which is the optimal age group for building bone density. Skeletal bone mass doubles between the onset of puberty and young adulthood. The sessions child friendly and interactive using word puzzles and quizzes. Again the feedback from the teachers was very positive. I enclose an evaluation which was carried out by the Irish Society of Chartered Physiotherapists amongst their members who were involved in this campaign.

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P61 Attitude of Siauliai County community towards health education

Loreta Rasute REZGIENE, Inga BUDRIENE

Introduction: The state of health of population s the top priority of healthcare policy in all developed countries and health promotion as well as enhancing of health literacy is increasingly becoming the main strategy of health care policy makers. The need for health education and the ways for its implementation are best reveal in particular during the community surveys. Community health education services are provided both by the primary health care centers and hospitals. Successful and efficient health education is only possible with the coordinated activities of all participants in health care system.

Aim: Evaluate the need of community health education in Siauliai County.

Objectives: Evaluate attitude of Siauliai region community towards health education. Compare attitude of community towards health education efficiency in patient information centers, primary health care centers and hospitals.

Methodology: The anonymous questionnaire among 350 citizens of Siauliai County was carried out in October-December, 2007 in order to find out the need and attitude towards health education. The respondents were asked to assess their state of health, attitude towards health education and health promotion.

Results: 48% of respondents defined health as absence of pain, physical restrictions or disabilities. Only 11% of respondents indicated improvement in quality of life in relation to state of health. 27% of respondents (all of them urban respondents) identify health with social and physical wellbeing. 61,5% of rural respondents defined health as absence of illness, whereas only 20,2% of urban respondents support this proposition. Data of survey showed that 76% of all respondents sustain the inheritance and environment as the main point of their health development.11% of respondents claimed, that individual behavior influences their or state of health. 63,5% of urban and 42,3% rural respondents stated that health promotion is needed for individual to learn to control personal health. 27% of all respondents supposed that health promotion would determine skill of survival in unhealthy environments. Only minor part of respondents (12,5%) agreed to proposition that health promotion would prolong life expectancy and reduce the expenses on treatment and health care. 23% urban and 38,4% rural respondents assume they have to learn health promotion by themselves. 39% urban and 19% rural respondents assume that primary health care centers have to provide health promotion policies. 62% of al responded claimed that hospitals have to provide health promotion policies in communities. Only 12% of respondents were aware of patient information centers in hospitals, 90% of them were affected with chronic non-communicable diseases. 98% of respondents would prefer to have training on health education in patient information centers in hospitals.

Conclusions: Majority of the respondents consider that life style and environment influence health and quality of life, while the minority of respondents consider that health promotion could expand life expectancy and improve quality of life. One third of respondents claim that it is the responsibility of each individual to promote his/her health. Almost all respondents would prefer to have training on health education in patient information centers in hospitals.

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P62 A multilevel community intervention approach to promote walking in Taiwan

Yu-Mei SU, Chih-Chia WANG, Shu-Chuen LAU, Pwu CHEN, Hung-Shang TANG, Tze-Kai CHEN

The purpose of this study is to explore the effectiveness of a multilevel community intervention affected rates of moderate physical activity, in particular, walking. Intervention was developed with raised community consciousness, interpersonal activities that stressed social support and health provider counseling, changed physical activity behavior and built up a walking environment. We empowered community core members and volunteers by group development activities. We used both quantitative and qualitative methods, including questionnaire survey, in-depth interviews, and focus group, to evaluate the effectiveness of intervention. Quantitative data collected from a questionnaire survey and qualitative data collected by in-depth interview and focus group were used to evaluate the effectiveness of intervention. There were seven communities ranged in population from 3,040 to 7,135, over the course of the six month intervention, among participant who used trails at baseline (14.8% of the total population), 78.8% reported increases in physical activity since they began using the trail. Physical activity increased significantly since they began using the trail, there were also significant differences between the brisk walking intention and the perceived walking environment, the better walking environment can promote/encourage the intention of participating in walking. Community development strategies can increase core members' capabilities, build a healthy environment in the community and establish behavior patterns for the residents. A health promotion program implemented in a community can empower the members' capabilities and help build a promoting walking environment. The community development model can therefore be applied to various health issues.

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P63 I'm not falling ... without my helmet

Tiziano TREVISAN

Introduction: The Aosta Valley Health Agency believes that the project "I'm not falling... without my helmet" can be an important action to prevent concussion injuries. This project will also allow to reach, by information campaigns and the in person presence, the all-aged sportsmen who practices concussion-risk sports. The project is realized with a sinergy of agencies, federations and associations who works in different athletic disciplines, competitive and non-competitive, where the use of the helmet is not compulsory.

Goals: To sensitize people about the importance of wearing a helmet in sports and activities where the use of this coverage is not compulsory.

Actions: To set up information campaigns, the presence in the field during contests and sport events, federations and sport associations involvement, creation, administration and processing of a survey about the use of helmet in different disciplines and activities.

Group/target: For 2008 is expected the involvement of cycling amateurs (road-racing and mountain-bikers) and sportsmen that practices ski. The project will be extended to other athletic disciplines.

Evaluation: The expected outcome concern the awareness of sportsmen, but also instructors, trainers, parents and kids guides.

Conclusions: The presence in the field of the experts (trainers, preparers, sports medicine doctors, resuscitators, and emergency doctors), the conduct of a survey concerning the use of helmet in different disciplines, the creation of information campaigns, are marketing levers to achieve the objective of concussion prevention and to make aware of the proper lifestyles. Specifically the proper and safer way to practice sports and free time activities.

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Electronic Posters 1.7 – Improving health promotion by reorganising service provision and by improving health care settings

Chair: Barbara PORTER (UK-NI)
Venue: Room "Emil von Behring"

P64 Clinical portfolio development by re-orienting core business or crowding out competition?

Andreas KRUSCH, Peter KERN, Erhard BELZ

Germany has introduced a DRG system aiming for cost transparency as a prerequisite for a competitive system. Competition between hospitals should improve service quality but is also likely to result in crowding out of facilities. The DRG "decompression effect" leads to devaluation of basic care and increased valuation of specialised care services. Different care levels are covered by different types of hospitals. Basic care hospitals with >150 beds mainly treat basic care patients in case these hospitals are located in rural areas they occasionally deliver acute treatment for complex cases, at the same time those patient volumes are low due to low density population. A strategy to achieve profitability on those complex cases is either to invest in medical infrastructure entering competition and gaining economies-of-scale or to set-up a network of different levels of care provider that navigates patients to the most suitable facility. The private Capio clinic (CC) with

120 beds in Bad Brückenau, a rural area with low density population, offers basic medical services in surgery, internal medicine, and geriatric rehabilitation and advanced medical services in a highly specialised department of rheumatology. CC has established a network with its close competitors to deliver high quality treatment in the catchment area in all medical fields and levels of care. CC cooperates with a heart and a neurological clinic in treatment for acute heart disease and stroke, respectively, cardiac patients who need invasive intervention and stroke patients who need lysis therapy after necessary initial diagnostic and treatment will be transferred directly, medical imaging is reported via telemedicine avoiding redundant diagnostics and shortening time to treatment in the receiving clinics. With its approach to navigate patients according to levels of care within an across-the-corporate network CC has implemented an exemplary integrated care concept, considering environmental conditions crowding out competition is avoided.

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P65 From Primary Care Centre to Primary Health Care Centre

Susanne BERGANDER,
Marie BAECKSTROEM-ANDERSSON

Vision: HEALTH AT EVERY MEETING.

Project Purpose: To get some Primary Care Centres in our county to start their journey from Care Centre to Health Care Centre by:

- finding simple methods to measure how the staff feels
- increasing awareness of health-promoting thinking in our staff'
- finding different tools to understand how lifestyle factors affect our patients – working out tools for documentation regarding lifestyle factors

Method: We participated in this project, scheduled for 5–6 meetings. All worked from their daily activity to describe current situation, vision and intermediate goals. In between we worked in our own unit on gaining approval for our vision and intermediate goals.

Result: Intermediate goal. Staff opinion barometer. Paper pellets in four colours reflect how you feel when you leave for the day: Blue=bright blue sky, Yellow=Sun, light skies, Green=Cloudy, going on better, Red=Totally clouded. Measurements have been done one whole week (W 42, 2007) and will be repeated four times a year. This result was predominantly positive-blue in the beginning of the week and more cloudy by the end (Blue sky and Sun Mon-Tuesday 40 out of 60 persons, Thurs- and Friday 21 out of 46). Educating staff in Motivating Conversation. All staff have attended one full day education. Some have participated in two days deeper studies. Those who have direct patient contact shall also attend this. Evaluate Lifestyle Questionnaire from patients aged 18–75, who visit a doctor, physiotherapist or occupational therapist. Start November 2007. Possibilities for computer-aided documentation of all lifestyle factors (now fulfilled).

Future: Continuing to get the staff more involved in health care and patients more informed and knowledgeable about how lifestyle affects health. We want a Primary Care Centre, promoting health.

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P66 Community Medical Practice Groups Link With Hospital Provide Patient Centered Services Via E-Technology

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Chien-Te LEE, Hsiu-Che LI, Hong-Tze LIANG,
Hung-Chih LIANG, Cheng-Chih KAO, Teck-Siang TOK

To improve the quality of medical care provide by community family physician and enable them to provide patient care as if they were practice in our hospital with all the facility we have, we need to set up an intelligent E-healthcare environment network offering person-centric services. Aims: Set up a close E-Technology Medical environment that aims to ensure safe and efficient patient referral and consulting system that is patient center and person-specific health care decision-support services. *Methods:* Pingtung Christian hospital using the E-technology network that enable those linked community family physician groups to be able to check and explain to their patient any time at their own clinic computer with patient medical check up data done at our hospital include PACS system, pathological report, chemistry report, X-ray, CT, MRI, surgical and medical record information. This was done via a terminal that link to hospital server. A coordinator in our hospital responsible to serve all those community physicians their E-technology need and inform them with their patients information when they were referred to our hospital. He is backup by hospital informatics department. *Results:* The community doctors and patients were highly satisfied with this service. From the initial 2 community practice groups now has grown to 8 groups, with a total of 57 doctors. *Conclusions:* This program successful in providing high quality patient centered medical care, patient medical record, information able to follow patient transfer to and fro between hospital and community family doctors' clinics with help from an amalgamation of diverse computer technologies--Internet, Multimedia, Databases, Medical Informatics and active coordinator to implement a sophisticated healthcare delivery info structure.

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P67 Implementation of a new community-based medial care system

Shih-Tien HSU, Huan-Cheng CHANG, Tang-Tat CHAU

The Bureau of National Health Insurance has started implementing the program of "Family Physician Integration Delivery System (FPIDS)" since 2003. The program encourages clinics located at the same area to form a team with 5 to 10 counterparts, and to work with the community hospital. The purpose of it is to build a mechanism for continuity and cooperation, and the mechanism is named "Community Medical Group (CMG)". Until 2007, there are around 300 CMGs in Taiwan. The FPIDS program has two aims: 1) To build a Family Physician System that provides people in this country comprehensive, coordinative, continuous health care, 2) To promote the awareness of a patient-centered medical environment, and to improve the quality of primary health care services of the clinics. In order to establish a community-based medical care system, the program implements a Bidirectional Referring System, as well as constructs a web-based community information system between primary care physicians(PCPs) and community hospitals. The web-based community information system has been improved by linking to the information systems from the hospitals. The PCPs can see the diagnostic results, or the laboratory data of their referred patients that are sent to the community hospitals. It is easy for the PCPs to operate the web-based community information system, so it is highly evaluated by the PCPs for using this system.

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P68 Sakha Cardiological Health Centre in the Network of Health Promoting Hospitals

Kyundyul IVANOV

In the share of all diseases in the Sakha Healthcare System cardiovascular diseases (CVD) take 42% as overall fatal cases, 27% as primary invalidity, 10% as overall disease incidence, 9% is taken up by temporary disability. Among those on dispensary observation 10% are the patients with CVD. According to data of medical aid appealability of population to healthcare institutions, the level of overall disease incidence of adult population has increased by 38% in the last 10 years (1996–2006). CVD incidence figures of the total population have increased 2.4 times. The recent epidemiological situation on CVD requires solution of a number of priority issues, the most important of which is the creation of prevention and early diagnostics system, clinical examination of patients with CVD, and accessibility of high technology medical aid, which outlines the development of Sakha cardiological service on the whole. It is necessary to create a Republican Cardiological Health Centre to coordinate activities of all structures dealing with cardiovascular problems of the population. It would become a unified organizational and methodical centre for research and development of cardiologic service in Yakutia. Realization of the Cardiological Health Centre programme would allow to:

- decrease ischemic heart desease by 5–6% compared to 2007 figures,
- decrease myocardial infarction death rate by 3–4% compared to 2007 figures,
- decrease the waiting period of highly qualified cardiological aid by patients from 90 to 75 days,
- increase of up to 65% in the population awareness of CVD risk factors and their consequences.

Implementation of planned activities complies with the Sakha Healthcare System development strategy and is coordinated with the main tasks of the Russian Health Priority National Project.

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P69 Healthy automatic dispensers of food and beverages in hospitals and other health services

Francesca CIRAOLO, Antonella ASTA, Barbara PALADINI, Ilia Di MARCO, Maurizio FILICE, Sabrina LUCI, Ilaria MONICI, Barbara NICCOLI, Alberto APPICCIAFUOCO, Vincenza FUSARI, Ilaria PERIGLI

Introduction: The automatic distribution of food and beverages may represent an opportunity, as part of promoting healthy lifestyles, taking a role in information and education consumers. Some innovative experiences have been implemented to guide and regulate the automatic distribution of food and beverages (AD) in the workplace and in educational contexts. The institutions, not only health services, can promote the adoption of healthy lifestyles through integrated health promotion interventions involving a health value, not only in terms of prevention, but also in terms of social accountability of public administrations to employees, users, customers, and patients. Florence Health Service (ASF: 5700 dependents, 850.000 inhabitants assisted) has stipulated in 2006 special contracts with three AD firms requesting the organization of a healthy corner (refreshment islands) around some dispensers located in wide and highly frequented hospital and territorial health services areas, at no additional costs.

General aim: To promote a healthy nutritional style for employees, users, customers and patients who utilize AD in hospitals and territorial health services.

Specific aims: Assessing nutritional choice of foods and beverages to put into AD, diversifying and widening the offer favouring healthy food, creating corners/refreshments islands in collaboration with AD firms, developing health promotion slogans and positive messages about healthy nutritional style to write on the corner, on stickers, and over the glasses for beverages, arranging informational material to be distributed in the corner

Integrations: The project is connected with ASF project about cardiosvascuolar diseases prevention ("Riguardiamoci il cuore") and with local HPH network. It is also consistent with Ministerial and European guidelines "Gaining health". The European Strategy for the Prevention and Control of Noncommunicable Diseases. This paper will describe the project actions.

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P70 Improvement of health care quality, accessibility and management expanding new services in Kaunas Medical University Hospital

Tomas KUZMARSKAS

Introduction: Kaunas medical university hospital (KMUH) member of HPH network is the largest multiprofile health care institution in Lithuania. There are more than 6 thousands workers and more than 2500 beds in the hospital.

Goal: Quality of health care services, accessibility and management improvement expanding into new services using newest information technologies.

Objectives:
- Hospital information system installation in the hospital for management and staff use;
- Creation of health information database for patients with individual access;
- Hospital information system adaptation with national information system and partners systems systems.

Results: Computerized 275 working places. More than 300 medical workers passed computer literacy courses. Hospital information system installation highly implemented communication and information share speed between different structures of the hospital. About 60% of the internal hospital information is shared using information system. System for analyzing statistical information, patients flow and system for patient's health data collection, analyzing and sharing ensured quality development of health care services from management and medical staff standpoint. Installation of systems will reduce costs and human recourses for information share. Health information database for the patient's ensures possibilities to get sufficient quality and understandable information about their illness, recommendations for treatment and prevention. System for patients, enables them to manage their visits at the hospital by registering at the doctors using Internet, this will ensure better accessibility. Adaptation of information system for patient's health information and diagnostic analysis data share with National information system and partners systems implemented better communication and faster health information and diagnostic analysis share. This will affect better quality of health care services admitting evidence-based and best practice decisions.

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P71 Northwest Regional In-patient Falls Risk Assessment and Intervention Audit 2004 and 2006

David BOURNE, Julia GRAY, Gary COOK

Summary: There has been regional progress in the areas of inpatient falls risk assessments and falls reduction interventions. The results suggest that "cultural change" is taking place. There is scope for significant improvement in regional participation in the audit process, compliance with local assessment protocols and the implementation of risk reduction strategies.

Objectives: Respond to local, national and international concerns regarding hospital inpatient falls and their consequences. Audit the regional progress of the introduction of inpatients falls reduction programs since an initial audit in 2004 including Falls risk assessment. Falls reduction strategies.

Methods: Inpatient falls management programs were developed and implemented locally. Evaluation was conducted by process audit as part of the Greater Manchester and Wirral (GM&W): Falls Risk Assessment Audit 2004 and re-audit 2006. The audit: Prospective point prevalence audit Random selection of patients from general medical /care of the elderly, orthopaedic trauma and general surgical wards
- 2004: 9 participating hospitals 52 patients per hospital
- 2006: 8 participating hospitals 60 patients per hospital

Conclusion: Between 2004 and 2006 there has been an increase in the number of: inpatient falls risk assessments taking place, falls reduction interventions. A cultural change is taking place regarding the attitude falls prevention in hospitals in the Northwest of England.

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10. Electronic Poster Presentations: May 16, 2008, 12.30–13.15

Electronic Posters 2.1 – Improving patient safety & improving the quality of Health Promoting Health Services (I)

Chair: Zora BRUCHACOVA (SK)
Venue: Plenary Hall

P72 Guideline for avoiding falls and their consequences

Oliver WITTIG

A group of 12 experts from all over Germany has drawn up an expert standard to serve as a guideline for avoiding falls and their consequences. St. Josef Hospital in Moers is now putting this standard into practice. Falls in the elderly are highlighted as a particular medical problem be-cause approximately one third of all people over the age of 65 fall at least once a year. Around 20% of the consequences of these falls require medical care. More than 250,000 cases of inpatient treatment involving over 200,000 fractures result from "falls from stumbling" in Germany every year. In conjunction with the expert standard all falls are recorded in statistics, from which steps for future action are deduced: During the morning shift most patients fall in the period from 6 a.m. to 8 a.m. During the afternoon shift most patients fall in the period from 3 p.m. to 6 p.m. During the night shift most patients fall in the period from 11 p.m. to 3 a.m. Most patients are found lying or sitting on the floor. Most patients fall when going to the toilet. A further requirement of the expert standard is to record the risk factors. Patients' mobility can be ensured by a timely assessment of the individual risk factors and the systematic recording of falls, as well as the joint planning and execution of measures. At St. Josef Hospital we have introduced the Hendrich Fall Risk Scale for this purpose. The patient's risk of falling is assessed: immediately upon admission, once a week thereafter, upon changes to the nursing situation, after a fall. Every fall is considered by the departmental management and the respective ward. Central Assertion of the Expert Standard Each patient/resident with an increased risk of falling receives fall prophylaxis, which prevents falls or minimises their consequences. Each fall is documented in the fall event log. The following points are explained to the patients and their relatives by the nursing staff: Wear firm, closed footwear, the prescribed spectacles and hearing aids and make use of walking aids. Complicated everyday procedures are trained. Ensure sufficient lighting in the night and go to the toilet as soon as you feel the need, especially at night. Take note of the side-effects and interactions of medications. The patients' call system is always within reach, the height-adjustable beds are lowered. The hospital has ensured there are enough handrails and handles. Individual falls are analysed in a peer review procedure within the Clinotel hospital group to determine whether they were avoidable. In order to ensure that patient safety is an ongoing process, nursing rounds are carried out on every ward (170 nursing rounds in 2007).

From 2004 to 2006 we were able to reduce the number of falls by 36%. The number of injuries fell by 35% from 2004 to 2005, and by a further 75% from 2005 to 2006. The figures for 2007 re-mained at the positive level for 2006.

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P73 Basic life support staff training in an acute care hospital

Enrico BALDANTONI, Annalisa BERGAMO, Amelia MARZANO, Franca REFATTI, Marco SCILLIERI, Serena ZANELLA

Introduction: Staff qualification and education is a core problem especially in hospitals where acute and unstable patients are admitted and provided high tech care. Resuscitative techniques, when timeliness is the most critical factor, should be readily available and appropriately used by staff in every setting of the hospital as soon as needed.

Objective: Improve patient safety through an ongoing education in resuscitative techniques of all staff members who provide patient care (physicians, nurses, nurse helpers, and technicians) in different areas of the hospital (wards, services and outpatient units).

Methods: Santa Chiara Hospital (Trento – Italy), a 700 beds capacity facility with 1938 units work force, is accredited by Joint Commission International (JCI). JCI Staff Qualification and Education standard 8.1 requires that Staff members who provide patient care are trained and can demonstrate appropriate competence in resuscitative techniques, and the appropriate level of training is repeated every two years. Basic Life Support – early Defibrillation educational programs (BLS-D) – according to Italian and European Resuscitation Councils guidelines- have been developed by hospital trainers (8 hours basic and 4 hours retraining courses) and are mandatory for all staff (with the exclusion of intensive care units physicians and administrative staff).

Results: Staff members who received BLS-D training were: 327 in 2006 – when the program was launched hospital wide – and 199 in 2007; the target for 2008 is 618. BLS-D retraining has involved 76 staff members in 2006, 591 members in 207; the target in 2008 is 308 members. We expect that by June 2008, over 90% of staff that provide patient care have had appropriate training/retraining in the last two2 years.

Conclusions: Overall the effort of our hospital was very intensive and somehow stressful (staff often had reasons not to attend), but patience and a gutta cavat lapidem approach has helped us to achieve an organization wide target. JCI procedures are very tough on resuscitative techniques competencies and one way or the other staff member are now more aware on how to perform in critical situations and know basic skills that were long forgotten outside intensive care units or emergency departments. We believe that this

effort is improving both staff competencies and confidence, and patient safety.

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P74 A patient led programme – Contributing towards improvements and awareness of hand hygiene practices

Diane LOUGHLIN

Hospitals across Scotland are struggling to meet standards of hand hygiene to combat infections such as MRSA. Doctors, nurses and other health staff should wash their hands before and after contact with a patient, before carrying out invasive procedures and after being exposed to bodily fluids. Audits of hand hygiene compliance are carried out twice yearly by inspectors. Hand hygiene is considered the single most important factor in reducing and preventing avoidable illnesses such as hospital acquired infections. Within the University Hospitals Division there are 3 active patient forums whose representation includes patients, carers, volunteers and members of the public. Forum members participate in several audits with staff to highlight areas for improvement and promote good practices. These are

- Patient Environment Audit Teams
- Observation Audits
- Domestic Audits

In recent months several members expressed interest in participating in hand hygiene training carried out by a national programme. 10 members have been trained and a programme developed whereby they hold a series of interactive awareness and information sessions within the reception of each hospital and rotate to wards pre-visiting to encourage the public to wash their hands. An ultraviolet box is used to show how good or bad their technique is. This contributes toward increasing public awareness and to reducing infection being brought into the hospitals. The same patient representatives also participate in observation audits regarding staff hand washing techniques. This innovative and patient led programme contributes toward Health Improvement Targets and Performance targets set by the government but led by volunteers, patient representatives and carers. Evaluation of knowledge and what was learnt will be undertaken using touchscreen electronic survey with results reported back to management teams. It is hoped that other areas can learn from this project.

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P75 Evidence-based Good practice for safer and ergonomic Patient Transfer

Stella HERMANN, Gustav CAFFIER, Fred BABEL, Falk LIEBERS, Gerit SCHUETZEL

Aims: The study is based on the experiences with the nationwide implementation of the program "Back Protective Patient Transfer" (BPPT), which is a multi-dimensional strategy to reduce physical strain in nurses. It comprises ergonomic and biomechanical aspects, workplace re-organisation and systematic application of transfer principles, taught by so called instructors on the wards. One of its key elements is to improve the problem-solving competencies of the nursing staff and to offer structured participative procedures on each ward. The results of a former program evaluation study confirm a decrease in workload as well as improvements in back health, health consciousness, work organisation and team cooperation. The aim of the present project is to ascertain the experiences made in the course of nationwide implementation as well as to identify criteria for successful application strategies with importance for recommendations.

Methods: Specific questionnaire addressed to nurses in charge and program instructors in a total of 38 institutions

Results: In all the institutions investigated, favourable experiences with the implementation were found. Between the individual institutions, however, clear and in some cases significant differences were apparent in terms of certain outcomes (effects on health, effects relating to work organisation and team development, effects on patient care). A decisive influence on the efficacy of the program was found to be exerted by the integration of the program into the overall objectives of the individual institutions, and by well-aimed participatory project management. Very concrete factors could be seen in the key areas of financing, support, project steering, training, practical supervision and changes related to ergonomics. The importance of how the training situation is managed, how the release of instructors for program tasks is organised and how support within the institution is organized also became apparent. No differences were found between hospitals of different sizes or orientations, or nursing homes. Recommendations could be worked out, which built up a starting point for the more general discussion about the development of ergonomic guidelines Keywords: back-protective patient transfer, occupational prevention program, nursing, questionnaire survey, success criteria of "Good Practice", recommendations for guidelines

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P76 Improving patient orientation: Safety in Nuclear medicine

Eve PALOTU, Galina SHAMARINA, Anne POKSI

Objectives: Safety should be at the forefront of the minds of all those who work in healthcare. Patient safety is an integral part of the list of priorities for nuclear medicine used for diagnostic purposes and therapeutic applications. Methods In department we use relevant guidelines for different types of treatment and diagnostic procedures. In this document the detailed procedure recommendations address the methods to reduce radiation exposure. It is improving patient safety through better staff-patient communication. Before the procedure the technologists ask each female patient of childbearing age if she could be pregnant. Both investigations and therapy are contraindicated during pregnancy. Also the information about probable breast feeding is asked. The technologists instruct feeding patient how to behave during the period of investigations.

Before diagnostic procedures and treatment physicians inform and explain procedures to patients and their relatives and give specific instructions concerning radiation safety precautions. They educate patient behavior during the period of restrictions in the special treatment room with services like Internet access and cable TV, because a number of patients tolerate isolation in a specially protected room very poorly. The inquiries are made about situation at home and both oral and written instructions are given to the out-patients and to the in-patients. All folders were translated to Russian language during last year. It is very important to discuss them in detail with the patient in mother languages. The staff inspires patients, demonstrates ability to handle stress in a professional manner. Tackling patient safety collectively has a positive impact on the quality and efficiency of patient care.

Conclusion: Patient safety concerns everyone in the hospital and is equally important for nuclear medicine practitioners in all of its processes. Describe experiences gained from discussing with colleagues in different practices how high-quality multi-professional working can benefit patient safety.

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P77 The Contribution of Volunteers Programme for Health Promotion in the Hospitals in Czech Republic

Ivana KORINKOVA

Systematically coordinated help of the volunteers is realized in some hospitals in Czech Republic since 1999. The hospital volunteers programme is determinated on the base rules which have to do with the choice orientation and education of volunteers and good coordination and implementation of this into the operational structure of each hospital. In the period 2005–2007 was realized the evaluation of the volunteers activities in 9 hospitals by the four types of questionnaire (for staff, special position “contact person”, volunteers and coordinator of the programme) and by the comparison of the quantitative and qualitative indicators of the programme development. The results of this evaluation demonstrated this aspects of the volunteers help in the hospitals:

- Improving of well-being of the setious ill patients and more normal human contact
- Support of the life motivation and activization of the long term hospitalized patients and elderly patients
- The presence of the volunteers on the ward gives the spontaneous impuls for the improving of the intepersonal communication

The volunteers take a part in the improving of the hospital atmosphere and its image. The main gains of the volunteers from their voluntary activities are: 1. The change and consciousness of the life and health value and higher personal responsibility, 2. Improving of the relationships with the hospital staff and the constructive change of the attitude towards the cooperation with them, 3. The spontaneous willingness for the personal development and education in the different areas of health promotion

Conclusion: The well prepared and right coordinated volunteers programme in the hospitals is very effective and natural tool of health promotion, for the patients, for the hospital and for the volunteers as a agent of the different part of society too.

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P78 Expectations and satisfaction of patients with the quality rehabilitation services received and perceived

Darius KURLYS, Virginijus BISKYS,
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Rehabilitation service package is a combination of medical and additional services, which satisfy biosocial needs of a customer. The needs of a patient are rather indeterminate in terms of health care service. Expectations of patient almost always exceed actual capacities of a health care institution and in many cases possibilities of medicine as a whole. With the aim to determine expectations and satisfaction of patients with the quality of rehabilitation services received and perceived, we, time from time, perform anonymous survey based on questionnaire developed by the authors. The results of surveys then are systemized and dynamics of change evaluated. Methodology – patients’ survey. The first 20 questions of the questionnaire reflect expectations of a client, the next 31 questions serve for evaluation of satisfaction of expectations. The results of the study show that

quality experienced and perceived by the patients exceeds expectations. Expectations were exceeded in terms of timing of service provision, consideration and respect shown to the patients by the workers, attention and polite behaviour, competence of the medical workers and other issues. Expectations according to some survey questions were higher than the quality experienced: issues relating to clarification of effect of the medical procedures, evaluation of medical consultations, etc. Notwithstanding the fact that expectations at the hospital are higher than the quality received in regard to individual parts of the service package, 94% respondents expressed positive evaluation of the services provided by the hospital.

Conclusions: 1. The survey data show that expectations vary with evaluations of patients regarding individual parts of the service package, and the services of the hospital are generally evaluated as good by majority of patients. 2. Surveys of patients produce valuable information on the quality of operations of the institution, efficiency of the corrective actions used, provide for conditions to influence formation of the external image of the hospital.

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P79 Results of a HPH nurse-led home program in elderly patients with advanced heart failure

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Background: Heart failure (HF) is a chronic disease requiring multidisciplinary and multidimensional interventions. In the elderly HF is the first hospitalization cause, and the coexistence of polipathology, and psychological, cognitive, socio-environmental, disability problems defines the connotation of “fragile elderly”. HF patients (pts) generate substantial hospital costs and interventions that produce even modest reductions in the risk of hospitalization would be economically favourable Methods and population: University Hospital and Territorial Health Service established protocols to promote HPH. In an out-patient HF clinic a 2-nurse domiciliary program was established for elderly (>70 years) pts with a poor social status and comorbidity living in a metropolitan area. The program consisted in educating pts and family care-givers about HF treatment and recognition of deteriorating symptoms, associated with in-call contact either with the General Pratictioner or with the HF clinic, weekly nurse home control, and therapeutic “micromanagement”. In 6 years, 102 pts (54% females, median age 80.5 yrs, NYHA 3, congestion index 3, EF 32%, NT proBNP >2000), selected on the basis of clinical status and proximity to our clinic, entered the protocol.

Results: We obtained a better than expected survival curve (50% at 2 and 30% at 4yrs). We found significant differences with regard to cardiological hospitalization (p=0,025), and outpatient access (p=0,029) in the pts alive at the end of the follow-up, whereas in the deceased pts a correlation was found with weight loss (p=0,018)and furosemide dose increase (p=0,049).

Conclusion: This HPH program for elderly HF pts guaranteed a good empowerment of pts and caregivers in modifying or adapting one’s own habits and daily activities, produced a substantial clinical and instrumental stability, with a significant decrease of the access to cardiological facilities. The eventual prognostic impact of this program couldn’t be evaluated because of the lack of a control group in our study.

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P80 Results of Research carried out during the Sunawarness Health Promotion days held by the Dermatology Department, Sligo General Hospital

Dolores KIVLEHAN Selene FARRELL, Noreen KEANE, Ann COFFEY, D. McKENNA

Objective: To determine how much UV exposure the participants experienced. Also to ascertain how much the participants knew about the dangers of UV exposure and what they could do to minimise the risk of developing skin cancers.

Methods: The research was carried out during “sunawarness” health promotion days which were held by the Dermatology team in Sligo General Hospital. A questionnaire was distributed in an accidental random method over a two day period from which 136 people responded.

Results: Of the respondents the majority were female (89%). The mean age of the respondents were in the 41–50 age group. 89% of respondents have been sunburnt in the past. Of the individuals who were sunburnt the average frequency of sunburning was 1to 3 times. 55% of the respondents have used sunbeds in the past and 2% are still currently using sunbeds. Of the respondents who have used sunbeds the average amount of sessions were between 1 and 5. 86% of the respondents used sunblock with the average SPF being 15 or less and the average UVA factor being high. 62% of respondents always wore T-Shirts in direct sunlight, 43% of respondents always wore hats and 55% never sunbathed between the hours of 12 and 3 p.m. 66% of respondents enjoyed an annual sunny holiday, 19% had two sunny holidays per year and 15% did not go on sunny holidays

Conclusions: The results of the questionnaire show that individuals are concerned about sun safety and are aware of

the dangers of overexposure to UV radiation. However, this research also shows that people are more exposed to UV from sunbeds and sunny climates more than ever before. This fact coupled with the steady rise in the incidence of skin cancer indicates a great need for more promotion of sunawarness.

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P81 Five years experience of arterial hypertension prevention in the Tomsk region

Alexei REPIN, Irina KONOBEEVSKAYA, Olga KOBYAKOVA, Tamara VOLKOVA, Rostislav KARPOV

The program of the prevention and treatment of arterial hypertension (HBP) in the Tomsk region was developed and began in 2003 year in accordance with Federal program "Prevention and treatment of HBP". Epidemiologic study results revealed HBP in 44.1% of men and in 52.3% of women. Based upon the "CINDI" program, our program is intended to mass involving of population, has clear preventive aims and is fulfilled by the primary health care stuff. The program is supported by the Tomsk regional administration and widely uses Mass-media. We trained 155 physicians for the "Schools of Public Health", who in turn trained 16237 patients. All regional polyclinics resumed the activity of medical prevention rooms where one can measure one's arterial pressure and obtain necessary recommendations. As a result, the arterial pressure was measured in more than 450 thousands of inhabitants. "Cardiologist Day", "Normal Pressure Day" and other public actions were performed for population. The being informed of the people about their arterial hypertension is 94%, number of subjects who learned about their disease for the first time increased by 4,5 times. All these subjects are registered in dispensaries: 33.1% are regularly taking antihypertensive drugs, 18.6% reached target level of blood pressure. Since 2006, steady tendency to decreased mortality is noted. Mortality in Tomsk region from CVD became to be by 27.7% lower than in Russian Federation. In 2008–2011, the realization of the Program is planned to continue paying special attention to increased motivation of the population to healthy life and also to active revealing and preventing risk factors. For individual smoking cessation, 5 types of leaflets, brochure for the physicians). More than 5 thousands of subjects (0.52% out of smokers) at the age of 18–80 took part in five campaigns "Quit & Win" in Tomsk in 1996–2004. 77% of the participants were males and 23% females. Mean age of men/women was 33/30 years, smoked 16/10 cigarettes a day and had been smoking for 15/9 years respect. 48% of men and 50% of women tried to stop smoking 2 times, 35–37% more than 3 times. In one month, 76% of participants became non-smokers and 31% did not smoke during one year. Thus, we can state that partnership with not only Health Care departments but with several non-medical structures allowed us to reach good results in quitting smoking and to attract attention both of medical staff and of population to problems of health promotion.

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P82 UK Greater Manchester & Wirral Fracture Neck of Femur Audit

Gary COOK, Kathleen KEOGH, Charlotte HAYNES, Sally GILES

Background: The Greater Manchester & Wirral Fracture Neck of Femur Audit has been conducted biannually since 2003, addressing care of patients admitted to hospitals across Greater Manchester, UK with fracture neck of femur (#NOF). The catalyst for establishing the audit were the higher than average death rates in some hospitals from this condition and the desire amongst clinicians to address this variation.

Aims: To compare and benchmark the clinical management of patients with fracture neck of femur against the following standards: 100% to receive IV fluids, prophylactic Antibiotics and venous thromboembolism prophylaxis, 100% of patients admitted to a dedicated orthopaedic ward and operated on within 24 hours of admission (if medical condition allows), 60% of patients to be mobilised within 2 days of operation.

Methods: All patients aged 65 years and older admitted between April to July 2007 as an emergency with a diagnosis of acute fracture of the proximal femur were included. Relevant data were collected form patients' case notes prospectively.

Results: 14 hospitals participated and 1010 patients were included in the audit. Provision of IV fluids within 24 hours varied across different trusts with only four hospitals achieving the standard. Six hospitals achieved 100% prophylactic antibiotics and seven hospitals 100% VTE prophylaxis. 1 hospital admitted all patients to a Trauma or Orthopaedic ward and only two hospitals admitted less than 90%. Time to theatre varied widely between hospitals with one hospital managing nearly 70% of operations within 24 hours and one less than 20%. 13 hospitals met the standard that 60% of their patients were mobilised within 2 days following operation. An investigation as to why there are differences in performance between the hospitals, how improvements in practice can be made, and implications for patient welfare will be discussed in the presentation.

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Electronic Posters 2.2 – Improving quality in Health Promoting Health Services from admission to discharge (II)

Chair: Lorna RENWICK (UK-Sco)
Venue: Room "Emil von Behring"

P83 Developing a useable hospital health promotion patient assessment form

Gary BICKERSTAFFE

In order to help patient's access support services for lifestyle changes especially around alcohol, smoking, weight diet & physical activity, a suitable & useable screening/assessment and referral tool is needed for use in hospital settings. There are potentially many questions that could be asked of patients and indeed many ways of phrasing them to elicit a positive response. Any assessment tool must also be simple and quick to use in an already busy hospital environment where admission and discharge times are closely measured. We have previously designed and currently use a successful smoking cessation assessment & referral tool. We would like now to adapt this to offer wider lifestyle interventions and offer additional support to change where necessary. A draft design has been produced and we are currently seeking comments, suggestions and ideas from a wide range of healthcare staff on its potential to be further developed into an efficient working tool in a hospital environment. Ideally we would like it to be interchangeable as a staff assessment and a self assessment tool. There is a need to discuss the requirements and development of such a tool. Any interactive discussion would be beneficial to all participants as most healthcare settings will be required to develop interventions that can subsequently offer lifestyle change advice and/ or signpost patients/clients into other services.

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P84 The need for preoperative intervention in a Danish hospital

Bolette PEDERSEN, Ann MOLLER, Hanne TONNESEN

Introduction and Objective: Smoking and harmful alcohol drinking have detrimental consequences for the surgical patients. Preoperative intervention may halve the complication risk at surgery and the National Board of Health recommended preoperative intervention for smoking and drinking in 2002. Furthermore, the number of smokers in the population is continuing to decline every year. The aim was to describe the preoperative frequency of smokers and harmful drinkers in surgical patients and to estimate the need for preoperative intervention.

Method: A cross-sectional study of 11,162 elective surgical patients at Herlev Hospital over 2.5 years from November 2004 – May 2007 registered in Danish Anaesthesia Database.

Results: Prior to surgery 31% of the patients were daily smokers and 11% had a harmful alcohol intake exceeding the national maximum recommendations. 6% had both risk factors. The frequency was similar for all surgical groups, except for obstetric patients (5% and 0%, respectively, furthermore only 5% consumed alcohol at all). Smokers in general were characterized by younger age, increased co-morbidity (ASA-score II-III) and a higher risk of malnutrition (BMI<20,5), harmful drinkers by younger age, increased co-morbidity and male gender.

Conclusions: Two out of five elective patients or more than 4,000 of the patients could have been offered preoperative intervention, and about half of this group could have benefited from preoperative intervention. Therefore, there is a sizable potential for integrating clinical prevention in a wide variety of elective surgical settings.

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P85 Improving patient orientation during the last 5 years in the 2nd Clinical Hospital of Kaunas

Egle KALINAUSKIENE, Violeta MAJAUSKIENE, Albinas NAUDZIUNAS, Laima JANKAUSKIENE

Patients in the health society are expecting not only clinical excellence and safety, but increasingly also empowering information provision and participative involvement in treatment-related decisions. In 2004, we presented successful implementation of a patient's right to information regarding his rights, illness and treatment in 2003 in the 2nd Clinical Hospital of Kaunas, member of the Network of Health Promoting Hospitals. Now our task was to investigate changes of this practice during the last five years. In all units, except of the Intensive Care Unit, special questionnaires were carried out on the regular basis. The data of the first half of year 2003 (n=1212) were analysed and discussed by hospital staff, then the work was resumed and the data of the second half of 2003 (n=1262) were analysed. We continued this practice of collecting data and analysing it later with hospital staff biannually. The data of 2007 (n=4222) showed that information dissemination among patients about their rights improved during those years: 97.7% vs. 96.0% of patients in the second half of 2003, p=0.0005, (90.2% – in the first half of 2003) claimed had been informed, and 1.3% vs. 3.9%, p=0.00001, (6.3% – in the first half of 2003) – had not been informed. Also, the practice of information provision to patients about their illness and course, results and alternative ways of treatment improved during those years: 94.6% vs. 94.7%, p=0.45, (88.2% – in the first half of 2003) claimed had been informed in an understandable manner, 0.07%

vs. 0.3%, p=0.02, (0.2% – in the first half of 2003) – had not been informed at all, and 4.8% vs. 4.9%, p=0.44, (10.3% – in the first half of 2003) had been partly informed. This patient orientation is improving during the last five years in the 2nd Clinical Hospital of Kaunas

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P86 Multiprofessional care in the health centres in Finland – web-based clinical pathways as a challenge

Liisa KOSONEN

Background: There has been a national project to secure the future of health care including health promotion in Finland. One field of this project was to develop in multiprofessional teams clinical pathways for health care professionals. Clinical pathways were established for the common diseases and these pathways can be reached from the web-sites. Turku University of Applied Sciences has continued preceding project with Turku University and Sydväst University of Applied Sciences. Appropriate project will be carried out in 2007–2009 in several health centers in southern Finland.

Aim: Adult education policy in Finland is designed to provide a wide range of study opportunities for health care staff to update their expertise. It is important to offer opprtunities for individuals to learn and develop professionally throughout their careers (lifelong learning). The aim of this three year developmental project is to improve health centers professionals and adult students skills in ICT and mobilize clinical pathways from web-sites to clinical practise. The final aim is to improve the quality of health care services and increase patientÂ´s satisfaction. In this way it is possible to ensure that the population receives the high-quality care that it needs in different levels of health care and there will be no joints in the pathways.

Outcomes of this project will be several:

- real time knowledge from health care professionals ICT skills and their expending clinical pathways will be reached
- health centers professionals and adult students ICT skills and clinical expertise will improve
- an educational web-based program for health care professionals and students to get acquantained to clinical pathways will be created
- information of impressiveness of the web-based adult education will be produced
- health centers positive publicity and their magnetism will increase

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P87 Total and Immediate Service of Urological Center

Shing-Hwa LU, Chang-Chi CHANG

The patients could have perfection of medical service include the outpatient clinics, consultation, inspection, treatment and surgical medical service in the urological center. At present, the urological center has 60% of its patients coming from all districts of Taiwan. The satiecause a number of patients is over 90%. The urological center has top professional talent, combine with well-known professors from various medical institutes and urological experts from outpatient clinics of Taipei City Hospital. In the past, patients always met the following situation: For example, patients already had a long wait for diagnosis, but the inspection should be done a week later, furthermore, a second inspection has to be done the week after, then followed by another diagnosis after the 3rd week, for an arrangement of outpatient service surgery that is 2 weeks after. The patients were still filled with puzzle, and problem not yet solved. Since the patients feel inconvenient about the medical service, the urological center specially provides the perfection of medical service. The patients could receive the outpatient clinics, consultation, inspection, treatment and surgical medical service from the urological center. Moreover, if patients want quick service, they could complete all diagnosis at one visit. At the same time, urological center, Zhong Xiao Branch, Taipei City Hospital also provides instant medical service of outpatient service surgery and extracorporeal shock wave lithotripsy (ESWL) at the same day, together with high quality consultation, and a coffee shop for relaxation. Not only provide high quality medical service and treatment to the patients and family, but also hope that they will be less anxious. The special services of the urological center include infertility, voiding dysfunction management, female and pediatrics urology, stone management, cancer management, urological check-up, minimally invasive surgery and erectile dysfunction. In order to improve medical quality, the urological center held various new medicine seminars and correlation of medicine academic activity. Since the urological center establish, 110 medicine papers were published in the Medicine Association and 13 medicine papers were published in domestic and foreign periodical. Besides strict quality control and patient safety precautions, the urological center also initiated service etiquette and carry out patients satisfaction survey so as to improve service quality. The urological center hope that the above measures would realize the concept of patient-oriented. Because of the curers' diligent work as well as populace's support, the public were eager to visit the urological center. Tons of compliment letters were received from the patients who wish to appreciate the high quality service of the urological centre. Besides 40% patients who come from Nangang District and Neihu District, 60% come from other district of Taiwan. The satisfactory levelsof

patients achieve 91.7% to 96.2%. The urological center will grasp the spirit of "It's my pleasure to serve you", and will continue the perfection of quick and highest quality medical service to the patients.

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P88 Models of anaesthesia and therapy of acute postoperative pain in the upper orthopaedic surgery

Federico RUGGERI, Patrizia ROCCHI, Mariano BARBERINI

The orthopaedic shoulder surgery is intrinsically very painful, so it focuses on efforts of anaesthesiologists, looking for new anaesthetic techniques that improve the surgical outcome from the point of view of postoperative pain and early dismission. This is possible thanks to a deep knowledge of regional anaesthetic block and its complications and modern techniques of making the block that uses electrostimulation or ultrasound guidance that enables high success rates of the procedure (90–95%). In addition, there are now available some local anaesthetics drugs (Ropivacaine and Levobupivacaine) that allow a long length of anaesthesia (8–12 h), low risk of systemic toxicity and therapeutic margin and offers good security, even in patients at high operating risk. Moreover, some techniques of perineural catheterization were developed, which consist to place a catheter near a nerve plexus. This one is used to deliver continuous infusion or bolus of local anaesthetic instead of traditional painkillers drugs (ketoprofen, ketorolac, tramadol, morphine) so that it is possible to obtain a good level of postoperative analgesia. The project was divided in three parts: ´The first objective was to improve the comprehension, the valuation and the treatment of pain in patients admitted in our hospital, through to create a favourable climate of opinion and involve health professions with refresher courses. Secondly, it was necessary to set up a pain-free team, to elaborate common therapy protocols, to recognize and estimate pain through scales, monitoring of pain (introducing of VAS in the case history), reporting collateral pharmacological effects, pick up patient's evaluation index. Thirdly, we started to plan periodic meetings to examine data, identify mistakes (theoretical, technical and administrative) and correct them and then to individuate a pilot department to choose a model to extend on all operative units. We have examined 151 patients with shoulder pathology, grouped by sex, age and weight, ASA classification, co-morbidities and type of intervention practised. During the operation time we registered vital parameters, drugs used for the induction, maintenance of anaesthesia and post-operative analgesia. In each of them has been reported volume, concentration, technique performed and onset time (motor and sensory response). The degree of postoperative pain was assessed by VSN scale (Visual Numeric Scale). They were also registered schemes of antalgic therapy and if it was carried out rescue dose, when the therapy was not enough. Got the results, we analyzed them and found the most effective anesthesia with one-shot interscalenic block (p = 0,044) using ropivacaine (p = 0,018) at doses between 2–3 mg/kg (p=0,025) and volumes between 20–30 ml. The best model of post-operative therapy is Ketoprofen (160 mg) and tramadol (50 mg) every 6–8 hours in drip, if necessary, need to rescue analgesia of 5–10 mg of morphine. This model was able to predict the 92,3% of patients respond to treatment for the control of pain – VSN after 6 h ? 3 (p=0,001) – giving a solid foundation to theories verified earlier.

The presence of a "well-being" dimension of pain, independent of sensory aspects or suffering is evident in this sample. Our opinion is that the basis of successful pain management is education, not new drugs or high-tech delivery systems. However it will be necessary a long way to get good results (in ethical and cultural sense), founded on strong guide lines and findings will be tested as part of a larger study.

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P89 Managing the patient journey from hospital to Home Enteral Nutrition

Emma BRANDTNER

Home Enteral Nutrition does not happen by accident. The successful organisation of Home Enteral Nutrition depends heavily on prefessionals of a clinical nutritional support team (physicians, nurses, dietitians, pharmacists, ...) as well as on other key prefessionals who may not be members of the nutritional support team (family doctors, nursing home, relatives, home care assistent). A good Home Enteral Nutrition care plan includes screening and assessment at the hospital. The dietitians responsibility is to identify% vs. 96.0% of patients in s, choosing the right product for Home Enteral Nutrition and to communicate this to other professionals who are involved in the process of enteral nutrition. Other professionals and organisations could be physicians, nurses, the hospital pharmacy, social security, homecare assistent, family doctor, nursing home and/or relatives. After discharge from hospital patients, relatives, family doctors have the opportunity to ask for dietitians assistence in case of complications.

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P90 Patient discharge management

Anna M. DIEPLINGER

The medical head office of the General Hospital of Linz executed the order, to act out the current situation of the Patient Discharge Management at the hospital as well as to point out useful changes and improvements. Several working groups of physicans, nursing staffs, sociologists and a Health Care Management student have been completing the pilot project "Discharge Management at the hospital" from October 2007 to March 2008. The aim of the project has been to improve the quality and to optimise the processes of the Discharge Management. In advance, they designed a virtual process image with the concept of the architecture of Integrated Information Systems. On the paths, the group of interdisciplinary health care professionals pointed out check lists and patient forms related to the Discharge Management for two pilot programmes. The aim of the survey is to point out particular problems in the areas of planning and processing. Furthermore, the survey should also answer the question "Is there a consistent standardized procedure possible in the Discharge Management of a hospital?" The Discharge Management requires a high amount of cooperation and interaction with the patients, the dependants, the care constitutions outside the hospital, the ambulances and at least the emergency services play an role. To avoid problems in the supply, it is important that a good organised Discharge Management organises the "care after the hospitalization" with the accommodation of the patient. Administrative steps like application for cure, therapy, financial support, etc. can be induced just after the hospitalization. The aim of the Discharge Management in a hospital should not be the optimalization of the release process, but rather the involvement of the social environment of the patient, in order to guarantee the whole service package.

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P91 Quality concept 'Self-help-friendly Hospital': A new approach of patient orientated and participatory health care

Alf TROJAN, Stefan NICKEL, Silke WERNER

Objectives: We will present the background and perspectives for implementation of the quality concept "Self-help-friendly Hospital". Aim of our empirical research study is to develop an instrument to measure self-help related patient orientation from a patient's point of view as well as from the personnel's point of view. Another aim is the identification of beneficial and hindering factors for starting and sustaining patient orientation regarding participative configuration of health care.

Methods: The design of the study is longitudinal and involves two pilot-hospitals in Hamburg at two points in time. In 2006, these hospitals received the quality certificate 'Self-help-friendly Hospital'. Subsequently, cross-sectional studies in four more hospitals located in other federal states will complete the study.

Expected results: The project shall provide scientific findings, instruments and quality concepts in order to effectively implement self-help related patient orientation in hospitals. Furthermore, the accompanying research will contribute to transferring models of structured co-operation between hospitals and self-help groups.

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P92 Artwork, Healing walls

Rea NURMI

The artwork, healing walls are painted on the hospital walls, wall size or window size directly onto the walls. The intention is to bring color and light to facilities that need it the most. Bringing the seashore, blooming gardens, or any other scenic view into the hospital setting improves the psychological environment. The painting process is done together with the hospital staff and residents. Creativity stimulates the mind, and art brings hope and positive thinking through beauty. Currently there are painted murals at Yale University Hospital in New Haven, CT, USA, Anna Mayer Hospital, Florence, Italy University Children's Hospital, Bratislava, Slovakia also in numerous nursing homes in Finland.

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Electronic Posters 2.3 – Migrant Friendly and Culturally Competent Hospitals and Health Services

Chair: Elvira MENDEZ (ES)
Venue: Room "Robert Koch"

P93 Managing a chickenpox outbreak within a vulnerable population living in crowded conditions

Patrick BODENMANN, Paul VAUCHER, Giorgio ZANETTI, Eric MASSEREY, Alain COMETTA, Serge DE VALLIERE

Learning Objectives: Describe how to manage an index case of chickenpox within a vulnarable population living in crowded conditions.

Case: The index patient, a 33-year old male Eritrean asylum seeker living in a Centre for Asylum Seekers (CAS)

in Switzerland, was hospitalised with fever, rash, and tachypnea. He was diagnosed with disseminated varicella zoster virus (VZV) infection and AIDS. Six secondary cases, one adult (Eritrean) and five children (three Eritrean and two Iraqi), manifested between days 14 and 23. Transfers to and from the centre were suspended and suspected cases were isolated in an effort to manage the outbreak. All residents (n=124) and staff received information on VZV, all persons at risk were screened for VZV antibodies. VZV serologies of adult asylum residents were positive in 107 of 111 (96.4%) persons. The low prevalence of sero-negative residents potentially at risk made it reasonable for patients to move freely. Three independent cases were reported from two other centres during the next six months.

Discussion: Asylum seekers are at higher risk for epidemics and for severe varicella (lower prevalence of immunity in adults, pregnancy, HIV infection). Once a case is identified, these risks should be evaluated. Reviewing the country of origin's immunization policies, reported regional outbreaks, and sero-negative prevalence can be difficult. Screening all asylum seekers exposed to VZV is time consuming and inefficient for prophylactic therapy. Our experience suggests a framework for controlling transmission of VZV or other vaccine-preventable disease in CAS: 1) help the staff recognise an index case quickly, 2) isolate the index case during the contagious period and until risk analysis has been done, 3) investigate whether other residents are at high risk within the next 48h (pregnancy, HIV, immunisation coverage charts), and 4) "wait and see" and eventually focus screening on high risk populations.

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P94 Taking care of "carers" – Healthcare for women from Eastern Europe who work as home carers for the elderly

Maria Cristina GEMMI, Rossano FORNACIARI, Andrea FORACCHIA, F. BONVICINI

The presence of people coming from Eastern Europe (Ukraine, Georgia and Moldavia) has consolidated in our territory since the beginning of 2000, the arrival of these people is due to the need for labour in the home care for the elderly sector. The women emigrating from these countries are not usually young: their jobs as "family helpers", which are unusual for their professional experience, cultures (elderly) and working conditions (hours, loneliness, temporary nature, etc.) greatly affect their health. The need for labour also means that women come to Italy without possessing regular permits of stay.

Aim and Objectives:

- to guarantee access to healthcare (medical appointments).
- To promote prevention and prophylaxis.
- To be able to listen and understand the difficulties involved in working as a carer (violence, discomfort, inadequacy, etc.)

Methodology/actions: Since 1998, access to LHA surgeries for foreigners Temporarily Present in Italy, according to National laws (in addition to local voluntary associations). Since January 2006, adaptation of opening hours of surgeries to women's needs (for their only free afternoon) with planned visits

- Presence of a cultural mediator
- Continuity of healthcare workers
- Information regarding laws and procedures and creation of networks (meeting centres, places of worship, accommodation, etc.)

Main Target: women who have emigrated from Eastern Europe without permit of stay in Italy and who work as home-based carers.

Assessment of results and conclusions: The result for access to healthcare is excellent (in 2006 and 2007 about 1000 target women with 2500 annual visits). Good attendance at screening appointments (pap tests, gynaecological check-ups, tuberculin tests). Response and prevention action for problems connected with working as family helpers (training, collaboration from host families, flexibility in working hours, job stability, etc.) must still be improved and organised within the local network.

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P95 Use of Health Service for Taiwanese students studying in the United Kingdom

YenJu LIN, Sam PORTER, Kathy ROWE

Despite the large number of international students studying abroad, there is little understanding of the potential impact of an unfamiliar culture and environment on students' use of health service. The aim of this study was to explore the self-medication behaviours of Taiwanese students studying in the UK, and the factors that influenced those behaviour. Quantitative and qualitative approaches were used in this study. Data were collected at three months and nine months following commencement of their study programme. A total of 126 students completed twice on-line questionnaires, giving a 66% response rate. In order to discover deeper insights that impacted on their self-medication behaviours, four semi-structured focus group interviews were undertaken with Taiwanese students in the UK and in Taiwan. Significant differences occurred in aspects of with Taiwanese postgraduate students studying in the United Kingdom becoming less concerned about health. After nine months of environmental change, marked differences were seen between students studying in the UK and students studying in Taiwan. When

comparing the two groups of students, the self-medication behaviour of Taiwanese postgraduate students studying in the United Kingdom is approximately two times higher than students studying in Taiwan. A qualitative approach to analysis revealed that being unfamiliar with the health care system and language difficulties influenced students' self medication behaviour. The findings of this study support that a clear health promotion programme is essential in promoting a better educational and living environment for international students. In addition, it is necessary in reorienting health services which could provide better health care service for international students and reduce self-medication behaviour for Taiwanese students. The implications of these findings for reorienting health services are discussed.

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P96 Galway University Hospitals Translate Infection Control Signage

Laura McHUGH

Background: Galway University Hospitals (GUH) has an increasingly diverse staff population. Approximately 12% of our staff originate from countries outside of Ireland. GUH have a substantial Polish workforce in catering and hygiene services. Language barriers exist in some areas.

Aim: To empower migrant catering and cleaning staff to comply effectively with appropriate infection control precautions in clinical areas.

Objectives:
- To enable catering and cleaning staff to red and understand infection control precautions in their own language
- To ensure increased compliance with infection control precautions

Methods: This multi disciplinary project included the active participation of infection control staff, polish catering and cleaning staff, risk management, clinical nurse managers and health promotion services. The four signs translated include "contact precautions", "airborne and contact precautions", "protective isolation" and "check with staff before entering". The signage includes English and Polish text and picture images. GUH have decided to be proactive in attempting to reduce language barriers for all our staff. As part of this programme, English classes have also commenced for our international staff.

Results: All infection control signage for clinical areas has been translated into Polish and is on display. Polish staff have expressed agreement and satisfaction with the signage developed.

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P97 Space for the dissemination of healthy lifestyle habits

Albert MOLTO, Nuria SERRALLONGA, Anna BOSQUE, Jose PLANAS, Manel DEL CASTILLO

"Sant Joan de Déu Hospital" is a tertiary pediatric hospital in the city of Barcelona, Spain. Each year more than 75,000 patients and their parents have an outpatient appointment in our institution. Conscious of this potential, in 2006, our Hospital conceived a space for promoting Wellness and Healthy Lifestyle Habits. This space belongs to the Knowledge Dissemination for the Health Program, and is developed in response to the challenges of pediatric population education. The space is like a tent, sited in front of the hospital main entrance. Inside it, there are expositions and different activities to do by children and parents, like games and workshops. This space has been created to the young mind's need for easy understanding of the most important facts about healthy habits and wellness, encouraging family-member presence/participation. Since November 2006 to now (January 2008), the space has held 3 campaigns, with the following main messages:
- *Nutritional habits:* "healthy habits can avoid 95% of the cases of children's obesity"
- *Dental care:* "maintaining a healthy mouth from young ages can prevent many future diseases"
- *Children's accidents:* "children's accidents are predictable and avoidable".

The duration of each campaign has been of several months (2 to 5 months), and the number of visitors was among 4,000 people per month. The campaigns prepared for 2008 are concerning to the prevention of addictions during childhood and to the promotion of solidarity-based values.

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P98 Life style of Vietnamese minority

Lenka SEDOVA, Helena BUBNIKOVA, Milos VELEMINSKY, Jitka SEVCIKOVA, Valerie TOTHOVA

The report informs the readers with the results of the inquiry aimed at mapping of the life style of the Vietnamese minority living in the Czech Republic. The questionnaire method was used in order to achieve that aim. The questionnaire included

49 items. The respondents expressed the level of consent with the given statements, the five-degree Likert scale was used for expression. 4,541 respondents of Vietnamese nationality took part in the questionnaire inquiry. The following hypothesis was stated with regard to life style: The respondents observe the principles of healthy life style. The hypothesis was segmented into the area of healthy alimentation, use of tobacco products, physical activity, mental balance and maintenance of constant weight. The data analysis confirmed its validity. In the area of alimentation and alimentation habits, we were interested in whether the respondents eat regularly, whether their alimentation corresponds to the principles of healthy nutrition, whether their stay in the Czech Republic has had influence on their alimentation habits etc. The questionnaire included also statements, the analysis of which could give a grasp of the most frequent foodstuff and liquids contained in their diet. This detailed analysis shows that most respondents eat according to the principles of healthy nutrition. The evaluation of life style included ascertainment of prevalence of smokers in the minority. The analysis of this area shows that 75,4% of respondents smoke. Further inquiry was related to evaluation of physical condition and psychical wellness. Most of the respondents answered here that they feel to be in good physical condition. They evaluated their psychical wellness similarly. Most respondents agreed also to have sufficient time for relaxation and rest (52,6%). The question of maintenance of body weight reflects healthy life style at certain degree. Most respondents state to try to maintain their weight (63,5%), to follow regularly their weight (64,8%) and not to suffer from overweight. The data analysis confirmed the hypothesis that the Vietnamese citizens observe the principles of healthy life style. We can conclude from the analysis of the evaluated data that the Vietnamese minority puts up with the stay in the Czech Republic without marked difficulties, with regard to observance of principles of healthy life style from the point of view of cultural differences. The report is related to solution of the grant project NR/8473–3, which is implemented under financial support of IGA MZ R.

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P99 Inter Culture: Intensive new-born therapy, new-born crèche

Camelia Gaby TIRON, Paola MUSSINI, Gilberto COMPAGNONI, Chiara BOTTURA, Elena CERINI, Giacomo CAVALLARO, Ilaria LANFREDI

Context: From 01/02/06 till 01/02/07 the percentage of foreign parents who came to our hospital in occasion of their child birth progressively increased from a 20% families with at least a foreign parent to 22% in the first months of 2007 while those with both foreign parents, to 23.5% in September 2007. At the beginning of this project the foreigners were mostly north Africans with Arabian culture coming form Tunisia and Morocco and also Indians. Less war Chinese that address to our birth point (1%) Progressively during the first year of our project populations coming from ex USSR countries added – most of them with only one foreign parent, in this case, foreign mother) also Albania and Romania (this lasts cases, both parents were belonging to this nationality). Starting from the first months of 2007 we also had pregnant mothers coming from Latin America (Brasil, Argentina mainly) and these are the population the percentage increase is due to. In new born intensive therapy (TIN) in the first 5 months of the project 40% of the premature children weighting less than 1500 gr. belong to different cultures. This percentage increased more since February 2007 getting to 45%. Our multicultural reality is a population formed by different ethnics, with some common characteristics: generally mothers have been in Italy for not much time and the moment of the pregnancy and birth is actually their first impact with hospitals, they are quite in difficulty to move inside the structure and of course they have lots of difficulties in the comprehension of the language, but they really are very faithful in sanitary assistance. Intercultural problems of sanitary order. These are:

- Bad followed pregnancies, sometimes started in the country of origin
- Not availability at the birth moment of mother exams that might save new born health
- Vitamin or alimentary lacks that can influence on the well going of the pregnancy
- Hygienic problems with risks of amniotes that can cause preterm childbirth

These problems get to the high percentage of premature childbirths and to recovers in Newborn intensive therapy creating sometimes saturation of the beds and giving space to new perspectives of sanitary politics. Intercultural problems with social involvements. These mainly are:

- Problems regarding language comprehension between operators and users.
- Problems regarding the different religions, habits, especially because the availability in our hospital of three beds rooming-in rooms oblige mothers to a narrow cohabitation and respect of hygienic rules
- Problems of written comprehension and of the letter of discharge with great difficulties of safe discharge from the crèche after 48 hours from the childbirth.

In newborn intensive therapy there's also to be considered the objective movement difficulty of mothers who live far away from the structure and need to stay close to their babies in hospital.

Aims:

- Allow the immigrated parents to know the hospital organisation and the sanitary opportunities we offer
- Allow the parents to express themselves in their own language and to understand in a non approximate way the clinical diagnosis.
- Attaining physical and psychical wellness of the mother and the baby with collateral respect of diversities of culture, religion and privacy.

Achievement: We have translated in Arabic, French, English, Spanish the guides entitled "Guide to hygienic and sanitary

behaviour" and "one day in Newborn pathology", these guides illustrate the organisation of the department during the reception, stay in hospital moments and discharge. These guides together with the brochures given by the region and regarding the promotion of the breast feeding and prevention of the instant death of the new born and the unweaned. We have activated an on the call cultural mediators net during the day. After the starting moment of an intercultural project crossed with our province ASL in February 2007 we have activated the protected discharge of the baby with foreign parents – with the participation of a cultural mediator and a sanitary operator of the territory in order to illustrate the services we offer. For now this service is offered only once a week, calling the day before and informing the crèche, also in order to have information about the ethnos of the mediator to get in touch with, this one will have to be of course suitable to the type of couple mother-baby discharged. Also in new born intensive therapy has been realised the protected discharge of the premature, at the presence of the family paediatric and a cultural mediator, with an appointment decided together with the doctors of the department.

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P100 Hospital NHS Trust and International Cooperation: Together we can – a support for a Hospital in Nigeria

Cinzia ZAFFARONI

Introduction: The sub-Sahara African sanitary situation is dramatic. Nigeria is characterized also by:

- the presence of crumbling sanitary structures, inadequate for the population needs,
- a massive utilization of counterfeited medicines.

The project "Nigeria", which involves different subjects ("Azienda Ospedaliera" of Busto Arsizio, ACISS, "Parrocchia San Zenone" – San Zenone Parrish – of Crenna), becomes part in such a context with a support "mission" conceived to supply the local sanitary staff with the essential diagnostic and therapeutical means to give a satisfying answer to the minimal populations health needs.

Objectives: Having considered this context, we have deepened the study of the health needs in order to put some sanitary offer improvement measures into practice. We have carried out:

- sanitary needs evaluation,
- existing sanitary response evaluation,
- opening of a sanitary structure endowed with: a) medical surgery with a doctor ands three nurses, b) diagnostic area with analysis laboratory and echography service, c) medical/surgical hospitalization area with seven 7 beds and maternal/children's hospitalization area with 10 beds, d) chemist's shop, e) services area.

Actions: Achievement and management of a small clinic called "SAINT GEORGE'S CLINIC" with some emergency hospitalization beds with an analysis laboratory service including two active service units: – "ANNIBALE TOSI" section for the general medicine aspects and for the small surgery, "CHINONYE" section for the maternal/children's and hygienic aspects. Planned times: 2006 Achievement of "ANNIBALE TOSI" section. (the renovation works of the first half of the building have been completed, as well as the furnishing with 5 beds and the beginning of the activity with the engagement of a doctor and three nurses). 2007 Achievement of "CHINONYE" section (the renovation works of the second half of the building have been completed, as well as the furnishing and the beginning of the sanitary activity). Stage, at the "Azienda Ospedaliera" of Busto Arsizio, for a Nigerian doctor aimed to teach him the radiological diagnostic techniques. For the year 2008 the full achievement of all the clinical activity is expected.

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P101 HIV: An Audit of Demographics, Mode of Transmission/Risk Factors, Education and Treatment Compliance in an Irish Cohort

Amit BHARGAVA, Saadoun HASAN, Emma AL-KHABBAZ, Deirdre REDMOND, Jeanne BYRNE, Samuel McCONKEY

Background: Rapid medical advances over the past two decades have drastically decreased the morbidity and mortality of the Human Immunodeficiency Virus (HIV), with it being viewed more as a chronic disease. This necessitates the need for patients to be knowledgeable about their disease, to ensure satisfaction, compliance and adherence to treatment protocols. Furthermore, globalization also necessitates the need for any hospital based program to successfully educate and promote health care amongst an ethnically diverse group of individuals.

Objectives/Methods: We looked at cohort of patients (n=67) attending 3-monthly reviews in a North Dublin Infectious Diseases out-patient clinic, over a 3 month period. A three page questionnaire was administered to assess patient demographics, knowledge of disease, and most importantly, compliance and adherence to treatment protocols.

Results: 57% were male (n=38) and 43% were female (n=29). 72% were between 31–50 years old (n=48). 57% (n=38) of the cohort was Irish, with 40% (n=27) from Sub-Saharan Africa and 1% (n=1) from the U.K. 63% (n=42) acquired HIV heterosexually, 21% (n=14) homosexually, 15% (n=10) through IVDU and 1% (n=1) through vertical transmission. 63% of patients (n=39) had prior knowledge of HIV preceding diagnosis. 51% (n=34) initially felt that the disease was fatal. 93% (n=62) highlighted sexual intercourse

as a major risk factor for the transmission of HIV, with 76% (n=51) highlighting prevention through contraception/safe sex. 82% (n=55) indicated that CD4 counts and 84% (n=56) that Viral Loads were mentioned in consultations. 82% of the 50 subjects on treatment (n=41) reported knowledge of their anti-retroviral medications, with 94% (n=46) reporting good compliance.

Conclusion: We conclude that majority of patients are well informed of their disease and are compliant with their treatment. This directly translates to the success of our health promotion model in a multicultural and ethnically diverse environment. We believe that in addition to medical management, patient education and empowerment play a key role in the success of any health promotion initiative.

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Electronic Posters 2.4 – Health promoting psychiatric health services & Mental health promotion in and by health care

Chair: Rainer PAUL (DE)
Venue: Room "Paul Ehrlich"

P102 Children of parents with mentally illnesses – save the childhood

Kirsten HANSEN

In the regional psychiatric hospitals of western Denmark the project "Bevar Barndommen"("Save the childhood") has during 3 years aimed to offer an early support and intervention to children of parents with psychiatric diseases. The intervention has been based on collaboration between different professions and sectors. The project contains an important aspect of prevention. The aim is to support these children in growing up as well-functioning adults and to prevent them from ending up with mental illnesses. It is well known from various studies that children with mentally ill parents may get difficulties in establishing a normal adult life and they have a higher risk of getting mentally ill. The poster presentation gives all-round information of the project: The organisation, the structure, the activities and the results of the intervention. The main issues of the project were

- Noticing the children as suffering relatives
- Strengthening the possibilities of the parents to fullfill their role as parents
- Supporting involvement of private and professional network around the child
- Making sure that the necessary societal support is given to children and parents.

Two staff members with special knowledge of the topic were engaged as supervisors and tutors for staff members. They took care of development of staff competences and training of "key-persons". Several conferences were held and the collaboration between regional and municipal authorities was improved. The results show that the aim of the project was achieved, staff members, mentally ill parents and their children express their satisfaction and recommend to keep a permanent focus on "saving the childhood"

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P103 Mindfulness-based Coping – a skills training program

Kjersti THARALDSEN

Mindfulness-based Coping (MbC) is a skills training program based on cognitive-behavioural therapy and developed for psychiatric outpatients. The main aim with MbC is to help patients play an active part in coping with distressing feelings, thoughts and situations on an everyday basis. The aims are in line with the cognitive-behavioural approach in terms of making participants active in solving problematic life situations. MbC focuses on validation, acceptance and change regarding overt behaviour. This is done in educational groups teaching participants concrete techniques on how to master everyday problems. The course is divided into four main parts based on mindfulness, a meditation technique allowing a person to become more aware of her own patterns of thought and behaviour (Kabat-Zinn, 1990, Kabat-Zinn, 1994, Santorelli, 1999). Mindfulness is practised also in the three following parts of the program. These three parts teach participants cognitive skills regarding distress, emotions, and interpersonal management. MbC is offered to patients with a range of different diagnoses, however, psychotic patients are excluded as a means to offer MbC to the majority of the patients at the psychiatric centre where it is established. Patients are referred to MbC by their therapists. 6–8 patients participate in each group, which meets once a week for 2 x 45 minutes. The first 45 minutes are spent discussing last weeks' subjects. In the next 45 minutes new material and instructions according to skills are presented. Different work sheets are handed out for the participants to study between meetings. There are a total of 27 meetings. The course leader organises and supervises the groups and the group leaders. Group leaders also meet with the clinical director every three week, as well as with therapists once every three weeks. Main objective with such meetings are to provide and receive feedback on the participants and their progress.

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P104 The relationship between health conditions of the nursing staff working in Kaunas District Health Care Institutions and suffering from negative acts at work

Paulius VASILAVICIUS, Vidmantas JANUSKEVICIUS, Ruta USTINAVICIENE, Vilija MALINAUSKIENE

Aim of the study: The study aims to assess the relationship between health conditions of the nursing staff working in Kaunas district health care institutions and suffering from negative acts at work.

Results: Negative act (behavioral) at work: it is any incident when the person is insulted, frightened, threatened by constrain and when thereupon it becomes danger to his safety, health and productivity. We analyzed prevalence of negative acts at work among investigated general practice nurses using S. Einarsen and H. Hoel negative acts questionnaire (NAQ). Participants were asked to indicate the frequency with which they have experienced a range of negative acts, such as being shouted at and unreasonably criticised, and being ignored or undermined at work. The internal stability of the scale was 0,912 as measured by Cronbach's alpha. It has been found that 70.6% of nurses did not experience any form of negative acts at work. 125 persons (12.3%) frequently experienced one form, 56 persons (5.5%) experienced at one time two forms of negative acts at work. 42 persons (2.3%) experienced three forms and the rest of the respondents that experienced any forms of negative acts at work experienced 4 and more forms of negative acts at work. So, finally we got that 17.1% of respondents experience 2 and more forms of negative acts at work at one time. 15.4% of respondents complained about their ill-health. Statistically reliable connection appeared between negative acts and poor health evaluation. We found out, that general practice nurses suffering from frequent negative acts at work 1.77 times statistically reliable more frequently complained about their health became worse in comparison with their health a year ago. We calculated the relationship between evaluating one's health comparatively with the health a year ago and between the number of experienced forms of negative acts at work and found out a statistically reliable connection (p=0.01).

Conclusion: Most named health disorders were leg pain, headache and back pain. We determined, that general practice nurses suffering from frequent negative acts at work 2,18 times more frequently complains about leg muscle pain, 1,52 times more frequently complains about headache and 1,5 times more frequently complains about back pain, comparatively with the nurses, that do not suffer from negative acts at work.

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P105 Violence of addicted patients against nurses

Marija SKVARCEVSKAJA

The problem of violence against nurses in Lithuania and some other countries is reviewed. The risk of violence working with addicted patients and the outcome of experienced stress were evaluated. The results of study using anonymous questionnaire testing are presented. 98 nurses out of 100, who were asked to fill the test, of different age working with addicted patients took part in the study. The results of the study have shown that the nurse working with addicted persons have experienced emotional violence more frequently (96,94% of respondents), then physical aggresion (35,7%). The emotional violence usually is experienced during the first year of work (70,1%) and at the age of 20–25 years (46,4%). The most frequent forms of experienced violence were (some of them were combined): verbal insults (53%), intimidation (35,7%), verbal sexual harassment (32,65%). The reaction of nurses to violence was stress, which manifested itself as autonomic nervous system distress, reactions of fear, anger, feeling of helplessness. 28,57% of nurses have experienced physical violence at least one time, while 8,16% of the nurses were victims of violence three times. Physical violence is always accompanied by emotional violence. After the epizodes of physical violence against them the nurses had disturbances of sleep and mood, their blood pressure tended to be elevated. The greater part of respondents (80,6%) more markedly reacted to verbal aggression. The results of the study have shown, that prolonged and severe stress can also result in somatic pathology.

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P106 Occupational stress and psychological violence at work by nurses working at Kaunas District Health Care Institutions

Vidmantas JANUSKEVICIUS, Orinta TAMKUTONIENE, Paulius VASILAVICIUS

Aim of the study: To explore and evaluate frequency of stress and psychological violence experienced at work by nurses working at Kaunas district health care institutions and evaluate factors which cause stress and psychological violence.

Methods: Information has been gathered using anonymous questionnaires for 152 nurses at Kaunas district health care institutions. Data has been evaluated statistically using SPSS 12.0/w program.

Results: It has been found that 73,7% of nurses feel stress. Statistically reliable connection appears between critical situations at home, workload and stress (p<0,01). 11.2% of nurses feel absolutely unsafe 41,4% unsafe for future work position retention. 12,5% of nurses suffer from psychological violence at work. Psychological violence for nurses most often caused by backbiting and buzz spread, lack of information that affects job quality and performance, remind mistakes that were done at work. Statistically reliable connection appears between negative acts and poor health estimation. Nurses who were ignored and isolated at work (p<0,05, OR 2,76 CI(1,07,7,10)), felt sneering (p<0,01, OR 3,71 CI(1,44, 9,52)), indignity and mock at work (p<0,0001, OR 5,07 CI(2,07,12,41)) has higher opportunity to evaluate one's health as poor. 33,6% of nurses suffer from patients and their relatives threats, 2% of nurses experience threats everyday. Most of the tested persons (78,3%) have good health, 3,3% – very good, 18,4% – poor. Most named health problems were back pain (41,5%), headache (39%) and fatigue (35,6%). Statistically reliable connection appears between sleep disorders, anxiety and stress felt (p<0.01). Nurses who experienced conflicts at home (p<0,01, OR 22,18 CI(3,29, 149,2)), constant strain (p<0,001, Å S 22,85 PI (2,61, 199,9)) or felt sleep disorders recent time (p<0,01, OR 19,83 CI(2,19,179,0)) has higher opportunity to evaluate one's health as a poor. Poor health evaluating influences age, one year change increase risk 1,08 times (p<0,01, OR 1,08 CI(1,021, 1,150)).

Conclusions: 73,7% of nurses feel stress. 12.5% of nurses suffer from psychological violence at work. Most often psychological violence is caused by backbiting and buzz spread and lack of information. Most of the tested (78,3%) have good health. Most named health disorders were back pain, headache and fatigue. Statistically reliable connection found between sleep disorders, anxiety and stress felt (p<0.01). Most of nurses who experienced psychological violence at work felt heart (16,7%) and sleep disorders (16,7%) (p>0,05).

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P107 Staff's health promotion with Psychodynamic Groups

Antonella LAMA, Emanuele TORRI

Introduction: Staff oriented core Health Promoting Hospitals (HPH) strategies for health promotion in hospitals requires hospitals to develop a healthy workplace. Improving relationships and emotional climate is a critical issue to tackle suffering and conflict situations, and related disease manifestations.

Methods: The Healthcare Trust of the Autonomous Province of Trento operates with nearly 7,400 workers. Since 2001, the 7 corporate hospitals have joined the HPH network. Health promotion is a key corporate strategic direction. In the last 5 years we introduced "psychodynamic groups" to support staff's self management of emotional and relational needs. The experience involved over 100 people (mainly nurses and auxiliary staff). After initial evaluation of demand small groups of self-selected people were established. Regular discussion meetings focusing on emotional dynamics were conducted under the guidance of the leading psychologist inspired to Balint method. Meetings were aimed to foster participation, transformation of the traumatic experiences and promotion of mentalization process in finding a new meaning to individual malaise. Groups activity lasted an average of 12–18 months.

Results: We had positive feedbacks on the experience. We developed a questionnaire to assess: quality of the emotional climate, individual ability to build new coping strategies and organizational impact of the intervention. We found a general improvement of emotional climate. Seeing an example, 28% of people of a medical ward reported a "partial" improvement, while for 64% it was high or very high. Organizational improvement was perceived as "partial" by 39% of people and high or very high by 49%.

Next steps: Currently we making arrangements for a systematic effectiveness measurement(regular questionnaire administration at the beginning and ending). Furthermore, we are going to check the overall organizational impact of this project for the Trust (comparing performance indicators of wards undergoing this or not) for improving or maintaining staff's positive health.

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P108 User involvement in psychiatric hospital care – mental health professionals assessment

Marianne STORM

Background and study aim: Service user involvement in mental health care services is on the agenda in European and Norwegian mental health politics. Mental health professionals influence implementation of user involvement in in-patient mental health care. The study investigates mental health professionals' assessment of the level of user involvement at individual and organizational levels in in-patient mental health care facilities.

Methods: A questionnaire was developed with scales to measure service user involvement in in-patient mental health care. The questionnaire was administered to mental health professionals (mental health nurses, auxiliary nurses, psychologists and psychiatrists/doctors) (n=223, response rate=186) in five community based mental health centers within two psychiatric hospitals in Norway (Stavanger University Hospital and Ullevaal University Hospital). The participants

rated the importance of service user involvement and the degree to which service user involvement was implemented within their institution. In addition a 46 items instrument developed to measure service user involvement was used. The instrument operationalizes service user involvement from mental health professionals' perspective and has been tested and validated in an earlier pilot study.

Results: The mean value of the importance of service user involvement was 8.9 on a 10 point Likert scale. However, when the participants considered the implementation of service user involvement within their institutions the mean value was 6.6 on a 10 point Likert scale. Factor analyses were performed giving support to a five factor solution and five subscales to service user involvement: democratic patient involvement (mean 5.23), assisted patient involvement (4.76), carer involvement (mean 4.39), management support (mean 5.37) and organizational level service user involvement (mean 2.00). The mean values are measured on a 7 point Likert scale from 1=never to 7=always.

Conclusion: Study results reveal that mental health professionals consider service user involvement very important to mental health services. A discrepancy is demonstrated between this importance and the actual implementation of service user involvement, most strongly supported by results on the two subscales organizational level service user involvement and carer involvement. The very low value for organizational level service user involvement indicates that service user representatives very rarely are involved in development of in-patient mental health services. Carer involvement depends on the patient's approval. Carers are sometimes involved in the decision-making about the patient's treatment and discharge, but they are rarely educated about the patients' mental health problems. The paper analyzes the five subscales and draws conclusions about the role of user involvement in in-patient mental health care.

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P109 Evaluating illicit drug use in minimally injured patients in an emergency room by using the D-CAGE questionnaire

Tim NEUMANN, Bruno NEUNER, Edith WEISS-GERLACH, Ulrike GRITTNER, Claudia SPIES

Background: Lifestyle related problems including illicit drug use (IDU) were found frequent among trauma patients attending emergency departments. Screening and brief interventions might address these problems. The application of computer technology is one possibility to provide the patient in the emergency department with individualized information, feedback, and counseling regarding their risky behavior and a possible adjustment of behavior. There is a need for a brief screening tool addressing IDU. The aim of this study was to explore the characteristics of emergency department (ED) trauma patients according to their IDU status, as defined by the D-CAGE (six item questionnaire: Frequency, Substance used, Cut-down, Annoyance, Guilt, Eye-opener).

Methods: In an ED, 1596 trauma patients (median age: 32 years, 62% males) were evaluated after informed consent with a computerized screening for IDU (D-CAGE), risky alcohol consumption and smoking, plus a paper-pencil interview (sociodemographic data, Short-Form (SF)-36 quality of life questionnaire).

Results: Out of all participants, 22% reported IDU and 10% reported IDU related problems. With increasing number of reported IDU problems, there was a decline in the score of all SF-36 subscales. A relevant decline (>5 points) was observed in the 4 mental subscales only. In a binary logistic regression analysis, IDU patients reporting problems (vs. IDU without problems) were more often males, smokers and reported a lower general health perception and a lower mental health.

Conclusions: These findings favour the use of the D-CAGE as a brief screening tool in a computerized BTA approach in the emergency department, as it differentiate between distinct patient populations.

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Electronic Posters 2.5 – Health promotion for hospital staff (II) – addressing lifestyles and specific work-related risks

Chair: Denise COMERFORD (IE)
Venue: Room "Bernhard von Langenbeck"

P110 Hospital staff attitudes towards their health and workplace

Loreta TREIGYTE, Donata JANKAUSKAITE, Laimute RADZIUNAITE, Stasys GENDVILIS

Safe and healthy work environment is very important not only for the welfare of employees but it also helps to ensure successful performance of institution, good quality of services for patient and favourable work climate. Health and safety in workplace is a common responsibility of employees and the employer. While solving the arising problems and preventing their occurrence, mutual cooperation plays a key role. Our research was targeted on clarifying the opinion of employees about their health condition, their workplace and factors determining health. *Methods:* The questionnaire was prepared according to the recommendations of WHO. Doctors, nurses and administration staff took part in the survey. The total number of distributed questionnaires was 300, the questionnaires were filled in by 216 persons (response rate – 72%). The statistical package of SPSS 13.0 was used for analysis data.

Results: The employees of hospital like their work (1.57, in the scale 1 ”totally agree”, 5 “totally disagree”). Half of the employees mentioned that their work conditions meet all hygiene and safety requirements. About 40% of employees are engaged in sports, smokers: 18.4percent, but the major part would like to get rid of this addiction. The employees have addressed doctors regarding cardiac, skeleton-muscular, respiratory and other problems. The majority employees, attempting to improve their health condition, would like to avoid stress (67.3%), choose a healthier diet (65.9%), more engage in sports (41.5%), but such obstacles like the lack of time, finances, frequent stressful situations prevent that. The major part of respondents (85percent) noted their willingness to participate in health improvement program if such would be implemented in their organisation. *Conclusions:* The employees of hospital like their work and take care about their health. The organization administration should prepare a program for health improvement, with the purpose of gaining in the psychical health of employees.

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P111 Evaluation of risks connected with the manual handling of loads (patients and loads in hospital departments and health services)

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The Law Decree 626/94 defines at paragraph 5 the meaning of manual loads handling, relevant possible health risks to workers and employers’ obligations. The purpose of this study is to prevent and preserve workers’ health.

Objectives: the prevention in health/hospital environment is aimed at minimising possible risks by means of a proper evaluation, the introduction of aids (including mechanical ones) and suitable procedures, workers’ health surveillance and then appropriate training. The preservation of workers’ health from a very onerous activity which may cause the onset of chronic conditions of the skeleton muscular apparatus, allows a reduction of company costs in terms of days off, accidents at work, professional illnesses.

Material and methods: The evaluation of risks in patients manual handling has been performed with the MAPO method (movimentazione assistenza pazienti ospedalizzati = handling and assistance of hospitalised patients) which for several years has been one of the main national and international scientific references applied to all hospital departments and services on the territory. The data collected with the MAPO method give as final result a numeric exposure index (MAPO index) which defines the level of risk (low-medium-high).

Conclusions: Focused interventions and reduction of risks in compliance with the MAPO index by means of: 1. the supply of aids for the manual handling of patients (trollies, height-adjustable stretchers, height-adjustable electric and non-electric articulated beds, etc), 2. the supply of minor aids (transfer sheets and bags, ergonomic belts, transfer boards, six-handle lifting sheets. etc.), 3. encouraging the use of patients’ lifters with the help of physiotherapists, 4. environmental restoration interventions (floors, lifts, toilets for handicapped, hospital wards), 5. the implementation of a training for the correct use of the appliances by means of audio-visual aids, 6. the reduction of accidents caused by loads manual handling

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P112 Health and safety of workers in emergency

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Background: Identify the weak nodes in the chain of health care within a role in the Emergency Room, to undertake prevention activities to reduce the risk of biological and injuries. Emphasising the importance of respecting the general hygienic standards to reduce the risk infectious and compliance with the directions to the correct handling of patients.

Goals: Improve knowledge dell’epidemologia infections, improve knowledge of risk, constructing a model of behaviour for staff and the community, promote healthy lifestyles. Improving working conditions compared to manual handling of loads, ensuring a proper mobilization and not traumatic for the patient, abolish diseducativi models and promote proper behavior styles.

Operational planning: Collection of events standardized employment number and incidence. Involvement of doctors as active in training and awareness of health workers daily. Assessment of risk through knowledge of the individual questionnaire. Acting through a group of local labour in the design and optimization of environments and work equipment.

Conclusions: Transfer knowledge about risk factors and train a proper mode. Check collection and, over time, the results and respect the correct procedures.

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P113 Employees protection from blood spread infections in medical treatment institution

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While blood spread deceases (hepatitis B – further on HB, hepatitis C – further on HC, human immunodeficiency virus infection – further on HIV) are broadening in society, the possibility for employees of medical treatment institutions to become infected is increasing. The employees may get blood spread infections when occur micro traumas and the blood of HB, HC or HIV infected patient gets into employees injury, or employee hurts himself with infected instrument during the procedure. Immunoprophylaxis would be the best precautionary measure to avoid HB, HC and HIV. Unfortunately only vaccine protecting against HB exists as far. Vaccines against HC and HIV don't exist yet. Thus very important part of blood spread infections prevention is avoidance of micro traumas and employee's behavior when micro trauma occurs. The system, ensuring employees' protection when micro traumas occur, must exist in the hospital. It is essential for employees to know how they should behave in order to avoid infection. In our hospital every employ that applies because of micro trauma has occurred is detaily examined, as well as the source of infection (that is the patient with which blood polluted instrument the injury has been made) when the source is known. When it is necessary the injured employee receives pre-exposure treatment against HIV, additional doses of vaccine against HB, such employee is observed by the doctor during the whole period of incubation.

Purpose: To evaluate efficiency of existing micro traumas prevention procedures in the hospital.

Tasks:
- Analyze the data of obligatory constant micro traumas registration in the hospital.
- Compare the constant registration data with anonymous inquest data.
- Elucidate the most risky considering micro traumas work places and procedures.
- Create employees' risk groups.
- Achieve that all employees' of risk groups should have been vaccinated against HB.

Results: Because of constant registration during 5 years 57 cases of micro traumas, when threat to get blood spread infection occurs, have been registered. Anonymous inquest (filling in questionnaire) established that during 5 years even 57% of employees have had micro traumas, when threat to get blood spread infection occurred. In most cases there were employees, nurses and doctors, with more than 10 years of working experience in surgical profile departments (surgical, urological, gynecological, obstetrical). Micro traumas mostly occur in procedural and operating rooms, during operations and diagnostic procedures, or injections, or vein punctures. Mostly fingers and hands are injured by accidentally pricking with needle or other sharp instrument. The heaviness of injury is mostly described as scanty bleeding surface injury. The source of infection (that is the patient with which blood polluted instrument the injury has been made) is not always known. During the procedures when micro traumas occurred the employees almost always have been wearing medical gloves. More than 50% of injured employees have been vaccinated with 3 doses of HB vaccine, 22% of employees have not been vaccinated.

Conclusions:
- Only smart part of employees announce about micro trauma occurred and get required help.
- Most dangerous work places regarding micro traumas are procedural and operating rooms.
- The biggest risk to experience micro traumas is to the doctors making surgeries and other intervention procedures, nurses of all departments, auxiliary staff working with infected instruments and infected medical waste.
- It is necessary to vaccinate from HB not vaccinated employees belonging to the most risky group at the employer's costs.
- To teach employees' of the hospital how to avoid blood spread infections, constantly remind about necessity to inform responsible employees' about occurred micro traumas and to apply for help.

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P114 Prevalence of varicose veins among theater nurses

Linda SKAAL

Objectives: Varicose veins have a significant negative impact on quality of life of people. The aim of the study is to determine the prevalence of varicose veins among nursing staff and whether nurses know about different treatment options available for management of varicose veins.

Methods: Descriptive quantitative survey was used. Using a power calculation at 95% confidence level, a sample of 90 (N=150) female participants was used in the study. 90 questionnaires were distributed to theater nurses and all participants were weighed and height measured to determine BMI. Data was analyzed using Microsoft Excel and statistica 3. Questionnaires were piloted, same bathroom scale was used for validity.

Reults: Of the 90 participants, 53% had varicose veins. Of the 47% that did not have varicose veins, 90% presented with mild symptoms like itching, swelling and discomfort on their lower limbs. The most commonly affected sites were the back of the thigh and calf muscles. The most common predisposing factors were, pregnancy (90%), positive family history of varicose veins (54%) and obesity (50%). Ninety percent (90%) are not involved in any Physical activity and were unaware of prevention strategies and other treatment options like physiotherapy in management of varicose veins, whilst 85% of them did not receive any treatment for varicose veins.

Conclusion: Results show in increase prevalence of varicose veins primarily due to their prolonged standing, eating habits and lack of exercise, but nurses are not aware of causes and

available treatment modalities for this condition. Awareness campaigns about the causes and treatment must be done to general nursing communities, so as to prevent complications of varicose veins.

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P115 Physical activity, alcohol consumption, smoking and nutritional habits of the Hellenic Network of Health Promoting Hospitals personnel

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Background: Unhealthy nutrition, lack of physical activity, smoking and alcohol over-consumption represent risk factors of major diseases and as such they have been extensively studied in various populations. The aim of the present study was to assess the nutritional, physical activity, smoking and alcohol consumption habits of the staff working in the Hellenic Network of Health Promoting Hospitals.

Methods: The sample of the study was composed of 661 randomly selected employees from 13 hospitals participating to the network. Participants completed a questionnaire regarding their eating, smoking, drinking and physical activity habits. Differences between genders, age groups and staff categories (medical, nursing, administrative, technical, auxiliary, other) were explored.

Results: As far as the dietary patterns (expressed in the Mediterranean Diet Score, MDs) were concerned both men and women showed particularly low MDs but men appeared to have significantly worse dietary habits than women ($p<0.05$). Staff category and age were not significantly correlated with the MDs with the exception of the age group 40–49 which was found to be following a significantly healthier diet (higher MDs) in comparison to the age group 30–39 ($p=0.05$). Smoking habits were not significantly correlated with gender, age or staff category. Regarding physical activity levels, results showed that men and women exercise with similar frequency and ageing did not affect physical activity significantly. Men reported significantly higher alcohol consumption than women but there was no correlation between alcohol consumption and age. Staff category seemed to be associated with alcohol consumption ($p<0.005$), with the auxiliary staff being the staff category showing the higher alcohol consumption among all employees.

Conclusions: The findings of this study show that there are significant risk factors among employees in Greek hospitals, prompting to the need for health promotion activities.

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P116 Workplace Health Promotion in Changhua Christian Hospital, Taiwan

Yu-Wen YANG, I-Ching LIN

Introduction: The good health status of staffs is the most important property of an organization. Based on the concept, Changhua Christian Hospital (CCH) conducts well-designed health management programs to motivate the staffs taking care themselves, and then maintain or improve their health status.

Material and Methods: "Workplace Health Promotion Project" was implemented in CCH since 2004 by organizing different professionals, including physicians, nurses, dietitians, therapists, and employee presenters, to set up a multidisciplinary team-Health Promotion Task Force. We invested around 250,000 European Dollars per year for the project to maintain/improve the staffs' health status. All staffs working in CCH were asked to receive free yearly health examination, including comprehensive physical examination, blood tests, urine test, stool test, chest X-ray, ECG and so on, at the month of their birthday. For people with high risks, such as staffs older than 50 y/o, woman older than 35 y/o, specific examinations, such as colonoscopy, mammography, would be arranged according to clinical practice guidelines. All the results of health examination were mailed to the examinee within 2 weeks. The staffs who were found something wrong by health examination had the responsibilities to receive follow-up periodically.

Results: There are 3609 staffs receive free yearly health examination on 2007. According to the follow-up criteria, the number (percentage) of high blood pressure (BP â‰§ 180/110 mmHg), hyperglycemia (blood sugar â‰§ 160 mg/dL), dyslipidemia (Triglyceride â‰§ 500 mg/dL or LDL cholesterol â‰§ 186mg/dL), liver dysfunction (GPT â‰§ 120 mg/dl), high risk group for renal disease (urine RBC >5), and positive stool occult blood test is: 14 (0.39%), 19 (0.53%), 42 (1.16%), 27 (0.75%), 238 (6.59%), and 265 (7.34%) respectively. We also monitor 368 hepatitis B carriers regularly by abdominal sonography yearly.

Conclusion: The better health status of the staffs, the more productivity of an organization. By the well-designed periodical health examination, and following system, we can detect non-symptomatic high-risk staffs early, and implement effective interventions to prevent diseases. It can reduce the suffering of both staffs and organization greatly.

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P117 Exercise Habits Survey for Staffs working in a Medical Center, Taiwan

Chien-Chung LU, I-Ching LIN, Yu-Wen YANG

Purpose: The hospital is a place providing medical services and conducting health promotion activities. People working in a hospital are supposed to have correct knowledge/skills about exercise and carry into life practice. Our study investigated the exercise habits of staffs who worked in a medical center in Taiwan and try to find if there is relation between exercise habits and stress.

Materials and Methods: The participants were the employees working in Changhua Christian hospital during 2005. We investigated their exercise habits via questionnaires. The data of exercise frequency, intensity, andduration, and the subjective stress status were collected. We analyzed the relation of exercise and subjective stress status via one-way ANOVA test.

Results: There were 2936 questionnaires included. 1112 (38.9%) of them had regular exercise habits and 1824 (61.1%) didn't. During the staffs with regular exercise habits, 1037 completed further questionnaires. For exercise frequency, 504 (48.6%) staffs did exercise once or twice per week, 362 (34.9%) staffs did exercise more than three times per week, 249 exercised three to five times per week and 113 exercised almost everyday. For exercise intensity, we categorized the intensity into five grades: very strong, strong, mild strong, moderate, and light. For each category, we gave some examples to clarify. Most staffs (481, 46.4%) chose moderate strength exercise as their regular exercise and 267 (25.7%) chose light strength exercise, such as walking. For the time they spent on exercise, most staffs (483, 46.6%) did exercise more than 30 minutes each time. We categorized subjective stress status into five levels: very severe, severe, moderate, light, and no stress. 390 (37.6%) staffs self-reported that they have severe stress and 367 (35.4%) have moderate stress. Among the people who had regular exercise habits, we analyzed exercise frequency, spending time and subjective stress level by ANOVA test, but no significant relation was noted. The p-value were 0.089 and 0.113 respectively.

Conclusion: With the survey, we can find that the majority of staffs working in the hospital still didn't have regular exercise habits. However, for staffs with regular exercise habits, most of them exercised appropriately, that means they exercised with enough time and suitable intensity. Besides, there's no relation between exercise habits and subjective stress status in this survey. The possible causes included the small sample size, the information bias and so on. We may need further study to confirm. To improve workplace health status, additional efforts are still needed, especially in the hospital.

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Electronic Posters 2.6 – Improving health promoting quality management & clinical health promotion for different diagnoses

Chair: Majbritt LINNEBERG (DK)
Venue: Room "August Bier"

P118 The standards of quality, health care quality improvement instruments and a tool to orientate the hospital services towards the patients' needs

Dolors JUVINYA, Neus BRUGADA, Carme BERTRAN, David BALLESTER, Josep OLIVET, Rosa SUNER

Introduction: It is necessary to integrate better the health promotion (HP) activities carried out in hospitals within the hospitals self organisation. At present we count with a self evaluation instrument for the HP in hospitals: the standards of quality, which act as a quantitative tool that allows to obtain knowledge of the situation and to follow-up the activities in order to improve the quality of care. Our goal is to find out which access do families and patients have to information and health education in the hospital.

Methodology: Descriptive and observational study carried out in the University Hospital Josep Trueta of Girona by means of direct observation techniques. Variables: Use and visibility of the identification card, access to health professionals to receive information related to their illness, access of users or relatives to support graphic information and health education related to the health-illness process.

Results: 23.53% of the auxiliary staff, 61.22% of the nurses, 83.33% of the doctors, 15.38% of security guards and 84.62% of infirmary students were clearly identified. Each Unit has a panel were "information for relatives" can be read, but only in 5 floors figures the timetable of assistance to relatives. The doctor is the main informer to the families. 67% of the units have panels for educational material and 52% of the units have information on health education accessible to patients and family.

Conclusions: It is clear the need of the institution for sharing the results obtained with the different responsible persons for the hospitalization units in order to adopt a common policy for the different hospitalization units in relation with: the correct identification of professionals, the access of patients and relatives to information coming from the doctors and nurses who intervene in their health assistance in the hospital, and to adapt spaces to spread health education material.

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P119 Ratios of cooperation and performance for strategic hospital development within the Balanced Scorecard

Johannes ALBES, Daniela ZACHARIAS, Ralf DZIEWAS, Anke ZIMMERMANN, Robert LANGE, Elimar BRANDT

Background: In economic healthcare systems ratios are worthwhile instruments for controlling as well as strategic hospital management. Within the balanced scorecard (BSC) quality ratios of the innovation and process level may help to optimize relationship with external stakeholders. We therefore developed and analyzed ratios for cooperation and public image of clinical departments in order to generate a benchmarking.

Material and method: In a healthcare organisation the BSC had been implemented several years ago. Clinical departments of the three hospitals (hospital I, II, III) reported number and quality of co-operations with external institutions as well as cumulative numbers of public image (oral presentations, publications, scientific funding over a one year period). For the purpose of a fair comparison ratios were defined: Cooperation per bed (C/B). Publicity performance (PP) with weighted factors: Oral Presentations x 1, publications x 3, scientific funding x 3.

Results: A high variance of C/B and PP was shown between individual departments as well as between the three hospitals (C/B: Hospital I: 1.3, hospital II: 3.3, hospital III: 1.5., PP: Hospital I: 69, hospital II: 296, hospital III: 219) In hospital II and III only two respective departments generated the vast majority of co-operations and public image parameters.

Conclusion: Cooperation and public image ratios are helpful tools for internal benchmarking. From single departments up to entire hospitals below-average performance can be readily identified in order to initiate appropriate supportive means. Consecutive evaluation and improvement of these ratios as components of respective scores may exert positive cross-reactions within the balanced scorecard system thus representing a valuable instrument for controlling and strategic development.

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P120 The analysis of the in-patient department nurses' work, which does not involve nursing

Roberta SUPRIKIENE

This project is coordinated by Roberta Suprikiene, the head of the hospital nursing services of Vilkaviskis hospital.

Research aim: To analyze the range and duration of a nurse's actions not connected with the direct nursing duties of a patient.

Research tasks:
- Clearing up the services not related to the direct nursing of patients and their influence on the teamwork.
- To establish the time of duration of indirect services.
- To prepare the recommendations how to decrease the expenditure of time.

Research methods: Surveys, fixing the time of indirect service, observation of nurses' work, statistic analysis.

Participants of research: Nurses from eight different departments participated in this investigation: therapy, neurology, nursing and caring, surgery, traumatic orthopedy, midwifery and gynaecology, paediatrics, reanimation and intensive therapy. The survey was made on March 10, 2007 in three work shifts.

Results: While investigating it was established the range of indirect jobs not connected with the direct nursing and fixed six work groups: the technicians responsible for organising and preparing for the nursing technical process, a messenger, the group of arranging medical documents, the group of providing information and self-education, the group responsible for solving nurses' personal problems. The jobs connected with nursing technical process cover 29–32% of indirect jobs fulfilled in all work shifts: after having counted the time the biggest amount of it (47 minutes) is spent by the nurses working in the afternoon shifts participating in production meetings. Having investigated the importance of indirect jobs in every work group and the time necessary for these jobs we made a conclusion that nurses' standards of general medical practice do not meet nowadays needs. Practical recommendations are dedicated to the administration and nursing council whose duty is to decrease the range of indirect work and expenditure of time necessary for this service.

Conclusion: Six work groups not connected with the direct nursing are fixed: jobs connected with organization, preparation for nursing techniques and equipment, a messenger's group, the group of arranging medical documents, the group of providing information and self-education, the group responsible for solving nurses' personal problems. Appreciated the importance of indirect jobs. Direct and indirect duties are connected, but nurses participating in nursing process face indirect jobs which interfere with their direct jobs and this problem leads to conflicts with their team members. It was fixed that nurses carrying out indirect jobs in three shifts spend the biggest amount of time preparing for nursing technical process white they could devote this time to direct duties connected with patients' nursing. Knowing indirect services nurses can look for ways and give their suggestions to the administration and nursing council or to the trade union how to organize the jobs properly that they

would be devoted to patients' clinical nursing and the time would not be wasted to carry out indirect services. Services should be organized refusing to carry out indirect jobs which could be fulfilled by other staff. The preset research paper features suggestions for a proper organization and efficiency of work. Consequently, the following process will create a pleasant working environment, as well as provide the basis for building a stronger group culture.

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P121 Staff qualification and education in an emergency care department

Franca REFATTI, Enrico BALDANTONI, Giuseppe PARISI, Marco SCILLIERI

Introduction: Staff competencies are critical to the outcomes of care, this is particularly true in a turbulent environment such as an Emergency Department (ED). All clinical staff members must be oriented to the hospital, the ED and their specific job responsibilities. The decision to appoint a new physician, who will be permitted to provide patient care without supervision, sets several processes in motion.

Objective: Describe the process of appointing a new physician in the Ed of Santa Chiara Hospital (Trento, Italy) as a way to assure that the skills needed to perform according to expectations will be reached in a reasonably short amount of time.

Methods: Main areas of competencies should refer to knowledge (what he/she knows theoretically), practical abilities (what he/she is able to do) and human interactions (effective communication and trust with patients and staff). Our procedure for appointing a new physician has 6 steps:

1. orientation meeting with an experienced physician-tutor (1,30hours)
2. general orientation to basic tasks in the first 15 days (triage, 5 shifts in emergency ambulatory care with supervision; debriefing; 3 shifts in the emergency room with supervision)
3. learn on the job with supervision in the following 45 days (ambulatory care)
4. autonomous work with supervision in the following 7 days (emergency room; night shifts)
5. autonomous work without direct supervision in third and fourth month (ambulatory care)
6. autonomous work without supervision in fifth month (short observation room).

In steps 4, 5 and 6 there are regular debriefings and feed-back with tutor.

Results: Our ED has had a very fast turnover of physicians, therefore the need to develop a formal procedure/process to general and specific orientation of newly appointed physicians. The process has been field tested with one physician. Both the physician and the tutor were satisfied of the outcome (interviews with other staff members and head of ED also showed favorable attitudes).

Conclusions: Hospitals are full of anecdotic regarding how young doctors are put in deep waters in a swim or sink situation. We tried to see the hospital also as a learning organization and therefore tested a custom made learning process that will be applied more widely in the future.

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P122 Reduction of Breast Outpatient Times to Meet International Best Practice

Mary HELLY, Michael KERIN, Ray McLOUGHLIN

Background: In 2004 there were 1794 patients waiting greater than two years to be seen in the breast clinic at University Hospital Galway.

Aim: To reduce waiting list times for breast cancer out-patients to meet and surpass the international standard which is: Urgent referrals to be seen within two weeks, soon referrals to be seen within six weeks and routine referrals to be seen within 12 weeks (Source: O'Higgins report 2001, Standards for Symptomatic Breast Disease Services)

Methods: A multi strategy and multi disciplinary team working approach was used to re orient the service. The following strategies were employed, out of hours mammography screening, more streamlined patient prioritisation, extra clinics of increased length, pooling of resources within the three clinical teams on site. The breast clinic itself was restructured to ensure that full breast triple assessment, including clinical, radiological and pathological assessment is available to all patients in one clinic appointment: multidisciplinary approach which allows state-of-the-art oncology care for all cancer patients, including surgery, specialised procedures such as immediate breast reconstruction, radiotherapy and chemotherapy including neoadjuvant therapy in a single team environment. Introduction of multidisciplinary care between Galway and the breast unit in Letterkenny General Hospital via a managed network which utilises regular multimedia teleconferencing and improved use of the HSE West educational network.

Results: We have reduced waiting times for urgent appointments to two weeks, soon referrals to four weeks and routine appointments to within six weeks. Patients now receive all three aspects of their triple assessment at one clinic appointment resulting in reduced numbers of clinic re-attendances and reduced anxiety for the patient.

Conclusion: We have successfully implemented a multi-disciplinary approach to symptomatic breast disease services across the HSE West, in line with international best practise.

This initiative to re orient existing services promotes more streamlined and sustainable breast care services for the future.

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P123 Drafting indications of appropriateness and optimization of pharmacological treatment of major geriatric diseases in "big elderly" in the RSA of Palazzolo Institute – Don Carlo Gnocchi Foundation ONLUS

Alessandra CANTATORE, Guya DEVALLE, Angela MONESE, Francesca NIDO, Federico PIRRI, Isabella REBECCHI, Teresa RICCIARDI, Riccardo SANDRI, Niccolo VITI, Cristina ZOCCHI, Giuseppe GALETTI, Roberto CAPRIOLI

Objective: In view of the specific pathophysiology of "big elderly" and of the most recent clinical evidence is to produce diagnostic-therapeutic pathways appropriate to the complexity of the geriatric disease in well advanced age. The aim is to spread a consistent clinical behavior and shared on the most frequent geriatric issues still under discussion in order to optimize the resources devoted to the diagnosis and therapy to achieve and maintain some standards of excellence within the Palazzolo Institute. A further objective is to formulate guidelines-guidelines, currently not available in the RSA, which might become an instrument of use and consultation for operators of similar structures.

Materials: are identified 6 topics: anticoagulant and antiplatelet treatment, treatment of cardiac arrhythmias, malnutrition, treatment of parkinsonism and dyskinesias, treatment of recurrent respiratory infections, medical and surgical treatment of acute abdomen. Nine doctors will be committed, divided into three groups of three components, which will address respectively two topics each, in the 2008, with the task of developing and drafting a protocol providing for 6 meetings of 2 hours each for topic.

Results: The Palazzolo Institute has 700 beds of RSA with an average number of 1000 patients/year. The pathology analysed by the six mentioned topics has an impact by 40 to 70%. The total pharmaceutical spending average is 2.09/day pro capite, broken down by therapeutic classes: cardiovascular 10%, gastrointestinal 15%, nervous system 25%, antimicrobial 30%. It is believed that the optimization of prescription can lead to a reduction in spending, although already low, and a better redistribution.

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P124 Review of clinical management process for drugs

Pietro RAGNI, Stefano MASTRANGELO, Lorena FRANCHINI, Anna Maria NASI, Daniela RICCO

Summary description of project: Incidents connected with the clinical management process for drugs are a significant problem in healthcare organisations for guaranteeing safety in patient care procedures. Some of the main causes are: multi-professional integration problems, low quality of information, difficulties in following correct procedures, inadequacy of treatment recording tools.

Aim and Objectives:

1. to use operators' good practice models on safety of the clinical management of drugs in the surgical ward of the Castelnovo né Monti Hospital;
2. to identify the main critical points of the clinical management process for drugs and monitor the type and frequency of events and near misses;

Methodology/actions: Using an in-field training procedure, a team of 25 healthcare workers (doctors, nurses, midwives, pharmacists), coordinated by the Nursing Risk Manager, the FMECA (failure mode and critical effect analysis) tool was applied, a pro-active risk management method for identifying and evaluating critical points of the clinical management process for drugs. The later 30-day use of a specific incident reporting form, allowed us to monitor the type and frequency of the main events and near misses observed.

Main Target: The intervention is destined to increase the safety level for hospitalised patients.

Assessment of results and conclusions: The analysis carried out with the FMECA highlighted the following critical factors: Quality of information concerning the prescription and management of intravenous drugs, exchange of drugs, verification of effects of drugs. Analysis of the data collected on the incident reporting sheet highlighted problems in the following areas: Incomplete or no filling in of the treatment sheet, comprehensibility of the prescription, management of intravenous treatment, controlling the taking of oral drugs, control of therapeutic and side effects. The notifications collected by incident reporting have confirmed the critical factors highlighted using the FMECA. However, specific problem areas emerged concerning the administration and checking of the taking of drugs. Further to these results, a number of actions of quality improvement and empowerment measures was planned, which allowed an increase in drug management safety. Concerning the empowerment activities for health professionals, a two-day training course on medical errors, Reason's approach and risks connected with drugs was organized and realized for 40 people (doctors, nurses, midwives) working at ward. This has contributed to

increase the healthcare staff knowledge about critical steps of the process of drugs clinical management. The results of the incident reporting are presented and discussed in the multiprofessional group of clinical risk management. During the meetings, participants discuss on clinical cases and elaborate specific evaluations on aspects connected with drugs management safety. This group has to prepare a ward therapy form, according to specific standards of quality and safety. Concerning the empowerment activities for patients, has been decided to produce a booklet containing information about patient's right and about drugs safety.

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P125 Use of a manual and therapeutic handling risk assessment tool in the clinical setting

Julie SHANAHAN, Deirdre MURRAY, Michelle SHANNON

Purpose: To audit use of a manual and therapeutic handling risk assessment tool in the clinical setting.

Relevance: International standards recommend healthcare personnel engage in promoting safe work practices in healthcare delivery. Accordingly, we aimed to empower physiotherapy staff to identify and review work processes to optimise safety in regard to staff and patients during manual handling activities.

Description: A Therapeutic & Manual Handling Risk Assessment Standard was set stating "Neurosciences patients requiring 5 or more physiotherapy sessions will have evidence of a completed therapeutic/manual handling risk assessment form as deemed appropriate". A manual handling risk assessment form and prompt were developed and education provided in their use. After six months, an audit of physiotherapy charts evaluated compliance with the standard. Based on the results, and staff feedback, amendments were made to the form and the audit was repeated six months later.

Evaluation: Fifty charts were randomly selected for audit in January and 60 in July. Both audits showed similar levels of good compliance with completion of the form, if the prompt sticker had been completed. The main difficulty in both was found to be poor compliance with completing the prompt sticker. The prompt was found to be present in 70% of January's charts but only 48% of July's. In both audits it was found that risk assessment was deemed appropriate in 50% of cases with 83% completed in January and 66% in July.

Conclusion: There was good compliance with the standard and use of the forms, demonstrating awareness of safety and reflection on manual and therapeutic handling practices. Difficulty with the utility of the prompt sticker was highlighted, specifically in the second audit. Hence, standard physiotherapy assessment forms were adapted to include the prompt, to facilitate improved completion of the manual and therapeutic handling risk assessment form.

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Electronic Posters 2.7 – Health Promoting Hospitals and Health Services – Experiences from networks and member institutions & improving patient health promotion by better cooperation between levels of care

Chair: Rudolf WYSSEN (CH)
Venue: Room "Rudolf Virchow"

P126 Health Promotion in the Berlin Saint Gertrude Hospital

Anja Monika RUTZEN, Gerd WESTERMAYER

We live in "K6" – the sixth Kontratieff-cycle focusing on "psychosocial health". The demographic change presents an overaging population while the complexity of work is growing: a new challenge for a corporate health policy. The Saint Gertrude Hospital in Berlin can be seen as exemplary in the field of health promotion. Taking centre stage, next to the reduction of health threats, is the consequent orientation to strengthening health potentials such as recognition or information and participation. This focus and the subsequent desired results of building and increasing work satisfaction and self confidence, is in harmony with the model and process developed by the AOK Health Insurance Company Berlin and the BGF (Organisational Health Promotion Company, GmbH). The scope of the cooperation between the AOK and the BGF, and in line with the "proCum Cert" and KTQ certified academic teaching hospital, has led to the systematic linking of themes such as respect, transparency and identification with the theme of health. This has helped to systematically embed health in the hospital corporate culture and to improve and sustain the well-being of staff. The above-mentioned potentials-oriented model and process will be presented along with concrete projects of the Saint Gertrude Hospital, with special regard to the cooperation between organisation and health insurance companies.

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P127 "Laboratorio formativo HPH": an experimental space integrating the two HPH networks of Liguria and Tuscany

Roberto PREDONZANI, Fabrizio SMONELLI, Rita GAGNO, Anna ZAPPULLA, Ina HINNENTHAL, Valentina BERNI

Tuscan HPH network since 2003 started to create an interactive programming work and a scientific exchange. The interregional, regular contact between two regions was created especially for local coordinators HPH as an particularly rich opportunity of comparison, discussion, idea processing, knowledge and experience. The "aboratorio formativo HPH" generate a good sensation of how much constructive work is possible using the instrument of HPH network. The first edition of the "laboratorio formativo" between Liguria and Tuscany has taken place at Sestri Levante (Genoa) in December 2007 and represents the first formative experience HPH interregional in Italy thought as:

- exercise of interactive creativity,
- brainstorming and planning activity,
- evaluation of projects and programs done before.

Main objectives were:
- testing an integrated formative situation,
- identifying responsible operators,
- increasing the value of the local differences,
- producing new knowledge and perspectives of action
- earning from someone else's experience

Key actions:
- presentations of theoretical contributions, experiences and projects, studies finished or in process
- discussion and comparison
- critical experts' supervision
- identification of work hypothesis
- recording and publication of the results between the participants.

The interdisciplinary event which was composed by medical doctors, psychologists, psychotherapists, nurses, professional educators, welfare workers and others has created in the end a satisfying space of net-interaction. The presentation of case-studies on patient-staff-community-relationship permitted to reflect on the processes, results and critical states recognized in and by Ligurian and Tuscanian hospitals. The "laboratorio formativo HPH" had even invited two extern discussants, university professors and experts of health promotion, who initialized an intense level of discussion. Between the critical states that had been evidenced was the application of HPH-ideas in the local political planning procedures and the following difficulty to institutionalize active projects in the daily clinic context in Liguria and Tuscany. Even the semantic level what means and what does not mean HPH exactly in an Italian, and more specifically in a Ligurian and Tuscanian context, is open until now.

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P128 Health Promoting Hospitals

Gulzhan NIGIMETOVA

In order for assistance to hospitals in re-orientation process on more wide conception to care of public Health. For new line of production in work system of Health care in cut strategy World Health Organization «Health for everybody», European regional bureau WHO began in 1989 project development «Health Promoting Hospital» and Hospitals system production, inculcating in practice health strengthening idea. In Kazakhstan this project WHO began introduction since January 2001 year by National Centre for problems forming Healthy life style. The aim was to – attainment of patients health, their relatives medical personals, association with route introduction of Healthy lifestyle principles in medical career organizations. Today in project participate 48 hospitals from 14 regions of Kazakhstan. In each region and each Hospitals there are doctor – indicator who in common with administration of Hospital carry on the work according to increasing health guard quality, patient's health and their relatives, personals. Each of which in favour of time its stay in project extended functions by way introduction in daily work principles propaganda of Healthy lifestyle and marked up culture of personals, patients and everyone, who interested toward work medicine organizations. One of the lines, which project chose was introduction in hospitals programs: "Hospital as zone, free from smoking". Become prohibity to smoking on hospital`s territory for smokers appropriated territories outside of hospitals. In case of smoking on hospital`s territory patients prompt check out without sick-list. And if analogically occurrence with personnel be reprimanded and they disburse doomage. Result came out seminally. Willing statements of regional position indicators, if toward initiation work according to this project was discovered that more than 45% hospitals personals are smokers, fact that this cipher reduced till 35%. So it's necessary to factor into that in this manner, we not only a bating probability origin oncological illnesses, but also chronical, not infections illnesses. Each hospital to the best of performance capabilities tries as often as incite theirs activists, for example: in Akmola's regional hospital, staff who have a healthy lifestyle allows supplementary days to issuance if their sick-list wasn't during the year. Bureau right federations medical men of hospitals per annum extracts sanatorium permits halfway house's, sanatoriums. Per annum by polyclinic assistants according to total Republic goes through decade "Get to hear your arterial pressure" among population and hospital`s personnel for preventive maintenance arterial Hyperension. In favour of this 7 years movement implementations of project evidenced of increasing interest toward this movement, looking up psychological atmosphere goes up credence and understanding, Increasing ecological condition on territory of hospitals and goes up quality diagnostics cures and service maintenance patients. As short experiment project introduction in hospitals, absence of systems of stimulation in project place and psychologist roles for work with personal, patients and population, and also imperfect financial base of project. Impossible not to note that in this 2008 year in Berlin (German) will take place per annum 16th Word conference HPH which called WHO, that in translation from Latin designates: "Where are you now, project?" And of course I should like, in order for this

project ready changeable country and in conditions different social capabilities appeared in the quality hospital file and representating to population positive experiment according to guard and increasing level of Health in 21 century.

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P129 Task Force for implementation of HPH Tuscan network Standards: methodology and initial results

Alessandra PEDONE, Marcella FILIERI

Summary: The paper demonstrates methodology and results from preliminary activities of the Task Force in implementing and monitoring the HPH standards in the Tuscan Health Units and Hospitals.

Objectives:

- to provide instruments according to international HPH standards, to monitor, verify, evaluate and improve health promotion activities in Tuscan hospitals
- to implement quality certification systems including HPH standards

Strategy: To select health promoting *Objectives:*
- to guarantee HPH philosophy and consequently empowerment
- to define settings, procedures and interrelationships
- to represent main core strategy areas developed in Tuscany
- To define indicators which are:
- realistic
- measurable, and
- available in the information data system currently in use

Work Plan:
- formation of work groups
- training
- organisation of 5 expert meetings (January 2008)
- presentation of first report (February 2008)
- sharing results and proposals with Regional HPH Co-ordination Centre
- presentation of proposals to the Tuscan Health Department and Health Management Laboratory (MeS)
- considering additional proposals
- experimental implementation phase
- implementation

Results: The Task Force is multi-professional and interdisciplinary: 3 HPH co-ordinators, 3 quality system experts, a representative from Mes, a doctor, nurse and health technician. The work involves:

- analysis of quality systems applied in Tuscany (quality certification and performance evaluation of Health Units
- resetting standards in the subgroups, adapted to local situations
- re-examination of requirements and re-classification into 3 levels: 1) base-level, minimum requirements, common to all Hospital Units, to be included in the quality system adopted, 2) superior-level, gradual achievement by all Units (with possibility of defining indicators for Mes performance evaluation system), 3) challenging objectives for good practices in individual wards and departments (to be verified by the Region)
- Discussion and Validation

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P130 Evaluation of website quality in health promotion information-A case study of one hospital in Taiwan

Szu-Hai LIN, Hsiao-Ling HUANG, Shu-Chin TUNG, Yea-Wen LIN

While the Internet becomes the largest source of health information in recent years, it is important that websites could provide accurate and appropriate health-related information. The purpose of this study is to assess quality of hospital website which provides health promotion information. It was examined from five aspects: content, information capacity, ease of use, presentation and management. The questionnaire was distributed to the members of staff and returned by 437 hospital employees. It was found that the presentation of the website was not friendly and website users encountered difficulties to search for particular health promotion information. The content of heath promotion may need to update regularly in order to provide the latest information for the users. Several suggestions were made on the modification of the hospital website.

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P131 Optimised Management off Patients with Chronic Wounds after Hospital Stay

Ralf-Uwe KUEHNEL, Leana MICHERA, Ines RETZLAFF

More and more older people suffer on chronic wounds. Is a patient with a wound in our hospital a special wound-team assesses and regular reassess all wounds to optimise wound management and use the “best” wound dressing. Generally, there is a lack of good quality evidence from controlled trials assessing the effectiveness of these dressings. The problem is to continue an optimised wound management for the patient at home. We show our strategy for an effective wound management after hospitalisation. Based on the available evidence and clinical experience, we established a team of

nurses for home care. In our opinion is it a good possibility to ensure continuity of wound care. The nurses see the patient at the hospital and speak about all problems with our wound team. Than they visit regular the patient at home and optimise the wound healing process. Is there any problem the nurses contact the wound-team from hospital and it is possible to discuss a new strategy for the patient, for instance change the therapy or bring the patient back to hospital.

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P132 Importance of inter-institutional cooperation for persons rejoining their community in post-care period

Saulius DAVAINIS

Summary: Basic infrastructure of social services in Lithuania has been already developed. Nevertheless, the level of social services is insufficient. Outpatient services are constantly gaining importance nowadays. Such services offer possibilities for the persons to obtain necessary social assistance within a community by staying at home instead of social care institution. Therefore, newly developed social care legislation tends to reorganize system of social services to organize and render social services within a community and encourage people to look for self-support measures individually.

The relevance of this issue grows as a result of insufficient number of community centers, day care centers and temporary accommodation facilities. Current system of social services has not been adequately adapted to the needs of the people returning into the community after completion of medical in-patient rehabilitation period. The system of social services is not convenient enough for the close relatives of the patients, who usually must take care of the persons with special needs. In order to assure full-scale person's functionality in post-care period, inter-institutional cooperation is of the utmost importance. On the grounds of the results of practical work accomplished at the department of rehabilitation and physical medicine, review of the legislation and interviews of the patients and their relatives, the need for inter-institutional cooperation is being analyzed to satisfy the requirements of the persons in post-care period in order to assure their full-scale functionality after rejoining their community. The aim of the research: to reveal importance of inter-institutional cooperation for the persons in post-care period to assure their full-scale functionality after rejoining their society.

Research method: 1. Review of the legislation, 2. Questionnaires.

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P133 Preventive home visits to 75-old people in Raahe

Minna RITAMAKI

Raahe Health Care Area includes Raahe Hospital, the health centres in the region, Raahe family counselling clinic, and Raahe mental health centre. The municipalities provide its residents both primary and special health care. The population of municipalities is 31,656, and in 2007 2,310 of the residents were 75-year-old or older. This age group will nearly double by the year 2025, and as the population grows older, the need for health and rehabilitation services will increase. The physiotherapy unit wants to rise to the challenge through the deterrent home visits. The unit started the visits in 2007. In compliance with the strategy of the city of Raahe, the target group is the 75-year-old people. The home visits are performed by physiotherapists. The aim of the home visits is to increase the capacity of managing independently at home by paying attention to the safety issues, encouraging and directing old people to physical activity, and by informing about healthy living. A home visit announcement is sent to those 75-year-old people who do not yet participate to regular social or health services. An interview form is included with the letter so that the elderly can acquaint themselves with the topics discussed during the home visit. The interview consists of several topics: health, home dwelling, home safety, residential environment, and future hopes and expectations. The physiotherapist also carries out a few physical tests such as pressing force of the hand, Berg balance test and standing up from a sitting position x5. Based on the observations, the interview and the tests, the clients are later informed among other things about solutions increasing the home safety and about device services. Instructions are given to muscle force and balance exercises, and if needed, the clients are directed either to group rehabilitation programmes in the health centre or to other exercise facilities. The clients are also encouraged to see a doctor or a nurse if any health issues come up. In 2007, 75 deterrent home visits were made. 66.7% of the clients were women and 33.3% men. 26 elderly people didn't want a home visit to be made. 45.3% of the researched lived alone where as 54.7% lived with their spouse or with somebody else. 50.7% lived in a detached house, and 20% lived in a block with no lift. 4.1% of the researched estimated that their health is very good, 31.5% that it's good, 63% that it's satisfactory, and 1.4% estimated that their health is poor. 66.2% had physical exercise several times a week and 18.9% several times a month. Almost everyone (98.6%) of the interviewees had been outside during the week. 78.1% hadn't fallen at home or when outside, and 54.7% was not afraid of falling. 91.7% didn't have any need for devices. As a summary it can be stated that the 75 elderly people researched during the year 2007 were in a relatively good health and could cope well at home. Only a couple of people were directed to further medical examinations or to rehabilitation

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P134 "Healthy Living messages for people with learning disabilities in the community" – A pilot project

Dimitrios SPANOS

Background: An estimated 120,000 people with Learning Disability (LD) live in Scotland (NHS-QIS, 2004). People with LD have a higher level of unmet health needs and a different pattern of health needs compared to the rest of the population. The national "Healthy Living" campaign in Scotland produces excellent health promotion materials with consistent guidance on healthy eating for adults. However, the format could be regarded as inaccessible to the majority of those with LD and the national health messages may not always be the most relevant to their needs. This pilot project, funded jointly by NHS Health Scotland and by Glasgow Learning Disability Partnership, aims to make the national "Healthy Living" campaign in Scotland accessible to people with LD in community settings and to empower people to make healthy choices.

Methods: A participatory appraisal approach was used to pilot delivering the "Healthy Living" campaign messages. A "Healthy Eating Group" (8 members>30yrs) was set up for weekly sessions to explore 7 topics from September 2006 to June 2007: Fruit and Vegetables, Sugar, Fat, Fibre, Bone health, Food labelling (1–4 sessions per topic). The format focused on interactive learning methods – PowerPoint presentations, sensory activities, structured visits to supermarkets and allotments and practical cookery. Recipes from the "Healthy Living" pack were modified to the needs of the group with pictorial explanations. Questionnaires measured the impact on service users' knowledge of healthy eating and living. Positive and negative feedback from the participants was recorded in an observation diary.

Results: Support workers observed that some participants started having healthy lunch choices. Augmentative communication methods (Murphy and Cameron, 2002) showed improvement in health knowledge of the group. Questionnaires completed by carers and family members showed improvements in the involvement of some participants with cooking and shopping at home.

Conclusion: It is illegal to discriminate against people who have disabilities in employment, access to goods, services and education (DDA, 1995). This project examined the effects of modifying existing healthy living messages to the needs of adults with LD. The authors found that this approach to health promotion involving adults with LD has the potential to improve their dietary knowledge. However, factors such as levels of disability and levels of involvement of carers and family members must be considered. The results from this participatory appraisal approach will inform action planning for future groups on a wider scale.

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P135 Ensuring timely hospitalisation and improving medical care in Russian hospitals

Izabella CHEREPANOVA

The key element of the strategy aimed at modifying the role of hospitals is a set of approaches designed to scale down hospitalization. Naturally, successful primary preventive health care is set to bring down the level of hospitalization of patients suffering from some or other diseases in the future. The analysis of literary data makes it possible to single out three types of the strategy to reduce possible hospitalization of those who are ill:

- to replace it with primary medical care,
- to raise threshold hospitalization levels,
- to prevent hospitalization by providing relevant alternative types of treatment.

Incorporation of technologies in the field of primary medico-sanitary aid (principally, in the form of pharmaceuticals) made it feasible to safely and effectively regulate the growing number of conditions for scaling down hospitalization. For one group of conditions, primary medico-sanitary aid can act as partial replacement of secondary hospital treatment, which thus lowers the hospitalization level. There is also the possibility to bring down hospitalization through raising its threshold levels and conditions for serious types of diseases that should be complied with before the patient is hospitalized. Technologies are called upon to play a major role in this field. Developing and using on a broader scale out-patient clinic surgery are an example of how the level of surgical hospitalization can be lowered on the back of technological progress. Clinical methods, management methods and development of the policy to phase in hospital-replacement technologies can be aimed at creating higher threshold hospitalization levels.

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P136 S.A.L.V.A. (Save All Lives Via ABC) project

Sergio MORRA, S. PAGANINI, B. De TOFFOLI, P. FASSINI, L. SANTAMBROGIO, D. SGAMMA, D. RADRIZZANI

Outcomes of acute patients suffering from out of hospital high complexity disease are highly dependent upon time. The faster the first effective intervention the lesser the morbidity and mortality. This requires a well coordinated and skilled rescue chain. In Italy it is achieved by an organized emergency system that is reached through an unique phone number (118). Since its introduction in 1994 the system is grown and now, due to the continuous updating of evidence based common procedures, it is generally an high quality system, comparable to advanced international settings. In this scenario it is well known that further improvement can be mainly achieved with the participation of bystanders to the rescue This is demonstrated for out of hospital cardiac arrest in which bystander Cardio pulmonary resuscitation (CPR) shows an odd ratio of survival at 1 year of 4.99 (RJ. Fairbanksa et al. Epidemiology and outcomes of out-of-hospital cardiac arrest in Rochester, New York. 2007 Resuscitation 72, 415). For these reason the most recent guidelines outline the importance of widespread education in life support maneuvers (ECC Committee, Subcommittees, and Task Forces of the American Heart Association. 2005 American Heart Association guidelines for cardiopulmonary resuscitation and emergency cardiovascular care. Circulation. 2005;112(suppl IV): IV-1–IV-203).

Steps of the project:

1. we designed and tested a 4 hrs theory and 2 hrs practice seminal course to promote the first aid culture.
2. During the next four years, this course will be administered to teachers and students of secondary schools of our district. Experts of the 118 system will teach about 10% of active population.
3. From the 118 medical record it will be possible to monitor the indicators of the effects on first aid. a) Rate of bystander intervention and its adequacy, b) Clinical outcome of patients (with respect to a), c) Proper emergency communication (correctness of triage code).

Health promoting hospitals work both to improve quality standard in medical care and to educate citizens to healthy lifestyles. Our project wants to improve outcomes of medical care by educating citizens to actively participate to the rescue chain.

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Co-Organisers

HOPE

EFN

PWG

International Alliance of Patients' Organizations
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