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Scope and Purpose

The ageing of populations, the increase of chronic diseases, trends towards increasing mobility, expectations of patients and users, and the discussion about quality and effectiveness of health services have increasingly focused on the need for better continuity of care and cooperation between health service providers and across country borders. From a health promotion perspective, such integration contributes to better health gain of patients, staff and communities as it is an important precondition for incorporating health promotion quality criteria into routine services as well as to offer specific additional health promotion services across the healthcare chain. Against this background, the HPH conference 2009 will invite representatives of all health professions and all types of health services, as well as of health policy and science, to share views on and to discuss the following specific issues:

Health care without walls - a vision for health promotion in health care?

The allocation of specific health care responsibilities to different types of service providers, and the organisation of cooperation between them have constituted a subject of ongoing debate in health policy, in quality, and increasingly also from a patient / user perspective. How does health promotion react and contribute to this debate? What are the demands, potential contributions and recommendations for possible future directions of health promotion in health care from the perspectives of different stakeholders?

Integrated health promoting healthcare for different target groups

Health promotion principles call for the strive for equity in health and for taking into account the specific needs and demands of different population groups when planning and providing health promotion interventions – a strategy that is also supported by the evidence that a good understanding of the needs and expectations of target groups will increase their health outcomes. How can health service providers meet this challenge? What specific approaches are there to reach and address different groups of (potential) users / patients, including the socio-economically disadvantaged? The conference shall exemplarily explore models and examples for children and adolescents / migrants / psychiatric patients, older persons, chronic patients and unemployed people.

How to organise health promoting cooperation between different healthcare providers

The successful cooperation between different and often competing types of service providers is a very demanding endeavour. This is even more true for health promoting cooperation which sometimes lacks supportive frameworks and therefore needs agreements on relevant values, norms and services. A specific challenge is the management of patient data and information of relevance for health promotion between different providers. The conference shall explore perspectives and potential contributions of IT services and telemedicine, as well as of different models of successful integration and coordination of service provision, to tackling these challenges.

Political, legal and economic preconditions for health promoting health care without walls

What can be learnt from different types of health systems about the best political, legal and financial frameworks for health promoting healthcare? The conference will discuss perspectives of international bodies like WHO and the European Union and compare different types of health care organisations, like HMO and NHS systems.

The Scientific Committee

•••• Hartmut BERGER (HPH Task force on Health Promoting Psychiatric Hospitals, Riedstadt, tbc) •••• Zora BRUCHACOVA (Slovak National HPH Network, Bratislava, tbc) •••• Felix BRUDER (German HPH Network, Berlin) •••• Pierre BUTTET (French National HPH Network, Vanves Cedex) •••• Antonio CHIARENZA (HPH Task Force on Migrant Friendly, Hospitals, Reggio Emilia, tbc) •••• Shu-Ti CHIOU (Taiwanese HPH Network, Taipei) •••• Gary COOK (Stepping Hill Hospital, Stockport) •••• Louis COTÉ (Canadian Regional HPH Network, Montreal) •••• Bertrand DAUTZENBERG (European Network of Smoke-Free Hospitals, Paris) •••• Judith DELLE GRAZIE (Austrian Federal Ministry of Health, Vienna) •••• 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, Vienna) •••• Rui GUIMARAES (Permanent Working Group of European Junior Doctors, Lisboa) •••• Tiiu HARM (Estonian HPH Network, Tallinn) •••• Maria HARALANOVA (WHO Regional Office for Europe, Copenhagen) •••• Jürgen HELMANN (German HPH Network, Berlin, tbc) •••• Virpi HONKALA (Finnish HPH Network, Raase) •••• Michael HÜBEL (European Commission - DG SANCO, Luxembourg) •••• Cristina INIESTA BLASCO (Spanish Regional HPH Network Catalonia) •••• Margareta KRISTENSON (WHO-CC for Public Health Sciences, Linköping, tbc) •••• Karl KUHN (European Network on Workplace Health Promotion, Dortmund, tbc) •••• David McQUEEN (International Union for Health Promotion and Education - IUHPE (United States, tbc) •••• Irena MISEVICIENÉ (Lithuanian National HPH Network, Kaunas) •••• Rod MITCHELL (International Alliance of Patients' Organizations - 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) •••• Lorna RENWICK (Scottish HPH Network, Edinburgh) •••• Christa RUSTLER (German Network of Smoke-Free Hospitals, Berlin) •••• Fabrizio SIMONELLI (HPH Task Force on Health Promotion for Children and Adolescents in Hospitals, Florence) •••• 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) •••• Chris van WEEL (World Organization of Family Doctors, Nijmegen, tbc) •••• Ruedi WYSSSEN (Swiss HPH Network, Suhr) ••••

The Local Organising Committee

•••• Nikos ARKADOPOULOS •••• Nikos KOMITOPOULOS •••• Stavros KYRIAZIS •••• Dimitra PETANIDOU •••• Giorgia THANASA •••• Yannis TOUNTAS •••• Evaggelia TZORTZAKI •••• Theodoros VONTETSIANOS ••••

The Main Conference Programme on Thursday, May 7

08.00-09.00

Onsite Registration

09.00-09.30

Opening Ceremony

09.30-10.30

Plenary 1: Health care without walls - a vision for health promotion in health care?

10.30-11.00

Coffee, tea, refreshments

11.00-12.30

Parallel Session I: Workshops and paper sessions

12.30-13.30

Lunch

13.30-14.30

Poster Sessions I: Thematically grouped sessions

14.30-16.00

Parallel Session II: Workshops and paper sessions

16.00-16.30

Coffee, tea, refreshments

16.30-18.00

Plenary 2: Integrated health promotion health care for different target groups

20.00

Conference Dinner

The Main Conference Programme on Friday, May 8

09.00-10.30

Plenary 3: How to organise health promoting cooperation between different healthcare providers

10.30-11.00

Coffee, tea, refreshments

11.00-12.30

Parallel Sessions III: Workshops and paper sessions

12.30-13.30

Lunch

13.30-14.30

Poster Sessions II: Thematically grouped sessions

14.30-16.00

Parallel Sessions IV: Workshops and paper sessions

16.00-16.30

Coffee, tea, refreshments

16.30-17.30

Plenary 4: Political, legal and economic preconditions for health promoting health care without walls

17.30-18.00

Conference Summary and Closing

18.00

Farewell Cocktail

Plenary 1: Health care without walls - A vision for health promotion in health care?

Healthcare without walls - A vision for health promotion in health care?

Milagros GARCIA-BARBERO

The traditional approach to health care divided into three levels, primary, secondary and tertiary care is being blurred by the development of high technology for diagnosis and treatment, the use of the information and communication technologies in health care services and the high penetration of internet in the population. The penetration of internet in the households has a potential for health care that is still at its primary stage.

But when the connections become established they hold a tremendous potential for health care and education, taking teachers and training material effectively everywhere, from big highly populated cities to small, isolated rural areas. And they hold a potential for taking specialists to primary health care e.g through teleconferences, e-mail or digitalized transmissions.

It is a fact that the world is being digitalized - the rich world as well as the poor world.

Many pieces of basic equipment that are fundamental to health care are now only available in digitalized form and when they make their way to developing countries these countries become also digitalized. The digitalization of appliances for health care, the decrease in their size and the easiness of their use allow their introduction in primary care units and the management by medium level health care personnel. The terms "hospitals without walls", "hospitals without beds", "day care hospitals", "hospitals at home", indicate clearly the direction of the shift health care in hospitals is undergoing.

Examples such as the patient sending a digital picture with a dermatological problem to the physician for diagnosis or to control the effectiveness of a treatment; the monitoring of blood pressure through the telephone from home; the interactive TV; reminding of the pill time by a remote control to a patient at home, the advice services to the adolescent either by cellular phone or e-mail; the campaigns to prevent drug addiction through internet, the search for information in health related issues, and so many other examples, proof the fast development of new ways of providing health care; approaching citizens for health promotion or health professionals for education.

In 10 years when the young generation, the so call "internet generation", will each adulthood, the world will not have walls. Information does not have walls anymore, young people communicate with each other across the world, they meet through internet, see the world through internet, shop through internet and will use the technology for their health care needs as much

as possible. Health care without walls will be the trademark of the XXI century.

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Plenary 2: Integrated health promoting healthcare for different target groups

Models of organising health promot- ing healthcare for chronic patients

Joseph ROCA

Ageing of the population together with changes in lifestyle are central factors to explain the increasing prevalence of chronic disorders, which is expected to continue over the next decades leading to further dysfunctions of healthcare systems worldwide. The urgent need for introducing substantial changes in delivery of care for chronic patients is widely accepted. The basic principles and strategies to enhance management of chronic patients have been disseminated since early this century by the WHO.

Although limited published data exists evaluating the efficacy of the chronic care model, different pilot experiences on integrated care programs have shown positive results indicating the potential of home-based integrated care to enhance clinical outcomes while generating cost-containment at system level. However, a common problem in all these pilot studies is that disease-specific trials have shown high internal validity, but a questionable external validity because of an elevated rate of exclusions. It must be taken into account that approximately 60% of exclusions are generally due to severe co-morbid conditions that could be potentially managed through transversal programs addressed to frail patients with multiple severe chronic disorders. The second most important exclusion factor, often present in frail patients, is lack of appropriate community resources which reinforces the need for bridging healthcare and community services providing social support.

There is a need to move the focus from the current interest in advanced chronic conditions toward the development of preventive integrated care strategies addressed to early stages of chronic diseases or even to citizens with an increased risk of developing chronic disorders. Ultimate aims should include enhancement of efficiencies of management aspects and positive modulation of the prognosis of chronic disorders. To face all these challenges, increasing attention is being paid to the need for deep organizational changes of health systems from a provider-centered perspective to a patient-focused approach. In the new scenario, a major issue will be the extensive introduction of information and communication technologies (ICT) as enabling tools to facilitate new ways of accessibility of citizens to the system, to effectively promote information sharing among professionals across the system and between citizens and both formal and informal care givers. Altogether these changes should have a marked positive impact on standardization of procedures. While acknowledging the central role of primary care in chronic care management, we raise the strategic need for a proper interface between hospital care and primary care. We learnt that co-morbidity plays a major

role on unplanned admissions and it constitutes a limiting factor for the deployment of disease-specific programs. The design of patient-oriented guidelines across chronic conditions that are often clustered is strongly needed to develop well standardized preventive programs.

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Residential Care in Ireland - Moving to a New Way

Ann COYLE

Residential Care for Older People is a significant element of service provision for Older People in Ireland. Like other countries there is ongoing debate around funding mechanisms, capacity and concerns over the quality of services. While we strive to reorient our services away from institutional care, it remains the biggest consumer of our older persons finances while providing care for 4.6% of people over 65.

The growing body of knowledge around quality of life (as opposed to quality of care) has led us challenge the existing model of care, which, despite the efforts of many, tends to be biased towards a biomedical approach. A number of initiatives aimed at improving well being have been undertaken with mixed results, with sustainability being the most difficult challenge.

A number of partners have come together to create a new impetus for change. Building on the knowledge around person centred care, quality initiatives such as ten steps to healthy ageing, experience of the culture change movement in the United States and Palliative Care programmes initiatives, we are challenging the current perceptions and policies.

The aim is to create a person-centred and empowered culture, supported by facilities appropriate to the needs of current and future generation of Older People needing long term Residential Care.

The overall purpose is to drive a change in culture from the task orientated institutional approach to one which supports older people to continue to direct their own lives supported by consistent and valued teams of Health Care staff.

The challenge is multifaceted and includes creating enabling environments, changing the culture of care and adopting person centred practices, while acknowledging the need for high quality medical and nursing care, and challenging the assumptions of Older People and the wider society around what can be achieved in Residential Care.

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Integrated health promoting health-care for different target groups - People experiencing homelessness

Angela Maria JONES

It could be argued that in no area of health care provision are "Health Services without Walls" more necessary than in the care of people without walls, in other words people experiencing homelessness. In any country of the world, homeless people will have among the worst health profiles and the greatest health needs in the population; perversely, a whole range of legal, financial, geographical and psychosocial factors usually limit their access to the health care which they so urgently need.

Models of health care provision meeting these needs have arisen, often serendipitously, as the result of efforts by concerned agencies or individuals. However, there appears to be an increasing realization that a more structured approach to healthcare provision for people experiencing homelessness is necessary in order to ensure equity of access and consistent quality of care with good outcomes.

In this session, I will present information on the different groups represented among people who are homeless and will consider why it is important to characterize the homeless population, and their health care needs, within any area in order to target and tailor health and health promotion services appropriately. The challenge of providing care in an inclusive manner is discussed, as are the economics, and the practicalities of providing a healthcare model especially targeted at socially excluded or disadvantaged groups.

The issue of attitudes of both health and social care professionals and of their clients will be explored, to discover the effect that these attitudes have on the outcomes of health care interventions both in the mainstream and in targeted services.

Finally innovative examples and models of health care provision will be described and recommendations suggested for discussion.

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Models for organising healthcare for migrants and ethnic minorities

Joseph R. BETANCOURT

In the United States, the Institute of Medicine (IOM) Report Crossing the Quality Chasm, released in 2001, highlights that there is a significant gap between the quality of health care people should receive, and the quality of health care people do receive. Just a year later, another influential IOM Report, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, was released highlighting an even larger quality chasm for racial/ethnic minorities in the United States. The root causes for these disparities, which were identified for racial and ethnic minorities with the same insurance and socioeconomic status at their white counterparts, were determined to be due to:

- Health System Factors: These include issues related to the complexity of the health care system, the difficulty that minority patients may have in navigating this complex health system
- Provider-Level Factors: These include issues related to health care providers, and the challenges they face caring for patients with limited-English proficiency,
- Patient-Level Factors: These include patients who may refuse certain services, or have poor adherence to treatment due to cultural barriers or lack of understanding.

As a strategy for addressing these barriers, three models for organizing health promoting and integrated and continuous healthcare for minorities, using lay health workers, have emerged. These programs focus on the use of:

- Health Coaches: Individuals based at the health care site that continuously assist patients with chronic disease management (such as diabetes)
- Healthcare Navigators: Individuals that are based at the health care site who help patients navigate the health care system, particularly assuring they get preventative screening tests (such as colonoscopies) if they haven't gotten them, or that they aren't lost to follow-up when they've had an abnormal test (i.e. mammogram or pap smear)
- Community Health Workers: Individuals that are based in the community and visit the patient's home to assist them with chronic disease management (such as asthma)

This presentation will highlight some of the key challenges minority patients face in their attempts to benefit from health promotion interventions and disease management, as well as provide an overview of several strategies being used to address them, with a focus on the use of health coaches, navigators, and community health workers. It will also share some lessons learned from these programs, as well as some basic recommendations.

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Plenary 3: How to organise health promoting cooperation between different healthcare providers

Quality management as a means to facilitate health promoting cooperation between providers

Laimutis PAŠKEVIČIUS

This presentation deals with the introduction of the integrated Systems theory and Quality Management approaches and tools in the process of development of integrated health promoting and quality healthcare in the overall healthcare system thus ensuring better cooperation between different levels of health care providers: hospitals, outpatient clinics, primary health care centers.

In this respect, the presentation outlines the existing quality improvement policies, presents findings from the undertaken surveys of quality improvement policies and strategies in the healthcare systems of the EU countries and defines the main trends for future development of quality improvement.

Activities associated with performance of healthcare delivery systems involve much more than curative aspects of care. There is a constantly increasing emphasis on incorporation of health promoting activities both at the strategic level of management as well as everyday performance of all functioning units (parts of healthcare chain) of the healthcare system aiming at ensuring high level of integration, co-ordination and continuity of care for the sake of health gained by patients and communities. A systematic approach towards integration of health promotion in the entire health care and health care quality management is presented.

Different quality management approaches are used for the development of quality management policies and methods within the healthcare organizations, but the 'so called' transmutal or shared care across the organizations often remains as a 'grey area' in the overall patient's healthcare process. The healthcare quality management tools which can help identifying internal structures of health care institutions, supporting health promotion and facilitating further necessary structural changes to allow better external cooperation of those structures at the primary, secondary and tertiary health care levels across the private and public sectors, will be discussed. The importance of external cooperation links development between the identified structures in the health care institutions and ways for motivating staff to cooperate and achieve better integration will be analysed. Also, the role of quality management tools in the overall integration process of health care systems will be defined.

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Clalit Health Services: An Example of Integrating Health Promotion into Comprehensive Services

Diane LEVIN-ZAMIR

Integrating health promotion into the work of national health services has been a challenge for most countries, particularly in wake of rising health costs and the lag time witnessed in seeing results of health promotion investment.

Clalit Health Services in Israel has continually invested over the past three decades in order to become a health promoting setting, as well as to partner with other organizations that has health promotion on their agenda and/or are major stakeholders in social determinants of health.

As the second largest non-governmental health organization in the world, Clalit has 3.6 million members, over 30,000 workers, 1300 community clinics and 14 major hospitals, Clalit has invested in integrating health promotion on the following levels:

- Policy – Establishing a strategic plan with health quality indicators
- Practice – Developing integrated programs in the community primary health care setting, in partnership with hospitals in the following areas:
 - Healthy Lifestyles
 - Early Detection
 - Self care
 - Health promotion for special populations: new immigrants, cultures in transition, elderly, adolescents and others.
 - Health promoting media
- Partnership – Developing and maintaining close partnerships with other organizations and settings to create sustainable initiatives on local and national levels.
- Training and development of workforce
- Research and evaluation

Challenges for the future include:

- Integrating health promotion into the national basket of services, entitling every citizen to receive full and comprehensive services for healthy lifestyle, early detection and self-care
- Ensuring that challenges are met regarding culturally adapted and appropriate initiatives, using new technologies to reach the disenfranchised

- Developing and maintaining a skilled and dedicated workforce for health promotion
- Maintaining and developing partnerships with all relevant settings for health promotion.

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Contribution of Volunteers to Health Promotion in Hospitals

Shu-Ti CHIOU

Volunteers are important human resources in healthcare system. In addition to providing labor support, they may also play significant roles in improving patient satisfaction, healthcare quality and community linkage.

A survey among Taiwan's Health Promoting Hospitals found the number of volunteers ranged from 5 to 570. Most hospitals highly relied upon volunteers for patient-centered services or care, such as reception and informational support, companionship and emotional support, and personal services. They also supported operation of patient groups and community activities for screening and health education. Some volunteers work with staff in different departments, such as outpatient department, community and health education department, nursing department, and pharmacy department.

The major sources of hospital volunteers are women and retired persons in the community. Common managerial supports for volunteer program included provision of training, having guidelines for volunteer services, documentation of services, recognition and awards, holding social events, and providing social benefits such as insurance for accidents and benefits in utilizing some of the hospital's services. Perceived key factors which contributed to volunteers' involvement were: happiness in helping others, a sense of honor, achievement in personal development, a sense of belonging, development of social relations, provision of social benefits, and identity with their religions.

Most hospital managers strongly valued the contributions of volunteers to provision of better services, higher patient satisfaction, better healthcare quality, better social image of the hospital and broadened network of community support. They believed there are some functions of volunteers which cannot be achieved by paid staff. They strongly agreed that the benefits of involving volunteers outweighed its cost and most of them expected expansion of their volunteer program in the future.

Volunteers are widely involved in health promotion and hospital managers in Taiwan highly valued the contributions of volunteers.

Case Illustration

Integration of Volunteers into Health Promoting Programs in the Buddhist Tzu Chi General Hospital

Tzu Chi's Buddhist volunteers provided services for patients including reception, guidance, companionship, and so forth. Another group of volunteers was recruited from community and was trained for health screening procedures and health education on lifestyle issues. They also supported community health promotion activities as well as environmental protection actions.

There are in average 150 volunteers serving in the hospital from 2006 to 2008. There are 7 small community health promotion clubs established in the nearby township and 90 sessions of community outreach screening programs in 6 years.

Integration of the community volunteers into the hospital's health promoting programs has significant value both for the hospital and the volunteers themselves. Further evaluation of the program is needed for future improvement.

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How to use IT services to facilitate health promoting cooperation between providers

Simone TASSO

In the last decades, the health technology evolution has driven to a new scenery: the large hospitals having 1000-2000 beds have been replaced by acute hospitals with a smaller number of beds, having around new providers such as hospitals at home, primary health centres, specialized outpatients centres. At the same time, there was an important evolution of Information Technology (IT): the large expensive computers, only used by experts, have been replaced by personal computers (PC) which are much faster, smaller and user-friendly, at accessible costs, so that today PC are present in several work-desks and several households. The development of internet, at accessible costs and easy use, is facilitating the connection among all these PC into a same global, capillary, user-friendly informatics network.

Starting from these considerations, the Health Local Trust (HLT) n.8 of the Italian Veneto Region, is developing a Project to integrate the different providers, which are working inside the same HLT that is 801 km², covering an area with 30

municipalities, serving more than 240,000 inhabitants, having two acute hospitals, about 230 General Practitioners, more than 150 specialist rooms present in 7 different municipalities where several activities are produced for out-patients: physicians exam their patients (often after in hospital stay), surgeons make little operations, specialists make several simple proceedings (i.e. echo-graphics), technicians take radiographs. The two hospitals and these out-patients rooms are connected by a high speed informatics line (1 Giga byte/second), sharing the same patients archives (HLT General Archives), including information having large size (i.e. CT scan images). In this way, for instance, digitalized x rays images -made in an territorial room- are sent by high speed line to the hospital where radiologists read images and write a digitalized report, that is put on web and it can be watched by patients, without moving themselves, staying at home, simply using internet and a specific password to access. Similarly, in-patients clinical data are digitalized and accessible in out-patients rooms both in form of report and in iconographic way.

Reports, with the permission of patients, are accessible also to other doctors, included their General Practitioners (GP) by means internet. At the same time, GP can share a part of their archives with the HLT General Archives, so that both hospitals and out-patients doctors can receive information from them (i.e. blood pressure or glucose level measured in GP rooms).

At last, a personal web-site for each patient (after his/her permission) was realized, creating in internet his/her "Clinical Individual Digital Archive", having both general reports and simple (as size) iconographic data. In other word, each patient can get a single report using a specific password for it, but he/she can also have a specific website where he/she can find, in a specific order, his/her digitalized reports (including blood measurements, simple x ray images). This individual archive is accessible in internet from everywhere and at any-time, with a individual authentication method in order to ensure security and privacy needs. Specific systems of search and elaboration were created to manage better so many data. In many reports, diseases are coded in International Classification of Disease (ICD9 CM) so that they can be understood by doctors all over the world. Finally, into each patient website, a temporary password can be created by same patient who can give it to a fiduciary specialist, for getting a consultation at distance, anytime and everywhere.

In conclusion, IT is contributing in a determinant way to have a health assistance "without walls", facilitating the cooperation between the different providers and between these providers and their patients, sharing health information, making easier the continuity of care. From this point of view, IT can become a new instrument to increase control over and to improve health of a community, that means a new instrument for health promotion.

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Plenary 4: Political, legal and economic preconditions for health promot- ing health care without walls

The WHO/Euro health systems per- spective on health promotion: mes- sages from the Tallinn Charter

Alex LEVENTHAL, Maria HARALANOVA

Background

WHO/Euro is deeply convinced that Member States can only benefit from strengthening their Health Systems

Methods

Initiation a process of ccreation of a consensus paper by a large drafting group, representing Member States of WHO/Euro. Finally the paper "The Tallinn Charter: Health System for Health and Wealth" was signed by 53 Member States in the Ministerial Conference in June 2008.

The Process

Establishment of a coalition of commitment parties: WHO, World Bank, UNICEF and GFATM, with financial support for implementation of the Charter by the European Investment Bank and with a strong backing of Council of Europe and the EC. Before that Regional Committee of the WHO/Euro convened in Tbilisi, Georgia, September 2008 has adopted resolution on Behavior Change Strategy and Health: the role of health systems.

The messages of the Tallinn Charter:

- The benefits of health systems are beyond health care and have multiple goals. Investment in health is investment in the future (Wealth); Strengthened health systems save more lives (Health)
- Adoption of the four interrelated functions of the Health Systems: stewardship, financing, creating resources and service delivery.
- Health promotion is part of the three components of health services: personal medical services, non-personal health services and intersectoral action and collaboration.
- Health Systems need to adopt an holistic approach to services by including health promotion, disease prevention and integrated disease management programs as well as coordination among providers, institutions and settings, irrespective of whether these are from public or the private sectors, including primary care and acute and extended care facilities and people's home, among others
- Improving of the health of the population is necessary but not sufficient- also equity, responsiveness and fairness in financial contributions are essentials
- The overall allocation of resources should strike an appropriate balance between healthcare, disease prevention and health promotion to address current and future health needs.

Conclusion

The subject of the current conference of Health Promoting Hospitals can be found in the operative paragraphs of the Charter. We in the WHO/Euro believe that Health Promoting Hospitals can play an important role in Europe by implementing both the Tallinn Charter and the resolution on Behavior Change Strategy and Health, through underpinning the new challenges for health promotion and creating new partnerships within and beyond the health services.

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EU considerations on Health Promo- tion and Public Health

Walter BAER

This presentation sets out the main bases for the Commission's current approach to health in the European Union – focusing in particular on the health promotion and prevention within the new EU Health Strategy. There is an increasing role for Europe in tackling fundamental issues of health and in particular health promotion and disease prevention. Most competence for action in the field of health is held by Member States, but the EU has the responsibility, set out in the Treaty, to undertake certain actions which complement the work done by Member States, for example in relation to cross border health threats, patient mobility, and reducing health inequalities.

On 23 October 2007 the European Commission adopted a new Health Strategy, 'Together for Health: A Strategic Approach for the EU 2008-2013'. Building on current work, this Strategy aims to provide, for the first time, an overarching strategic framework spanning core issues in health as well as health in all policies and global health issues. The Strategy aims to set clear objectives to guide future work on health at the European level, and to put in place an implementation mechanism to achieve those objectives, working in partnership with Member States and stakeholders

Population ageing, resulting from low birth rates and increasing longevity, is now well established. By 2050 the number of people in the EU aged 65+ will grow by 70%. The 80+ age group will grow by 170%.

These changes are likely to raise demand for healthcare while also decreasing the working population. This could push up healthcare spending by 1 to 2% of GDP in Member States by 2050. On average this would amount to about a 25% increase in healthcare spending as a share of GDP. However, Commission projections show that if people can remain healthy as they live longer, the rise in healthcare spending due to ageing would be halved.

Healthy ageing must be supported by actions to promote health and prevent disease throughout the lifespan by tackling key issues including poor nutrition, physical activity, alcohol, drugs and tobacco consumption, environmental risks, traffic accidents, and accidents in the home. Improving the health of children, adults of working age and older people will help create a healthy, productive population and support healthy ageing now and in the future. Similarly, healthy ageing is supported by taking action to promote healthy lifestyles and reduce harmful behaviours, and to prevent and treat specific diseases, including genetic disorders. The development of geriatric medicine needs to be actively promoted, with a focus on individualised care. Palliative care and better understanding of neurodegenerative diseases such as Alzheimer's are also important needs to address. There is also scope for further work on blood, tissues, cells and organs including transplant issues.

More research is needed to support these measures, including longitudinal studies; as is greater capacity in public health, for example by strengthening training and public health structures. Given the growing pressure on public finances resulting from demographic change and other challenges, ensuring that actions taken are efficient and effective is paramount.

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Session 1-1: Adapting health services to patients' needs – new interventions and new kinds of services

Health promoting program for obese patients with chronic disease - A multi-disciplinary approach

Hsin-Hung CHIANG, Shan-Yun CHIU, Pin-Fan CHEN, Ming-Nan LIN

Introduction

Obesity is the epidemiologic problem worldwide, including Taiwan. It is a well-known risk factor of many chronic diseases. Unhealthy eating habits, including high-fat and high caloric diet, sedentary lifestyle will cause weight gain. Research showed that reduction of 5-10% of body weight can improve serum glucose level, blood pressure, and lipid profile. It needs a multi-disciplinary approach to control the body weight of patients with chronic diseases.

Method

We developed a non-pharmacologic, multi-disciplinary weight control program to reduce the body weight of our patients. We recruited physicians, dietitians, physical therapists, nursing educators, to develop a 8-week course program. We checked the body weight and biochemical parameters periodically to see the improvement of our patients.

Results

Fifty-seven patients in total with chronic disease were included in this analysis. Twenty-eight percent have diabetes. After eight weeks of this program via personalized diet education, loose diet control, aerobic exercise and health lecture, the average weight reduced was 3.22 ± 2.68 kg, (4.2% of initial weight). Thirty-three patients (58%) had more than 5% weight reduction. BMI reduced 1.24 ± 0.99 kg/m², ($p < 0.001$), and waist circumference and hip circumference reduced 4.88 ± 5.28 cm and 2.51 ± 3.61 cm respectively, ($p < 0.001$). Serum glucose levels reduced from 123.5mg/dl to 102.5 mg/dl, ($p < 0.001$), Serum total cholesterol reduced from 183.8 mg/dl to 172.2mg/dl ($p < 0.05$). Blood pressure change was not significant.

Conclusion

These results showed that through a multi-disciplinary approach for obese patients with chronic disease, body weight can be effectively reduced and clinical risk parameters, such as waist circumference, serum fasting glucose level, can serum cholesterol level can also be improved.

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Establishing a novel health promotion clinic in a Dublin teaching hospital

Denise COMERFORD, Kirsten DOHERTY, Veronica. O'NEILL, Vivien REID, Leslie DALY, Patricia FITZPATRICK, Catherine MCGORRIAN, Cecily KELLEHER

Arising from the Irish Obesity Taskforce recommendations 2005, we established a pilot specialist lifestyle Health Promotion outpatient clinic in St Vincent's University Hospital in Dublin, Ireland. Patients with lifestyle-related risk factors for chronic diseases were referred from cardiovascular clinics, in consultation with the patient. A Personal Planner Score Sheet was devised and used at the assessment by a Health Promotion professional (Officer, Dietician or Nurse) to assess the patients' adverse lifestyle factors. Underlying issues which could influence the patient's ability to effect behavioural change were identified. A panel of hospital and community clinical and support services was created prior to establishment of the clinic to which referrals were made as required. Support was sought from patients' general practitioners. At one month review appointment, individual progress was assessed.

Results

The first 20 referrals were included in the pilot study. Mean age was 56 years and 60% of referrals were female. There was a 75% attendance rate. 85% of referrals had multiple lifestyle risk factors. Raised BMI, raised cholesterol, diabetes or pre-diabetes and smoking were the most common reasons for referral. The most common additional risk factors identified at assessment were physical inactivity, raised BMI, smoking and excess alcohol intake, indicating the presence of further risky behaviours may not be routinely addressed.

In addition, stress and adverse life events were frequently recorded. Nevertheless, of the 10 patients who completed a self-rated health question, 7 rated their health as "good" or "very good". On a Confidence to change score (scale 1 - 10) 8 of 11 rated greater than 5. 12 (80%) attended for review appointment. 50% were referred on to other services.

Conclusions

We have demonstrated that a novel Health Promotion clinic with an emphasis on holistic care is acceptable in addressing underlying personal issues that act as a barrier to risk factor change.

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Doctors' participation of community health promotion activity in Taiwan

Hsiao-Ling HUANG, Y. W. LIN, S.C. TUNG, S.H. LIN

Along with the rapid economic development, changes of life-style and dietary habit of the public, the prevalence of chronic disease has become the main disease pattern in the modern society in Taiwan. Although it is irreversible for most of chronic diseases, patients need to lead a healthy lifestyle to prevent the condition deterioration gradually of disease. Meanwhile, the government started to focus on community health promotion which means to create a community which is healthy and people live in such community could have better physical, mental and social health.

This assertion was strengthened when the SARS epidemic affected Taiwan in 2003. It is an important for both healthcare consumers and providers to acquire knowledge in health promotion. For this reason, the aim of the current study is to explore the extent of doctors' participation of Community Health Promotion Activity in Taiwan. Both qualitative and quantitative methods were utilised. In-depth interviews were conducted with 7 doctors and the questionnaires were received from 41 doctors.

There are several key findings. Doctors are more likely to act as evaluators/assessors than planners/conductors in the community health promotion activity. It is perceived that community health promotion activity is a good strategy to empower community residents to understand the idea of "Holistic Health". Results are discussed in the context of previous research and in relation to the Taiwanese context. Recommendations will be made in the area of future health plans and health education.

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Influencing hospital care by understanding local needs

Adrian TOOKMAN

It can be difficult for a large specialist acute trust to understand and identify what its local population is and therefore how to respond to local needs.

In developing our public health work we wanted to define our population more accurately. To do this we analysed ½ million patient episodes, using postcode, age, sex and ethnicity to define our catchment population. We then developed a series of geographical maps which looked at this population in terms of: deprivation, age, ethnicity, lifestyle factors and chronic diseases. Results showed that, over 60% of our patient population are from the most deprived areas, they are highly diverse with high levels of health and social care needs, high rates of smoking, alcohol use, low childhood vaccination rates and high levels of chronic diseases.

In terms of access to care, the analysis showed that people from Eastern European countries were 38% more likely to attend A&E, followed by 35% of people from Jewish communities, compared to the rest of our catchment area. This may suggest poorer access to primary care than other groups in the community.

The results of this analysis has been:

- Investment in alcohol detoxification programmes, screening for alcohol misuse in our A&E department.
- Obesity: training for staff on taking patients body mass index and giving advice re weight loss. Ensuring we have appropriate bariatric equipment to ensure obese patients are managed with dignity.
- Smoking: Recruitment of a full time smoking cessation adviser to target clinical wards where prevalence is higher.
- Increasing our testing of HIV across other hospital services and working to roll out sexual health screening.
- Running outreach cardio vascular risk screening at a local temple and mosque to identify high risk groups and bring services to them.
- Developing a "wellbeing prescription" which covers an assessment of lifestyle factors which may have contributed to the persons hospital admission with advice on how to address these. Offering opportunistic childhood vaccinations within secondary care.

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Session 1-2: Health promotion for hospital staff

The implementation of a health promoting workplace in a University Hospital Center of Quebec: Perspectives from different stakeholders

Robert BILTERYS, Nicole DEBOBBEER, Michèle DE GUISE, Danielle FLEURY

The working conditions of nurses are concerning and cause burnout, absenteeism, resignations and staff shortage. Hospitals are constantly seeking new strategies to improve working conditions. In this context, the University of Montreal Hospital Centre (CHUM) has decided to adopt and implement the WHO concept of Health Promoting Hospitals (HPH). The CHUM is one of the largest hospitals in Canada, employing 900 physicians, 4200 nurses and seeing more than 500 000 patients every year. It is a member of the Montreal Network of Health Promoting Hospitals and Health and Social Services Centers.

Our objective is to present the results of a qualitative study designed to examine the process of implementation of a health promoting workplace. A questionnaire adapted from the WHO HPH standards and indicators was administered to key stakeholders from the strategic level of the organization. Data were collected on the policies, programs and activities designed to create a healthy and safe workplace, to promote healthy lifestyles, to foster participation of personnel, as well as on the structural changes designed to promote health and wellbeing.

In a second phase, interviews were conducted at the strategic level of the organization in order to know why the HPH concept was implemented and to identify the enabling factors and obstacles to the implementation. The perceptions of the different stakeholders will be compared. The link with the "hospital without walls" perspective will be discussed.

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Challenges for employers of an ageing health care workforce

Marie JOHN

The World Health Organisation Global Plan of action on workers' health (WHO) 2008 - 2017 and the International Labour Force Promotional Framework for Occupational Safety and Health (2006) aims to promote and protect the health of the workforce, including support for the development and provision of occupational health. Fit and healthy employees produce high quality patient care, cope well with pressure and change, and will work with the organisation to achieve its goals (MacDonald, 2005).

This is important in relation to the nature and demands on health service workers and particularly for the ageing workforce. The risks to the health and safety of older workers (given the environment in which they may work) are high, therefore employers have an additional responsibility to protect and promote the health of their staff. In support of WHO the United Kingdom "Health, Work and Wellbeing" strategy (Department of Health 2006) places on employers, responsibility for maintaining the health of its employees, to ensure they are not placed in situations that may adversely effect their health and wellbeing.

The aim of this presentation is to present (based on a risk assessment approach) an occupational health assessment for health service staff deployed in hospital and community settings. A central focus will be to understand and appreciate the challenges for the ageing workforce and to pro-actively plan to support them in meeting their needs and that of their employers. This approach is integral to Health Promoting Hospital philosophy (WHO 1998).

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Violence and aggression towards hospital nursing staff in a Greek hospital

Zoi LIGIZOU, Nikolaos KOMITOPOULOS, Niki PETROGLOU, Sevasti PETRAKI, Ageliki KOUSIDOU, Spiridoula DADOUMI

Aim

Violence in health care settings is a common phenomenon and a significant factor of occupational stress. The exact extent of violence is not fully known because of underreporting of such events. The aim of this study was to estimate the prevalence of violent incidents by patients or their relatives towards nursing

stuff of our hospital and to determine possible factors triggering the violent behavior.

Subjects-Method

The study was conducted among 155 member of nursing staff (31 males/122 females) working in Konstantopoulou general hospital, in February 2008. The method of data collection was based upon the completion of an anonymous, self completed questionnaire of 28 items.

Results

The majority of the individuals (73%) were exposed to some form of violence, during the previous 12 months. Verbal aggression was the most frequent violent manifestation (72.8%). Increased stress levels (70.1%), anger (58.1%) and loss of job satisfaction (34.2%) were negative consequences of violence and were found to be as serious both in cases of physical and verbal violence. Males (72.2%) and patient's relatives tend to be the source of violent incidents.

Violent events were mainly reported during swing shift (46,6%) and in day of emergency (77.7%). Negotiation (90.3%) or conflict resolution and discussion of the problem with their colleagues (41.9%) and head nurse (41.9%) were the more frequent reactions of nursing staff to violence. The most important factors that evoke violence were staff shortage (99%) and work load (99%). Nevertheless, the majority of the population (80.9%) feel quite safe in their working environment and they have no thought to leave their work because of violence.

Conclusions

Violence in our hospital was found to be a real problem, that administration needs to take under serious consideration, although its prevalence seems to be lower compared to the referred one in the international bibliography.

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Promoting healthy hospitals in Japan: The influence of safety climate and psychosocial risk factors on needle- stick and sharps injuries

Derek SMITH, Takashi MUTO, Toshimi SAIRENCHI, Shizue SAYAMA

Background

In recent years, hospital safety climate and psychosocial issues have been shown to have important implications for Needlestick and Sharps Injuries (NSI) within the hospital setting. Few studies have investigated the correlation of all three issues and their relevance to healthy hospital practice.

Methods

This study involved a cross-sectional survey of 882 nurses from a university hospital in Japan. Our survey instrument was based on the Hospital Safety Climate Scale (HSCS). Questions relating to psychosocial factors and NSI were adapted from international research on similar topics. HSCS and psychosocial factor responses were recorded on Likert-type scale, while NSI events were ascertained by device type, frequency of injuries and reporting behaviour following an injury.

Results

Regarding safety climate, around three-quarters of nurses agreed that a copy of the health and safety manual was available in their unit and that protection of workers was a high priority with management. Over half agreed that there was minimal conflict in their department. Over half the nurses agreed with the statement that there was too much responsibility in their job. Slightly less than half reported that they experienced too much mental pressure at their workplace. Slightly more than half of all nurses had sustained an NSI in the previous year. Around thirty percent had sustained a single injury and one-quarter had sustained two to three NSI. Less than one in ten NSI involved devices that had been previously used on a patient, with the most common causative device being an ampoule or vial.

Conclusions

This study suggests that hospital safety climate and psychosocial issues at work represent an important influence on NSI in Japanese health care practice. Although the provision of safer devices remains important, promoting a healthy hospital safety climate will also be required to ensure a comprehensive approach in meeting future challenges.

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Health risk behaviors and disease prevention behaviors among the hos- pital personnel of the Hellenic Net- work of Health Promoting Hospitals

**Dimitra TRIANTAFYLLOU, Chara TZAVARA,
Eleni MORETI, Yannis TOUNTAS**

The aim of the study was to assess among other parameters health risk behaviors and disease prevention behaviors among hospital employees.

A stratified random sample of 719 personnel of 14 Health Promotion Hospitals (HNHPH) was selected. A purpose made questionnaire concerning health risk behaviors and disease prevention behaviors was administered to them.

46.7% of the participants were current smokers. 33.6% of the participants were overweight and 13.9% obese. The proportion of the employees that reported to be completely physically inactive was 24.7%, while 19.9% reported physical exercise once per week, 25.6% twice per week and 29.8% more than three times per week. Concerning dietary habits, more than half of the participants (59.3%) reported eating vegetables less than one portion per day. The results were similar concerning fruit consumption as 57.3% of the sample reported eating fruits less than one portion per day. On the other hand a high consumption in red meat was found as 24.75% of the participants consumed red meat more than 2 times per week.

Among all the participants 83.2% reported that they had their blood cholesterol level tested at least once. 90% of the total sample had measured their blood pressure at least once. A visit to a dentist during the previous year was reported by 63.1% of the participants. Among the women 60.2% reported having undergone a breast examination by a doctor. The aforementioned proportion was 70.6% for women aged more than 30 years. Concerning women more than 40 years old, 23.5% did not have a mammography, while only 1 to 4 women (25%) who had a one, the time since last examination was one year or less. Only 15.7% of the women reported monthly breast self-examination. 76.6% of the women reported having a smear test within the previous year.

Results suggest that simple preventive tests are more frequently undertaken by the hospital personnel whereas tests concerning early diagnosis of cancer are neglected. Moreover, health risk behaviors among hospital personnel have to be improved and health promotion programs addressing them are essential.

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Session 1-3:

Issues of quality of care, safety and risk management in HPH

Management of risk of HIV infection posed by HIV infected health care workers at four referral hospitals in the Eastern Kasai Province (Democratic Republic of the Congo)

Ngoyi BUKONDA

Background

Despite recent suggestions and incriminations of unsafe medical practices as significant contributors to the increase of HIV infection in Sub-Saharan Africa and despite the initiation in the early 1990s of an international initiative to support hospitals in engaging in health promotion, there is no systematic documentation on how African hospitals have responded and how particularly they are managing the risk of HIV infection posed by HIV positive health care professionals (HIV+HCPs).

Objective

We explore the presence of HIV+HCPs and the patterns of management of risk of HIV infection in four Congolese hospitals.

Methods

We surveyed hospital workers in Eastern Kasai province in 2005 to get, among other things, personal data and other information on presence of HIV+HCPs, confidentiality, involvement of HIV+HCPs in exposure-prone procedures, satisfaction about practical steps to restrict the practice of HIV+HCPs, frequency of protection of skin lesions and wounds, availability of quality pre- and post-testing counseling, availability of HIV treatment, provision of "universal precautions" training, and occurrence of needle stick injuries. We used SPSS to analyze these data.

Results

About 49% of respondents are aware of HIV+HCPs in hospitals, about 35.1% report that the confidentiality of HIV+HCPs is greatly or totally disrespected, 59.9% report that HIV+HCPs refrain and 38.7% are dissatisfied about practical steps taken in requiring HIV+HCPs to refrain, 66.7% have been trained in "universal precautions" for their safety and the safety of patients; and 60% have sustained needle stick injuries during a six-month period prior to the survey.

Conclusions

There are serious deficiencies in the management of risk posed by HIV+HCPs in hospitals in Eastern Kasai. Recommendations: There is a need for hospitals here and elsewhere in Africa to establish formal risk management structures and launch effective infection control programs to protect their patients, particularly from the risk posed by the employment of HIV+HCPs

Further comments

This presentation fits well under the theme of this international congress. It is in line with the orientation of the international initiative to support hospitals in engaging in health promotion. In this vein, it highlights the key deficiencies in the management of the risk posed by the employment of HIV+ health care workers in hospitals. Its findings are relevant for hospital systems in many sub-Saharan countries that confront the HIV epidemic.

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A new partnership for optimized wound care reduced hospitality time of patients with chronic wounds

Ralf-Uwe KÜHNEL, Leana MICHERA, Johannes M. ALBES, Elimar BRANDT

Objective

The demographic change of the population results in more elderly patients with chronic wounds. In our hospital all these patients will be taken care of by a specialized wound-team assessing and regularly reassessing all wounds to optimize wound management. The optimal time for discharge of the patient without a negative influence of the wound healing process, however, remains elusive. For this reason we established a new co-operation concept with external partners for optimized discharge and wound management for these patients.

Methods

Two hundred patients undergoing this process using the new partnership were compared with two hundred patients receiving standard management. Practitioners, nurses, and other partners were involved. All patients were investigated at the following time points:

- Interval from end of therapy of the mean diagnosis and discharge day from hospital (wound hospitalisation time).
- Rehospitalisation rate for the same wound problem.
- Three weeks after the end of hospital stay to assess complete wound closure time.

Results

The group managed by the new partnership showed a significant reduction of wound hospitalization time (6 days to 4 days). Furthermore, a 25% reduction of rehospitalisation rate could be achieved in this group. Time for complete wound closure, however, did not show significant differences between the two groups.

Conclusions

Within a standardized wound-treatment concept the new partnership actively involving external partners wound treatment could be optimized. By reduction of hospitalization time as well as re-hospitalization rate costs could be reduced. Consequent and comprehensive standardized wound management starting early in the hospital and continued on an outpatient basis involving external partners is a keystone for successful therapy of chronic wounds. Further studies are warranted to verify these beneficial effects.

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Breaking the walls

Johanne ROY, Michel LARIVIÈRE, Jacques LAPLANTE

Hôpital du Sacré-Coeur de Montréal (HSCM) was founded in 1898. Sacré-Coeur is a major regional teaching hospital affiliated to the University of Montréal. It provides general and specialized care, and regional hyperbaric services. It is a tertiary trauma care center and it is also a hub of teaching and research. The Hospital's mission is to provide high-quality medical services to residents of the northwestern territory of Montréal, Laval and the Laurentian. It is also the designated provider of some specialized services for all western Québec. The Hospital's specializations include traumatology, orthopaedics, cardiovascular diseases, respiratory diseases and mental health.

Last year, HSCM treated more than 50 000 people in the ER, admitted 20,000 patients, and performed approximately 10,000 surgical procedures (40% into the 1 day surgery program). Since a few years, like everywhere in Montréal, HSCM faced an important shortage of nurses and it decreased its access in some areas. One of these areas is the Operating Rooms, so the HSCM had trouble to meet the goals set by the "Agence de santé et de services sociaux de Montréal" in terms of amount of surgical procedures, accessibility and waiting time.

To face these issues, the HSCM is planning and organizing its services to meet the population's need (surgical procedures). It is also innovating by creating a partnership for the first time between a public hospital and a private surgical center in Quebec. Our main concerns were to:

- Increase access to surgical services
- Provide safe and appropriate services
- Consider the nursing shortage in OR
- Encourage each member to improve interdisciplinary work
- Promote worklife balance
- Evaluate patient satisfaction

Parallel Sessions

Parallel Sessions 1: Thursday, May 7, 2009, 11.00-12.30

With this joint venture, the HSCM was able to improve the access to the medical services and the quality of care by considering the population's needs, the OR nurses shortage and the high quality services. Since last year, the HSCM increased by 10% the number of surgical procedures. It also adapted its environment to provide a high level of satisfaction from the patients by offering quality and safety, and by respecting human rights. HSCM wants to pursue this partnership for a long term period (5 years) and will re-evaluate it periodically.

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Patient and staff health and safety in hospitals: The reason of a failure

Luigi RESEGOTTI

A regional project on Patient and Staff Health and Safety in Hospitals was implemented in 2003 by a working group* of the Piedmont HPH Network including 4 member health agencies. 1330 health operators have been involved. The following topics have been tackled: Burn out prevention, Ergonomy of the Hospitals, Safety culture and Preventive Medicine.

Despite some positive achievements, the project failed in improving the health and safety of both patients and staff because the current culture of the hospital operators is oriented almost exclusively toward damage prevention instead to patients and staff empowerment as a prerequisite for an effective health and safety promotion. The actions carried out and the results produced are reported and future planned activities are discussed in view of the further more health promotion oriented implementation of the project taking advantage of what has been so far achieved.

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Enhancing patient safety and patient centered care as benefits from health promoting activities in hospitals: Lessons learned from the AHPHA project in Thailand

Jiruth SRIRATANABAN, Sumitra SURARID

Between 2004 - 2007, the ThaiHealth Foundation funded The Advancing Health Promotion Activities in Hospitals Using the Hospital Accreditation Program (AHPHA) Project proposed by the Institute of Hospital Quality Improvement and Accreditation (HA-Thailand). The main discoveries by the evaluation of the project were presented in the 2007 Vienna Conference.

However, the ThaiHealth later granted an additional phase of the study aimed to explore any impact of health promotion activities in hospitals on quality of care particularly patient safety and patient-centered care.

From October 2007 to January 2008, we visited 12 selected hospitals in the AHPHA project by which been had followed for three years. During the visits, we asked the hospital lead teams to do some presentation on hospital policies, structures, activities and key performance indicators. We also conducted interviews with lead teams, and reviewed related documents. There were four tracer conditions selected for comparison, namely diabetes mellitus, cerebro-vascular accident, pediatric asthma and ante-natal care. The study identified that a number of health promotion initiatives for patients in the hospitals obviously helped enhance patient safety and patient-centered care.

Health promotion led to patient safety in at least five areas, including (1) self-care and active participation in care during hospital stay, (2) early detection of medical errors and adverse events during hospital stay, (3) active patient participation in self-care that increased compliance to treatment protocols and healthy behaviors at home, (4) increased awareness of any adverse events that might occur at home, and (5) empowered self-help groups.

Patient-centered care was also augmented as patient care teams were more aware of patients' needs beyond those directly related to diseases or physical sickness. Patients' belief and local lifestyles, as well as those of their families', gained significance in care planning and improvement. Beyond better service behaviors, some examples showed that clinical staff become more willing to bring care closer to patients' homes and communities, or making their patients felt like being home during hospital stays. These brought about more clearly under another campaign in the country, called "humanized health care".

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Session 1-4: Sustainable health services & health promoting hospital de- sign

A hospital without borders: An HPH model in support of a sustainable healthcare system.

Rosemarie CRISANTE

Objective

This paper will review the site plan, built form and settings of hospital redevelopment projects that have been created in collaboration with their communities by reviewing: (i) four case studies in Ontario and (ii) precedent abroad.

Background

Founded on a curative model of care and designed to support a silo-driven acute care mandate our hospital infrastructure does not provide an effective setting for the integration of primary and community services necessary to support early intervention. Multiple pressures on our acute hospital have created a system that is no longer sustainable. In the absence of a top-down approach from government, hospitals are implementing bottom-up strategies in support of comprehensive holistic care.

Purpose

Ontario requires a sustainable healthcare system, system redesign must be based on a HPH model which supports "healthy settings". This will result in a renaissance of fundamental changes to our civic communities where institutional silos are broken down in support of a new built form. Here the removal of physical barriers supports a new integrated social structure that creates the necessary inter-sectoral links fundamental to a sustainable healthcare system.

Results

Hospital and community collaborations in support of comprehensive holistic care have resulted in the: (i) implementation of "healthy settings" which fosters a social and environmental structure supporting community well-being, (ii) development of a new emerging prototype, a pivotal factor in supporting a sustainable healthcare system. However, HPH precedence abroad suggests that a sustainable system requires a top-down and complementary bottom-up multi-setting infrastructure, designed to deliver a full breadth of healthcare services.

Conclusion

The link between our health and built environment is paramount to developing a sustainable healthcare system in Ontario and greater advocacy to support the importance of "healthy settings" is required to make this connection the norm, in this way, we support our staff, patients and community.

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Minimize medical waste in dialysis unit- health promotion in the envi- ronment

Ya-Pin CHANG, Jen-Pi TSAI, Shi-Pei WANG

Introduction

As a health promoting hospital, one of our missions is to protect the environment. We recycle the water, reduce the use of electricity and also reduce the medical waste. One of the successful examples is the dialysis unit.

Method

There are now more than 57000 patients under dialysis in Taiwan who produced 998.68 tons of hemodialytic wastes. There are forty beds in our hemodialysis room and each bed serves two to three people a day. We insist that artificial kidneys are used only once. From January to May, 2007, the total hemodialytic person-time was about 1903-2120 hours and produced 1757.2 to 1802.1 kilograms of wastes averaged 0.85 kg per person-time and which occupied the top two in our hospital.

The biomedical wastes produced by our unit include the used artificial kidney (about 480-215 grams), the used plastic tubes (about 280 grams), and other medical consummative materials (about 365 grams). We organized a quality improvement group aiming at reducing the waste and keep the current safety standard. We invented a special waste-collecting bucket. The wet and dry infectious waste in the bucket can be separated by an abandoned advertisement board which can be fixed by used plastic tubes.

Results

After quality-improving activity, the quantity of infectious waste declined from 0.85 to 0.8 kg per person-time. Based on the averaged 2025 dialytic person-time, we can reduce 101.25 kilos infectious waste, it means we can save 3037 NT dollars a month and 36444 NT dollars a year for dealing with the disposing. Other than saving money, dioxin produced from burning can also be minimized.

Conclusion

Through this program, we can minimize the waste production in dialysis unit and maximize the recycling process to reach the goal of making the world a better place.

Parallel Sessions

Parallel Sessions 1: Thursday, May 7, 2009, 11.00-12.30

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Health promotion as a catalyser for a sustainable change, a Montreal example

Nicole TURCOTTE, Jérôme RIBESSE, Jean ZIGBY

As a member of the Montreal Network of Health and Social Service Centres (HSSCs), and Health Promoting Hospitals (HPHs) of Quebec, Canada, since 2006, the HSSC de la Montagne (DLM) adopted a health promotion policy emphasizing a geographic populational approach making it responsible for the organization of health promotion and illness prevention on its territory. However, Public Health data and environmental evidence suggested significant indirect negative impacts of the Montreal healthcare system upon its population and environment.

Thus, DLM has embarked upon the development and integration of a sustainable development policy, formally addressing environmental determinants of Montrealers' health negatively impacted by DLM's activities.

The various Centres of DLM experimented in approaches to sustainable healthcare during the 2003-8 period culminating in the integration of a sustainability mandate into its Public Health department and the founding of a non-profit organization, Synergie Santé Environnement, whose mandate is the facilitation of healthcare institutions' cooperation on sustainability, and adoption of sustainable practices.

Two examples highlight DLM's efforts at institutional health promotion and environmental prevention:

- On-site Health Promotion Centres for use by all personnel
- Accès-Vélo, a bicycle project targeting home care services personnel, in collaboration with a community partner

In 2008, DLM was awarded the "Bicycle-Friendly Enterprise" prize during the annual "Car-less in the City" day.

Synergie Santé Environnement contributes to health promotion by 1) sensitizing health institutions of their environmental impacts beyond direct health services 2) Networking healthcare institutions, procurement companies, industry, and government to maximize the impacts of sustainable shifts in healthcare practices.

Conclusion

The HSSC DLM has established its leadership in the promotion of health and sustainability in the Quebec healthcare system through simultaneous implementation of institutionally specific

initiatives (e.g. Accès-Vélo, Health Education Centres) as well as catalysis of sustainable change of other healthcare centres through the non-profit organization Synergie Santé Environnement.

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The health promoting and sustainable hospital - A "window of opportunity" for health promotion and sustainable development? Results and recommendations from a Viennese case study

Willi HAAS, Ulli WEISZ, Jürgen M. PELIKAN, Hermann SCHMIED

Introduction

Hospitals face challenging problems due to dramatically changing conditions in their environments: shifts in demand caused by ageing of populations and increase of chronic diseases, increasing demands and expectations of patients and users and not least financial constraints. Today hospitals are also getting more and more confronted with pressing global problems such as financial crisis, increasing energy prices as well as climate change issues. These trends call the sustainability of hospitals and services they offer into question. Thus Sustainable Development (SD) is emerging as a challenging theme for health care systems and their organizations. Starting in the early 1990s, today health promotion and public health actors pick up more frequently this topic. Therefore also for Health Promoting "Hospitals and Health Services without Walls" the sustainability movement with its concept of the sustainable hospital becomes a more and more relevant new or rather old partner.

This is where the project "Testing the sustainable hospital" comes into play. In a case study in a Health Promoting hospital in Vienna we researched the possibilities that exist for introducing the concept of sustainable development and for implementing it in a health promoting hospital, an issue which until now has been rather a novel one. To establish a "sustainable hospital" successfully, the assumption was that a good case must be made showing potential benefits for hospitals in addressing the challenges mentioned above, maintainable time and effort in the daily operations and plausible contributions to solving sustainability problems. Thus the feasibility of the "sustainable hospital" was tested in a setting of an intensive cross-disciplinary cooperation over a period of two and a half years in three priority areas:

- Sustainable business management
- Sustainable provision planning and

- Sustainable service provision at ward level.

Our Key Findings are

- A working understanding of “sustainable hospital” (including the dimensions: economic, ecology, social and health promotion) developed together with key actors.
- From the three sub-projects (“testing areas”):
 - Target and measurement system for a hospital (SBSC). Concept linking EFQM and SBSC as well as Health Promotion and Sustainability
 - Needs-related provision planning for chronically ill patients: Calculation model and evidence of improvement and savings potential for the Vienna Hospital Association
 - Sustainability evaluation of processes in the wards of a pilot department: To check specific sustainability indicators on the level of wards/departments and to increase awareness for sustainability by the employees
 - Evidence of benefits (added value) which a hospital can generate by adopting the criteria of sustainable development in its decision processes.

Conclusions

Sustainability can easily be integrated/added to with health promotion concepts that have already been introduced and due to its integrative effect, adds value to hospital practices. For selected examples, it was possible to optimize core services in accordance with multiple criteria, enabling significant relief effects from ecological, social and economic pressures to be identified without deferring problem-solving.

In our presentation we will present results and recommendations derived from our case study for HPH practitioners and managers in order to point out that combining both these strategies (HPH and SD) can strengthen health promoting hospitals to cope with the challenging problems of today. We will argue that this can be seen as a “window of opportunity” for HPH and Sustainable Development likewise.

The Project

The reference project “Testing the sustainable hospital” (2006 – 2008) funded by the Austrian Technology Ministry was a cooperation involving an interdisciplinary team of researchers (IFF Institute of Social Ecology & Ludwig Boltzmann Institute Health Promotion Research) with three practice partners, all members of HPH, 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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The sustainable health promoting hospital - A multi-criteria approach for observing/optimizing outcome quality: Practical examples showing benefits and practicability.

Willi HAAS, Ulli WEISZ, Jürgen M. PELIKAN,

Hospitals face various challenges which can be easily understood as sustainability problems, i.e. problems affecting economic, social and ecological dimensions. The economic dimension is characterized by steadily increasing costs and a shortage of funds available resulting in a growing awareness that this can't be continued in the long run. At the same time the financial constraints lead to an increasing work load for and demand on employees (burn-out syndroms). This contradicts the idea of health promotion of employees and can be understood as an unsustainable development in the social dimension. With economic growth and technical progress the resource requirements and emissions of hospitals (especially when upstream effects are included) are growing and bring the ecological dimension into play.

In order to deal with these challenges the “sustainable health promoting hospital” suggests the introduction of a multi criteria approach when looking at quality improvements. With this the scope of observing quality of services will be broadened by health promotion criteria regarding patients, the social dimension (health promotion regarding employees and community), the ecological dimension and the economic dimension. This framework can be used for manifold decisions when alternative options are available.

In our contribution we will introduce and discuss the multi criteria quality approach and present several concrete examples to show the advantages of this approach over one dimensional approaches in the long run. By comparing alternative solutions we demonstrate how boomerang effects can be avoided and benefits for various dimensions can be achieved. For that we will discuss misallocation of patients, integrated care concepts including transmural care etc. Experience within the pilot project “The sustainable hospital” has shown that on the one hand it is quite essential to explain the concept and key findings of the “sustainable health promoting hospital” for a proper understanding and on the other hand it is much better received when practical examples are provided followed by an interactive session. Hence the idea is understood by the participants in principle they are invited to contribute practical examples from their experience to be discussed in a joint session.

The project

The reference project “Testing the sustainable hospital” (2006 – 2008) funded by the Austrian Technology Ministry was a cooperation involving an interdisciplinary team of researchers (IFF Institute of Social Ecology & Ludwig Boltzmann Institute Health Promotion Research) with three practice partners, all members of HPH, 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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Session 1-5: Networking in HPH: What can networks learn from each other?

The cross-networks HPH laboratory in Italy

**Fabrizio SIMONELLI, Roberto PREDONZANI,
Giorgio GALLI, Antonino CHIARENZA, Anna
ZAPPULLA**

The re-orientation of hospitals and health services towards health promotion has been realized in different ways by national and regional HPH Networks, according to their own institutional and organizational contexts. The fact that there are different strategies and achievements can be considered a matter of richness, especially when there is the opportunity of comparison, integration and working together.

The Cross-networks HPH Laboratory in Italy allows to share knowledge, ideas and experiences, to think about limits and difficulties of each regional HPH Network, to find tools in order to improve and to suggest new possible solutions. The Laboratory started in 2003, inside the Tuscany Network as a moment to schedule and to do a collective check of activities, involving every Network and cross-networks' Coordinators.

In December 2007, in Sestri Levante, the Tuscany and Liguria Networks started the Cross-networks HPH Laboratory. Both networks needed an opportunity of comparison. The aim of this Laboratory was to compare the respective physiognomies, to find out operative similarities and differences and to create possibilities of working together. The main actions of the management of the meeting were: the guided presentation of projects, discussion and confrontation and, in the end, the finding out of hypothesis of working together.

The experience of the Laboratory had been so positive both at the motivation level and also at the cognitive and action levels that it succeeded in involving in its own activities also the Valle d'Aosta Network (already member in Sestri) that organized another meeting in 2008, in La Salle.

At the moment, the Cross-networks Laboratory HPH is also counting with the participation of the Emilia Romagna Network

(already member of La Salle's meeting) that in January 2009 organized the third and last edition of this kind of meeting.

The activities/experiences of these meetings have been systematized in a booklet.

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HPH network regional strategies in Lombardy

**Giuseppe IMBALZANO, Maria Grazia SILVESTRI,
Giancarlo FONTANA, Roberto MORETTI**

Lombardy Region promoted the Health Promoting Hospitals Network (Hospitals and Health structures without walls concerning all health structures (public and privates) of The region. Lombardy has 9.642.406 inhabitants and the health structures are 199 of which public, 102 and 97 privates. 69 Health Structures are participating at the end of 2008, to the HPH network.

The Regional Council developed three strategic actions in order to improve participation and to ameliorate the quality of the program:

- The organization of a regional HPH network with a Scientific Referral Board.
- A global policy on health, integrating physical, psychical, social and environmental issues.
- The activation of local pilot initiatives to enhance global actions regarding Health Promotion, such as specific trainings, service reengineering, specific interventions, to improve the community health and the workers health in particular.

Pilot actions are actually developed in two provinces (Bergamo and Lodi) on the following issues:

- Sick and disabled people (improving therapy and care services, access to health system, client satisfaction, environment and acceptance services)
- Revision of the physical, organizational, structural and cultural context by the activation of organizational and management workshops
- Equity and equals opportunities
- Relationship between the health personnel and the patients, the worker and the Health structure, the community and the Health System.
- Simplification of the access to information
- Integrated actions towards the community
- Nutrition Services and promotion of Healthy nutrition

- Multicultural participation and involvement of migrants associations
- Smoke Free Hospitals (and communities)
- Continuity of care from hospital to community
- Specific actions on Health Promotion in the Primary Health Care
- Health Promotion In specific groups in chronic disease "Health of the sick person project".

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Building HPH network support and capacity in Ontario, Canada

Christie COLLINS-WILLIAMS, Susan HIMEL, Cheryl WOODMAN

The Ontario Health Promoting Hospital Network (OHPHN) has been through an exciting year of development, growth and challenges. We have moved from our beginnings as a group of like-minded health promotion professionals in hospital settings, to a formally recognized international HPH network with increasingly important provincial relationships.

Our efforts to reach out to hospitals outside the Toronto area, and a stronger partnership with the Ontario Hospital Association (OHA) have infused our work and identity as a network with renewed energy and direction. There have also been challenges faced and many lessons learned on the way as a result of this change.

The presentation will explore the Ontario HPH Network's challenges as potential learning for other newly formed or emerging HPH networks. We will also discuss OHPHN's plans for the coming year, including efforts to strengthen ties with other HPH partners across the country, and to find a voice in Ontario's continuing hospital and health care reform.

Using our network's story, we hope to stimulate discussion on the role of HPH networks not just to maintain their membership and fulfill basic requirements, but also to influence and shape the reform of hospitals and health care and redefine the role of health promotion in traditional clinical settings.

The presentation will cover the following:

- History and evolution of our network
- Current structure and function
- Key partnerships
- Short-term objectives and projects
- Looking to the future: influencing hospital and health care reform in Ontario

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Achievements of, barriers to, and needs for the development of health promoting hospitals in Taiwan: A review of staff health promotion

Cordia CHU, Chin-Lon LIN, Shih-Tien HSU, Yuan-Nian HSU

Health Promoting Hospitals (HPHs) is a form of setting-based HP initiated by the World Health Organization in 1988. It has come to be recognized as an effective and integrative strategy to respond to global challenges in health systems. The development of HPHs in Taiwan is still in its nascent stage, having just commenced since 2006. Hospitals might have sensed that the HPHs is an alternative for effective health outcome.

However, they might take medical or behaviour approach that they are familiar with to realize the ideals of HPHs. Structural and environmental determinants have not taken an appropriate place in consideration. In light of recent literature, it is suggested that setting approach is more effective in promoting health.

In order to identify the problems that might arise as the hospitals in Taiwan developing HPHs, a critical review of the movement of HPHs in Taiwan is necessary. Among the four targets of HPHs, this study focuses on staff health promotion (SHP).

Therefore, this study aims to review current practice of SHP in Taiwan in historical context, and then identify the barriers and needs for HPHs in Taiwan when developing staff health promotion in terms of organizational supportive environment, project management and HP issues and strategies taken. The research conducts three case studies. These case studies deal with one religious hospital, one proprietary private hospital and one public hospital, and apply data triangulation with participant observation, key informant interviews and document review.

This study employs domain and taxonomy analysis to analyze qualitative data. The findings are expected to show how hospitals provide institutional support for staff HP, how they manage HP program, and what and how HP issues they would address. Finally, barriers and needs will be identified. This study will provide recommendations for developmental directions of SHP of HPHs in Taiwan.

Parallel Sessions

Parallel Sessions 1: Thursday, May 7, 2009, 11.00-12.30

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Promoting standards of care across a multi-institutional child health network in Australia

Les WHITE, Judith LISSING, Julie FRIENDSHIP

Networking of services across multiple providers and institutions has particular relevance: (i) in paediatrics, due to the need to balance centralised expertise with regional access, and (ii) in Australia, due to the contributions of population dispersal and distance. In the state of New South Wales (NSW) child health networks have been formalised as a mechanism of linkage between tertiary and regional facilities across vast distances. The challenge of appropriate and consistent standards of quality, as well as equity of access, for children and families in various settings have been addressed and improved.

The role of continuing education, professional development and the maintenance of clinical skills have emerged as central pillars in this process. The mechanisms developed to facilitate such knowledge sharing include: clinical practice guidelines, online orientation of staff, structured secondments across all clinical disciplines, shared simulator training programmes, travelling schedule of clinical support resources, a specific rural locum and support scheme for isolated paediatricians, workshops / conferences, as well as an extensive curriculum based on video conferencing technology.

The findings after 5 years of development and implementation document rising levels of satisfaction for staff, management and consumers. Measures of engagement and participation have continued to increase. There is also evidence of improvement in communication across multiple facilities and providers, of enhanced levels of clinical skills among participants, of adherence to clinical practice guidelines and of appropriate referral patterns across the network. The learnings from these projects are the basis of expansion both in depth and in scope of health promoting network activities across NSW.

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The international network of Health Promoting Hospitals and Health Services' activity database - A pilot study on implementation

Jeff Kirk SVANE

Background

The International Network of Health Promoting Hospitals and Health Services (HPH) has previously worked with ways of logging HP projects. However, on basis of the needs, wishes and requests from the Network, earlier solutions are no longer adequate, and thus a new web-based solution has been developed.

Objectives

The objectives of the new HPH Activity Database is to allow HPH Members and other interested parties to find information on the different health promotion activities that take and are taking place within the member hospitals and health services. Such a tool should facilitate the identification of possible partners for collaboration and the exchange of experience and knowledge.

Methods

The new Activity Database has been and is being developed largely on the basis of the needs and ideas articulated and discussed within the HPH Network. As the database is still in its early stages, the database and the upload process itself are now being pilot tested by hospitals and health services from Norway and France in close collaboration with the National HPH Coordinators.

Results

Preliminary results seem positive, and the potential of the tool as such appears to be vast. However, it also seems that some adjustments are needed.

Perspectives

The HPH Activity Database will contain information about ongoing and finalized health promotion activities within the network. On one hand, the database will enable HPH members to identify partners for collaboration and exchange of knowledge and experience in an easy and efficient fashion. On the other hand, the activity database will function as a "window to the world". External health promotion specialists and other interested parties will be able to learn more about HPH and find inspiration regarding future HP activities and research areas.

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Session 1-6: Workshop: Tobacco-free United

Tobacco Free United - The collaboration Task Force between the International Network for Health Promoting Hospitals and Health Services and the European Network for Smoke-free Health Services

Bertrand DAUTZENBERG, Simone TASSO, Ariadni OURANOU, Ann O'RIORDAN, Sibylle FLEITMANN, David CHALOM

To strengthen links and collaborative activity between main partners on tobacco within hospitals and health services the International Network for Health Promoting Hospitals (HPH) and the European Network for Smoke-free Healthcare Services, Tobacco Free United (TFU) was created a collaborative taskforce. The aim of TFU is to gather health professionals, hospitals and health services with individuals and organizations to work towards a tobacco free society, using the principles of Ottawa Charter, the WHO Framework Convention on Tobacco Control (FCTC), the WHO recommendations for health professional involvement in tobacco control, and on the basis of the Code of the European Network for Smoke-free Health Services (ENSH).

The strategic action plan of TFU is laid down in a corporate Charter and will serve as a basis for triggering concerted action and to foster collaboration among partners. The action will take place on three levels: Advocacy, Support and Evaluation regarding the implementation of a comprehensive non smoking policy both within hospitals and health care services and in the wider community.

The TFU workshop will give participants the opportunity to get to know the corporate Charter and to discuss implementation possibilities in small working groups and to contribute with specific implementation strategies according to geographical situation, culture, institution and health care system.

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Session 1-7: Meeting of the HPH Taskforce on Health Promoting Psychiatric Health Services

How and why mental health promotion and prevention has been to undertaken in medical health care settings: Primary data, basic concepts, self-evaluation based on HPH-standards and evaluation of interventions

Hartmut BERGER, Rainer PAUL, Eva HEIM-SATH

This workshop will aim on needs for and models of preventive work on mental health in medical settings, especially hospitals. Until now mental health promotion is not in the focus of interventions in medical settings although we have a lot of evidence, that somatic illness is accompanied by psycho-social disorders.

This workshop will collect concepts and instruments to facilitate mental health promotion in hospital settings of medical health care. We will also ask how to address mental health focused modified HPH Standards as a self-evaluation instrument on health promotion in health care settings. By doing so we aim on widening the scope of our Taskforce to all HPH to encourage mental health promotion in all medical settings.

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A self evaluation instrument on health promotion in mental health care settings

Hartmut BERGER

The standards of mental health promotion in mental health services developed by the task force on health promoting psychiatric services are aimed to set a framework of mental health promotion. To help interested institutions to check themselves, to bring these standards to reality and to offer

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these standards for research, a self evaluation instrument was developed.

This instrument should support psychiatric institutions to integrate standards of mental health promotion as a part of quality management and as a bench mark within the network of health promoting psychiatric services. This self evaluation instrument derived from the standards should give reasons for the discussion how to implement health promotion in mental health settings.

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Session 2-1: Patient involvement and participation in HC decisions & the role of self-help and voluntary services

Promoting health in the age of information and communication technologies: Towards new modes of action for patient/user groups?

Madeleine AKRICH

With the development of ICT, we witness the emergence of new forms of activism in various health areas. These new forms of activism display three main features:

- Firstly, ICT allow a day-to-day interaction between geographically dispersed people, it enhance their individual and collective responsiveness either to external events, or to demands coming from patients/users as well as from the professional milieu and the media.
- Secondly, ICT provide electronic groups with an easy and inexpensive means for reaching a broad audience, and even for addressing specific audiences with messages adapted to them.
- Thirdly, constituting a group and acting as a group are tightly intertwined activities: exchanges between members of electronic groups occur through written messages, and the modes of action they develop also massively rely on written productions, e.g. information for the general public, press releases, position papers, journal articles, written documents discussing medical recommendations etc.

This has effects both on the functioning of the group, very much cooperation-oriented, and on its productions which condense a "web of expertise" through the various interventions of group members.

In this communication, we will draw upon the example of the CIANE, a French coalition on perinatal issues. From its inception, the CIANE has settled as an electronic group, and still relies almost exclusively on electronic-based communication. We will first describe the work done by the CIANE, notably as regards prenatal diagnosis issues, and show how ICT transform the resources it can draw upon. We will then detail its functioning, by focusing especially on how ICT transform the relations between individual members and their collective identity. Finally, we will characterize its modes of action, as well as its relationships with the professionals and the general public.

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The potentials and challenges of patients' groups and organisations for Health Promoting Hospitals - Conclusions from an Austrian study

Rudolf FORSTER, Peter NOWAK

Background

A steady rise of patients' groups and organisations (PGOs) has been reported for many countries, accompanied by a rising academic interest into the subject. While former research mainly addressed the function of mutual support more recent research points to efforts of such groups to influence service provision and health policy. In HPH principles and policies the relevance of patients' groups activities and participation is underlined.

Objectives and methods

The health promoting implications of the aims, activities and relations of PGOs to the health care (HC) sector will be elaborated by a reanalysis of questionnaire and interview data of an ongoing study on the aims, activities, organizational structure, resources and relations of Austrian PGOs

Results

Many activities of patients' groups are closely related to health promotion. Groups themselves consider the promotion of health literacy, better handling of daily life and the improvement of health behavior as the most relevant outcomes of their activities. A majority of groups also engage in activities to influence health care provision and policy but consider the outcomes of these efforts as less effective.

Many PGOs in Austria report to have established tight relations to selected health professionals and health care organisations. Three main areas of collaboration (but also lack of collaboration and conflicts) were identified: Professional and organisational support for PGOs as a complementary sector of health care and promotion, cooperation between PGOs and professionals and health care organisations in moulding service provision and quality development, and partnership between PGOs and professionals/HC-organisations for influencing other systems, especially politics.

Conclusions

PGOs aims and activities clearly contain a high potential for HPHs dedicated to take the perspectives of different user groups into account. Challenges and risks of developing collaboration between hospitals and PGOs more systematically will be discussed.

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How far do patient organizations go as stakeholders in the governance of health issues? The case of rare diseases organizations in France

Vololona RABEHARISOA, Florence PATERSON

In most Western countries, patient organizations are today considered as stakeholders in various health areas. Historically, the vast majority of them settled as self-help/mutual aid groups, or stood as patients' and families' advocates for equal access and better quality health services. For about two decades, some of them have also engaged with medical researchers and health professionals in activities and debates related to the provision of care, to health technology assessments, and even to medical and health research on their conditions. Patient organizations concerned with rare disorders offer a striking illustration.

In this communication, we will draw on the results of an ongoing research program whose aim is to characterize the profile of rare diseases patient organizations in France. We will first show that because of the absence of robust corpus of knowledge on their diseases, the lack of appropriate care, as well as the discontinuity between professionals' initiatives (if any), rare diseases patient organizations come to circulate their own collective experience, and to articulate various worlds of expertise in the war on their diseases. We will then show how this form of activism contributes to the emergence and the consolidation of rare diseases as both a nosographic category and as a public health issue.

Finally, we will reflect on the dissemination of this form of activism, and its impact on the status of patient organizations as interested parties in the governance of knowledge, as well as in debates on the interaction and cross-fertilization between different forms of expertise in the governance of health issues.

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Delivering the public health agenda: What needs to be done to effectively harness the voluntary and community sector's contribution

Annmarie RUSTON

Within the UK, improving health and narrowing health inequalities are national priorities and the National Health Service (NHS), other public bodies, local government, individuals and the voluntary and community sector (VCS) are expected to work in partnership to achieve these priorities. The Government recognizes that the VCS are often much better than the statutory sector at engaging with groups of people who face most difficulties or who do not access traditional sources of advice on health.

Additionally, VCS organisations can increase opportunities for healthy choices. Indeed it is estimated that VCS organisations provide services for approximately 45% of the local populations they serve. The NHS is required to develop targets to meet the needs of people living in their area that are agreed with local VCS and other partners and designed to deliver the public health agenda. Fundamental to setting and achieving these local targets, therefore, is a sound knowledge of the potential of VCS organisations to deliver appropriate and effective health promotion.

The overall purpose of the study presented here was to identify the nature and extent of the health promotion work undertaken by VCS organisations and their potential to contribute to an overall public health strategy. A telephone survey of a sample of 59 VCS organisations was conducted. In-depth face to face interviews were also carried out with 23 of the organisations that took part in the survey. The study revealed that the VCS play an active, but often unrecognised role in health promotion.

However, the effectiveness and potential of their work was limited by a lack of health promotion knowledge and skills. Based on this research a dedicated health promotion toolkit was developed and piloted to improve the effective health promotion within the sector.

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"Self-help-friendly hospitals" - Development of a new instrument for measuring self-help-related patient orientation and first results

Silke WERNER, Stefan NICKEL, Alf TROJAN

Objectives

Background of the project is the long-lasting structural implementation of patient orientation by institutionalised co-operation between hospitals and self-help associations. Therefore, we continuously conduct several substudies on 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 in health care.

Methods

The design of the study is longitudinal and involves two pilot-hospitals in Hamburg at two points in time. Subsequently, cross-sectional studies in four more hospitals located in other federal states will complete the study. Methodically we use a mix of quantitative (standardised surveys) and qualitative methods (semi-structured expert interview). On the basis of the expert interviews and a comprehensive literature research we designed a standardised questionnaire to measure the self-help-related patient orientation in four dimensions (patient information, patient participation, patient empowerment, and support of self-help groups).

Results

Content analysis of the qualitative data provides an overview of the begin, current status, quality, benefits, development trends, and important criteria of good co-operation between hospitals and self-help groups. At the conference we will present results of the qualitative expert interviews which lead to the questionnaire. The quantitative pilot study is not yet completed. In May we will be able to present results on the situation in the two pilot hospitals concerning the patients' and staff's perception of self-help-related patient-orientation.

Conclusions

The results might be helpful to effectively implement self-help-related patient orientation in hospitals and to optimise (monitor) approaches of patient orientated and participatory health care. Furthermore, the accompanying research will contribute to transferring models of structured co-operation between hospitals and self-help groups.

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Session 2-2: Improving mental health promotion in Health Promoting Health Services

State of mind

Hsin-Wen CHANG, Po-Yen LIN, Suei-Tsun TSAI, Cheng-Dien HSU, Chang-Fu HSIEH, Hui-Ting HWANG

Living in this stressful and competitive world, people often get bogged down into depression and frustration. Long-term frustration makes people unhappy, and depression makes feelings of being low-spirited and worthlessness. Empowerment, which refers to increasing the spiritual, political, social or economic strength of individuals and communities, is a key to solve these diseases of civilization.

The project "State of Mind" was about producing a video containing two main concepts: frustration and empowerment. "State of Mind", which is a 25 minutes long film, originated from the concept of primary prevention of public health. It showed the viewers not only how to adjust themselves from pressure and stress, but also recognize the importance of both environmental and social support.

The leading actor was an ambitious and self-disciplined young man. Overworking and poor social skills made him ignore the colleague relationships and become alienated from society. After being isolated, he could not concentrate on his work and so he suffered from depression. He got a one-month break to have a chance to leave the tense working environment to go to the countryside. There he met some friends who rebuilt his new social support and the episode of break helped him review himself and regain his power again.

70 guests were invited to see "State of Mind" and had a comprehensive discussion. After a questionnaire survey, 87% thought the film improved the mental and spiritual health of staff in health-promoting hospitals.

Frustration and depression have existed since ancient times, and empowerment plays an important role to help people regain vitality and enhance the ability to solve daily-life prob-

lems. This film "State of Mind" is perfect video material for the primary prevention of public health, not only helping the audience to recognize the negative feelings or symptoms, but also encouraged them find their own ways to adjust themselves.

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Employers' views on disability policy and the employment of people with mental health problems in the South East of Ireland

Jennifer CUNNINGHAM, John WELLS, David HEFFERNAN

The European Parliament (2008) indicates that the workplace plays a central role in the social integration of people with mental health problems and calls for support for their recruitment, retention, rehabilitation and return to work. The Irish Mental Health Commission (2006) advocates a recovery model for the mental health services in Ireland, in which open employment plays a central part in the rehabilitation and recovery of people who experience mental health problems.

This paper presents results of a study of employers' views on equal status employment policy and the support available for businesses in the South East of Ireland within the context of this recovery focus. These issues relate to the employment concerns that confront employers with regard to employees who experience mental health problems. The research design consisted of a mixed method approach, utilising a structured questionnaire, focus groups and individual interviews as methods of data collection.

Data was collected and analysed from a range of employers across the South East of Ireland. Statistical analysis was conducted through entry into SPSS Version 13. Data derived from focus groups and individual interviews was entered into NVivo 7 and was analysed using a seven stage coding framework approach.

Findings from this study indicate a failure of communication at a local level in terms of informing employers of supports available to them when considering whether or not to employ a person with a mental health problem or to retain them. Findings also indicate that information on employment equality policy is not actively disseminated to their businesses in a way they find accessible. This has a negative impact on the willingness of employers to engage with support initiatives for people with mental health problems in the workplace, and thereby impacts on the effectiveness of health promotion for this disadvantaged group.

This study provides data on policy issues which need to be addressed in order to engage large and small scale employers in the implementation of equal status employment policy as it relates to the mental health promotion of people with mental health problems.

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Mental health promotion without walls: The salutogenic framework for sustainable mental health promotion services

Nina Helen MJOSUND, Monica ERIKSSON, Bengt LINDSTROM

The focus on mental ill-health has increased the interest in possibilities for promoting mental health as well as preventing illness. The Health Promoting Hospital is in terms of the Ottawa charter a health promoting setting. According to the Ottawa Charter for health promotion reorienting health services, develop personal skills, healthy public policy/HiAP and creative supportive environments are the core strategies.

The pathogenic orientation with diagnosing and treatment of diseases is the dominant paradigm in specialized psychiatric hospitals. However, the salutogenic model of health by Aaron Antonovsky gives us a framework for positive mental health development. The way people view their life has an impact on health. People with a strong Sense of Coherence (SOC) view life as comprehensible, manageable and meaningful.

To date we have a good evidence base that a strong SOC is related to perceived good health, especially mental health. In Norway, Buskerud Hospital, Division of psychiatry, responsible for about 240 000 persons of all ages, is running a qualitative research and development project aiming to reorient the psychiatric health services in a salutogenic direction.

This presentations describes the objectives and the contents of the different studies aiming to

- Create a deeper understanding of the salutogenic approach in order to strengthen the interaction between patients, relatives and professionals in a mental health promoting manner
- To explore how the salutogenic theory can be implemented in clinical practice
- To create a health promoting workplace
- To implement the salutogenic principles on leadership

Such a way to provide mental health services is characterized of participatory and empowering involvement of patients, relatives and professionals, creates a sense of coherence and synergy between multistrategies, intersectorial collaboration and sustainable mental health development. This kind of research on organizational reorienting has not been in focus before.

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Psychotherapeutic interventions in chronic somatic diseases - An evaluation study

Rainer PAUL

Objective

In an earlier study the need to mental health care interventions has been demonstrated. This study evaluates in a repeated measure design the psychological interventions that have been undertaken to improve the mental health status of patients of internal and orthopaedic rehabilitation medicine.

Method

614 patients of an inpatient rehabilitation centre have been included in the study, main disorders have been affections of the spine with chronic pain disorders, and internal medical disturbances, all patients have been chronically ill. Interventions have been relaxation techniques, group therapy, information concerning the disturbances and short term psychotherapy. The intervention lasted from 4 to 6 weeks. The interventions on mental health have been accompanied with a set of other interventions, which aimed more on the somatic aspect of the illness.

Results

Results are that the rehabilitation in general is high effective: Reduction in depression and psychosomatic disturbances has been demonstrated. The evaluation of the relaxation techniques shows no impact on the mental health status of the patients. The short term psychotherapy reduces the decrease of psychopathological disturbances, which are more reduced, if no psychological intervention on mental health is undertaken.

Conclusion

These results indicate, that special intervention techniques have to be developed, it is not sufficient to implement interventions, which effectiveness have been proved in other health care settings. By these results the study can improve the discussion on how to promote the mental health status of our patients.

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Mental health disturbances in somatic health care - Basic data to evaluate the need for intervention

Rainer PAUL

Objective

We have sufficient evidence, that mental health has a strong impact on somatic symptoms. Until now the mental health dimension of health promotion in medical settings has not been sufficiently addressed.

Aim

This study is undertaken to search how important the mental health factor might be in settings of somatic medicine.

Method

614 patients from an inpatient rehabilitation centre for internal and orthopaedic medicine have been monitored with standardized questionnaires concerning depression, anxiety, psychosomatic symptoms and personality disorders.

Results

- 63,8 patients got a psychiatric diagnosis (additionally to somatic diagnosis)
- 77,2 patients suffered from severe psychosomatic symptoms 66,2 patients suffer from severe depressive symptoms
- 31,6 patients high rates in "Emotional Irritability"
- 37,2 patients high rates in "Nervousness"
- Case I: The man, who was not able to mourn (depression with functional disturbances of the vertebra)
- Case II: The woman, who needed to be in close touch with someone (anxiety with functional heart disease)

Conclusion

Results indicate, that patients with somatic disturbances have severe mental health problems, and that intervention for mental health is necessary. It is not sufficient to have somatic focused interventions, but mental health should also be addressed in the process of rehabilitation.

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Session 2-3: Experiences with standards and indicators for HPH

Evaluating HPH initiatives through an organizational accreditation process database to raise the bar on health promotion performance

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

The World Health Organization's "Health Promoting Hospitals" project (WHO-HPH) provides healthcare organizations with the opportunity to assess, measure and evaluate their health promotion strategies and initiatives by using a questionnaire (the WHO-HPH Tool) specifically designed for this purpose. The WHO-HPH Tool, which incorporates five dimensions, aims at improving the quality of services, the work environment, and employees' health.

The McGill University Health Centre (MUHC), which is a Health Promoting Hospital, recently conducted an inventory assessing health promotion initiatives. This presentation describes the measurement and evaluation of health promotion initiatives using the WHO-HPH tool at the MUHC. Using data from the Canadian Council on Health Services Accreditation (CCHSA) questionnaire, results showed that the WHO-HPH tool significantly correlated with the HPH healthy work environment indicators. In addition, the WHO-HPH tool helps decision makers in making decisions regarding health promotion optimization.

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Internal quality assessment of a Health Promoting Hospital - Implementation of standards for health promotion in Central Finland Health Care District

Tiina BLEK, Maria HALLMAN-KEISKOSKI

An official health promotion management policy (Standard 1) is being prepared in the Central Finland Health Care District. As

part of the preparation work, practising nursing students implement a quality assessment study on Patient Standards 2, 3 and 5 by using a self-assessment instrument. At the same time, the students familiarize themselves with health promotion activities in nursing and learn R&D skills. The study is carried out by the Central Finland Health Care District and JAMK University of Applied Sciences as a cooperation project.

The objective of the study is to produce assessment data based on the patient's point of view as well as data for the preparation of the health promotion management policy. An electronic questionnaire based on the WHO (2006) "Implementing health promotion in hospitals. Manual and self-assessment forms" was drawn up for the study. Extra space was reserved for clarifying free-form answers.

Data collection is carried out in every unit of the hospital district (a total of 20 special fields 784 beds), during the period of 9/2008 - 5/2009. During their practical training period, nursing students from JAMK University of Applied Sciences also collect data based on their observations and patient documentation. In addition to quantitative material from the electronic questionnaire, the quality assessment therefore also contains qualitative material which consists of the students' free-form descriptions of the strengths and development needs in the area of health promotion in the various units. At the moment, there are 180 completed questionnaires and 35 written descriptions from students. The quantitative data will be analyzed statistically and the qualitative data by means of content analysis. Each unit included in the study will receive a written summary and, if desired, also oral feedback on the assessment.

Preliminary results and conclusions will be presented at the HPH Conference in Crete.

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Health promotion and HPH standards, regional accreditation and regional prevention plan goals, for cardiovascular diseases: Integrated development in local health units in Emilia Romagna.

Mariella MARTINI, Sara BARUZZO, Antonio CHIARENZA, Renata CINOTTI, Pierluigi LA PORTA, Antonella BONCI

Brief description of project

After years in which the Region and local health units have worked to promote health through specific projects, the time

had now arrived to develop the promotion of health with a view to a system. Starting from HPH Standards, which are quality goals, a decision was taken to include the health promotions in the accreditation system, in implementing goals set out by the regional health prevention programme for cardiovascular disease, for strategic monitoring in terms of epidemiology, healthcare consumption, and social cost.

Aim and Goals

The project's main goal is the definition and use of an operational tool (of self-assessment and external assessment) that can be used to monitor the results of health promotion in regional health boards, especially for the prevention of repeat cases in individuals running cardiovascular disease risks.

Method/Actions

The project was discussed in June 2008 at the conference "HPH Standards and the Quality System". A work group was set up, including representatives of the local health authorities, regional accreditation references, representatives from regional public health service, hospital care and territorial care, coordinated by the Emilia Romagna HPH Network Regional Coordinator. The group defines a checklist that the local health authorities can use to highlight the results achieved in the healthcare promotion and for self-assessment, through regional accreditation visits.

Main target

The main target was made up of people who have already undergone cardiovascular incidents. Assessment of results and conclusions: The first result is the increase in awareness of the importance of health promotion in a system for healthcare organisations, in particular about relevant diseases such as cardiovascular diseases and the prevention of repeat episodes. This allows a greater possibility of influencing the local government in the planning of services, structures and infrastructures for the promotion of health. Initial checks will include the use of a checklist for self-assessment and external assessment.

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The WHO's handbook for the self-assessment in the HPH network of Friuli Venezia Giulia (Italy): An integrated analysis with a particular focus on the psycho-emotional wellbeing.

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The experimentation program has been set up to apply the WHO's handbook for self-assessment to the regional context of Friuli Venezia Giulia (Italy), more in detail, it is aimed to verify the instrument usability together with the possibility to conduct a parallel integrate analysis of the criteria specifically applicable to the psycho-emotional wellbeing. The growing awareness of the high prevalence and of the high burden caused by suffering or disability, urges preventive interventions and not only therapeutic treatments. The literature highlights the importance for preventing the emotional distress in health workers.

According to these evidences, in several Local Health Units of our Region certified professional formation programs have been expedited, the main aim of these trainings consists of providing tools to the management of interpersonal relationships in hospital. The handbook for the self-assessment is an important opportunity for an endorsed structuring of the analysis requirements. Furthermore it allows the endorsement of the best practices in use in the HPH Network of our Region.

The object of the study consists in obtaining a general overview about the psycho-emotional wellbeing in several local health contexts and, consequently, its real feature in respect of patients, healthy workers and citizens. According to this objective, a codification of psycho-emotional wellbeing markers is needed and it should be applied to different health contexts. More in detail, the standards subjected to the integrations are the Numbers 2, 3, and 4 (see the WHO Handbook for the self-assessment).

Results

- The done analysis highlights endorsed needs for the implementation of the Standard 2 in our Region.
- The discussion on the psycho-emotional wellbeing points out several keywords common to all contexts:
 - Emphatic communication
 - Stress management
 - Conflict management
 - Quality in the relationships
- The future way will be oriented to provide training courses for the workers of the different local health units and to code the markers of the psycho-emotional wellbeing.

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HPH implementation and associated competencies

Ann O'RIORDAN

Health Promoting Hospitals and Health Services (HPH) is a settings approach for healthcare organisations to improve the quality of health care, relationship between hospitals and other health services, the community and the environment and the conditions for and satisfaction of patients, relatives and staff.

In connection with the further development of the International HPH Network in 2002, members recognized the need to describe how the principles and overall guidelines for disease prevention and health promotion are implemented at individual hospital level. It is believed that through the use of common standards and performance indicators internal learning processes can be secured.

The value of leadership and coordination were identified within the European Pilot Project on Health Promoting Hospitals (1992 -1997) and further supported by two Irish research projects In 2003 and 2005. The 2003 survey found that hospitals that employed or identified a HPH Coordinator 17 (69) had more health promoting policies and had implement structures to support HPH activity. The 2005 study found that the Coordinator role needs to have not only management support at the outset but continually as there is little point in appointing a Coordinator with no specific remit, access to resources or support.

This presentation will discuss the research findings and the recommendation that suggests that capacity building in key competency areas is required if the criteria set within the HPH standards are to be fulfilled.

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National indicators and regional strategies to improve health promoting activities at Malmö University Hospital

Sven MONTAN, Katarina OSSIANNILSSON, Mona AHLIN, Karin HILFORD, Ellinor BENGTTSSON

Region of Scania is responsible for hospitals and primary health care centers for 1.2 millions inhabitants. The importance of health promotion in all health care sectors is stressed by clear annual missions and regional policies, e.g. membership in the national HPH network is mandatory.

Malmö University Hospital, with about 7200 employees, 1064 beds and 750 000 outpatient visits, is on of the 10 hospitals in the region. A regional and local strategic group is responsible for implementation of national and regional policies. The health promoting strategies has through the last years focused on tobacco, alcohol, physical activity. Education of staff has been followed by the practice of knowledge and evidence based facts upon patients.

During 2008 a special project "Inspiration Health" was started and involved specially designated health promoters at wards and clinics. A "Health Package Tool" to be used by leaders and employees has been distributed presenting what can be offered to improve health among staff. Contact persons on hospital level have been specially designated for giving advice on life-style problems including tobacco, alcohol, physical exercise and nutrition.

Risk consumption of tobacco, alcohol and physical activity and health motivating interventions among patients was recorded in medical records in 2008. Risk consumption of alcohol was registered in 2% of women and 4 % of men. 19% of patients recorded no physical activity. More than 10 000 health promoting interventions were registered in databases.

National indicators, regional policies and local initiatives have inspired our hospital to reach a leading position among health promoting hospitals in Sweden. Successful and less successful indicators and activities will be discussed together with lessons to be learnt from our experiences.

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Session 2-4: Comprehensive implementation of HPH

The quality of the services can improve the quality of patients' life inside and also out hospital

Camelia Gaby TIRON, Graziella BORSATTI, Enrico BURATO, Patrizia CRESCINI

Context

The patient's centrality in the sanitary activity is becoming more than always the way to work and to satisfy the needs of health of the users.

General Aim

Promoting the quality of the sanitary system* through the continuous improvement of the services as resulted by the direct share of the users, it means: empowerment, informing and questioning the patient to make him/her able to participate and to increase the control on the decisions and on the actions that influence the improvement of the sanitary services and therefore also of his/her health.

Operational planning

- The Quality Accreditation and Strategic Control Department - that staff of the Management of the firm- decides to go out of the circle of Office and, one day a month, to develop its activity near one of the 4 Hospital that compose the firm and located in 4 different towns: Asola, Pieve di Coriano, Mantua and Bozzolo for a direct contact with the personnel as well as with the users.
- Administration of questionnaires holds only one question "WHAT YOU SUGGEST?" to the patients / family that will want to participate, with the purpose to find the best solutions together to our lacks.
- Processing the patient's answers with a statistical data every 3 months. The Quality Accreditation and Strategic Control Department analyse the evidences that implement, if possible, on-route the improvements, appraising the feasibility together with the Management of the firm. Half-yearly is required a report of the results of the investigations equipped by the possible proposals / solutions to the Sanitary Management.
- Interviews to the sanitary personnel related to:
 - Working conditions
 - Rights of the dependent worker
 - Possibility of career

Attended Results

- The improvement of the quality of patients' live after the discharge from the hospital and also their educational sanitary level
- The improvement of the interpersonal relationship of the personnel

Results already got on-rout

The collection of the questionnaires administered to the patients is concluded. The following measures of improvement have been defined and implemented, as follows:

- Clinical Audit on the clinical briefcase with the following targets:
 - Nursing planning
 - Sanitary education
 - Empathy and assistance relationship
- Reorganization of the parking lot
- Collaboration with other sanitary company - Crossed Diagnostic Therapeutic layout
- Collaboration with the Associations of volunteering: improvement meals, interpersonal relationship
- Hiring auxiliary personnel: Insertion and education of the new auxiliary operators
- Relationship and sanitary education to the family / patient: it was introduced an obligatory space of the nursing plan on the medical record
- The introduction of shared decisions among protected discharges, domiciliary hospitalization, taken care
- The proposals of the users noticed by the investigation will make text for the layout to Plain of business development 2009 Plain of wait government in 2009 Calculation of the required personnel

Objectives that continue in 2009

- Favoring the creation of a transparent partnership among the patient / city dwellers with the sanitary services, that will help to overcome the critical points of this relationship. Joined initiatives between Associations of patients and Hospital: realization of joined initiatives, that develop themselves particularly:
 - Writing sanitary or practical behavior guide lines
 - Organizing specialist meetings
- The creation of a database on the thematic related to the project through the selection of articles published on scientific magazines concerning experiences of involvement and share of patients and citizens and/or of their associations in physician and sanitary circle.
- Make education of citizens and patients related of the debate on the public health - in subject of search, assistance and sanitary policy in 2009 -2010, because in the hospital they are exposed to a great deal of news on the themes of health without having suitable critical knowledge; this activity is opened also to the secular representatives of the Ethical Committees.

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Systemic interaction between health promotion and quality management in a highly-specialised hospital

Federica MARCHETTI, Michele CRISTOFANO, Stefano GIULIANI, Fabrizio SIMONELLI

Aim

The University Hospital of Pisa represents one of the most relevant and highly-specialised hospitals in Italy. It has a capacity of 1500 beds. It guarantees not only a high quality provision of health care services, but it also wants to assure a patient-oriented action, through the development of an integrated network between both the health promotion programs and the systems of quality management.

Method

- Presence and active participation of a representative of the "Quality Management" Unit in the HPH technical committee.
- Employment and sharing of methods and instruments between health promotion programs and systems of quality management such as: the development of a multidisciplinary and multi-professional working team, problem-solving techniques, identification of criteria, indicators and standards.
- Promotion and dissemination of the organizational change culture and of the continuous improvement.

Results

- Diffusion of the culture of health promotion and of the continuous improvement of quality through the organisation of training for health workers, caregivers and voluntary associations and of citizen protection.
- Improvement of the behaviour of health workers and conflicts reduction of both users and caregivers.
- Integral provision of services for the so-called "fragile patients" through the provision of services in collaboration with territorial structures.
- Elaboration from the HPH working team of:
 - Procedures, guidelines, protocols, instructions for health workers, such as professional and technical support during the development of everyday activities.
 - Brochure and information leaflets dedicated to users and caregivers to support citizen empowerment.

Conclusion

The collaboration between both workers involved in the development of health promotion activities and quality management unit, produced, as an added value, a systematic approach and a wide dissemination in the hospital of shared standards and also the development of good practices that contribute to the enrichment of the working setting, due to alternative solutions.

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Tertiary health promotion in acute care: Decreasing length of stay and cost per case using a holistic approach to care

Susan FRAMPTON

Over three decades ago, the Planetree model of patient-centered care was developed by an Argentinean woman following several traumatic experiences with the traditional Western medical model practiced in North American hospitals. Dedicated to creating a more humanized, demystified and personalized healthcare experience for patients, their families, and healthcare workers, the Planetree model emphasizes delivery of care in a holistic, health promoting manner.

The model is used in a growing network of hospitals in the United States, Canada, the Netherlands, Japan and Brazil. Increasingly, hospitals using the model have conducted research and evaluation projects to document their efforts at changing hospital culture from a focus on curing, to a focus on curing, healing and promoting health. Recent studies have included trend analyses of extensive patient and staff focus group data, controlled randomized comparisons of clinical outcomes for in-patient populations, and comparative analyses of patient experience data using a standardized national database.

In this presentation, the results of these recent research and evaluation projects focused on the impact of the Planetree model on patient outcomes will be presented. Key elements of the model necessary to achieve these outcomes will be explored, along with strategies for creating and maintaining a more patient-centered approach in the acute care setting. The importance of cooperation between not only different health care providers, but the patients themselves and members of their social support networks will be discussed.

The philosophies of "patient empowerment" and "team-based care" in the context of a patient-centered, holistic care setting will be explored.

Successful examples of practices that both encourage and help establish these fundamental concepts will be provided. Finally, the changing roles of patients, family members, friends and volunteers in healthcare systems in the 21st century and the potential impact this may have on growing shortages of healthcare workers will be discussed.

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The prevention paradox

Rudi GASSER, Fiona LANDGREN

As the burden of chronic disease continues to grow world-wide, the role of health promotion is increasingly important. Yet the challenge remains to optimise our impact by ensuring the large number of people at small - moderate risk, are not overlooked in our efforts to manage the small number at high risk.

Integration of health promotion is therefore the target, but what does it mean in practice? At a hospital or health service level, efforts to integrate health promotion can result in the establishment of a separate department focussed on implementing health promotion programs throughout the service. Whilst such departments provide much needed expertise within the health service, and may deliver useful programs, there are a number of limitations. In particular the programs are, by their nature largely "add-ons" and rarely integrate interventions into clinical care on an ongoing basis.

At Barwon Health, efforts to ensure smoking cessation is addressed by all clinicians as a part of routine care have been a natural progression of the SmokeFree environment. These efforts have been met by the usual barriers - lack of clinician time, conflicting clinical priorities, lack of clinician skill, fear of upsetting clients, and reluctance to address a notoriously difficult and sensitive issue. But these challenges have been met through a systematic approach including: tailored training in short intervention for clinicians across a number of specialist areas e.g. diabetes, elective surgery, mental health, standardised documentation and system support, generic management protocols, and ongoing information support and networking opportunities for clinicians.

This paper will present results to date of a 12 month pilot project and provide reflections on the future of health promotion in the hospital setting.

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The systemic implementation of Health Promoting Hospital-comprehensive organizational approach

Sou-Hsin CHIEN, Chin-Lon LIN, Ming-Nan LIN

Introduction

The Buddhist Dalin Tzu-Chi General Hospital, a 1,000 modern bed hospital in southern Taiwan, based on the founding principle of "Respect for life, Patient-centered medical care", has

been committed to provide community-oriented, high quality medical care in this rural area, since its opening in the year 2000. To increase the efficiency and effectiveness of implementing the concepts of health promoting hospital (HPH), a systemic and comprehensive organizational approach is essential.

Objective

The study aims to present a comprehensive organizational approach in implementing a HPH.

Strategy

We incorporated the concepts of health promotion into our mission statement, strategy, and goal. We invited international and domestic experts to visit our site and give advice as how to best implement our program. We hold monthly meetings to discuss how we can better implement health-promoting activities. We divided into four subgroups, environment, staff, patient and community and each group held addition meetings to assess current situation and discuss ways to promote health in each area. Each subgroup reports to the central committee and outlines the health promoting programs, time schedules for implementation and the results of such activities when they become available. Interdepartmental coordination is important. Through concerted efforts, constant learning process, discussion and sharing of our experiences, we created an atmosphere of commitment among our staff, patients, families and throughout the entire community.

Result

There are a few process outcomes: establishment of the vision, policy, and interdepartmental committee, financial support, monthly meeting, and increased staff participation in Health Promotion. Outcomes of different groups will be reported separately.

Conclusion

Most hospitals carry out health promoting activities through issue or problem oriented approach, however, a hospital-wide and systemic approach like ours through assessing the needs in different areas and designing health-promoting programs to meet the needs can be very rewarding.

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Session 2-5: Implementing Smoke-Free Health Services (I)

Enhancing population health via a totally smokefree environment

Kirstan CORBEN

Alfred Health is a leading health service within Australia consistently recognised for advancing the quality and effectiveness of healthcare within acute, subacute and community settings. Alfred Health provides care for more than 1.5 million people annually and employs more than 7000 staff (Alfred Health 2008).

Tobacco control is a key health promotion priority within Victoria (Victorian Government 2008) and increasingly, communities are supporting smokefree environments (QUIT 2006). Alfred Health became a "totally smokefree" environment within the property boundaries of its three main campuses: The Alfred, Caulfield Hospital, and Sandringham Hospital, in May 2008.

The "Totally Smokefree" Initiative:

Adoption of a health promotion framework supported the following strategies:

- Comprehensive stakeholder communication, consultation and participation strategies
- Smoking cessation support for patients and employees
- Environmental changes such as installation of signage and cigarette butt disposal units
- Implementation of an organisational public policy

Aspects of the project were tailored to meet the needs of specific population groups including those accessing psychiatry services and HIV care.

Key evaluation outcomes six months following the introduction of "totally smokefree" include:

- 81% of employees feel very positive or positive regarding "totally smokefree"
- Policy compliance levels perceived as moderate (51%) or high (23%)
- Reduced incidence of aggressive situations relating to smoking
- Increased availability and uptake of smoking cessation support by patients and employees
- 5% increase in employee smoking cessation rates and 12% reduction in the rates of heavy smoking (20-40 cigarettes per day)

Alfred Health's "totally smokefree" initiative has contributed significantly to improving population health and highlights the potential for such organisational action to support the effectiveness of broad tobacco control strategies. Widespread awareness regarding the policy purpose and rationale, and available smoking cessation supports have greatly assisted Alfred Health patients and employees to adapt to the expectations of a "totally smokefree" hospital environment.

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No more smoke

Johanne ROY, Daniel DUBÉ

Hôpital du Sacré-Coeur de Montréal (HSCM) was founded in 1898. Sacré-Coeur is a major regional teaching hospital affiliated with the Université de Montréal. It provides general and specialized care, regional hyperbaric services and tertiary trauma care center and is a hub of teaching and research.

The Hospital's mission is to provide high-quality medical services to residents of the northwestern part of the Island of Montréal and surroundings. The Hospital's areas of specialization include traumatology, orthopedics, cardiovascular diseases, respiratory diseases and mental health.

The respiratory diseases is a major service for HSCM because was build as sanatorium close the Rivière des Prairies. The main "clientele" was suffering from tuberculosis. With the years, the medical staff and the multidisciplinary team develop a real expertise for respiratory diseases or dysfunctions. For this team, it was a real concern to sensibly the patients, their families and the staff about quitting smoking.

Since the last two years many activities were done:

- 2007, January: HSCM subscribed: Défi "J'arrête, j'y gagne"
- 2007, May: Projet de cessation tabagique pour la clientèle hospitalisée (Quit smoking program for the in-patient)
- 2007, June: The program was extended to the staff and was repeated every 3 months

Quit smoking it's the best thing to improve life and health. HSCM has the same goals: improving life and health of their patients and staff. Since 2007, a full time nurse was hired for helping patients and their families to quit smoking (actually she's working with the pregnant women) and 51 employees joined the program.

We realize with determination and support we are able to help people to stop smoking, Group's meeting, only, it's not enough, support by professionals is very important. We are planning to be considering as Hôpital sans fume.

At this point, our program its well knows in the Montreal area and its success. The Human resources department received many phone calls and our project it's spread out.

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"Quit Smoking": A standardized health promoting initiative for patients, relatives, and personnel

Birka EHLERS, Daniela ZACHARIAS, Johannes ALBES, Birgit PILZ, Elimar BRANDT

Background

As member of the Smoke-Free Hospitals Network our institution developed a standardized panel of information events, counselling offers as well as therapeutic interventions to quit smoking. This initiative is meant for patients and staff members. We report on our experience with development and maintenance of this strategy.

Methods

A structured strategy to empower staff members, patients, and relatives to quit smoking was embedded in the Balanced Scorecard as component of the WHO-HPH-strategy: Comprehensive Patient Orientation for Highest Possible Health Benefit, which was implemented in our hospital several years ago. The strategic target was to adjust the medical history in order to meet the requirements of standard 2 of the WHO-strategy for health promotion in a systematic fashion.

The program was started in 2007. During initial contact patients are asked whether information or counselling concerning smoking, alcohol, other drugs or habits are desired. Patients are then advised by a psychologist and a trained nurse. In case of further demand patients receive psychological counselling/intervention or are conveyed to other institutions. Staff members were motivated to participate in the program.

Results

61 patients have participated in the program. 57 patients received psychological counselling/intervention, 1 patient was conveyed to another institution. 10 staff members participated in the program, mainly looking after counselling services. Consecutive staff member and patient surveys showed an exceptionally high level of acceptance of the program.

Conclusion

Standardized and comprehensive offers for smokers to quit their habit generate high acceptance by patients and staff members. Owing to the nature of the habit, a direct effect of the program regarding a statistically proven sustainable reduction of smoking among patients and staff members will remain elusive. However, patients and staff members gain confidence to quit smoking and show a positive attitude towards an institution providing these services.

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Smoke-free hospital-experience of setting change approach (healthy stairway) in Buddhist DaLin TzuChi General Hospital in Taiwan

Chun-Yen HOU, Ming-Nan LIN, Yi-Ling LAI, Chun-Po CHEN

Introduction

As a health promoting hospital, Buddhist Dalin Tzu Chi General Hospital committed to create a smoke-free environment for the patients, families, hospital staffs and the community. We use, according to the Ottawa Charter for health promotion, multi-strategic (five action areas) approach to make the hospital smoke free. Besides adopting the "Policy on Non-Recruitment of Smokers" of WHO in 2006 for the employees as our policy, providing smoking cessation programs for smokers to develop personal skills, cooperated with community organizations to strength on our community actions and re-oriented our health services to include smoking cessation clinics, we would like to share our setting approaches for creating a smoke-free hospital.

Methods

For tobacco use, we should create non-friendly environment for smoking and positive environment for quitting smoking. Before we enforced the environmental change, we investigated the whole hospital environment and found that stairway, skyline garden and the front gate of the hospital had many cigarette butts.

Because our hospital is a 13 floor building, people use elevators rather than stairway. We changed the stairway by decorating with beautiful pictures and provided information about health promotion at every stair corners. There are totally 260 steps along the stairway, we calculated the calories consumed for climbing the steps and encouraged our staffs and patients to use the stairs. We named it "healthy stairway" and announced it in many occasions to our staffs. We also installed with a counting system to calculate and rewarded the staffs who use the stairway a lot.

Result

Since the implementation of the "healthy stairway", the cigarette butts in the stairs decreased to almost zero because it is no longer a place friendly for smokers. Besides, the physical fitness and awareness of the health promotion concept also improved among our staff members.

Conclusion

Multi-strategic approach to create a smoke-free hospital is helpful. Setting change can provide a sound support for it.

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Confessions of a smoke-free campus policy in an Irish teaching hospital

Denise COMERFORD, Kirsten DOHERTY, Irene GILROY, Anna CLARKE, Leslie DALY, Patricia FITZPATRICK, Veronica O'NEILL, Dony PHILIP, Carol PYE, Vivien REID, Brenda WHITESIDE, Cecily KELLEHER

Ireland became the first country in the world to ban indoor, but not outdoor, smoking in work-places in March 2004. Outright site bans in healthcare facilities have been attempted in other countries, with mixed results. This paper describes the process of implementation of an outright campus site ban at our teaching hospital in January 2009.

Surveillance data on patient and staff smoking rates are available since 1997. In 2006, 52% of staff and 59% of patients agreed with the proposal to implement a smoke-free campus, with 75% of staff agreeing to support it if implemented. The intention to implement a ban from 1st January 2009 was announced in May 2008. Inter-disciplinary steering and implementation groups were established.

A comprehensive smoke-free policy was developed and adopted, which addressed procedural and disciplinary issues and was communicated to patients, staff and community health services. The process was centred on training staff in patient management, including dealing with sensitive patient scenarios and in smoking management programmes for staff.

In month one, there was very high observed compliance by staff and patients and no official written complaints received. Overall, 120 minor incidents of patients breaching the policy were recorded, 75% of these from the Psychiatric unit, declining week on week. These represent recurring incidents by a small number of patients, one in particular accounting for 17 incidents, including retreating to the church confessional box to smoke. These are smokers who need intensive and compassionate management, justifying the investment in patient scenario training. The use of nicotine replacement products has increased, as has the number of staff seeking support from the smoking advice service.

A well-developed smoking cessation and management service is an essential component of a smoke-free campus policy, as is adequate consultation and evidence of support. Four month auditing outcomes will be presented.

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Session 3-1: Health promotion for cardiovascular patients: International experiences

German cardiovascular preventive study, GCP - Sustainability of preventive measures?

Klaus D. HÜLLEMANN

GCP was sponsored by the German Government as the most important project in the health research program. This is the largest ever German and European study of people living at the community level. GCP is a multicenter research project. In order to attain long-range stable establishment of preventive measures, GCP integrates diverse points of approach into the concept of complementary measures at the community level. This takes into consideration the interrelationships between the known risk factors in various sectors of the population's daily life.

Specific aims

Reduction of cardiovascular mortality; decrease cardiovascular risk factors; improvement of health-related knowledge, attitudes and modes of behaviour; expansion and improvement of preventive provisions and their utilization within the community; development as well as implementation of an effective community oriented preventive program which can autonomously continued by the study communities after the intervention period initiated by the GCP has ended; transferability of the program to other communities. Only preventive measures which are integrated in preexisting major structures gained sustainability, e.g. outpatient heart clubs.

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The cardiovascular health promotion in the community

Dolors JUVINYA, Neus BRUGADA, Carme BERTRAN, David BALLESTER, Josep OLIVET, Alme DOMINGO, Jordi DOLTRA, Concepció FUENTES, Alicia BALTASAR, Rosa SUÑER

Nobody argues today that one of the most frequent causes of high mortality is the cardiovascular diseases. To prevent them

since more than 6 years ago, the Nursing Faculty of the University of Girona (Spain) organized in the city a week of activities on health promotion and prevention about this type of pathologies, in which the students of nursing are the key agents.

Goals

Making aware in the risk population of the arterial hypertension, to promote the blood pressure control to healthy persons as well as to the sick ones, to introduce the risk factors and measures of prevention in the population, to identify the most frequent errors related with the lifestyle and giving the students competences for working with the community.

Methodology

Design of a program of community intervention that takes place in a centric part of the city where students makes the measurement of the MT, IMC, and the cardiovascular risk is carried out using the REGICOR tables. They also revise the diet, the consumption of tobacco, and the physical activity. From the analysis of these parameters they make themselves the health advices.

Results

In the last five years 841 persons have participated in the program, the average of age was from 50 to 59 years, 60% were women, 56% presented normal values of arterial pressure, 80% have taken the arterial pressure in the last five months. The number of non smokers is upper than 80%, 50% do not make physical activity and they mostly make a correct diet.

Conclusions

The participation success has been good and it confirms the importance of the approach to people and, at the same time, it facilitates the acquisition of competences in the area of the communication and the health attention process to the students of infirmity.

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Research concerning cardiac secondary prevention in Belgium hospitals

Jacques DUMONT, Caroline MONTOSY, Suzy VEREECKEN

Between May 2008 and April 2009 the Erasmus hospital (coordinator of the HPH network in the French part of Belgium) has conducted a complete research focused on the hospital role in cardiac secondary prevention (mainly obesity, but also tobacco control, physical activity, ...).

This research was founded by the Federal service public health. The process include: survey on the existing process in all the Belgian hospitals (total = 106), quality-survey on the professional perceptions of their preventive role, proposition of a step-by-step intervention procedure, training in motivational interviewing, communication tools, website ...

The collaboration with the first line and the other care providers is also developed. We will present all the process, the main results and the specific tools created for these project. The main objective of this project is to develop systematic and specific awareness procedure against cardiovascular diseases for the patients. Empowerment and holistic approach are privileged.

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SALVA (Save All Lives Via ABC) first year experience

Sergio MORRA, Barbara DE TOFFOL, Paola FASSINI, Riccardo GIUDICI, Silvia PAGANINI, Virginia PORTA, Luisa SANTAMBROGIO, Diego SGAMMA, Federico VALDAMBRINI, Danilo RADRIZZANI

About 500000 die every year in EC for sudden cardiac arrest. Survival and disability depend by a rapid cardiopulmonary resuscitation (CPR). In case of out of hospital cardiac arrest the success of resuscitation and the survival till discharge can be less than 1%.

Bystander CPR substantially improves these figures, leading to one year survival up to 9%. Bystander CPR is rarely applied (<5% in Italy) due to lack of knowledge and expertise. In accordance with the country school district and health department we started an experimental project for diffusing the CPR technique in our hospital area.

The project will last five years. An initial and subsequently a refresh course (two years later) will be given to all students of secondary schools of the area (about 20% of active population). Either the efficacy of our teaching program or the effectiveness on survival rate after cardiac arrest will be measured. Here we are reporting the first year data regarding the performance at the final test and to a further evaluation after 1 year.

The test evaluates the performance of 15 items according to international guidelines. Five items are considered to be crucial errors (CE). Among CE three were considered the focus of our program (on focus errors-OFE).

Global performance at first evaluation was quite good with about 90% free of CE/OFE. Being at the beginning of 2nd year

we have re-evaluated only 25% of the students, we noted a worsening of performance in both severe and OFE, fortunately OFE was a little bit better than CE. This enforce our program of refreshing in order to reach our goal to improve outcomes of medical care by educating citizens to actively participate to the rescue chain

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Ways to change eating habits in a network by a sustainable health promotion initiated in a hospital

Ulrich HILDEBRANDT, Klaus UNDEUTSCH, Eberhard VOLGER

The 1999 published Lyon Heart Study demonstrated that Mediterranean diet can reduce mortality after myocardial infarction by 60 %. Therefore it is only logical to introduce this kind of diet for prevention and therapy in the hospital. After initial resistance of the head cook and the hospital administration the medical team was successful to convince both partners. As a result as one of the first hospitals in Germany we offer a daily Mediterranean menu beside the conventional food since 2003.

The change of the kitchen was so successful that the Bavarian Ministry of Health awarded our hospital the 2nd price in a competition among 70 hospitals. Motivated by this success we were able to inspire several hospitals in Bavaria to introduce the Mediterranean diet as well. Additionally we support the Deutsche Herzstiftung, one of the biggest organizations for heart patients in Europe, in their endeavors to develop the Mediterranean kitchen as one of their most important health promoting activity.

Since 2003 members of our hospital team organize twice a year so called Gesundheitswochen ("Health-Weeks") for heart patients in Chersonnisos on Crete with Mediterranean diet as topic. So far we had more than 700 participants. We developed a medical reference book about this nutrition with more than 300 pages. So far it was sold more than 30.000 times in Germany.

Subsequently we trained dietitians of the Volkshochschule Bayern, a big organization in the sector of adult education. They will start 2009 Mediterranean cooking lectures. Currently we are in the process in developing a cooperation with the consulate of Greece to support hospitals in obtaining biological top quality food from Crete.

This presentation will give an overview about difficulties and chances of introducing a healthy nutrition.

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Session 3-2: Improving patients' health by information and education

Future of family planning services among people living with HIV/AIDS (PLHIV) in Thailand

Nanta AUMKUL, Pornsinee AMORNWICHET

Family planning (FP) is very essential for PLHIV to prevent unintended pregnancy. However, the increasing number of HIV+ women having unintended pregnancies is an indication of a gap in FP services.

Attitudes of health personnel and PLHIV have been analyzed to identify motivators and barriers of FP. The DOH studied the readiness of health personnel toward providing FP services to PLHIV in relevant clinics. The study measured attitude toward FP services among PLHIV leaders, clinic counselors, and supervisors of PLHIV groups.

The results from the study found that every hospital provides FP services to PLHIV without discrimination. Of the total FP caseload of PLHIV, 45.8% were referred from the ARV clinic. Among all FP clients only 0.4% of all FP acceptors were HIV-infected. One-fourth of providers at both reproductive health and ARV clinics felt uncomfortable in providing contraceptive services to PLHIV because of lack of knowledge about HIV/AIDS, drug interaction between ARV and contraceptive methods. All service providers said they were willing to provide services to PLHIV if they had proper knowledge.

Most PLHIV in the study said that they would have preferred to delay pregnancy, but lacked adequate knowledge of contraception and felt more comfortable to discuss FP decisions in basic terms with other PLHIV first. Health personnel and PLHIV felt that success is due to having a positive attitude toward PLHIV and FP. Improvement of quality of life of PLHIV can be achieved by promoting voluntary contraception with well trained FP staff and PLHIV leaders.

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Results of an evaluation of the health literacy environment in Catalan hos- pitals

Oana GRÖNE, Cristina INIESTA BLASCO, Manel SANTIÑA, Nuria SERRALLONGA, Marisa SERRA, Rosa SIMÓN, Dolors COROMINAS, Rosa SUNYER, Dolors JUVINYA, Jesus ESTEVE, Jordi MAURI, Mariona GRAU

Context

Communicating better with patients, making sure that health messages are well understood and making health centres easy to navigate are some of the challenges of the health literacy environment that are associated with frustration, inefficiency, lack of empowerment and poor health outcomes.

Objective

To evaluate the health literacy environment in Catalan Hospitals by a) assessing the navigation in hospitals of the Catalan HPH network and b) assessing written communication (such as informed consent and patient education materials) for key health care processes.

Methodology

For the assessment of the navigation system we used standardized ratings based on internal self-assessment and external participant observation. For the assessment of the written communication we applied specific health literacy assessment tools such as SAM, INFLEZS, PMOSE/IKIRSCH and the Plain Word Technique to patient information material for the following conditions: deliveries and cataract surgery.

Setting

Hospitals in Catalonia (all of them members of the Catalan HPH network).

Participants

Project coordinator and hospitals representatives (manager, quality care directors, client service directors).

Results

We evaluated the navigation in eight hospitals using standardized ratings and external observation. While the evaluation identified many good practices, areas that would benefit from improvement were also identified. In many cases signs and other navigation elements did not facilitate orientation for both hospital staff and patients and their families.

Regarding written communication, the assessment yielded that information material, in particular informed consent forms, required a high educational and health literacy level. The as-

Parallel Sessions

Parallel Sessions 3: Friday, May 8, 2009, 11.00-12.30

assessment tools applied are appropriate to identify concrete improvements in wording, style and layout.

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Health literacy: A challenge for the quality of care of the Reggio Emilia Health Authority (REHA)

Danilo ORLANDINI, Manuela PREDIERI, Daniela RICCÀ, Corrado RUOZI, Sara BARUZZO, Antonio CHIARENZA, Pietro RAGNI, Mariella MARTINI

In the 2003 people survey ALL (Adult Literacy and Life-skills Survey), Italy was in last place among the 6 participating nations by level of citizens' literacy. In everyday life, adults with low literacy levels face the same challenges as literary competent subjects, particularly when contacting a health care organization as they do not have the skills needed to discover and understand information about health, most materials for health promotion are intended for a high level of reading.

Health literacy (HL) is an important strategy for empowerment, and the skills (reading, writing, arithmetic, talking and listening, having enough basic information) increase the ability to make choices that impact positively on their health in everyday life. Physicians and nurses do not realize the degree to which illiteracy reduces their chances of providing effective care to their patients, the same overwhelming majority received no training in (HL).

The goal of the REHA is that both individuals and society are aware of the problems of HL, in order to promote information and training regarding health issues, and social and cultural factors. A specific objective of the health care system is to create lasting and collective solutions that have a positive impact on the health and welfare of people with low literacy levels.

The healthcare operators are involved in actions:

- To give somebody the task of being the HL manager of his/her health care unit
- Training of the health authority expert board, in order to define and manage the health authority's strategy
- Training of the HL managers of the health care units
- Collection and documentation of the written or verbal tools used by the health care units

It is not to design and implement a "project" but to create favourable conditions across all projects and services.

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Therapeutic patient education as an important empowerment factor of health promotion - Continuing health care for patients with respiratory diseases and their caregivers

Luciana TRABALLONI, Monia PASQUINI, Lucia LUPETTI, Stefania BROGI, Sabrina BIANCHINI, Barbara BIANCHINI, Nicolino AMBROSINO, Michele CRISTOFANO, Monica SCATENI

Backgrounds

Educational programs are important tools in short- and long-term treatment of chronic respiratory diseases both in hospital and home settings. Several educational models are increasingly proposed in order to fulfil patients and care-givers' needs with the aim of symptom control and development of skills to manage drug and instrumental therapy.

Aim

The aim is to develop an educational model for Long-term treatment of respiratory diseases, in the frame of the "Integrated Hospital-Home Care - Health Promoting Hospitals Project", in order to improve patients' quality of life, reduce outpatient clinics and inappropriate hospital admissions.

Methods

We have created an articulated planning with several steps including setting up of an interdisciplinary Task Force, program planning, submission of program to administrative offices, educational methodology and communication training of hospital and home health professionals, production of several documents such as prescribed documents, therapeutic education plans and pamphlets. Sharing documents, validation of the therapeutic education plans, assessment of expected outcomes will be next actions.

Results

We produced Educational Tools and performed Continuous Educational sessions dealing with Chronic Respiratory Failure due to Chronic Obstructive Pulmonary Disease and Neuromuscular Diseases, like Amyotrophic Lateral Sclerosis, inhalation techniques, long-term oxygen therapy, non invasive and invasive mechanical ventilation, tracheostomy problems, percutaneous endoscopic gastrostomy, thoracic drainage.

Conclusions and practice implications

We describe a new therapeutic education interdisciplinary program aimed at improve theoretical and practical skills of

patients and care-givers attending outpatients clinics or discharged from the hospital wards.

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What do people think about a health consultation when staying in the hospital?

Nils UNDRITZ

National and regional HPH-Networks and their members are making a lot of effort to develop health promotion for staff and patients. They are also trying to convince the government to support them. But can they prove that the people are ready for health consultation when staying as patients in the hospital? As politicians depend on the public opinion, it is necessary to give them an answer to this question.

The Swiss Network of health promotion hospitals has mandated a professional institute to organize an opinion poll throughout the population to know more about this question. The paper would present the results. It is interesting for other countries to know that the results in Switzerland are rather different from one linguistic region to another (German, French, Italian).

The opinion poll looked at the preferences for various health consultation themes like physical activity, stress or nutrition. It is helpful for the marketing to know more about these preferences. The poll gives important feedback to a network and its members on how to engage politicians in discussion in order to obtain more support.

The presentation then develops the argument of why it is efficient to use the hospital-setting for health promotion and it shows what important impact the poll has had in the Swiss context.

Furthermore the presentation will stress the realistic possibilities and limits of hospitals and services in health promotion and the necessity to link with other sectors of health service. Finally it develops a model showing of how to reorganize services in the hospitals for a stronger health promotion service to the population.

The presentation highlights the results of ten years of activity of the Swiss HPH-Network which is celebrating its anniversary this year.

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Session 3-3:

Improving cultural competence in Health Promoting Health Services

Irish national intercultural hospitals initiative: A partnership approach to developing a new multi lingual aid for acute hospitals

Ann O'RIORDAN, Laura MCHUGH, Fiona FALVEY, Rosemary ORR

The National Intercultural Hospitals Initiative (NIHI) was established in 2005 following the completion of the European Migrant Friendly Hospitals pilot project. It was established as a method of implementing the recommendations from the Migrant Friendly Hospital (MFH) project in the Irish context. A NIHI Monitoring Group was established in 2005 and recruited nine hospitals to participate in the NIHI pilot project.

The NIHI aims include:

- To build on the experiences gained within the MFH
- Support the dissemination of information
- Stimulate new collaborations and ideas
- Contribute to MFH European Task Force

The nine hospitals carried out a local needs assessment, all of which identified the sub-project "Improving Interpretation in Clinical Communication" as a first priority. The assessment also indicated that a resource was necessary to guide hospitals in the issue of interpreting. As a result all participating hospitals agreed to contribute to the development of a generic national Interpreter Resource Folder for use within the hospital setting.

Partnership Working

Partnerships as a methodology for promoting health have been recommended since the Health For All movement began in 1978 (World Health Organisation, 1978). Evidence shows that partnerships lead to better services and better outcomes in this area. Since its inception, the NIHI has established successful partnerships with nine hospitals, the HSE Social Inclusion Care Group, the university sector and the NGO sector in Ireland, all working towards the common goal of improving the provision of hospital services for patients in Irish hospitals.

This presentation will address the outcomes of this partnership to date which include:

Parallel Sessions

Parallel Sessions 3: Friday, May 8, 2009, 11.00-12.30

- Production of a resource folder on interpreting services
- Collaborative working to disseminate the resource folder, including training for participants
- Evaluation of the resource folder
- Sharing of information with national Procurement department regarding national tender for interpreting services

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The migrant friendly hospital project in Aosta Valley, Italy

Giorgio GALLI, Giuseppe VILLANI, Anna CASTIGLION, Patrizia PETEY

Aosta Valley is a small region with 120.000 inhabitants and, from the last ten years, with an increasing number of immigrants. In 1993 the regular immigrants extra EU were 770, while in 2007 they were 7500 (6,25% of the total population) plus the number of the illegal immigrants that is unknown. Migrant Friendly Hospital project started in Aosta Valley Health Agency at the beginning of 2000, with an information point to reply at the growing demand of health assistance by immigrants, often without a residence permit.

Since December 2000, a medical surgery of basic cares only for immigrants illegal or waiting for the residence permit has been set up. Doctors working in this surgery, open one day a week, can prescribe clinical tests, specialist examinations and medicines. In 2003, intercultural mediators - with the function of "bridge" between the health system and the foreign people - start to work in the hospital and in the territorial health facilities too, to support in several ways immigrants belonging to different cultures. In addition, a guide dealing with health services for immigrants was translated in many languages and distributed.

A project, led by a medical anthropologist, for the comprehension of pain of the immigrants, connected to the cognitive and emotional issues, began in 2004 and involved different hospital services: First Aid, Rehabilitation, Oncology, Paediatrics and Analgesic Therapy. The book "Diseases and health in medical anthropology" was published in 2005. In 2007 and 2008 training classes, with the guide of intercultural mediators, were addressed to doctors and nurses of the hospital with the aim of improving the relationships with immigrants and getting the better of the linguistic and cultural diversity, as well as reducing expenses for Aosta Valley Health Agency.

Finally, in the middle of 2009, will start a seminar addressed to doctors and nurses dealing with transculture, as a starting point of the necessary cultural changing process towards immigrants, that must concern the organisation at all.

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A journey for cultural competence in an Irish acute care paediatric hospital

Mona BAKER, Lucy NUGENT, Grainne DOWDALL, Alison WALLACE

The Children's University Hospital (CUH) is a 135-bedded city centre acute tertiary paediatric hospital serving a catchment area of the capital, Dublin's North City and County comprising of 250,000 children up to 15 years of age from 60 ethnic groupings. In addition to secondary care we provide services on a national level eg National Centre for Inherited Metabolic Disorders, Craniofacial Surgery, Neurosurgery etc. Our multidisciplinary staff of 1,100 originate from 42 different countries.

In response to the changing needs of our patients and staff our Diversity Committee was established in 2000 which comprises a multidisciplinary group of staff. Diversity has been adopted by all staff who are dedicated to ensuring that the time spent by each patient and their family in CUH is eased by the fact that their cultural and diverse needs are not only met but embraced as an opportunity for all of us to learn from each other.

The many achievements of our Diversity Committee include the procurement of funding for Diversity Projects from the Health Service Executive based on our previous Diversity Work. CUH is a pilot site for the national ethnic identifier project. Winning a national innovation award has also placed CUH high in the rankings of recognition as a paediatric centre of excellence committed to meeting the needs of all of our patients in the areas of health, culture and language. Other initiatives include pictorial signage for non-English speaking visitors to the hospital, an annual minority health forum and many other dynamic achievements which are described in our presentation.

Looking forward, we plan to continue embedding cultural awareness into our organisation with on going training for all staff. The expansion of translation of health promotion information is one of our priorities as well as the use of computer interactions to pass on health information without the need for language.

CUH will be continuing our journey along the road of Cultural Competence and we look forward to the continued support of both the national and international communities.

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Optimising health promotion education within a culturally diverse environment: The case of a pediatric hospital

Stephane TIMOTHEE, Marie SERDYNSKA, Charles SOUNAN, Marie-Claire RICHER, Ann LYNCH

This presentation describes the contribution of a sociocultural program in health promotion education in a major pediatric hospital, the Montreal Children Hospital (MCH). Implemented in 1986, the program was unique in Canada and even now the MCH is one of few hospitals across Canada providing linguistic and cultural interpretation and support. This includes transcultural health education and library services oriented to healthcare professionals working with patients and families from diverse cultural and linguistic backgrounds.

Results of program evaluation conducted recently show that the sociocultural program has a positive impact on healthcare improvement among diverse groups. By providing a bridge between patients and families and healthcare professionals, the program is an indispensable mediator in addressing the needs for health promotion education taking into consideration biases, health inequities, and barriers to services, cultural communication styles and cultural context.

Using these types of sociocultural consultations and interpretation services to promote health among diverse communities is not only proactive, it is a positive step forward in developing healthcare access and ensuring the MCH is a culturally competent hospital and a leader in health promotion for children and adolescents.

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Barriers and facilitators to culturally competent maternity care in Scotland, UK

Judith SIM, Yvonne GREIG, Dermot GORMAN, Susan KEY, Sandra SMITH, Michele DAVIDSON

This presentation will describe work in progress which aims to explore the barriers and facilitators to culturally competent maternity care in Lothian, Scotland. The research aims to address an identified gap in UK evidence on ethnicity and health. Whilst British National Health Service (NHS) legislation, policy and guidance highlight the importance of culturally competent care, there is little research on how NHS staff understand this, nor on how their training and institutional and everyday practical contexts in which they work shape their ability to provide it.

The current research investigates this through a qualitative exploration of the experiences of maternity care staff caring for those whose nationality or ethnic and cultural backgrounds are different from their own. This has been designed to build on and address specific questions arising from a review of an emerging body of literature exploring the how UK NHS staff and those in 'UK like' countries understand cultural competence, and the issues that arise when they attempt to put these understandings into practice.

The first part of the presentation will outline key findings from this review which, in the light of little material specific to maternity care, extended into the fields of palliative care and General Practice, highlighting how attempts to base practice on over-rigid models of cultural competence can give rise to confusion and can disempower staff.

The second part of the presentation will outline interim findings from qualitative interviews with a range of NHS maternity care staff exploring their understandings of cultural competence, and in particular the occupational and institutional issues constrain or enable their abilities to 'be' culturally competent.

The research encompasses a greater range of staff than have previously been investigated in the UK, including midwifery and medical staff of different grades, physiotherapists, ultrasonographers and domestic staff. Differences between community and hospital-based staff and those of different occupations will be highlighted.

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Session 3-4: Health promoting psychiatric health services

Psycho oncology in the interdisciplinary tumorcenter -Critical evaluation by a non-psycho oncologist

Bernhard HENNING, Susanne ERNST-BEHN

The roots of the psycho oncology originate in the USA. In Germany there was a first workshop for psycho oncology interested in 1979 followed by the foundation of the German working group for psychosocial oncology as a multiprofessional union (doctors, psychologists, social workers, clericalists, physical therapists etc.) in 1983. Further on, the working group for psycho oncology was established within the German cancer society.

Various organisations offer differing continuing education as a psycho oncologist. Even though psycho oncologists are not able to charge statutory health service funds for their services, they are demanded for the certification of the German Tumorcenters (such as intestinal, breast, prostate center). Practical experience with patients in an interdisciplinary Tumorcenter shows, that for all professions a discussion with psycho oncological further educational content is meaningful and enriching. Especially psycho oncologically experienced therapists apply the manifold options of the multidisciplinary to the patients benefit.

The occupational image of a psychologist cannot be substituted by other occupational groups when regular existential borderline experiences need to be accompanied. According to our experience, facilities are well advised if they enable their therapeutic teams psycho oncological further education, the psychologist should hereby not be considered to be replaceable.

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Psychiatric consultation as a part of the collaborative care in cancer patients

Hai HO, Ming-Nan LIN, Yu-Chieh SU, Sou-Hsin CHIEN, Chin-Lon LIN

Objective

The purpose of the study was, through analysing data from psychiatric consultation, to introduce the collaborative team work services provided for cancer patients in a general hospital in Taiwan.

Methods

Samples included all cancer patients receiving psychiatric consultation from April 1st to December 31st 2008 (a whole-year data will be presented at conference), during the period the whole consultation work done by the first author. Information including demographic data, main reasons for consultation, main medical diagnoses, previous psychiatric treatment history, psychiatric diagnosis on consultation, and treatment suggestions are analysed statistically using SPSS. Information concerning with the collaborative team is cited from the organization manual provided by the hospital.

Results

Seventy-four cases were included, with more male (81.1%), age 19~86, mean age 56 ± 15 . The top 3 main problems for consultation were depressed mood (32.4%), insomnia (17.6%), and anxiety (16.2). Only 16.2% had previous psychiatric treatment history. The top 3 psychiatric diagnoses on consultation were adjustment disorder (33.8%), sleep disorder (17.6%), and dysthymia (10.8%). The top 3 cancer types were head and neck (39.2%), lung (17.6%) and colo-rectal (9.5%) cancer. The cancer centre consists of department of hemato-oncology, department of radio-oncology, head and neck team, a hospice ward, a psychiatric special clinic, and 2 collaborative therapists of nursing specialty.

Discussion

Literature indicates that loss feeling at present, guilty feeling to the past and fear to future render cancer patients to psychological distress. The top 3 diagnoses in our study support the past findings. The reasons for many more male patients were consulted is possibly 2-fold. Firstly, more head and neck cancer, which prevails predominantly in male in southern Taiwan, and more male with lung cancer are in our sample. Secondly, male patients seem to have stronger resistance to treatment suggestions under psychological distress after admission, thus are more to be consulted. Detail of the collaborative team work will be presented at conference.

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Expert users and families: Experience of co-production in the supply of services by the Trento (Italy) mental health department

Renzo DE STEFANI, Roberto CUNI, Emanuele TORRI, expert users and families

Introduction

The Mental Health Unit (MHU) of Trento (a town with over 110,000 inhabitants, located in north-eastern Italy) has for many years promoted the experience of working together: a way of tackling mental health problems based on the principles of empowerment.

Activities

In the last 3 years, the Working Together projects have drawn on the experience of expert users and families (EUFs) to promote participation by users, families and healthcare professionals in improving the quality of services. EUFs are users and families who have gained sufficient experience to contribute in a structured, continuous way to the supply of services. EUFs offer their cooperation by working every day with healthcare professionals in all areas of the MHU, and becoming involved in numerous activities.

By the end of 2008, over 40 EUFs were active in the following areas (the monthly time contributed being indicated):

- Mental Health Unit (front office, call centre and support in crisis situations, 5,850 hours a month)
- Outreach teams (presence in complex situations, 2,000 hours a month)
- Hospital wards (support in crisis situations, 1,500 hours a month)
- Casa del Sole (Sun House) (presence at night and help with preparing evening meal, 5,475 hours a month)
- Apartments (support with everyday life, 1,825 hours a month)
- Treatment plans (acting as regulator, 500 hours a month)
- Families (facilitators in meeting cycles, 50 hours a month)
- Consciousness-raising (testimonials in stigma campaigns, 1,700 hours a month)

Results

The results of the "new blood" injected by the EUFs include:

- For users and families: greater ability to control their disorder and comply with treatment, and more trust in the services offered by the MHU
- For EUFs: an improvement in their quality of life and social capital
- For healthcare professionals: greater emotional closeness to users and families
- For the MHU: an improvement in the relational atmosphere and taking of responsibility
- For society: increased awareness by the community of subjects associated with mental health problems, and the extension of the EUF project to other Italian psychiatric units

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Art against stigma

Danguole Regina SURVILAITE

Human salvation lies in the hands of the creatively maladjusted. Martin Luther King, Jr. Stigma associated with mental illness is a major social and clinical problem contributing to social exclusion and discrimination of mentally ill persons. One of the most acceptable and accessible way to fight stigma is promotion of creativity and art of mentally ill persons. The first world exhibition of creations by mentally ill in Paris in 1870 had shocked society. Since then, there were many efforts to define art of mentally ill, determine the criteria distinguishing them from contemporary art. Modern society is more tolerant towards conceptual art, therefore more tolerant to exposure of issues important to mentally ill through their creative work. Club13&Co. National Association of Persons with Mental Disorders and Their Friends, since its foundation in 1993 at Republican Vilnius Psychiatric Hospital, was the first organization in Lithuania to take systematic interest in art of mental patients and use art therapy in fighting stigma. Cooperating with the hospital Club established the first art therapy studio in psychiatric hospital in Lithuania in 1993. Little by little this first studio evolved to become large Creativity Center for whole hospital, and small occupational studios were established in every ward. Club13&Co was an initiator and pioneer of many activities connected with art of mentally ill in Lithuania, such as: exhibitions, actions, plain-airs, workshops and publishing of art pieces in different publications, designed for professionals, users and society. In 1995 Club had arranged the first exhibition of art of mental patients in Lithuania. Now such exhibitions are arranged every year in different premises in Lithuania and abroad. In 1998 the first calendar featuring paintings of psychiatric patients and the first selection of poems written by mentally ill had been published. Since then art of mentally ill has been used by many other organizations. Although in general Lithuanian society is intolerant towards persons with psychiatric experience (as confirmed by the Stigma Survey performed by Club in 2008), but the art of mentally ill is no longer shocking for society. Conclusion: art of mental patients introduces society to the problems of mentally ill and helps to decrease stigma and discrimination. The samples of art work are provided in the presentation.

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Session 3-5: Models and technologies for better health promoting inte- grated care

Shifting chronic care from hospital to home: the challenges of promoting cooperation between different healthcare providers

Jane HENDY, James BARLOW

Objectives

To investigate factors influencing the successful implementation of sustainable, mainstream, integrated remote care services, which use technology to move care from hospital to the home.

Methods

A variety of qualitative research techniques were used to obtain data from several sources, including in-depth semi-structured interviews, project group meetings and other strategic meetings, document review and observation of implementation of projects. Cases studies were five Local Authorities and their associated Primary Care Trusts in England which were planning to develop mainstream remote care services over a two year period. Participants were senior managers strategically involved in implementation. Participants were drawn from range of health and social care sectors, including executive officers, directors of services, commissioners, social workers, senior nurse practitioners and clinicians.

Results

Three of the five case studies moved forward in developing sustainable remote care services. This was achieved by recognising the cultural and organisational divides that exist between different service providers and bridging these gaps. Robust evaluation of remote care services, senior level leadership supporting a culture of innovation, and consistent and active marketing of stakeholders helped in moving pilot projects to an inclusive organisation-wide rollout that sought to position remote care as "normal business" from inception.

Implications

A policy shift to move from the current situation where remote care services are optional to one where they are an integral part of a care package, unless there is good reason for exclusion, would smooth the way for mainstreaming and increase uptake.

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An investigation in to the adoption of ICT by primary health practitioners in The South East of Ireland

**John WELLS, T. MC DONALD, M. DENNY, J.
SHEPPARD, S. O'NEILL, M. BERGIN, B. MUL-
LALLY, L. SHEEHAN, T. MURPHY**

The European Union (EU) is supporting and advancing the growth of innovation and Research Technology Development (RTD) in Health Informatics, with initiatives such as the formation of the eHealth European Research Area group. There is emphasis on developing an information communication technology (ICT) framework for health care staff clients and patients that will increase higher patient/staff participation in health related initiatives in order to enhance off-site based services for clients/staff and patients.

As such this will be a key mechanism for the effective collaboration of primary health care and hospital based services in both treating patients in the community and enhancing community health promotion initiatives. However, for such initiatives to be successful current understanding and usage of ICT by health professionals within the community to be assessed to provide baseline information.

This paper presents results of a survey of the population of GPs (N=200), in the South East of Ireland, and their understanding and use of ICT by general practitioners and to investigate their future needs. A twenty-item questionnaire was distributed focusing on GPs training in ICT, current resources available to them and their use of ICT in their practice. A total of 104 GPs responded to the survey, that is a response rate of 52%.

Data was statistically analysed using SPSS v14.0. The results indicate that there is an under utilisation of technology and that GPs require greater (ICT) support and training. The survey results also indicated an urban/rural divide and location divide in relation to these issues.

The findings of this survey will be used to identify current deficits and needs in relation to ICT.

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Electronic medical record system enhance health promotion in outpatient clinic of a regional hospital

Shih-Tien HSU, Tang-Tat CHAU, Huan-Cheng CHANG, Hou-Ya CHING

Introduction

Health promotion is important but hard to be integrated in the outpatient clinic (OPD) practice because of time-consuming and less cost-effectiveness. Electronic Medical Record (EMR) system has been launched in outpatient clinic (OPD) in Landseed Hospital since 2005 to enhance record-keeping and patient safety. A newly-modified EMR system is expected to enhance patient safety and health promotion.

Implementation

A newly-modified EMR was introduced in 2007 in Landseed Hospital. There are 4 major features including:

- Patient safety-based, all errors during the physician ordering in OPD being prevented through a few mechanism such as "allergy", "interaction", "duplication", "maximal dose". These mechanisms are expressed in the window of "alert" or "warning".
- Patient-centered, all personal record are inputted in the computer
- Health promotion-activated, all relevant data of disease management are expressed in graph to facilitate education and preventive health measures are introduced automatically based on the personal life habits and previous execution of such preventive services or not
- Creating an information platform between hospital and primary care clinics to enhance communication and data-sharing.

Results

- Both physicians and patients are satisfied in enhancement of communication, education and disease management.
- The percentage of errors in ordering medication has been decreased for 30%.
- Primary care clinics have a stronger relationship and affinity with the community hospital.
- The percentage of preventive health check increased by 20%, Pap smear increased by 8%, Mammography increased by 15%.

Conclusion & Recommendation

EMR is proved to be feasible and cost-effective than traditional medical chart in patient safety, health promotion and integration of co-care of chronic disease patients between community hospital and primary care setting. In the future, health risk appraisal (HRA) will be considered integrated into the EMR to enhance health promotion.

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Integrated community screening program-cooperation of Health Promoting Hospital, community and the government

Ming-Nan LIN, Hui Ya HUANG, Chin-Lon LIN, Chun-Po CHEN

Introduction

Screening for early identification of disease and its risk factors is one of the goals of health promotion for patients. Out-reach screening program to the community is helpful for early detection and providing health promotion intervention activities. However, single disease screening is less cost-effectiveness compare with multiple integrated disease screening.

Because of the large scale, multiple disease screening has several advantages, with the high yield of detecting asymptomatic diseases, the identification of multiple diseases or risk factors simultaneously. However, it needs the cooperation between the hospital, the community and the support from local government.

Method

Buddhist Dalin Tzuchi General Hospital, under the support of local health bureau and the community volunteers. An integrated model of community-based multiple screening was designed and conducted between 2002 and 2008 in Chia-Yi County, Taiwan. Large scale multiple out-reach programs were arranged on a monthly basis to all the townships.

More than 100 health workers and volunteers joined the activities each time. The amount of eligible citizens served were between 500 to 800 on each occasion. Pap Smear, oral cancer screening, fasting blood sugar, stool occult blood, blood pressure, blood cholesterol, hepatitis B and C antigen and Chest X ray were checked. The results of the screening tests were given one month later and health educators were arranged to give education advice to the citizens.

Results

A total of 40327 subjects participated in the screening activities. 60 early cancer cases, 181 precancerous cases, 2604 news cases of hypertension, diabetes and hypercholesterolemia were identified. Follow-up treatment were arranged such as education program and medical treatments.

Conclusions

The integrated community screening program, though the cooperation between health promoting hospital, local government and community volunteer proves to be a good model for the health of the community.

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Hospital level care services at chronic patients' homes assisted by wearable and portable information & communication technologies

Theodore VONTETSIANOS, Theodore KATSARAS, Periklis GIOVAS, Alexis MILSIS, Anna RIGOPOULOU, Demetris MPOFOS, Pantelis GIABOUDAKIS

Introduction

Early hospital discharge for COPD patients hospitalized for exacerbation (most common reason for hospital admission) is one of the most promising approaches for efficient healthcare system intervention in order to control cost and provide qualitative services. Innovative, non-invasive wearable systems that allow continuous wireless monitoring of biosignals, can play a significant role to this change.

Aim

To evaluate whether COPD patients admitted to Sotiria Hospital for acute exacerbations, could be early discharged, assisted by the use of wearable systems and safely continue monitoring and treatment at home.

Method

Following emergency admission to hospital, due to COPD exacerbation, 48 potentially suitable patients participated in the study. After randomization, selected patients (n=24) were instructed how to use "Healthwear" wearable system. Scheduled telemonitoring started from the first day after early discharge. "Healthwear" garment and 3G video sessions with the attending physician were used according to a holistic care plan. Transmitted biosignals included ECG, heart and respiratory rate, oxygen saturation, activity and body position. During the first week, patients were monitored more intensively (3 sessions per day), than the period after (1 daily session).

Results

Biosignal sessions per patient were in a mean number of 50.3 for the follow-up period and 87% of the total transmission sessions were successful. Average hospital length stay (study group) was 3.6 days in comparison to 6.8 days (control group). 1 patient was readmitted and 2 ER visits were required for the study group in comparison to 3 readmissions and 8 ER visits for the control group. Outpatient clinic visits were 2 versus 32 for the two groups respectively.

Conclusion

Assisted by Wearable systems early hospital discharge, can be proved as new era's tool in patients' monitoring of health status in home based or outdoor activities, leading to better management of well being and improved personalized disease treatment.

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Session 3-6: Workshop: HPH Data Project

Health determinants among hospitalized patients in Western Norway

Kristian OPPEDAL, Svein SKJØTSKIFT, Sverre NESVÅG, Hanne TØNNESSEN

Introduction

Health determinants as malnutrition, overweight, physical inactivity, daily smoking and harmful alcohol consumption influence clinical outcome and patient pathways. Evidence based guidelines and programs have been described to significantly reduce morbidity and mortality, and improve recovery, treatment outcomes and prognosis.

Several hospitals in Western Norway Medical Trust are in the process of developing a strategy to integrated evidence based health promotion as a natural element in patient pathways. Knowledge about prevalence of health determinants is essential in the development of this strategy.

We will investigate the prevalence of malnutrition, overweight, physical inactivity, smoking and harmful alcohol consumption, among patients in three Norwegian university hospitals. We will do this in order to estimate the potential effects of evidence based interventions on clinical outcomes, and to estimate the need for human resources to implement the strategy.

Material and Methods

All patients older than 18 years receiving medical care (in-patients and out-patients) at Haukeland University Hospital, Haralds plass University Hospital and Stavanger University Hospital are candidates for inclusion in the study. Patients will not be admitted to the study if they are unable to give informed consent.

Approximately 3000 patients will be interviewed and examined at each hospital during 24 hours. 350 student nurses will carry out the interviews and examinations, and categorize patients according to risk of malnutrition, overweight, physical inactivity, daily smoking and harmful alcohol consumption. Risk will be assessed using the validated risk assessment form from "Project Data". Frequencies of patients at risk will be given according to sex, age, hospital, department and diagnosis.

Results

The study will be carried out in April 2009 and results will be presented at The 17th International Conference on Health Promoting Hospitals.

Conclusion

The conclusion will be given according to the results.

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Session 3-7:**Workshop: Smoke-free psychiatric health services****Psychiatric services & management of tobacco - New challenges**

Bertrand DAUTZENBERG, Ann O'RIORDAN, Christa RUSTLER, Ariadni OURANOU, David CHALOM

The European network of Tobacco free Healthcare services (ENSH) has noted the challenges experienced by many EU countries in relation to tobacco management in mental health services. This workshop will address four key issues that have contributed to these challenges. A short PowerPoint presentation on each issue will direct further facilitated discussion.

Tobacco legislation

Implementation of new tobacco legislation has contributed indirectly to these challenges. Some EU countries including Ireland implemented workplace smoking bans but put exemptions in place for mental health units. The basis of the exemption was the practical difficulties anticipated in not permitting smoking by residents. In contrast legislation in countries such as France and the UK prohibit indoor smoking in psychiatric units.

The challenges facing psychiatric health staff

Healthcare staff in psychiatric services experience significant challenges in adapting to the changing culture in psychiatric services. This is partly related to their personal smoking habits and an acute awareness of their role model status. A further challenge is a lack of adequate smoking cessation support for staff and training in best practice methods for supporting clients who smoke.

Caring for psychiatric patients

There are many challenges for patients if smoking is to be eliminated within the psychiatric services. Provision of smoking

cessation support to patients and treatment of nicotine addiction is complicated by the fact that smoking is ingrained in the psychiatric culture of many patients and often they have above average levels of smoking. Another is the lack of available resources to manage smoking as a care issue and a risk issue

Recommendations of the 2008 French conference of experts on "Smoking cessation for patient with psychiatric disorders"

ENSH recommendations suggest that interventions for smoking cessation should be given to all patients identified as smokers. Smoking cessation pharmacological aids such as nicotine replacement therapy (NRT) and or/other medication are effective in psychiatric patients. However, as reported on the recommendations of the 2008 French conference of experts the use of these products create their own challenges as monitoring for side effects and tailoring of other psychiatric medications is required.

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The implementation of a complete smoking ban in a forensic psychiatric hospital**Volker HOFSTETTER**

On October 1st 2007 in the German state of Hessen as well as in other German states before and after this date, the law to protect non-smokers became effective. According to this law smoking is prohibited in all public buildings. Exceptions to this law are allowed in hospitals only in those particular cases where there are "medical or other severe reasons".

After a detailed research of the literature and exhaustive discussions about the hazards of smoking it was concluded that there are neither medical nor other severe reasons that would justify an exception. It is quite the opposite. There are plenty of reasons for a smoking ban, for instance the caretaking obligations towards patients and staff members or disruptive behaviour often being associated with smoking and the availability of tobacco products.

Consequently, the medical director of the hospital mandated a smoking ban on the premises of the hospital, including all buildings and open areas at both sites (Haina and Giessen). Surely not surprising this proved to be a very unpopular measure and not only stirred up a very negative media response but was challenged by some patients on legal grounds. Opponents of the smoking ban expected an increase instead of a decrease of disruptive behaviour and therefore worried about paradoxically endangering patients and staff members by this measure.

Parallel Sessions

Parallel Sessions 3: Friday, May 8, 2009, 11.00-12.30

Contrary to the significant amount of fear during the following 18 months no increase of disruptive behavior had to be observed and breaches of the mandate decreased over the months. Hence, the positive outcome confirmed the thesis that smoking cessation can be successfully instituted in a forensic psychiatric hospital too.

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Session 4-1: Improving the health of older patients

Health Promoting Hospital: How can we do for senior in the community?

Chun-Po CHEN, Yi-Ling LAI, Ming-Nan LIN, Hui-Tzu KUO

Introduction

The Buddhist Dalin Tzu-Chi General Hospital, as part of its systemic implementation of the concept of health promoting hospital has committed a lot of its resources in health promotion activities in the community. In Chia-Yi county where the hospital is located, the aging population is above 15% in the year 2008, ranked number 1 in Taiwan. We designed special health promoting programs for the senior.

Objective

To empower the community elderly to have a handle on their health, participate in health-promoting activities and create a supportive environment for patients with chronic diseases.

Strategy

In cooperation with the county's Department of Health, we surveyed the neighbourhood township. We found high rate of chronic diseases in our area: 50 % have high blood pressure, 12.8 % have high fasting blood sugar and 21.7 % have high blood cholesterol. In addition, 88% of the elderly population are below elementary school level in their education. We reorient our health services and work with local health stations to set up 2 community health convenience stores in the year 2005 and 2008. We integrated the professionals and the volunteer group to provide practical health education, dietary and exercise instructions, crafts such as painting, etc. and empower the participant to have self care ability.

Results

Ninety-six elderly participated in the community health convenience store program, the average age was 72.8 years. Among 34 patients with DM, 23 improved, 7 stay the same, only 4 became worse. 51 patients with hypertension, 40 had good blood pressure control, 7 unchanged, only 4 became worse. Among 28 patients who completed 2 physical fitness tests, only 4 became worse.

Conclusion

Reorienting hospital services and relocating resources according to the need of the community is essential for the success of health promotion in the community. It can be a rewarding experience.

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Developing policies to improving the health of older people from the Asian communities in England

Victoria OLADIMEJI, Paul OLADIMEJI

Introduction

Increased life expectancy in has resulted in increasing numbers of older people living in the community. However, there are limited health services and resources available for older people compared to those seen for younger people. Institutional care facilities such as nursing homes are available but are not commonly used by the Asian older adults, due to the stigma attached to institutional care by the Asian communities. Consequently, when older people's functional ability declines, the required care is usually provided by their family or relatives.

This paper looks at political and economic preconditions for effective health promotion for older people from the Asian communities. The focus is on the factors that impact on the health of older people from the Asian Community and developing effective health promotion that recognises the cultural needs of these people. Discussion focuses on the findings of a small scale research that explores the health promotion needs as well as policies that facilitate collaboration and partnerships between Health Care professional, Asian Communities and Church Groups, Age Concern UK and the family.

In most Asian countries, the family is the traditional social institution providing care for older people. A family can provide older people with familiar surroundings, love, emotional ties, a sense of belonging and a feeling of being wanted. Caring for older people at home, however, often becomes overwhelming or a burden for some families and so they need additional levels of support. In most cases this necessary support, education and guidance is lacking. In line with World Health Organization recommendations, it is argued that relevant governments should develop policies and programmes to strengthen family and community-based support and assist older people by promoting active and healthy ageing.

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No place like home

Joe TRAVERS

Aim

To assist older people with Dementia & other Mental Health problems remain independent & live in their own Homes & communities.

Parallel Sessions

Parallel Sessions 4: Friday, May 8, 2009, 14.30-16.00

Evidence

People with Dementia achieve better health outcomes if they can remain in familiar surroundings.

Objectives

- Modernise services for older people making them more responsive to their needs.
- Empower users & carers to express their views & participate in the care planning process.
- Engage key stakeholders including private, independent & voluntary sectors to expand the range of services available in the community e.g. sitting services, carers support groups, advocacy, memory café, home care packages & assistive technology.
- Integrate working arrangements between Health & Social services and the Hospital & Primary Care sectors.
- Develop policies to achieve rapid access to Specialist services promoting early diagnosis & treatment.
- Reduce Hospital admissions and expedite discharges.
- Reduce Hospital inpatient beds.
- Re-direct inpatient resources to expand the Community Mental Health Team (CMHT) & enhance Outpatient & Community care services.

Methodology

The Trust in partnership with the commissioner consulted with users to obtain their views. "Change project" plan was agreed to address the key priorities identified by the consultation. This plan is being implemented by a Multi-disciplinary Project Management Team.

Outcomes

The CMH Team has been expanded to include additional Psychiatry, Psychologist, Social Worker & Specialist Nursing input. Routine outpatient waiting times have been reduced to >12weeks. Admission rates have dropped by 1 per month. Average length of stay rate is down from 75 to 39 days. Inpatient Hospital beds have been reduced from 36 to 20. User feedback will be available later in the project cycle.

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Effectiveness of the nutritional intervention programs to elder with metabolic syndrome

Tsung-Hsueh TSAI, Wan-Ying WU, Chiung-Wen HSU, Pei-Li CHANG, Hon-Kwong MA

Objectives

Develop the nutritional intervention programs to elder who have metabolic syndrome, and evaluate the effectiveness of the

outpatients, community cases and cases living in long-term care facilities.

Methods

The elder volunteers with any one factor of metabolic syndrome would be screened and randomized to experiment group and control group. The result would be tested with following by 3-month or 6-time nutritional intervention.

Results

205 elder patients were completed the study. There is no statistically significant difference with t-test on indexes of metabolism syndrome between three groups. OPD experiment group is statistically significant improved on nutritional knowledge, eating behavior, diet self-efficiency, exercise knowledge and exercise behavior with others groups. Control group is statistically significant increased on nutritional knowledge and exercise self-efficiency with others groups. Organization-based group is statistically significant improved on nutritional knowledge and eating behavior with others groups. Nevertheless, control group is also significant increased on total score of nutritional knowledge. Communication-based group is significant decreased on female waist, systolic pressure and diastolic pressure.

There are statistically significant difference on OPD-based group's pre-test and growth efficiency for diet self-efficiency and exercise knowledge with using GEE (Generalized Estimation Equation). It is statistically significant different for positive effect on diastolic pressure in communication-based group.

Conclusions

The finding of this study is the nutritional intervention with positive effect on improvement of related knowledge, behavior and self-efficiency. Moreover, some lab values have been improved after the nutritional intervention. It may acquire the better effect on health promotion and disease prevention with supportive environment and resources for elder people.

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Health promotion in and by long-term care organisations – A research and development program

Karl KRAJIC, Carolin SCHMIDT

So far, health promotion has only rarely been associated with long-term care services, at least in many countries. LTC organisations usually are not considered as (potentially) health promoting settings. This is slowly starting to change: Issues of occupational health in LTC organisations (nursing homes, old age residencies, home care) have become subject to investigations and workplace health interventions, following manifest

manpower (womenpower) shortages in nursing care. Also health of informal carers is getting more attention.

However, the integration of principles and concepts of health promotion into core LTC processes to optimise living conditions for users seems not yet to be high on the agenda and systematic research seems scarce.

Thus, a programme line devoted to Health Promotion in Long-Term Care has been set up within the newly established LBI Health Promotion Research Vienna. It is concerned with research on client/ user oriented core processes and environments, optimised by using principles of health promotion. How can user oriented health promotion be combined with health promotion for staff and informal carers? And in addition - what role can LTC play in population oriented approaches to health promotion?

The presentation will start outlining the rationale for HP in LTC. In a second step, starting from the health promoting hospitals (HPH) concept, analyses of different LTC organisations and LTC processes, and research on impact on different groups a framework and options for health promotion interventions in long-term care will be outlined and some examples from the Austrian context will be provided. The contribution will conclude with plans for further steps to strengthen the perspective on LTC in the HPH network.

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Session 4-2: Implementing Smoke-Free Health Services (II)

Tobacco management in healthcare settings - New challenges in risk management

Miriam GUNNING, Catherine BROGAN, Cornelia STUART, Des PEARSON

Smoking kills over 6,000 people in Ireland annually. In 2004, Ireland became one of the first countries to completely prohibit smoking in workplaces. Certain mental health and long-term care settings were given exemptions in the legislation. Hence, although health service staff are not permitted to smoke in any workplace, they may be exposed to ETS from service users who are permitted to smoke. Consequently, this legislation has presented health promotion and hospitals with the challenge of assessing and managing all risks associated with smoking in healthcare settings.

In 2005, the IHPH Network coordinated the development of 'Best Practice Guidelines for Tobacco Management in the Mental Health Setting'. The guidelines were launched in 2008 but it was acknowledged by all partners that their full implementation was compromised by the lack of clear guidance around managing risks associated with tobacco use.

A sub-group representing Health Promotion, Mental Health Services, Corporate Risk Management and Health & Safety were selected to develop a 'Risk Assessment Tool for Environmental Tobacco Smoke'.

Aims

- To ensure all aspects of risk associated with tobacco use were incorporated in the tool
- To align the tool with the Health Service Executive risk assessment process and tool and current Health & Safety legislation
- To ensure the tool was user-friendly

Methodology

The group reviewed best practice and current tools available. They compiled a list of key stakeholders and developed a comprehensive communication strategy which ensured all issues were adequately addressed. Each draft tool was circulated and revised following feedback before agreeing the final tool.

This presentation will address:

- The many issues relating to smoking in healthcare settings
- The process used in developing this tool The risk assessment process as outlined in the tool

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Experiences of implementing a total smoking ban in a health promoting psychiatric hospital in Taiwan

Shu-Hua SHEN, Shu-Ti CHIOU, Hsien-Jane CHIU, Fang-Rong CHANG, Pei-Feng TSAI, Hsin-Pei TANG, En-Ping SU, Yu-Chang LIN

Background

The revised Tobacco Control Act in Taiwan required total smoking ban in all healthcare settings. Tremendous resistance existed in most psychiatric hospitals. We applied the standards of health promoting hospitals to implement the total ban policy and compared the occurrence of adverse events before and after the policy.

Methods

After the initial consensus was formed, we established a multidisciplinary committee, did a patient survey and developed an implementation plan. Major strategies included forecasting the new policy, adequately training and preparing staff, assuring smoke-free environments, consulting and empowering patients and their families, actively providing smoking cessation support, and allowing smoking breaks for non-quitters. Occurrence of adverse events was monitored and analyzed.

Results

Among 182 hospitalized smokers, all were offered cessation advices, 89.6% attended focus groups, 36.8% received individual counseling, and 27.4% used medications. Patients cooperated well with the new regulations. There was no significant change in the numbers of aggression or discharge against medical advice and the number of seclusion was significantly decreased. No adverse event except one lodged complaint was associated with the ban.

Conclusion

With proper preparation, management and support, a total smoking ban can be introduced to an Asian psychiatric hospital without significant adverse effects.

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Taking care of the smoker patient: A challenge for Health Promoting Hospitals

Roberto MAZZA, Micaela LINA, Roberto BOFFI

Italy was among the first countries to rule the protection of citizens from second hand smoke (SHS) from January 2005 with a law that banned smoking from indoor public places, including hospitality venues and workplaces. But after this important decision, Italy failed to start a new health policy to take care of smokers. We made a telephone survey and we found that in the 8 General Hospital of Milan, the second Italy's town, there are only five smoking cessation services and no NRT available.

In the 28 Lombardia's HPHospitals, just two inpatient pharmacies have NRT. In the 16 most important Italy Cancer Centres and Departments only the National Cancer Institute of Milan offers an inpatient service of smoking cessation and takes care of the nicotine withdrawal symptoms during hospitalization.

The smoker patient is a very fragile person and we identify in scientific literature three main areas of clinical practice and research to develop their care:

- Telling facts: today it is not sufficient to tell: "You need to stop smoking". Smoker patients must know how smoking impacts the prognosis of her/his disease and also the efficacy of surgery and therapies.
- Offering sensitive and effective smoking cessation like an instrument of patient's empowerment that gives the possibility to achieve better QoL.
- Assisting for nicotine withdrawal symptoms patients who want to stop or reduce smoking and also patients unwilling to quit.

Conclusion

We implement the first Italy's inpatient cessation service to assist smoker cancer patient. Our health professionals are trained to give smokers specific care and assistance during hospitalization. Till now, we assist more than 2000 patients. Smoker patients are the principal victims of tobacco epidemic and only the alliance with them can promote an effective tobacco control policy.

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Women and smoking

Sibylle FLEITMANN

Smoking rates among women have increased during the last 20 years in most EU countries while smoking rates among men have been steadily declining. Lung cancer rates have been following the same trend. In order to reduce smoking related death and disease among the general population, it is necessary to take into account gender aspects in smoking prevention and treatment.

The presentation will describe the tobacco epidemic among women and identify the groups most at risk. Smoking trends in different countries will be shown and factors that influence women's smoking habits as well as barriers to quitting will be explained. Examples of tobacco industry marketing strategies to promote smoking among women will be described and the need for legislative measures will be discussed.

Based on the policy recommendations developed at the annual conference of the Federal Drug Commissioner of Germany in October 2008, the presentation will outline possible pathways for change.

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Session 4-3: Establishing health promoting community partnerships

How to develop healthy settings through partnerships between health establishments and the community

Louis CÔTÉ

The Ottawa Charter for Health Promotion ushered in a host of initiatives that posited specific (environmental, organizational and personal) determinants as conditions for good health and the engagement of various community actors as the condition for developing healthy settings. For a number of years now, by virtue of their history and structure, institutions in Montreal's health and social service network have been engaged in various projects to develop healthy settings in collaboration with partners from the community.

We will present the Montreal experience and efforts to build healthy settings in various neighbourhood, school, and family

contexts and in health institutions. Participants will learn about new ideas for collaboration between the health care sector and organizations in the community. A video, entitled On the Road... to Healthy Settings showcases a diversity of small-scale and large-scale projects, all made possible through shifts in health culture.

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Trans Fats Out!--Taipei City Hospital, Renai Branch for example

Lin-Chung WOUNG, Shu-Ti CHIOU, Hui-Ping CHANG, Shan CHAO

Consumption of trans fatty acids (TFA) is associated with increased risk of coronary heart disease and Taiwan has mandated labeling of TFA content on all packaged foods. However, public awareness remained very low. Taiwan HPH Network initiated a "Hospitals Say No to Trans Fats"-Project to create healthy eating environments in and around hospitals and raise stakeholders' awareness. We reported the initial experiences of a participating hospital.

Our working group was formed in March and received team training in the Network's workshop. Our "Tans Fats Out"-plan was developed based on the Network's framework which applied the 5 strategies of the Ottawa Charter and some program evaluation tools. The implementation was set off after the HPH Committee reviewed and passed the plan. The food service establishments and packaged food retailers were visited and encouraged to switch to trans fat-free oils and food products. Vigorous educational activities were provided to staff, patients and the communities. Investigations on the eating environments and stakeholders' awareness were done before and after the intervention.

After 6 months, all the restaurants, bakery, and coffee shop in and around the hospital have eliminated trans fat from their food supply. The prevalence of trans fat-free packaged foods in the retailer increased from 83% to 95%. Awareness of citizens improved from 35% before to 100% after participating in the educational activities.

We concluded that the interventions based on the HPH framework were feasible and effective in creating healthier eating environment and raising stakeholder awareness.

Parallel Sessions

Parallel Sessions 4: Friday, May 8, 2009, 14.30-16.00

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Engaging universities as partners in Health Promoting Hospital initiatives

Tai-Yin WU, Kuan-Liang KUO, Chun-Hsiung WANG, Lin-Chung WOUNG

Background

Most adolescents begin their freshmen life at the age of 18. This young adult period lasts for at least 4 years and is the key time for personality and life-long health habit formation. Health promoters need to address the challenge of reducing health risks in university students.

Proposed methods

Engaging university as partnership in the health promoting hospital initiative may be a promising modality to promote a healthy campus.

An example of engaging university as a partner in health promoting hospital initiatives in Taipei, Taiwan: Since 2006, Taipei City Hospital signed a mutual cooperation contract with National Chengchi University. The cooperation took several steps.

Services provided by the hospital included:

- Forum discussion
- Mass screening: in campus health examination
- Case follow up
- Preventive measures: A. Weight reduction classes B.HBV vaccine booster
- Medical services

Services provided by the university included:

- Tenure positions
- Educational courses
- Recreational resources

Conclusion

Universities have many opportunities to being involved and contribute to the Healthy Communities movement. We provide an example of hospital-university partnership in Taipei, Taiwan in which the leadership was Taipei City Hospital, Renai Branch and the university was National Chengchi University. The two organizations collaborated well and both played key roles in health promoting initiatives.

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LOOHAS

Po-Yen LIN, Ho-Chin CHEN, Shwu-Huei YANG, Hua-Cheng WU, Hui-Ting HWANG

The LOOHAS (Lifestyle Of Oral Health And Sustainability) was a series of schemes in which a health promoting hospital cooperated with a health promoting school. The purpose of this project was not only to enhance motivation of oral health participation through various ways, but also to sustain oral health knowledge and habits of school children.

- We held a fascinating and entertaining speech.
- The LOOHAS project: A disclosing agent is a dye used in dentistry as a diagnostic aid, applied to the mouth to reveal the presence of dental plaque. The students within this project had an initial oral examination and the degree of dental plaque was record. We provided disclosing agents for daily routine use and gave them instructions. After 3 months, the second examination would be performed to compare with the previous one.
- The drawing competition: The original story was taken and 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 some notes and comments, to produce the final story book.
- The brushing competition: The best teeth-brushing students will be entitled by "King of Excellent Brushing" and "Queen of Excellent Brushing".
- Awards: All of the best students in each section will receive certificates and gifts, and the pictures of the drawing competition will be exhibited during school anniversary celebrations.

The whole campaign was extremely successful. Our goal was to design a more creative and unique way to spread oral health knowledge and oral hygiene education. The average plaque index of the students decreased from 65.7% to 32.9%, which revealed a statistically significant difference. The drawing competition was another achievement. The children all gave full effort to their talent and every piece work was of a high value.

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Health promotion activities for the employees of the Ministry of Foreign Affairs with the support of the Sismanoglion Hospital and the telemedicine network

Petroula CHATZIPANTAZI, Aggeliki TSAROUCI, Michalis TSAGGARIS

In this presentation we will discuss health promotion regarding diet and exercise as implemented by the Health Office of the Ministry of Foreign Affairs (MFA), the Dietetic Department of the Sismanoglion Hospital through the Telemedicine Network (TN).

Over the last few years the MFA medical office has broadened its activities to include many preventive initiatives for all employees whether they work in the central service or abroad. The morbidity of the employees is a reflection of the general population. Hypertension, hypercholesterolemia, obesity, high job stress are common findings. An unbalanced diet, lack of regular lunch, consumption of snacks high in salt and fat and consumption of only one meal per day can be partly attributed to long working hours and congestion.

Interventions have been implemented for the reduction in individual risk-related behavior and promotion of a healthy diet and regular exercise. Efforts have been made to reach to a significant proportion of employees. Specifically:

- Screening programs for hypertension and blood cholesterol.
- Individual consultations through TN, where the employee and the doctor are in the MFA and a dietitian in the hospital. Through teleconsultation, employees receive specific advice and are educated how to modify their old habits and adopt better dietetic choices. Biomedical parameters are used for evaluation of their progress.
- Lectures, campaigns, brochures, posters and group e-mails. Especially "World Days" e.g. Heart Day are used to reinforce the message.
- Recipes for simple healthy meals that can be taken to the office for lunch have been devised. Recipes can be adjusted to accommodate different food products or cooking culture, for those employees working abroad.
- Recipes for healthier meals have been given to cafeterias to increase available choices. The sale of salads has been made common practice in cafeterias.
- Encouragement of employees to know that gym facilities have been established in the MFA and work with the trainers to promote group exercise programs.

These health promotion activities are supported to all levels by ministerial leadership. Effective communication of program goals in every area helps towards successful participation. This is an ongoing program, bio-chemical findings may be indicative for long-term success. However, a serious methodological limitation we deal with is the change in sample size since employees of the MFA are often posted abroad.

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Session 4-4: Health promotion for children and adolescents in & by hospitals

First Austrian child safety house - Effective injury prevention in the hospital environment for patients, employees and the wider community

Gudula BRANDMAYR

Injuries and their consequences are the main reason for hospital treatment in childhood in Austria. 85% of all childhood injuries occur either at home, during leisure time and sports. 90.000 children get hurt in the home environment every year, 80% of those in the house and 20% around the home.

The Styrian Hospital Association and the Medical University Hospital of Graz (LKH Univ.-Klinikum Graz) together with the non-profit organisation Grosse schützen Kleine / Safe Kids Austria introduced an effective way to teach injury prevention to various groups in the hospital and the wider community by building the first Austrian Child Safety House in a hospital environment in Europe.

The Child Safety House is located at the Medical University hospital of Graz in close vicinity to the children's hospital centre. At the Paediatric Centre 140.000 children are treated annually, 12.000 thereof are seeking medical attention at the Department of Paediatric and Adolescent Surgery following accidents.

The Child Safety House provides the guidance and the resources necessary to prevent unintentional injury. Thus the Medical University hospital of Graz - as WHO-accepted and certified constitutional hospital - establishes for the population a child safety centre within the area of the hospital providing intra- and extramural as well as far-ranging health alliances.

The Child Safety House functions as a centre of competence in child safety combining injury research with safety education and effective intervention strategies. That way the Child Safety House is an important tool in raising the awareness for injury prevention among those mainly dealing with children - either as part of their profession or as parents, grandparents or others.

Parallel Sessions

Parallel Sessions 4: Friday, May 8, 2009, 14.30-16.00

The Child Safety House offers interested people the appropriate information, person to person prevention counselling, child safety information material or practical advices demonstrated directly in the house and the attached outdoor area and playground.

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A successful statewide school based bullying prevention model: The impact of a cooperative children's health promotion initiative

Matthew MASIELLO, Allison MESSINA, Jennifer SAYLOR

Background

A regional, managed care-based, private and charitable foundation has supported programs aimed at improving community health. In 2006, this foundation launched an unprecedented, five-year, \$100 million children's health promotion initiative.

Objective

This study identifies the impact of collaborative efforts to reduce social and health consequences of school-based bullying in Pennsylvania.

Methods

Strategic partnering took place between the Pennsylvania Department of Education, multiple public schools, consulting universities, and a regional health care system. An internationally recognized and evidence-based bullying prevention program was incorporated into a comprehensive, school-based bullying prevention initiative, and implemented in several Pennsylvania school districts beginning in 2007. Pre- and post-program survey analysis was conducted on approximately 20,000 children.

Findings

This initiative identified new and sustainable partnerships in school based health promotion activities. Preliminary data demonstrated a reduction in bullying and victimization rates and positive behavioral changes in adults and children in participating school districts.

Data

Data analysis of the studied schools demonstrated a decrease in victimization in 60% of elementary and 50% of middle schools. More than half of elementary schools (60%) also showed a decrease in students reporting they have bullied others. All studied schools (100%) reported an increase in teachers intervening when a student was being bullied. Sixty

percent (60%) of elementary students showed an increase in empathy. Social isolation decreased in 60% of elementary schools and in all (100%) of the middle schools.

Conclusion

Through collaborative relationships among unconventional partners, charitable foundations have the ability to positively impact the behavioral and physical health outcomes of a large population of children and adolescents.

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Self-evaluation model and tool on the respect of children's rights in hospital

Fabrizio SIMONELLI, Ana Isabel FERNANDES GUERREIRO

Within the working are of "promoting and safeguarding children's rights in hospital" and based on the results of a background survey that was carried out in 114 European hospitals regarding hospital health promotion for children and adolescents, the Task Force on Health Promotion for Children and Adolescents in & by Hospitals has developed a self-evaluation model and operative tool to assess the respect of children's rights in hospital.

The model follows the principles identified by the United Nations Committee on the Rights of the Child, namely those of "non-discrimination, the best interests of the child, life, survival and development and the respect of the views of the child" (articles 2, 3(1), 6 and 12 of the Convention of the Rights of the Child, respectively).

The specific objective of the model is to assess the gap between the full respect of children's rights in hospital and the denial of the same rights and to enable the improvement and change in that same setting through the development of standards, monitoring gaps and to produce change. This model should be adopted by the Hospital Direction or Pediatric Departments. Based on the results of the process, the model and tool should enable these to identify some reference standards and to plan actions for the respect of children's rights in hospital.

The self-evaluation tool includes 12 rights that should be assessed. The objective of the presentation is to present an overview of this model and tool to the International Network of Health Promoting Hospitals and Health Services in order to disseminate it within the Network members.

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Short-term-observation ward in the paediatric hospital

Daniela STRABLA, Raffaele SPIAZZI, Alberto ARRIGHINI, Fabio BUZI

It is now common knowledge that the ill child has the right to a quiet and familiar environment within the Hospital, moreover, hospitalisation should also be limited as much as possible both in terms of frequency and of stay. These important acquisitions, however, clash with significant organizational and structural problems: indeed, there is a need to review the charity models currently used. In particular, with regard to acute illnesses, it appears necessary to implement, within the casualty department, a short-term-observation ward (STOW).

The STOW is a mode of hospital care that allows a quick diagnostic and therapeutic assessment, is applicable to patients who require non-deferrable (less than 24 hours) interventions, and ensure timely admissions and discharge and thus avoid inappropriate hospitalisations. To date unfortunately, many hospitals, in Italy and Europe, do not recognize the STOW as a mode of hospital care. Consequently, precious human and structural resources are only partially utilised with significant organizational disruption.

In this context the Healthcare Department of the Children's Hospital of Brescia, has been given the responsibility of taking over the mandate by the AOPI (Italian Association of Paediatric Hospital) to establish a working group aimed at drafting organizational and managing guidelines for the STOW implementation, with the objective to provide a reference for both paediatric and general hospitals.

The present project has described the steps followed by the working group: after an initial analysis of the literature a synopsis and a document including managing and organizational guidelines have been prepared, following thorough discussion and confrontation among the operators of the working group (Health Directors and physicians responsible for First Aid / Casualties / Hospital Admission Departments participating in the AOPI).

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Session 4-5:

Developing health systems towards health promotion

Quebec and a health promoting health care system without walls

Nicole DEDOBBELEER, André-Pierre CONTANDRIOPOULOS

The transformation of the traditional health care system, largely hospital-centered, into a health care system without walls is a difficult enterprise. The question is how and under what conditions such a transformation can be accomplished. The challenge is to imagine a new structure that is at the same time solid and adaptable and to achieve a cultural shift. The Government of Quebec created 95 health and social services centres (HSSC) with the passage of Bills 25 and 83. Each HSSC is currently implementing a health and social services network within its territory to provide access to a broad range of primary social and health services. These include prevention, assessment, diagnostic, treatment, rehabilitation and support services.

Access to services and continuity of care is dependent upon effective integrated and networked services in the community. Integrated services involve the organization of sustainable coherence over time among a values system, governance and the clinical system. The goal is to create a space in which the different stakeholders will find meaning and advantages to coordinate their practices in specific contexts. Coherence, sought through integration, results from the implementation of the integration process in five dimensions: "care integration, clinical teams integration, functional integration, normative integration and systemic integration" (Contandriopoulos et al., 2001).

In this presentation, we will focus on the values and representations system that allows the stakeholders to communicate among themselves and as consequence to coordinate their actions and to cooperate in order to efficiently achieve their collective projects. Our objective will be to examine how the Vienna Recommendations along with the self-assessment tool for the health promoting HSSC might influence the development of a set of common values needed for implementing a health promoting healthcare without walls.

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A renewed public health policy for Sweden

Karin JUNEHAG KALLMAN

Sweden has a long tradition of working with public health issues, which has resulted in significant progress in preventive work. In 2003, the Swedish parliament adopted a public health aim of creating social conditions to ensure good health, on equal terms, for the entire population. One of the important areas was health promoting healthcare services.

In 2008, the Swedish parliament adopted "a renewed public health policy" which argues for strengthened public health activity emphasising the individual's need for integrity and choice.

One role of the Swedish National Institute of Public Health (SNIPH), a governmental agency, is to monitor the implementation of public health policy. This monitoring occurs through a five-yearly public health policy report and annual reports on health-related behaviours in the population. The institute also prepares systematic research reviews and evaluates different health promotion methods.

The Swedish government's policy position is that older people and children and young people are the primary target groups for health promotion work. County Councils and local authorities have a central role in this work. Accordingly, the institute will need to improve and develop its support for these organisations to reach the government's policy goals in health promoting health care. SNIPH has got the assignment to act as a knowledge centre and to facilitate dispersion of evidence based methods to regional and local levels.

This paper discusses some potential changes in the implementation and monitoring of public health policy which may result from the new emphasis in Swedish public health policy announced last year. The new public health policy also stresses increased co-operation between the institute and other important stakeholders such as the Swedish Board of Health and Welfare, County Councils (who are the main providers of healthcare services) and Local Government.

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Implementing the vision of HPH into ordinary health service management, experiences from the Swedish HPH network

Margareta KRISTENSON, Evalill NILSSON

Background

The vision of Health Promoting Hospitals is broad and challenging. Building on the Ottawa charter it demands a "Reorientation of Health Services, towards health outcomes". This paper shall present the way the Swedish HPH network has developed during the last 12 years, from a small group of hospitals sharing a common vision to a national network of health organisations building this visions into their ordinary management strategy. Moreover, this work is today supported by national strategies for a health orientation of health services.

The Swedish HPH Network started in 1995, building on experiences of Linköping University Hospital, being one of 20 Pilot HPH Hospitals. The Network grew slowly at the start, but is now in a phase of rapid growth. We have today 32 member organisations including 43 hospitals (an increase of 4 members and 11 hospitals during the last year). Member organisations are now, in several cases, county councils and as such including both hospitals and primary care, but also purchasers. The work has, successively, developed from single projects to the development of task forces. The first focused on lifestyle interventions, health gain measurements development and the development of indicators.

By having, during the last year, received a three year funding from the National Government we are today in a new phase of development. To further support the implementing the HPH visions our work is now focused on several levels, implementing visions in steering documents and contracts, implementing evidence based methods for lifestyle interventions and empowerment strategies in ordinary service, using patient reported outcomes in routine services and linking them to national quality registries, developing models for healthy workplace and developing community oriented programmes for the prevention of accidents and violence.

We also aim at further developing indicators of HPH, to include not only measures of structures and process but also outcome measures. These indicators are important in several ways, firstly to enable learning and benchmarking for individual members and as bases for site visits. However, we also aim at including these measures into purchasing systems, enabling "contracts for health gain". The work is, piece by piece, being linked to the work and strategies in national organs, aiming at a situation where the HPH vision is the standard for National Health Services.

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Socioeconomic determinants of health services utilisation in Greece

Chara TZAVARA, Christine DIMITRAKAKI, Georgia PALLIKARONA, Yannis TOUNTAS

Objective

To estimate the determinants of utilisation of Greek Primary and Secondary Health Services.

Methods

Data were obtained from the National Household Survey Hellas Health I. The sample was representative of Greek population in terms of age and residency and was selected by means of a three stage, proportional to size sampling design. Survey population consisted of 1,005 individuals.

Results

Subjects belonging on the lowest social classes had significant lower likelihood for referring to a family doctor. 68.7% of individuals belonging on the higher social class (A/B-C1) reported that they have a family doctor. The proportions for the lower social classes C2 or D/E were 45.1% and 48%, respectively. Furthermore those with chronic disease or private insurance coverage had greater odds for referring to a family doctor with odds ratios equal to 1.35(95% CI: 1.03-1.76) and 2.19 (95% CI: 1.4-3.42). The likelihood for consulting a health care professional within the 4 past weeks was 51% lower for rural areas compared to urban areas, while subjects with a chronic disease had greater odds for having a consultation.

Furthermore, analyses showed that subjects with high educational level had greater likelihood to refer to a private doctor or clinic compared to those with low educational level. Consistent to the aforementioned finding, multiple analysis revealed that it is about 42% less likely to refer to a private doctor or clinic individuals belonging on the lower social class (D/E). Finally, greater likelihood to refer to a private doctor or clinic was found for individuals living in rural areas and as expected for individuals having private health insurance ($p < 0.05$).

Conclusions

The findings imply the existence of inequalities in supply of health services with clear implications to related policies. Monitoring utilisation patterns is necessary for a health system which aims and is believed to be equitable.

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Session 4-6:

Workshop: Evidence-based alcohol intervention in hospitals

Addressing AUD in surgical or trauma patients with computerized tailored feed back and information

Tim NEUMANN, Bruno NEUNER, Edith WEIßGERLACH, Claudia SPIES

About every fifth surgical and more than every third trauma patient has an alcohol use disorder (AUD). Only few are screened and receive counselling. Computer technology can be used to screen and deliver interventions to these patients. In one prospective, randomized clinical trial in an ED of a teaching hospital 3026 subcritically injured patients were screened for an AUD using a laptop computer that administered the AUD Identification Test (AUDIT) imbedded in a lifestyle interview.

Patients with an AUDIT score of ≥ 5 points were randomized to an intervention ($n=563$) or control ($n=576$) condition. The computer generated a customized printout based on the patient's own risk profile, e. g. alcohol use pattern, level of motivation and personal factors, which was provided in the form of a tailored feedback and advice according to the FRAMES (Feedback, Responsibility, clear Aims, Menu of behavioural changes, Self-efficacy, Empathic style) criteria. Most patients (85%) used the computer with minimal assistance.

At study entry a similar proportion in each group met criteria for at risk drinking (49.6% vs. 46.8%, $p=0.355$). At 6 months follow-up 21.7% of intervention and 30.4% of control patients met British Medical Association criteria for at-risk drinking ($>30\text{g/d}$ men and $>20\text{g/d}$ women, $p=0.008$). Intervention patients also had a 35.7% decrease in alcohol intake, compared to a 20.5% decrease in controls ($p=0.006$).

At 12 months alcohol intake decreased by 22.8% in the intervention group, vs. 10.9% in controls ($p=0.023$), but the proportion of at-risk drinkers did not significantly differ (37.3% vs. 42.6%, $p=0.168$). The computer generated intervention was associated with a significant decrease in alcohol use and at risk drinking. This technology is also feasible in other clinical settings (e.g. preanaesthetic clinic) in order to provide preventive clinical services.

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Prevalence of alcohol patients at an orthopaedic department

Kristian OPPEDAL, Hanne TØNNESEN

Background and Purpose

Alcohol patients have a poorer outcome after treatment and intervention at hospitals. The frequency of alcohol patients differ with diagnosis, age, gender etceteras. In order to plan a proper intervention, it is necessary to determine the prevalence of these patients. The aim of this study was therefore to identify alcohol patients at the orthopaedic department.

Methods

During 24 hours all elective and trauma patients entering the orthopaedic department at three university hospitals in the West Region of Norway were asked about their alcohol intake after informed consent. Other health determinans (smoking, physical inactivity, overweight and risk of malnutrition) were noted as well. The patients were classified as alcohol patients according to HPH Data model and AUDIT-C.

Results and Perspective

The results will be presented and discussed at the HPH conference. They will be used for the Scand-Alc project, which are designed to collect new evidence and followingly describe guidelines and implement alcohol intervention in the departments

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The Scandinavian alcohol intervention project "Scandin-Alc"

Hanne TØNNESEN

Background

Alcohol patients have severely increased risk for development of complications after surgery. For elective procedures a 4 week preoperative alcohol intervention program can halve the complication rate. However, for trauma patients there is no room for preoperative intervention.

Together with Stavanger University Hospital and Clinical Alcohol Research, Malmö Almqvist Sjukhuset, Lund University, the WHO-CC at Bispebjerg University Hospital will organise and coordinate a large scale clinical randomised multi-centre trial in acute surgical settings in order to evaluate scientifically the effectiveness of a 4 week patient education program in the immediate postoperative period.

Objectives

Establishment of new evidence of a patient education program for alcohol intervention in the surgical setting regarding: Effect on surgical outcome, on high alcohol intake (biochemical validated) and cost-effectiveness.

Material

160 consecutive alcohol patients drinking 3 or more drinks per day and undergoing osteosynthesis of ankle fractures.

Methods

The patients are included after informed consent and randomized to either: patient education or control (routine procedure). The patients are stratified for each participating centre. Both the intervention group and the control group undergo routine procedures regarding patient information, anaesthesia, surgical intervention and other procedures according to the clinical guidelines at the involved centres.

All patients are evaluated at inclusion and followed up after 1, 3, 6 and 12 months for outcome measurements according to the objective. The results are assessed blinded. The groups are compared using intention to treat analysis for each of the three surgical settings.

Conclusion

The research will establish new evidence of an alcohol intervention programme in the surgical setting and its effect on short term and long term on the surgical outcome and the drinking habits of the patients. It will give recommendations for health professionals, patients, policy makers and stakeholders.

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Patient inclusion, acceptance and completion in alcohol studies - A systematic review

Bolette PEDERSEN, Hanne TØNNESEN

Introduction and Objective

The frequency of hazardous drinkers among surgical patients varies from 5-50% according to diagnosis and type of operation. Nonetheless, alcohol is still a taboo and only few patients participate in an alcohol intervention programme as part of their clinical pathway. This could be due to a low acceptability among patients with a hazardous alcohol intake. The aim was therefore to delineate the compliance regarding inclusion, acceptance and completion of screening and intervention programmes for trauma and surgical patients with a hazardous alcohol intake.

Material and Methods

A systematic literature search followed by extraction of inclusion, acceptance and completion rates. The search in MEDLINE, Cochrane and EMBASE resulted in 397 hits, among which 188 were duplicates. In 77 papers alcohol was not of primary focus, 37 trials were conducted outside hospitals, in 35 papers inclusion/acceptance/completion rates could not be extracted, 22 papers did not involve trauma/surgical patients and finally 9 were not original papers. This resulted in 29 eligible papers. In addition, 11 papers were included by hand search.

All together 40 papers were included comprising 14 randomised controlled trials, 6 controlled clinical trials, 2 case-control studies and 18 surveys.

Results

33 of the included papers involved trauma patients. The inclusion rate was 77% for both alcohol screening and intervention among eligible trauma and surgical patients. The screening acceptance rate was 85%, 66% of the patients with a hazardous alcohol intake accepted intervention. Of the hazardous drinkers eligible for intervention 48% completed the programmes. Patients with a hazardous alcohol intake seemed more willing to accept and complete randomised trials compared to clinical trials.

Conclusion

Trauma and surgical patients demonstrated high inclusion, acceptance and completion rates in relation to alcohol screening and/or intervention. These patients did not form the major barrier for widespread implementation of alcohol intervention programmes.

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Development of a new patient education programme - A qualitative study among hazardous drinkers at an orthopaedic department

Bolette PEDERSEN, Peter ALVA-JOERGENSEN, Hanne TØNNESEN

Introduction and Objective

Hazardous drinking has detrimental consequences for surgical and trauma patients. This study is part of a larger Scandinavian trial. The aim is to develop and evaluate a new patient education programme tackling hazardous drinking in a hospital setting.

The objective of this study is to explore attitudes, wishes, needs and expectations among patients with a hazardous

alcohol intake in relation to the new patient education programme.

Material and Methods

Fifteen elective surgical trauma patients with a hazardous alcohol intake were individually interviewed after informed consent. A semi-structured interview guide was used focusing on four main research topics with a number of questions related to each topic. A grounded theory analysis method was applied with special focus on the importance of the setting and understanding the patients on their own terms.

Results (preliminary)

Overall, patients with a hazardous alcohol intake regard the alcohol education programme as relevant, especially if the patients are already motivated for changing their drinking patterns. Though, other factors had a positive or negative influence on patient attitudes, wishes, needs and expectations: experience with changes in drinking patterns (esp. disulfiram), experience with surgery and/or complications, perception of risk, competing risk factors and intervention conditions such as setting and staff. The final results of this study will be presented at the meeting.

Conclusion

The surgical trauma patients were to a great extent willing to participate in the interview study. The results from the interviews will be used in the final patient education programme. This programme will be evaluated in a large multi-centre randomised trial among adult hazardous drinkers undergoing osteosynthesis of fractures.

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Session 4-7:

Meeting of the HPH Taskforce "Migrant Friendly and Culturally Competent Hospitals and Health Services"

Assessing migrant-friendliness and cultural competence in European hospitals and health services

Antonio CHIARENZA

Throughout Europe, a growing consensus is emerging about the nature and importance of migrant-friendliness and cultural competence as essential components of accessible, respon-

Parallel Sessions

Parallel Sessions 4: Friday, May 8, 2009, 14.30-16.00

sive, and high quality health care. For hospitals and health services, becoming migrant-friendly organizations, implies implementing an overall organizational development process aimed at improving the management and quality management of health care for migrants and ethnic minorities.

To this purpose the Amsterdam Declaration provides a set of recommendations for a successful development of services and organizational cultures. In order to guarantee the sustainability of this process a “Task Force on migrant-friendly hospitals and health services” was created in the framework of the international HPH network.

The task of becoming migrant friendly organizations is partly constrained, however, by the lack of systematic approaches and tools for assessing migrant friendliness, that is, to gauge its presence, level, quality, and contribution to good health and health care. Task Force activities and experience in health services has shown that developing strategies to assess migrant friendliness in the context of health care, means concentrating on the organizational level rather than the individual level.

This task needs to be undertaken with two perspectives. First, organizational cultural competence must be seen as an integral component of systematic patient-centered care to have the potential to improve access to care, quality of care, and, ultimately, health outcomes. Second, the assessment or measurement of migrant friendliness/cultural competence should be seen as an important aspect of organizational behavior and should become a regular management function. The result of such assessment is organizational learning that can lead to continuous service and management improvement by providing information for decision-making.

The workshop will tackle the issue of measurement of migrant-friendliness and cultural competence in health care organisations with the aim of improving equality of opportunity, equity and quality of care, patient safety and health literacy and ultimately health outcomes. The workshop will also present and discuss the use of specific indicators and tools for systematic cultural and linguistic competence measurement in health care.

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Video Presentations

Sailing to Crete: Promoting mental health and peer support

Antonino MASTROENI, Gianmaria FORMENTI, Nicola GIOVENZANA, Gin ANGRI

Background and history of the initiative

The promoters of the initiative believe that Mental Health Services, providing care for their users, need to re-frame the needed interventions within a wider actions agenda for the promotion of mental health and wellbeing in broader community. So, not only promoting wellbeing may be a common goal both of Mental Health consumers and all citizens, but consumers might play a key role in encouraging physical exercise and sport activities in society

Goals and mediatic events

Beyond promoting important determinants of mental health, consumers associations all over the world encourage self-help groups and peer to peer support. Recently Peer to Peer Support practice is gaining importance in our area as well as in all our country. Advocating for their rights and goals consumers movement have learned to use IT aids (web sites, web radio, mailing lists, forum etc.) and to organize mediatic events in to obtain the coverage of broadcasting media and newspapers.

Event description

On occasion of the International HPH Conference to be held in Crete (Greece) on May 2009, some consumers associations, using their acquired ability of sailing, launched a project "Sailing to Crete" to promote mental health, to fight stigma associated with mental disorders, and to spread the experience of Peer Support. According to the Project a group of MHDs users, relatives and professionals will arrive in Crete on occasion of the 17th HPH Conference, with a sailing boat, to promote Mental Health issues, self help and Peer Support.

Sponsors of the initiative

The initiative promoted by Como Consumers Associations was initially sponsored by Como Mental Health Department, Lombardy HPH Network and World Association for Psychosocial Rehabilitation (WAPR, Italian Section). However, as the list of promoting associations and sponsors is rapidly growing, further communications will be published on the Conference's web site.

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The courage of Milga

Anna ZAPPULLAZAPPULLA, Ilaria SIMONELLI, Ilaria, Valentina BENI, Silvia Alessandra GIUSSANI

Background

The UN Convention on the Rights of the Child declares that the States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children and recently the WHO delivered an important Interagency statement on „Eliminating Fe-male Genital Mutilation (FGM)“

The Health Promoting Programme (HPH) of the Meyer University Children's Hospital has promoted the realization of a short film about FGM, titled The courage of Milga (Done by the HPH with the collaboration of the Scuola di Cinema Immagina of Florence), freely inspired by the book „Ferite per sempre“ of L. Catania and O. Abdulcadir (Ed. Derive Approdi 2005), gynecologists of a Local Health Unit of Florence that support women who have undergone FGM.

Aims

The aim of this short film is to raise awareness amongst the public and health workers about this harmful practice in order to contribute to a possible cultural change in the communities of the little girls who had to suffer this experience. Through a symbolic narration, the film gives the representation of the phenomenon and its possible overcoming. Our wish is that the film arouses interest in health workers and that, as a consequence, it produces health care and health education actions

Target

- Youth population, potential protagonist of the change
- Community of women subjected to FGM
- Health professionals and teachers
- Linguistic and cultural mediators
- NGOs, and other associations interested in the thematic

Distribution

The film will be distributed in DVD format, together with a booklet in which every person/charity that contributed to its realization and a short scientific explanation of the practice are reported.

Evaluation

The first feedbacks from those who already saw the film are very positive. Also the interest from the Institutions is growing, as confirmed by the patronages obtained and the positive media reviews.

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Session P 1-1: Approaches towards health promoting patient information and education & joint decision- making with patients

P 1. Patient education activities national survey in French hospitals (EDUPEF): Organisations, aims and methods

Cécile FOURNIER, Pierre BUTTET

In order to identify and describe patient education activities developed in French hospitals, the National Institute for Health Promotion and Education (INPES) conducted a phone survey from December 2006 to February 2007.

All hospitals having requested financial support for "prevention and patient education" activities (MIG) were invited to participate to the survey. Chief executive officers of 333 hospitals and 29 university hospitals (CHU) had to answer a 15 minutes questionnaire about the organization of patient education in their establishments.

Then, 1284 patient education activities managers, identified in the first step, had to answer a 20 minutes questionnaire regarding their activities. Data from 191 hospitals, 17 CHU's and 789 activity questionnaires were collected and analysed. Patient education appears as a priority for 75 % of executive officers and a coordination is set up in 38 % of hospitals. An average of 6 to 7 patient education activities per hospital were reported, on various themes: diabetes (74 % of hospitals), surgery (54 %), cardio-vascular diseases (50 %), addictions (47 %), respiratory diseases (35 %), etc.

The presentation will focus on patient education described by the activity managers. It shows an extreme diversity in patient education activities through their organizations, targets, aims, methods, human and material resources, community relations, etc. This diversity is partly related to the pathologies concerned, but major variations exist also between the activities dedicated to a same pathology.

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P 2. Towards the implementation of a patient health education and awareness program, and evaluation of its impact on patients health habits **Simon DEBLOIS, Michèle DE GUISE**

The presentation will describe a three year project which purpose is to develop and implement a Patient Health Education and Awareness Program at the Centre hospitalier de l'Université de Montréal (CHUM).

Its object is fourfold:

- To create a strategy to educate CHUM patients about their health status, as well as to empower them
- To build a collection of health education documents written in plain language, intended to an audience with a low literacy level, and to place them in a web portal, enabling quick access to health information for health care professionals, to educate the patients, to provide references and documents addressing different users' needs
- To combine to the health care process the proposed approach
- To contribute to the implementation of an integrated health approach at the CHUM, with a special concern for chronic patients care

Evaluation research will be conducted to assess the impact of clinicians' interventions on patients understanding of their health status and factors influencing their health, on their ability to self manage their condition, and their motivation to adopt sane health habits. Also, we will measure the effect of patients' reading of health information written in clear language on their comprehension of their health status and its determinants, on their capacity to self manage their condition and motivation towards sane health habits.

The project was inspired by the HPH core strategies, especially those related to patient and health education (PAT 4, PAT 5). Its topic pertains to standard 3 for patient information and intervention, as part of the Standards for health Promotion in Hospitals. The project is supported by an unrestricted educational grant from Pfizer Canada Inc.

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P 3. Towards the implementation of a patient health education and awareness program, and evaluation of the perceptions of health providers concerning the approach

Simon DEBLOIS, Michèle DE GUISE

The presentation will describe a three year project with the purpose to develop and implement a Patient Health Education and Awareness Program at the Centre hospitalier de l'Université de Montréal (CHUM).

Its object is fourfold:

- To create a strategy to educate CHUM patients about their health status, as well as to empower them
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- To combine to the health care process the proposed approach
- To contribute to the implementation of an integrated health approach at the CHUM, with a special concern for chronic patients care

Evaluation research will be conducted to assess health providers' perception of the program. More specifically, we will investigate whether they combine the patient education approach to the care process, and if they perceive this approach as an opportunity to better educate, and empower patients. Also, we will inquire if they understand the collection of health education documents, and the web portal, as efficient tools to provide health education to patients.

The project was inspired by the HPH core strategies, especially those related to patient and health education (PAT 4, PAT 5). Its topic pertains to standard 3 for patient information and intervention, as part of the Standards for health Promotion in Hospitals. The project is supported by an unrestricted educational grant from Pfizer Canada Inc.

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P 4. Therapeutic education nurses' perception: A tool for implementation of patient-centred nursing

Monia PASQUINI, Lucia LUPETTI, Luciana TRABALLONI, Michele CRISTOFANO

Background

During last few years chronic diseases increase is being happened so more patient and family need active participation and responsibility. Therapeutic patient education is a tool allows to patient an active role in treatment and training to an aware disease's self-management. Nurses have an important educational role recognized by professional regulations, Deontologic Code and University.

Aim

The aim is to analyze like therapeutic education function comes carried out by nurses working in specialist wards of University Hospital in Pisa.

Methods

A descriptive study has been lead by using anonymous questionnaire, put to point for the surveying purpose, and involving 254 nurses working (of whom 155 answered) in 13 wards where adult patients with chronic disease are admitted.

Results

Nurses answer to know (72%) and realize (64%) therapeutic education activity. This is not totally recognized as a systematic process because of performance (64%) is mainly identified. They do not use specific instruments for patient need analysis (54%) and education activity estimate (62%), also there is confusion in same ones indication. Educational activity could be promoted by spending time (65%) because it is not a loss of time but a way to improve nursing quality. Training is an important organization factor (58%) so it could promote professional development (60%) and practical education function in nursing activity (55%).

Conclusions

Nurses, online general, know and realize therapeutic education function but not in methodology specific one. Literature was confirmed about educational activity inhibiting factors (time, staff and patient receptivity) and patient training activities mainly inform and not structured. Then research supplies a new hindering factor: instruments deficiency in order to put into effect the therapeutic education. Nurses have a positive vision about training human resources.

Practice implications

Therapeutic Education will be better implemented in nursing considering organization and training aspects.

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P 5. A new innovative method for management and implementation of health promotion material in the health care system

Lovisa KARLSSON

When the Health Promotion Hospital network in Sweden received a grant from the Swedish government for the development of new ways of implementing alcohol preventive measures, the question arose how to do this in a new and innovative way.

First, it was decided to produce some kind of written material to be distributed since the HPH in Sweden did not have any of its own material. Secondly, it was decided that not only material about alcohol should be developed but also material including all other lifestyle areas such as tobacco, physical activity and overweight/eating habits. Thirdly, the distribution of material should be done in a systematic manner and only to departments and units in the health care system that could define a strategy on how to use the material.

Each department or unit within the health care system that order the material are requested, before they get any material, to fill in a 4-page standardised protocol on how the material are to be used. The protocol also includes questions about how have decided to use the material, if the staff are getting any introduction/education and if so more specific what kind of education. Then follows a more detailed description on how to use the material and during which time period the material are to be used. On the last page space are reserved for evaluation of the use of the material after a certain period of time, most after 6 month. In the end of the protocol the responsible staff are requested to specify if the department/unit are going to continue using the material or make any change in who the department/unit are handling the material.

So far, after more than 18 month of running the project the aim of the project seems to have been accomplished. The evaluations of the project have mostly been positive and many project leaders have expressed a satisfaction with the obligation to specify what they want to do in more details than they are used to.

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P 6. A hospital-based therapeutic lifestyle program for women with metabolic syndrome

Tzu-Chuan HSU, Hui-Ting HUANG, I-Li LIU, I Chen LI, Cheng-Chuan LIU, Hei-Jen JOU

Background

The prevalence of metabolic syndrome (MetS) increased rapidly in recent years and became one of the most important health issues in Taiwan. Objective: The aim of the present study is to evaluate the effect of a hospital-based therapeutic lifestyle program on women with MetS.

Methods

We conducted a therapeutic lifestyle program for women with MetS. They all received a low-calorie balanced diet and regular aerobic exercise program for 8 weeks. Anthropometric indices, blood pressure and biochemical data were collected. Paired-t test was used for statistic analysis. A p-value of <0.05 was considered statistically significant.

Results

A total of 44 women joined the program during the study period. All the components of MetS decreased significantly at the end of the program. Twenty five percent of women were no more MetS at the end of the program.

Conclusions

The therapeutic lifestyle program with diet control and regular exercise improves most components of MetS except HDL-C. Therapeutic lifestyle intervention may be the best way of reducing the risk of CVD on women with MetS.

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P 7. Introducing the "Your Health Your Way" education and training program to promote healthy eating habits among clients and personnel in a major teaching hospital

Paula ROZANSKI, Charles SOUNAN, Marie-Claire RICHER, Martin LAPOINTE, Marie-France NOEL, Stella LOPRESTE, Ann LYNCH

This study is a partnership between the McGill University Health Centre (MUHC), a teaching hospital in Quebec (Canada) and the Sodexo "Your Health Your Way" - program. Implemented several months ago, the program consisted in helping employees and customers make healthier choices by pairing nutritious meals with wellness education and training.

Results show the education and training strategies had a significant and positive impact on consumers' habits toward healthy food choices. The more they were informed on nutritional facts and the characteristics of meals, and the positive impact it had on their health, the more likely they were to achieve and maintain a healthy lifestyle and make healthier decisions regarding their nutrition.

This balance of delicious and nutritious meals, couple with consumer wellness education and employee training is not only innovative, it's revolutionary and represents an important step forward in promoting healthy eating habits among healthcare organizations' clients and personnel.

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P 8. Preparation of an educational/information booklet on the management of enteral feeding for the use of patients and/or caregivers

Marina COLOGNA, Enrico TASINI, Licia SARTORI, Raffaella MORATELLI, Antonio COSTA, Francesca ZENI, Fabio PEDERZINI, Rosanna TABARELLI, Emanuele TORRI

Introduction

Enteral nutrition with a feeding tube positioned in the stomach is an invaluable aid to meeting the nutritional needs of patients unable to eat sufficient amount naturally. It can be performed with a nasogastric feeding tube (NGT), percutaneous endoscopic gastrostomy (PEG) or percutaneous endoscopic jejunostomy (PEJ). Enteral nutrition can be performed in the home, thus covering the patient's nutritional needs in a context different from the hospital environment.

Objectives

To develop the empowerment of patients and caregivers in the management of enteral feeding with the support of an information/educational tool shared between the hospital units involved in the process of treating the patients. To promote intersectoral actions designed to improve the education of patients/caregivers.

Method

Analysis of existing material and identification of areas that could be improved. Setting up of an interdisciplinary doctor and nurse team in 2008, involving the Gastroenterology Unit (for the technical aspects), the Clinical Nutrition Unit (for the nutritional aspects) and the Neonatology Unit for specific

paediatric aspects). Review of the literature to identify the best evidence regarding management of enteral nutrition. Transfer of evidence gathered in the preparation of the integrated information/educational booklet. Official presentation in September 2008 of the material produced to the health structures involved in the management of enteral feeding. Evaluation of the experiment one year after its implementation (September 2009) and official adoption of the tool.

Results

This study was designed to provide the units involved with a single integrated tool which can be used by healthcare personnel to educate patients with an NGT, PEG or PEJ. The result indicators identified will be evaluated at the end of the experiment.

Comments

The leaflet produced can not only help patients and caregivers to ensure correct management of the medical devices, technologies and nutritional mixtures that support enteral feeding, but also assist the hospital/outpatient health structures dealing with these problems.

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P 9. Participation of patients in decision-making concerning treatment

Ryte GIEDRIKAITE

Introduction

Most International Medical Association acknowledge in their documents that patient's interested should of great importance regarding health care. The right to information makes possible for patient to satisfy his needs and creates a possibility to participate in decision-making regarding the methods of diagnostics, treatment and its outcomes. Patient should have the right to express his opinion concerning risk-related treatment and to accept some responsibility.

Material and Methods

The survey was performed in seven randomly selected hospitals of two counties of Lithuania, from November 2006 to February 2007, 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 department of internal diseases and surgery, as well 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 circulated among patients (response rate was 71.3 %) and 128 among physicians (response rate was 70.3 %).

Results

The results of the study showed that the patients do not take an active position in decision-making concerning their treatment. We found that only 34.4% of the studied patients (24.3% answered "yes", and 10.1% - "partially") stated that they expressed their opinion to the physicians when decisions concerning their treatment were made. Meanwhile, the physicians' opinion in this respect differed essentially.

Physicians stated that 41.9% of patients expressed their opinion when decisions concerning their treatment were made, 45.3% of patients expressed their opinion partially, and only 12.8% of patients did not participate in decision-making. It is noteworthy that as much as 94% of patients (72.6% answered "yes", and 21.4% - "partially") who expressed their opinion concerning their treatment stated that physicians took their opinion into account.

Conclusions

Over one-half of the studied patients found that the paternalistic model of physician-patient relationships was more acceptable, which means that the patients were insufficiently active participants of the health care system.

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Session P 1-2: Early prevention by screening & health promoting maternity care

P 10. A comparison of hospital-based and Van-based Community Pap Smear Screening

Li-Hui YU, Chuang-Mei HSU, Li-Chen FAN, Woan-Jen LEE

The Daan District Health Care Center is a primary public health facility in the metropolitan Taipei area and promotes pap smear screening as part of its mission. In 2007, 13.3% of the screened women in the District were screened in a mobile van which moved periodically from place to place in community while the rest were screened in hospitals and clinics. The former group of women received screening free while the latter group had to pay 1.7 to 4.5 US dollars.

In 2008, the Center, in addition to organizing free van-based community pap smear drives in such places as traditional markets, supermarkets, schools and precinct offices as be-

fore, formed partnerships with all 28 area hospitals and clinics to offer free screening also.

Sample surveys indicated high satisfaction rates with the screening process in both settings, at 99.1% and 98.5% for the van and hospital settings respectively.

Remarkably, the majority of the women screened in the van were over 50 years of age (43% were aged 50 to 59 and 22% were aged 60 to 69) while the opposite was true for women screened in hospitals and clinics (39% were aged 30 to 39 and also 39% were aged from 40 to 49).

Results for 2008 showed that the percentage of women undergoing screening in hospitals and clinics increased only by 1% to 87.7%, despite the lifting of fees, indicating that a substantial percentage of older women preferred screening outside of the hospital setting.

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P 11. Implementing a computerized Cancer screening reminder system in the Outpatient Department of a Health Promoting Hospital: Experiences of Cardinal Tien Hospital Yung Ho Branch

Ling-Yu HUNG, Shu-Ti CHIOU, Ying-Ling KUO, Shu-Chuan YU, Li-Ching CHEN, Chun-Hui LEE, Sai-Hung TANG

Background

Screening with Pap smear was fully reimbursed in Taiwan. However, the utilization rate remained very low. Adding this preventive service to the routine outpatient pathways might increase the acceptance and uptake by asymptomatic women.

Methods

A computerized reminder system (CRS) was designed and implemented in our outpatient department on September 18, 2008. When a patient registered, this system automatically checked the gender, age and records of previous Pap smear in our hospital and would generate a reminding sheet when appropriate. The screening history would be confirmed and the candidate for screening would be encouraged to get it during that visit or to make an appointment for it. If the screening was not undertaken, the reminding sheet would be printed out at a once-per-month frequency during the following visits.

Results

From September to November 2008, the numbers of Pap smear done in our hospital increased by two- to three-folds as compared to the same month in the previous year (281 vs. 103, 1054 vs. 363, and 632 vs. 252, respectively). There were 15,239 women reminded and 2,009 (13.2%) undertook the screening after reminding. Most of the screenings (89.1%) were done at the first contact of reminding during the visit for other reasons. There were 26 abnormal results and 17 among them received confirmatory diagnosis in our hospital which yielded 10 cases of cervical cancer, including 9 cases of early stage cancer and 1 case of invasive carcinoma.

Conclusions

The computerized reminder system has effectively promoted the utilization of cancer screening in our outpatient department among women who came for routine visits. However, there is still room for improving the uptake rate. Further strategies such as advice from clinicians and existence of environmental cues should be considered in adjunct of the CRS.

Further comments

Pap smear screening rate has been persistently low in Taiwan in spite of continuous efforts by the government. We see routine clinical visits as a unique opportunity to add health gain for women who are candidates for cervical cancer screening. We redesigned the healthcare delivery process, implemented a computerized reminder system and reported our experiences of initial success.

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P 12. The feasibility of community integrated screening outreaching services conducted by community-based regional hospital

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Background

Many screening regimes have been based on single disease. Few studies targeted to multiple disease screening and were initiated by regional hospital.

Aims

To assess how organized factors affect the implementation of multiple disease screening undertaken by community-based regional hospital.

Methods

The Li-Shin Outreaching Neighbouring Screening projected (LIONS), targeted at multiple disease screening was conducted

by Taiwan Landseed Hospital in Taiwan since 2002. Participants enrolled in the project were derived from residents aged 30 years documented in population registry of two main areas including Chung-Li city, Ping-Jen city within Tao-Yuan County. Screening items included four types of neoplastic diseases and three types of nonneoplastic chronic diseases.

The entire screening process is summarized into five procedures, including preparation before screening, on-site screening, laboratory test and data key-in, dissemination of report, and case management. We assess factors affecting number of attendants in each screening setting, including the cooperation with leader of community.

Result

A total of 257 on-site outreaching activities were provided between 2002 and 2008, serving 29337 screenees with 114.1, on average, for each activity. After controlling for population size, we found that the use of pamphlet and devotion of the elite to community were two significant factors responsible for the attendance of screening.

Conclusion

The LIONS project showed the feasibility of community integrated screening outreaching services conducted by community-based regional hospital. It reveals that attitude of leadership, dissemination of pamphlet, and organization process of screening activity may play an important role in the success of screening.

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P 13. Health promotion in the maternity health centres – Client's, service system's and education organization's point of view

Pia AHONEN, Anna TENHO, Paivi RAUTAVA

Background

In Finland, maternity health clinics (MHC) are important health promotion places, and practically all pregnant women use the services. The demands of the MHC work are increasing. The professionals should possess qualifications to detect psychosocial problems. The need for counselling and support should be assessed by the public health nurse with the family. After the assessment the visits should be arranged according to the special needs. This requires the evaluation of working methods in MHC services and remarkable reform for education institutions.

Purpose

The study clarifies how pregnant women experience the health education in MHCs in normal and risk pregnancies. The risk bases on the pregnant woman's own evaluation. The risk seen by the public health nurse and the resources needed to support the pregnant woman's health promotion ideally are also clarified. We also study how the education system is able to respond to those challenges coming up from society and from nurses' everyday work, as well as how the syllabuses and practical methods of teaching corresponds the methods and ideology of health education.

Methods

Data is based on a quantitative survey and qualitative theme interviews of pregnant women and public health nurses. The survey information will be analyzed with quantitative methods. The theme interviews, syllabuses and teaching methods will be analyzed with qualitative methods.

Conclusions

The results of the study are expected to point out the black spot in the individual health education. They are as well expected to help in creating the ideal model of health promotion in maternity health centres and improve the education system.

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P 14. Proactive approach of lactation clinic in breastfeeding promotion for the communities

Kannika BANGSAINOI

The lactation clinic at Chiang Mai Health Promoting Hospital, Health Promotion Center in Region 10 was established in 1997 in order to strengthen the 10th step of Baby-Friendly Hospital Initiative. There were still barriers from many factors, especially for problematic mothers who could not attend the lactation clinic and working mothers. A new national goal, started in 2003, targets breastfeeding exclusively for six months for at least 30 %.

To achieve this new goal, continuous support from the hospital has been provided for breastfeeding in the communities through a community-based approach by promoting the Breastfeeding Support Group. The Breastfeeding Support Group started with volunteer breastfeeding families who succeeded in breastfeeding exclusively for six months at the lactation clinic. They were empowered to promote breastfeeding as well as allowed to participate and attend hospital activities such as training of breastfeeding skill, provision of health education or breastfeeding talk to visiting health personnel. Each of them became an active change agent, helping other families to practice breastfeeding and spreading the network in the community. The lactation clinic team worked as the train-

ers, consultants and facilitators for the volunteer breastfeeding network in the community.

The techniques used in training were varied ranging from community dialogue, participatory learning, experiences share, field study and workshops. The health volunteers specialized in breastfeeding were then established as one of the community Breastfeeding Support Group and was strongly supported by the local administrative authority.

Four success stories could be found in the factory, school, public place and a model Chiang Mai Breastfeeding Community as examples. The exclusive breastfeeding rate at six months in a model Chiang Mai Breastfeeding Community increases from 33.3% to 72.5% from the year 2006 to the year 2008.

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P 15. Maternal perceptions of breastfeeding support

Jung-Chung FU, Yu-Chin YEN, Shioh-Erl SHIH, Hui-Fang HUANG

Objective

To describe how mothers in postpartum hospital stay perceive the support received from the nurses

Design

Qualitative, naturalistic inquiry design using open-ended, focus group interviews.

Setting

Data collected at a Regional hospital in Kaohsiung Taiwan

Participants

Fifteen breastfeeding mothers were interviewed, using semistructured guide, in hospital over a 6-month period of time.

Intervention

Mothers were interviewed in 4-6 per group following at least two-day stay in the postpartum unit. Investigators held three focus group interviews and a total of 15 mothers were interviewed.

Results

Breastfeeding mothers reported the most agony problem was breast engorgement. Mothers expect individualized problems solving assistance, answering questions, providing suggestions, or encouragement. Routine informative education sometimes were carried out too fast or too much to be comprehensible. Mothers trust the nurses' professionalism and would not doubt the accuracy of provided information.

Inconsistencies of informational supports by nurses exist and may confuse the mothers. Mothers feel stressed when nurses urge them to breastfeed and they are frustrated and struggling with the breastfeeding problems. Rooming-in in immediate postoperative period often is not acceptable in cesarean cases.

Conclusions

Breastfeeding mothers need individualized help and support. Prenatal and postnatal education to prevent the breast engorgement is essential to mothers. Mothers of cesarean delivery need more special care and help in rooming-in and breastfeeding. Breastfeeding support should be more considerate of mothers' feelings.

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P 16. A serene and amusing rendezvous with life

P. PEDROTTI, G. POLIZZOTTI, M.A. FUMAGALLI, Alda MAGNI

Reasons

The General and Medical Management of the Hospital of Vimercate, has always paid attention to the needs of patients. Physicians, nurses, midwives of the Maternity Ward have been wondering about the opportunity to offer a functional, serene and amusing preparation to childbirth. The SITRA (Nursing, Technical and Rehabilitation Service) of the hospital has sponsored with enthusiasm the realisation of this initiative. From November 2008 in the Hospital of Vimercate new and amusing initiatives are available to face the pregnancy experience.

Aim

These proposals, realized with the aid of competent teachers, represent an effective and natural method to help mothers-to-be preventing problems such as backache, articular pain, circulation troubles, helping to strengthening abdominal muscles, engaged in child birth.

Object:

Helping mothers-to face this unique experience with much more confidence and serenity: the birth of their own child.

Addressees

Expectant mothers.

Staff

- S.I.T.R. Hospital of Vimercate
- Competent teachers
- Midwives
- Public Relations Department

Contents

- The "Belly dance" course let women rediscover a nice side of their femininity in pregnancy.
- The "mum-to-be" course joins dance and movement, looking for physical and mental wellbeing and together with Pilates methods, intends to make the body movements harmonious, improving balance and breathing.

Method

- Practical lessons
- Delivering of questionnaires at the beginning and at the end of the course.

Means of Communication

- Poster
- Brochure
- Press conference
- website

Results

- -)Increase in enrolments
- -)Request for a telecast by "SAT 2000" and "La 7"

Evaluations

Considering the success of the course, theoretical lessons (now part of traditional courses) will be included in the next ones.

Conclusions

Planning of further courses.

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Session P 1-3:

Health promotion for children and adolescents in & by hospitals (I)

P 17. Improving empowerment of children and youth in hospital

Nuria SERRALLONGA, Anna BOSQUE, M. Josep PLANAS

The Sant Joan de Déu Children's Hospital in Barcelona has decided to welcome the participation of children and adolescents who are or have been inpatients. This experience of taking children's opinions into account keeps in line with the often unrecognised right of children to participate and also to

be listened to (United Nations Convention on the Rights of the Child, Article 12).

Leaflets saying "Give Your Opinion and Get Involved" have been displayed on six of our wards, asking patients about their ideas in order to develop a "plan of action" to extend and modernise the building. The survey began last October and is planned to carry on whilst the hospital is being refurbished. 24% of the leaflets have been filled out so far (60/250). Patients' ages range between 7 and 16 years old, 46% being boys and 52% girls.

The survey has 7 short open questions (patients' rooms, wards, operating rooms, emergency department, outdoors, main entrance, and outpatient's department) and a space to complete the sentence "If I was the hospital director, I would ...". We also ask about the possibility of belonging to a consultant group of children who commit to helping directors with the design of the new hospital building (by refurbishing the current one).

Children prefer open and colourful spaces with water and flowers. They are concerned about their parents' stay, so they request more areas for them, and they especially ask for more spaces to meet other children and for more activities to do.

Some of them express their desire of participating in a "children's council". This council is going to hold its first meeting in March, and, until then, children are getting together once a month. According to the World Health Organization (WHO), EMPOWERMENT is a process through which people gain greater control over decisions and actions affecting their health (WHO 1998). By answering this survey and also belonging to a "children's council" they can begin to be active and responsible for their own health.

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P 18. Rights of children in the primary health care in Hungary - Implementation process of health promotion for children and adolescents

Zsuzsanna KOVÁCS, Dóra SCHEIBER, Andrea VALEK, Ildikó ÁRKI, Éva MRAMURÁCZ, Zsófia MÉSZNER

Introduction

Previously we conducted a national survey in Hungary on the rights of children in hospital. We formatted the Hungarian version of the EACH Charta and the three elaborated documents of HPH-CA. At the same time we compared the existing

children's rights in the Hungarian health care with the goals of EACH, and we initiated collaboration between the governmental and civil organizations and institutes. The details were presented in Vienna 2007, in Berlin in 2008 and at the HPH-CA meeting in Athens and in Tenerife in 2008. The next step of the implementation process was that the Hungarian National Institute of Child Health carried out a questionnaire study of the primary paediatric health care (primary paediatric practice, general practice, school health service) regarding the rights of children and adolescents.

Methods

242 completed questionnaires have returned from the 680 distributed one, 61% of them was completed by primary care paediatricians, 32.4 % by school doctors/nurses, and 6.6% by general practitioners.

Results

We concluded that the knowledge of professionals regarding the rights of children and the rights of patients has improved in the last few years. However, the socio-economic backgrounds of families, the only slowly growing number of one-day-clinics and the local infrastructural facilities have resulted restricted possibilities in the implementation of these rights. On the other hand it is a good result that more than 80% of the primary care doctors have close contacts with the local Children Welfare Service. More than 48 % of the doctors have problems because the patients/parents have refused some medical intervention (examination, referral to hospital, immunization and treatment). There are good results regarding access to health care, proper information, asking consent of the patient, accepting the patients' need for privacy.

Conclusion

We can establish that professionals are open to obtain information on the current professional guidelines about the children's and adolescents' rights in the health care.

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P 19. Let's respect child rights: Let's make hospital a home!

Luciano PINTO, Luigi Stella ALFANO, Maria Antonia DI LILLO, Gennaro BERNARDO, Fabio BORROMETI, Giampina GRIMALDI, Annamaria PINTO, Carlo MARANELLI, Antonio VITALE, Lino Claudio PANTANO, Alberto RAPONI, Raffaele SPIAZZI

Long hospitalizations or even short ones, causes significant psychological trauma in children and parents, this could be due to disease itself, relation with health officers, abrupt interrup-

tion of normal life-style and inadequate comfort standard. The "Andrea Project", already adopted from 40 pediatric department in 14 Italian regions, pursue the goal to elevate personhood in hospitals, involving doctor, nurses, children, parents, voluntary association in concrete actions, achievable without excessively burden on public resources.

The "Santobono-Pausillipon" hospital of Naples, in collaboration with "SIMEUP-Campania", "Ospedali di Andrea" network and "Age - Parents Association", started in 2008 an educational-interventional project for health officers called "Let's respect child rights: let's make hospital a home!" In the first step, four training courses (120 doctors, 280 nurses - 40% of total personnel), were started. Topics included: children rights in hospital, health promotion, humanization, "painless" hospital and communication, in order to gain skill in measuring care and personhood.

During second step, currently in progress, health operators become actors in their own departments, through working group with parents, voluntary associations and school. Organization, structure, health paths and customer satisfaction are evaluated. Once defined goals and problems, an operative plan with periodic verifications, will be elaborated.

Hospital direction will support the project, monitoring and intervening on criticities, periodically illustrating collected data. Best working groups will be mentioned and at the end of the project (12 months) there will be a results presentation meeting.

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P 20. The utilisation of interactive learning for health promotion in an Irish acute paediatric hospital by CHIC

Grainne DOWDALL, Lucy NUGENT

Internationally our evolving health services with their restricted health resources are competing with virtual health services offering a panacea of advice and instant cures. Many now have access to the internet through home, work or school in addition to a wide range of mobile devices. Health related information which we acknowledge, can be jargon laden is now at the finger tips of the general public without a recognised quality control system which will help vulnerable, bewildered users access the content in the context of their local services or evidence based health care.

In response to the evolving challenges of parental need to access appropriate health promotion and illness related information the Children's University Hospital (CUH), Dublin, opened the Children Health Information Centre (CHIC) in 2007. This drop in centre is centrally located in the outpatient department of a 155-bedded Acute Paediatric Hospital serving a catchment area of Dublin North City and county comprising of 250,000 children up 15 years of age.

CHIC is a unique centre which endeavours to utilise evolving technology in appropriate ways to improve the health literacy of children and their families, in addition to providing a wide range of health information in leaflets, booklets and DVDs. We encourage safe and effective internet surfing by promoting the Health on the Net code to adults, teenagers and children. A network of ten digital signs throughout the hospital display health promotion information via a flash presentation which can be tailored to the needs of each department. Health Information Kiosks around the hospital contain health promotion information, health related games and approved websites.

Access to the internet is tightly controlled by a content management system which permits users to view approved area within selected websites only. Users do not have access to internet search engines such as Google or email. A series of interactive touch screens make a similar range of resources available in a fun and engaging manner encouraging children and teenagers to learn healthy lifestyle options in the format that is now second nature to them.

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P 21. Talking with parents of paediatric patients

Nuria SERRALLONGA, Albert MOLTÓ

The activity "Talking with parents of paediatric patients" began in Hospital Sant Joan de Deu Barcelona in 2006 and is still continuing. It aims to reinforce the promotion of healthy habits through education and information given to children's parents and carers. Once a month, between October and June, there is a speech or talk given by a paediatric specialist (doctor, psychologist, nurse,...) with reference to a health issue which causes some social concern. The activity has dealt with 18 different issues in total. The number of people attending each session has been increasing, either in person or virtually thanks to the "telemedicine" system.

The impact these courses have had on the target groups (parents, educators, carers,...) is difficult to measure, but we can say that:

- The number of attendees to each session is increasing (we began with 80 people, then 100 or some times more, and now the number is 160).

Poster Sessions

Poster Sessions 1: Thursday, May 7, 2009, 13.30-14.30

- The “telemedicine” service helps people follow the talk by connecting from home or a commonplace. Around 50 people connect for each session. Connection is possible thanks to “Cure for kids”, which helps knowledge be shared.
- During the session, the time dedicated to requests and questions made by the attendees is long, with many interventions, and this means that they are very interested.
- From the beginning of these monthly courses in 2006 (October to June) there is a group of 40 couples who are attendees in each talk. This number has been increasing each year.

Either parents or professionals can decide the topics to focus on. The 3 speeches with the most attendees during the course (October to June) are repeated in the next year. In 2008, these were:

- The first month of the baby's life (addressed to inexperienced parents)
- Sleep disorders
- Skin alterations.

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P 22. Teenagers at the Emergency Room Open Day: A multidisciplinary approach which promotes the integration between hospital and territory in regards to emergency health education and minors' protection, and helps cooperation between public health service

Maurizio POLI, Valentina QUADRI, Chiara OFFER, Flavia POLLINI, Massimo CRIPPA, Giorgio RICHIEDEI, Luana BELLERI, Maria NARDI, Sebastiano GUARNACCIA

The “Teenagers at the Emergency Room OPEN DAY” is a multidisciplinary project involving several different Hospital Departments (ER, Orthopaedic, Paediatric, Gynaecological, Medical, Psychological...). It is addressed to young people between 14 and 20 and to their educators (families and schools). Its aim is both to inform people about problems and requirements of emergency healthcare and to convert citizens into active partakers in preventing diseases derived from an unhealthy lifestyle.

Staff involving in the project has been engaged in illustrating to the target population the main dynamics of the emergency

healthcare and emphasizing the relevant importance of a serious education about alcohol and drugs abuse, sexuality, diet and exercise during the growing-up years.

The project has aroused great interest and can be considered successful both in stimulating teenagers curiosity and awakening their self-knowledge and self-consciousness and in demonstrating the importance of an integrated system of services, of which hospital is a part, in order to fully satisfy people healthy needs. For these reasons the project fits also perfectly the regional political programs in terms of Health and social solidarity.

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P 23. There's no harm in trying! Come and play sports with us! Promoting wellbeing and health to disabled children through sports activities

Chiara TUNINI, Marina FAGANELLI, Elisabetta PONTELLO, Massimiliano STABILE, Renzo TOMBOLATO

The project “There's no harm in trying! Come and play sports with us” arose from a reflection on the new health problem of disabled children, in order to let them and their family comprehend that sport can be a way to get both health benefits and social integration. The project aims to show to disabled children that sport can represent a means of socialization and of keeping one's own psychophysical integrity: a way to overcome differences and to integrate themselves into society.

In adolescence it has been registered a high rate of sport practice abandonment, and a progressive estrangement from sport activities, phenomenon that is particularly serious when referred to the disabled.

This project wants to illustrate new ways to experience the less practiced sports disciplines, generally considered as not playable by disabled, both inside and outside the traditional school system: meetings with specialists, physical activities played regularly and fun, are the suggested instruments to practice and experience correct lifestyles and to prevent, at the same time, pathology and risk factors.

It is possible to combine Health Promotion targets and socio-medical ones: both state that the right to health is practiced and, most of all, practicable by everyone. School and sports, in association with sporting clubs and public institutions, proved

to be the ideal ways to guarantee everybody the possibility of practicing sporting activities to promote wellbeing and correct lifestyle models, from youth on.

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P 24. TokTok. The virtual children's community of Sant Joan de Déu Hospital

Nuria SERRALLONGA, Noemé ROYES

TokTok is the Virtual Children's Community of Sant Joan de Déu Hospital and their guests. This is a pilot project which started in November 2007 financially supported by a grant from the Spanish Ministry of Industry, Commerce and Tourism.

TokTok is a social community intervention project that, in the context of Diver Program and the Hospital's philosophy, seeks to:

- To make the stay of children in the hospital as positive as possible.
- To enhance the socialization of children with the hospital environment and the continuity of its external relations.
- To provoke interest in learning, curiosity and discovery in a fun environment created especially for them.

In the Virtual Community, registered users are able to find:

- Expression and Communication Tools:
 - A editor of avatars, a comic book and postcards editor, a radio recorder editor and a personal space in which other users can leave messages. All these tools allow the patient to express and share feelings, concerns and desires in a playful way.
- Information and Consultation Areas:
 - Galleries of creations, the ChildLife Area (in which children can consult an expert or find information about hospital procedures and health), and School Area (in which teachers share their experiences and find some useful skills about how to use Information and Communication Technologies with children).

Currently, TokTok Community is being implemented. Therefore it is very important our collaboration with the Research Group of Social Pedagogy and Communication Technologies of the Ramon Llull University. Their evaluation study will help us to improve and grow in a sustainable manner.

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P 25. Massage intervention for promoting health in infants

Daniela MATTIOLO, F. PROLO, Carlo Alberto TERSALVI

Introduction

There are many evidences that support beneficial effects of massage in children, in parents and in their relation. Vimal McClure has refined and expanded these techniques in the West and founded the AIM whose objective is to encourage contact and human relations during the infant age.

Purpose

The main purpose of infant massage is to promote a state of well-being in parents and child encouraging the process of "attachment". It's a great tool to solve small problems like: excitability, sleep disorders and infant colic and wind. Infant massage is not a technique but a way of communicating based on touch, which also uses eye contact and allowing the voice to convey a message to the child very intimate and deep. Learn to massage your child means listen to it, protect it, grasp the importance of the bond of attachment, growth, and promote health. Not all parents are able to voluntarily provide a "secure attachment": the massage is a great way to do so.

Method

For parents this experience is offered through a course of 4 meetings of about 90 minutes where they learn a sequence of massages that are then repeated daily to their. Infant massage can be performed since the early days of life and continued without restriction, because it stimulates in children a sense of security and confidence in themselves and in the surrounding environment.

Conclusions

The potential for prevention and treatment of infant massage are exalted when practiced at an early age. Infant massage is a gesture of love and vision that parents turn to their children in turn of an unic experience.

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P 26. ASL of Bergamo Province (Italy): The integrated HPH experience for the migrant population.

Giuseppe IMBALZANO, Roberto MORETTI, Pierluigi MAFFIOLETTI, Bruno BODINI, Renato CORTINOVIS, Bernardini ANTONIO, Giorgio LOCATELLI, Giampiero RUSSO

Introduction

Northern Italy is a Region of high immigration from developing countries, Bergamo is an Italian province of 1.057.999 inhabitants. The Public Health Authority ASL, is responsible for health policy, planning, evaluation, and also for providing health promotion services. In the province there are 89.451 migrants (8,4% of total population), 39,8% migrants from Africa, 13,8% Asia, 8,8% Latin America and 21,3% Eastern Europe and the 16,3% mainly from EU.

Objective

The aim of this work is to illustrate the ASL models to promote integrated HPH services among migrants.

Methods

Although Health care and promotion is granted for everybody in Italy, it is certainly more effective to consider the different cultures, values, behaviours and attitudes of the migrant population (intercultural approach). ASL of Bergamo is adopting an intercultural approach (particularly focused on mother and child health) by:

- Setting up a specific office for intercultural communication between migrants and health workers (URI)
- Developing a network of trained "cultural mediators" (at the moment 7 persons concerning the most spoken languages among migrants)
- A direct relationship with migrant associations (in the Province of Bergamo at least 120 migrant associations are listed)
- Developing specific plan for intercultural communication, including a specific CDROM on the doctor/patient dialogue in 6 different languages

Results

The URI office helps health services and offices to face linguistic and legal problems concerning migrants. Cultural mediators and migrant association contribution has:

- Increased the number of migrant registered to the Health Service
- Reduced the communication misunderstanding between migrant users and health workers
- Improved the migrants health promotion culture
- Started information campaign on ASL promotion and health-care services

Health services offices do work very well for intercultural problem solving. Relationship with migrants associations increase very good cooperative solutions. The Intercultural approach reduce misunderstanding and critical accidents.

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P 27. Evolution towards migrant friendly health centers

Elvira MENDEZ, Mariana ISLA, Rosenda FERNANDEZ

This is a collaborative project developed during 2003-2008 by the Asociacion 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 cultural competent services. Improve cultural competent communication 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
- Availability of learning for developing cultural competent skills

Results

The PHC is actively using the services of 37 intercultural mediators provided by ASF, covering the areas of North Africa, Pakistan, Rumania and China and giving direct support to more than 107.000 immigrant patients. The PHC is developed in 5 hospitals and 26 primary health centers. The PHC is adapting, intercultural, numerous information and health education materials. The PHC are providing intercultural learning activities

for healthcare staff. 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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P 28. "Benessere, bien etre, benestar, wellness"

Saverio DICOMMO, Patrizia BELTRAMI, Rosa COSTANTINO, Geraldina GUIDOTTI, Michela MONTI, Francesca SANDROLINI, Paride LORENZINI, Luana REDALIÈ, Gemma MENGOLI, Maria Grazia CIARLATANI, Lucia CLÒ

"Benessere, bien etre, benestar, wellness" it is a plan proposed from the Ausl of Bologna and the Imola's ASP (Agency Persons services) which it has joined also by the Common of Casalecchio. It is a plan of Civil Service, financed from the region Emilia Romagna that takes part in the field of the cultural mediation thanks to the employment of ten foreign volunteers. The employment of the volunteers wants in the first place to be an instrument of social inclusion and enhancement of the value of the foreign young people in the services to the persons.

General Objectives

- The promotion to the principles of the cultural mediation, solidarity and reciprocity that are spread by the Civil Service that are experienced and allows to realize that psycho-physical equilibrium commonly said: Health.
- To increase the possibility of access and improve the quality of access to all social services to the citizens of other nationalities.

Program of the Activities

The plan previews the employment of seven volunteers assigned to the five centers. About the center of the District of Casalecchio it is necessary to focus in a more detailed manner because the project has generated another plan that has like target the population immigrated without allowed of stay". From 2002, thanks to the job of voluntary doctors, this outpatients department is active that proposes their action. The plan of Civil Service has the duration of ten months during which the tutors periodically will make some internal test that concerns the objectives.

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P 29. Exploring cultural diversity at two children's hospitals in Sydney, Australia

Les WHITE, Sharon CHALMERS, David BENNETT, Bruce LORD, John EASTWOOD, Astrid PERRY, Jill CRAWFORD

The diverse cultural backgrounds of patients in children's hospitals present significant challenges for staff in developing effective communication and collaborative relationships, especially given that staff also come from a wide range of cultural backgrounds. Working across cultures requires practitioners to reflect on their own cultural influences, demonstrate empathy for people from other backgrounds, and continuously develop new insights and interaction skills in clinical encounters.

Research undertaken at two children's hospitals in Sydney during 2005-2007 sought the perspectives of a wide cross section of senior and front line staff "seventeen managers and over thirty health professionals" as well as families from culturally and linguistically diverse backgrounds, each having a child with a chronic/disabling illness.

This study employed both qualitative and quantitative research methods including short and long-term in-depth interviews, focus groups, clinical observations and a large multi-lingual (8 languages) telephone survey that was developed from the previous qualitative research findings. The focus of the research was on the interaction between staff and patients/families and included participant observations in wards and at clinical meetings.

While many staff negotiated cultural differences well, the research revealed that constraints in their ability to meet the needs of families were often related to broader systemic factors. In particular, misunderstandings related to communication, signage, interpreter-use and family dynamics were highlighted. These research findings have important implications for child and adolescent health policy, education and clinical practice.

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P 30. Cultural understanding and foreign users: Possible ways to improve the relation

Loredana CERULLO, Maria RAVELLI, Elisa MAZZINI, Cinzia GENTILE

Brief description of the project

Assistance for foreign patients has become increasingly important over the years because of the increasing presence of citizens from other countries in the provincial territory. From 2006 to 2007 the foreign population has gone up from 8.7% of the resident population to 9.3%. The foreigners are mostly young (mainly represented by the age group 0-9 years and 20-39 years) and this demographic trend is also seen in the use of the healthcare services.

In 2006 the Hospital activated the Linguistic Cultural Mediation Service the use of which is monitored by means of a six-monthly quantitative evaluation. However, no study of quality of the service had ever been conducted as perceived by the operators who avail of it.

Goal and Objectives

- Promote and evaluate a process of cultural and structural change in organization from a point of view of promotion of health for foreign users
- Create a tool to obtain feedback from professionals regarding the qualitative and organizational aspects of the mediation service.

Methods/ Actions

- Organization of a training course for all professionals. The course was started in 2007 based on the need of operators to improve relations with the foreign user and was repeated in four editions in 2008. Its main aim is to consider the problems regarding the process of communication between different cultures while at the same time studying the socio-cultural features of the most representative races in detail. The concrete experiences of the operators and mediators in their approach with the immigrant user formed the basis for dealing with some subjects such as:
 - Cultural problems in the hospital context
 - Keys for reading the needs of the new foreign users
 - The communication codes
 - The mediation strategies and the role of the mediator
- Institution of a study for assessment from the point of view of the operators, in 2008:
 - the main methods and "areas" of use of the linguistic-cultural mediation service
 - the criticalities and suggestions for improving the service
 - the training requirements for using mediation and interculturality in general
- Revision of the Hospital organization methods and mediation service together with the figures involved (hospital professionals, mediators, mediation service co-ordinating body, mediators management organization)

Evaluation of results

The training course was assessed as positive by the participants who also expressed the need to continue to study in

detail the topics linked to interculturality, to representations of the "world of healthcare" in the different cultures and "communication", by promoting greater awareness of "diversity" (race, origin, religion, schooling, customs and traditions also as regards healthcare) and the relational skills marked by the understanding, mental flexibility, change and cooperation.

A study of the evaluation showed the need to reorganize the presence of cultural mediators in hospitals and certain suggestions for application involving participation of mediators in the various work teams, thereby making their work more stable and integrated to a greater extent with that of the operators.

Conclusions

The professionals themselves strongly felt the need to improve the quality of the assistance provided by investing in the field of relations and communication. In 2009 an "improvement group" will be activated, consisting of operators and cultural mediators to study hypotheses for improvement of ways of access, information and care for foreign users.

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P 31. Qualitative and quantitative tracking 2003-2008 of medical interpreting and cross-cultural communication at Bambino Gesù Hospital, Rome

Lucia CELESTI, Maria Cristina ROCCHI

In 2003, Bambino Gesù¹ children's hospital of Rome established a unit to deal with medical interpreting and cross-cultural communication for foreign patients using the hospital's services.

When help is required, a form is sent to the hospital's Public Relations Office, which then selects a suitable interpreter and makes him/her available within 2 hours in emergencies and within 24 hours under normal circumstances.

Here we present the tracking data for the years 2003-2008, both in terms of languages requested and the increase in numbers of requests presented, which corresponds with the changes over time in our non-European patients. In 2003, 169 requests were made and the number increased to reach 710 in 2007, the data for 2008 are being analysed and will be presented at the congress.

Over the years, there has been a great increase in demand, above all for Arabic (from 46 requests in 2003 to 388 in 2007), followed by Romanian, Albanian, Iraqi, Kurdish and

Chinese. Other languages requested are Bengali, English, French, Russian, Spanish, Bulgarian, Swahili, Bosnian, Serbo-Croat, etc.

A qualitative analysis is also presented, carried out by monitoring the interaction between medical staff, the patient's family and the cross-cultural advisor. The model of communication (lexis, tone of voice and physical position of the participants in the room) varies according to the nationalities involved, we report the differences in behaviour and in modes of communication observed with different cultures (e.g. Arab, Chinese).

The understanding of various needs is fundamental in order to guarantee the correct comprehension of medical information by all the participants. Establishing informed consent is a particularly important area, that means communicating a real understanding of invasive treatments, such as surgery, which is very often part of the help these patients from distant lands receive in therapeutic protocols that are unavailable in their own countries.

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P 32. Culture sensitive health education

Sonya BEUKES

Health Education is an important component of health promotions, which is concerned, with the health status of the individual and the community. Health education takes place daily and is planned by the health worker and the patient in order to enable the latter to willingly make independent informed decisions about health and to practice these of her own choice.

The aim of this study is to determine to what extent health education given by final year degree students on the Phelo-phepa train is culture-sensitive. Health education sessions are evaluated for culture sensitivity and as a result of the findings guidelines for culture sensitive health education is described.

For the proposes of this study, use was made of an exploratory, descriptive and contextual design. Health education was explored on videotapes and evaluated by means of naïve sketches by expert evaluators. These results were compared with the literature and as a result of this, guidelines for culture-sensitive health education in community nursing were developed.

The general findings indicate that health education is not culture-sensitive. The three main categories that were identified are: a lack in cultural background assessment, value clarification and ineffective culture-sensitive communication. These

three main categories are supported by the three principles for culture-sensitive care described by Chrisman, namely knowledge, mutual respect and negotiations. Guidelines for cultural sensitive health education have been described by means of a model case.

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P 33. Intercultural mediation in the social and health services network

Sandra BOMBARDI, Matias DE LA CALLE, Paola ANTONIOLI, Paola CASTAGNOTTO

Description

Events that force a person to abandon his or her context, make that person a vulnerable subject, by lack of knowledge about Hospital and National Health System accessibility, lack of knowledge about medical terminology, language, and the difficulty to communicate the meaning of pain. The intercultural mediator is not the person that finds the solution of a certain problem, but the person that helps and educates the patients on how to cope with common incomprehension. The mediator has a pedagogic role, transforming the "cultural accidents" in occasions of growth and new knowledge, implementing within the health services transcultural processes.

Objective

- To render homogenous the organization of the intercultural mediation processes in the social and health services network in the province
- To monitor the evolution of the needs of the territory in order to program properly the activities Diversify the offer of intercultural mediation accordingly with the characteristics of the territory, the speaking language needed and the type of intervention requested
- To facilitate the health professionals' acceptance of foreign patients
- To facilitate foreign citizens in the access and fruition of health services

Methodology

The approach used is Bottom-Up, Transcultural Methodology, Active Listening Methodology and Network Methodology.

Actions

- Make an interdepartmental Coordination procedure for the intercultural mediation activity
- To build and share the tools that describe and keep record of the coordination and activity of intercultural mediation in the 7 mediation headquarters
- To give intercultural mediation service in programmed, ordinary and urgent mode
- To produce information material in different languages

Poster Sessions

Poster Sessions 1: Thursday, May 7, 2009, 13.30-14.30

- To monitor the activity to plan mediation activity for the future

Target

- Health professionals of the social and health services of Ferrara Province
- Immigrant citizens, users of the social and health services of Ferrara Province

Results and conclusions

- Increased competence of care and self-care of the immigrant person
- Continuity to the Intercultural Mediation Project, improved the rationalization of resources, integrated planning of activities dedicated to immigrant citizens in the national social and health system
- Culturally sensible responses given by the social and health services of the territory

Benefits

- Integration of health professional where immigrants presence is higher, creating a "community of practices"
- Individuate and use in the services, advanced competences in the relational and educative field, in order to offer services culturally sensible

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P 34. New European migrants and the NHS: A health staff training DVD

Dermot GORMAN, Caroline TOLAN, Grazyna FREMI, Filip SYCZYNSKI, Eleanor MCKNIGHT, Clifford BURDEN

Background

In response to increasing concern about the experiences of the NHS of A8 and A2 migrants, the Scottish Government funded a patient stories DVD. The DVD is intended to be used as a training aid for NHS staff. The aim of the training that accompanies the film is to provoke NHS staff to think about practice and steps to improve cultural competence.

Methods

The production shows the issues typically faced by these new migrants when they use the NHS. About half the recorded material is about maternity care - reflecting the impact this group have had on this service (over 3% of births in Scotland in 2008 were to mothers from this group). Several of the scenarios reported in the DVD show poor outcomes for migrants from NHS contact and staff may feel challenged by what they see.

Outcomes

Many of the issues discussed in this DVD are common to the local Scottish population as well as to all migrants. But there are several unusual features of the new A8 migrants.

- the very rapid influx of people to Scotland is largely unprecedented
- they are, in the immediate post 2004 period, nearly all in the 18-35 year old age group
- they have ready access to healthcare in and advice from Poland

Some of the scenarios have specific clinical learning objectives, while all teach something about appropriate and fair treatment and good communication.

Clips from the DVD will illustrate:

- how patients may be using two systems
- problems caused by language differences
- a lack of understanding of the expert role and high level of training of GPs and other NHS staff
- the perceived slow access to GP and other services afforded to patients in this country

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P 35. Clinical cases and trans-cultural therapy: Training experience in the mental health dept

PIERA BEVOLO, A. ESPOSITO, A. COLONNA, M. FABIANI, A. PIFFER, B. PREDIERI

Brief description of project

Training sessions on migration and mental health have been held in the Mental Health Department for some years.

Aims and Goals

- Increasing operators' knowledge and awareness during meetings with immigrant patients
- Avoiding possible cultural misunderstandings that may bring about miscomprehensions and difficulties at a diagnostic and therapeutic level
- Refining clinical instruments and capacity for starting, accompanying and planning therapy plans with patients

Method/Actions

Training in 2008 was held once a month during supervision meetings (lasting three hours each, with accredited lecturers and the joint presence of operators coming from various professions (psychiatrists, nurses, trainers, social workers, linguistic-cultural mediators, psychologists and in some cases voluntary workers). Cases were presented by a group of op-

erators which were then commented and discussed by the group and the speaker. Theoretical and clinical indications were recorded in the minutes.

Main Target

Recipients of the initiative were workers belonging to the services involved in managing cases and meeting patients.

Evaluation of results and conclusions

The training course aroused interest and participation. Questionnaires filled out by the participants provided positive results. The operators have asked to continue the experience and participation in the sessions has increased over the years. The Department head set up an improvement group alongside the training course, including representatives from the province and the various services in the department, with the task of monitoring the phenomenon, in order to consider epidemiological aspects and plan other training course.

The experience of training has produced:

- Realization of training course on the topic of migration (ex. Workshop on "Access to health services" or on "Etnopsychiatric decline of crisis")
- More dissemination of the culture of the immigrant patients welcome and more appropriate use of the linguistic-cultural mediation in clinical context
- Constitution of a group, representative of different sectors of the department, which discusses the cases of immigrants patients and reflects to identify new training courses in relation to the emerging needs in the clinical context

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P 36. Haemophilia: An educational nursing project aimed at the Sinti community of the Reggio Emilia area (Italy)

Dimma VARINI, Cinzia GRADELLINI, Marco D'INCA

Brief description of the project

Haemophilia is a rare hereditary haemorrhagic disease. In the Reggio Emilia province, 27% of haemophiliacs belong to the Sinti community (a westernized gypsy community that has been living in the Reggio Emilia territory since the '30s). There seemed to be lack of preparation of the nursing personnel for planning an educational program aimed at a community which generally pays little attention to problems linked to health and prevention.

Goal, objectives and target

The educational project is aimed at haemophilic children who are being given intravenous treatment at home and the family

network according to a "comprehensive care" program. The project intends taking into consideration the cultural and social conditions in which the child is inserted to:

- Facilitate the passage from "improvised" assistance to "planned" assistance which considers a specific cultural context
- Promote the complete self-management of the disease and its complications from a point of view of empowerment

Methods/ Actions

- Participation in refresher courses (nurses, doctors and parents of haemophilic children)
- Interview and visit to the Sinti camp
- Mapping the services available
- Planning the educational program:
 - Analysis of training requirements
 - Sharing the nurse/family program - agreement
 - Planning activities
 - Implementation of activities (practical tests and simulation)
 - Evaluation of activities
 - Guaranteeing continuity of treatment

Evaluation of results

The results showed that:

- Parents are capable of administering the drug independently intravenously at home. The evaluation was done by means of a "technique assessment grid" used by nurses and a theory and practical examination for the parents at the end of which a regional permit is issued qualifying them for intravenous therapy
- The children and parents are capable of handling haemorrhagic complications
- The children attend school, cutting down absence due to the disease (1st semester 2007: 16, 5 days of absence from school vs 1st semester 2008: 12 days of absence from school)

Conclusions

- Increasing role of nurses.
- Creation of a "personalized" educational project starting from the analysis of the cultural context.
- Spreading awareness regarding prevention and health education also extended to other components of the gypsy community.

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P 37. Transcultural birth care - Migrants giving birth in Austria

Anna Maria DIEPLINGER, Agnes SCHIESSER

It is an essential objective of obstetrics to make every possible effort to integrate migrant women into a national health system. The issue that arises is the following: how can one optimize transcultural birth care of migrant women? The present study approaches the challenges of working with migrant women before, during and after giving birth from an obstetric staff's point of view. The study emanates from a transcultural approach, which regards culture as comprehensive and not limitative.

Questionnaires were handed out to staff in 16 hospitals in Upper Austria in November and December 2008. These questionnaires aimed at gathering information on the experiences made by midwives, doctors and the nursing staff. The results of this investigation show that obstetric staff frequently feels stressed, under pressure and even overloaded by work with migrants giving birth. The reasons stated include time pressure, duty of legal coverage and emotional strain. In addition to the common challenge of overcoming language barriers, the staff has to cope with the extended family as birthing partners and differences in the role perception of women and men.

The study analyses occupational categories and evidences differences between urban and rural hospitals. One important discovery of this study suggests that transcultural competence of staff strongly has to be encouraged. Health authorities should be encouraged to develop processes on an organizational and social level to promote diversity on all instances. Diversity-management and the systematic inclusion of migrants into the process of change are crucial on the way to better birth care for women of a migration background.

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P 38. The participation of vulnerable people to mammography screening programme: Technology and strategies for the same aim

Gianni SAGUATTI

Population-based breast screening programme remains up to now the most efficient early diagnosis strategy against breast cancer. In the City of Bologna and in its surrounding area mammography screening started in 1997 and concerns about 97.000 women. The activity is based on a close interaction between Hospital and surrounding area and women go to local Medical Centers in their towns or in their villages: "taking mammography from the hospital 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 addition, the complete digitalized technology permits also to transfer the images to the hospital to be read by radiologists. Participation rate is the first indicator of a good performance, and the equity of the access is the base of a correct action: we reach 64% of general attendance but only 30% for the non EU migrant women.

Starting from the concept that knowledge and attitude determine the practice, we are developing, in a close connection with many partners (Local Authorities, Cross-cultural mediators, NGOs), an articulated activity in the complete area, made by an analysis of the determinants characteristics of the population (age, origin, social level), local awareness meetings with active participation of the community before the arrival of the Mobile Unit in the village, special meeting with vulnerable people, production of translated informative material for the migrant women, and organization of particular events ("Prevention days").

The aim is to build a direct/permanent relationship between the women attending and the Health Authority offering the service, in a kind of ethical agreement between the Organization and the Users, observing the principle of fairness by giving the same chance of participation to all women.

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P 39. Dealing with prostitution: A network of operators in Reggio Emilia experience

Maria Cristina GEMMI, Rossano FORNACIARI, Marina SPARANO, Claudia CROTTI, Noela NNEAMEKA, Giovanna BONDAVALLI, Francesca ANGELUCCI, Sara MAGNANI

Brief description of project

Prostitution is a complex problem. The most critical aspects range from the trade and consequent violence on people, the lack of social protection and respecting health and other fundamental rights. Women who work as prostitutes are usually young, who move around frequently and who often have no resident's permit.

For some years now in Reggio Emilia, public healthcare and social workers (local health authority and town council), private social workers and voluntary workers have worked on a project aimed to guarantee information about healthcare rights and social rights, protection and healthcare prevention and promotion to prostitutes.

The Foreign Family Healthcare Centre (CSFS), a service dedicated to foreigners temporarily residing in the area, was identified by the project managers as the reference service for healthcare protection for prostitutes with no resident's permit.

Aim and Goals

To provide information about fundamental rights and procedures for accessing services, protection and prevention methods. To guarantee the right to healthcare via facilitated access to the CSFS. To monitor the prostitution phenomenon in quantitative and qualitative terms.

Method/Actions

Important actions are carried out by the street unit: a group of workers that "talk" to the people in the places where they work as prostitutes. Some of the information offered includes sending or accompanying the prostitutes to the CSFS, where healthcare workers, aided by cultural mediators, offer:

- Prevention activities (contraception, pap-tests, blood tests for HBV, HCV, HIV, LUE, Mantoux tests)
- Gynaecological and obstetrics, general medicine and infectious diseases care

An annual check-up is planned with other operators in the project, to analyse data, assess results and continued planning.

Main target

People working as prostitutes, especially those without a regular residents' permit.

Evaluation of results and conclusions

The services network guarantees the continuous exchange of information among operators, the presence of the cultural mediator helps workers and users to understand mutual needs. As part of the healthcare project, results of blood tests taken to assess sexually transmitted and parenteral infectious diseases did not produce especially high incidence values.

One of the main problems is the frequent resorting to abortions, and the number of women having more than one abortion is particularly high. Results in terms of "change of approach to contraception", also probably due to this population's mobility, is one of the most critical factors.

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Session P 1-5:

Health promotion in mental health services & mental health promotion

P 40. Integrated services to improve the life quality of people with special psychiatric needs in the Viljandi Hospital Foundation

Kyllike HEIDE, Enno KASE, Rita KERDMANN, Urve TONISSON

European strategy for health promoting hospitals emphasizes hospitals role in health promotion, prevention of diseases and rendering of rehabilitation services. While managing chronic diseases it is very important to provide systematic services and activities. Because psychiatric diseases incline to be frequent and chronic, it is recommended to combine therapy with psychosocial intervention.

Latest trends indicate that efficacious have been following activities:

- Recovery oriented rehabilitation programmes
- Assertive community treatment
- Case management

By integrating different health- and social care services it is possible to improve the health condition and through that also the life quality of people with special psychiatric needs. During the recent years several Estonian health care providers have achieved the level old European countries had a long time ago: hospitals provide integrated healthcare, rehabilitation and social care services.

Integrated services at Viljandi Hospital Foundation:

- Health care services based on the Psychiatric Clinic: out-patient and in-patient treatment.
- Rehabilitation services based on the Social Care Department.
- Special social care services for the people with special psychiatric needs:
 - 24-hour care with intense support
 - 24-hour care with intense supervision
 - support for everyday life
 - supported living

All of the services are provided at the territory of Psychiatric Clinic, which, as it is situated in the Jamejala park, is a great environment for the clients. Furnishings of the buildings is designed according to the specifics of services.

Important notifications based on Viljandi Hospital experiences:

- When the services become more and more individual and client-centered, the need and capacity of primary level services diminishes.
- Social remission has critical significance.

Poster Sessions

Poster Sessions 1: Thursday, May 7, 2009, 13.30-14.30

- Combination / integration of different services in the hospital as compact as possible.
- Services must be framed up for clients needs.
- Consistency and cooperation between different institutions and health sectors is crucial.
- Before leaving the hospital client must have enough information to cope with his / hers life.

Present problems:

- Complicated documentation
- Limited finances
- Shortfalls in legal acts
- Shortage of qualified labor force
- Deficient cooperation between different institutions

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P 41. Education and shared-care between psychiatric hospital and social authorities concerning children living with mentally ill parents

Lisbeth Koefoed JENSEN, Annette ANDERSEN

Focus on education and shared-care between Psychiatric Hospitals and the social authorities concerning children living with mentally ill parents.

Background

The top management in the hospital in adult psychiatry in the western part of Region Midtjylland in Denmark has made the decision for qualifying efforts towards mentally ill parents and their children. More concrete this means offering family conversations in adult psychiatry.

An annual course is offered to interdisciplinary and cross section professionals to make sure that professionals acquire the same knowledge and qualifications to master their tasks concerning the families with parents with mentally illness.

The aim of the course is

- Professionals get important knowledge about the families emotional and social conditions and perspectives
- Professionals become familiar with each others organisations and qualifications, possibilities of treatment and support
- Professionals build up close and goal orientated cooperation around the families welfare

The principal contents of the course are:

- How mental illness can affect all members in the family
Communication - training methods in family meetings and discussions

- Mastering strategies for children and the parents
- Crosssection and interdisciplinary shared-care
- Follow up after finishing the course

In a process of developing qualifications the professionals meet continuously in different networks for exchanging experience and knowledge and to become supervised. Once a year a lecture in a related subject is given by an expert to all interested professionals who wish to attend.

Main subjects in the family conversations

- Noticing the children -as relatives they are at risk
- Strengthening the possibilities of the parents to fulfil their roles as parents
- Supporting involvement of private or professional network around the child
- Making sure that necessary support from the professional network is given to children and parents

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P 42. Concerning children of parents with Major Depression

Kirsten HANSEN

The project Save the Childhood was in the period of 2005-2007 accomplished in the Regionpsychiatry Herning and the Regionpsychiatry Holstebro - part of Region Midtjylland in Denmark. Patients were offered family conversations and 989 children were referred to the project on account of mentally illness by one of their parents. Approximately 50 % of the patients included were admitted because of an episode of depression.

Experiences from Save the Childhood as well as from previous, similar Danish projects indicates that an unknown number of children get little or no information and little or no municipal support regardless of their having a parent with depression. These experiences has led to the question: Which support is in Denmark in general given to children of parents with depression?

An investigation in preparation aims to answer this question. 3 groups of respondents will be included:

- Parents, on the sick list during 8 weeks on account of Major Depression, and their partners
- General practitioners
- Municipalities

The period of investigation is planned to be 3 years with start in September 2009. The investigation is constructed with 3 phases and qualitative and quantitative methods in the shape of

interviews, questionnaires and conversations in focusgroups will be applied.

The startingpoint of the investigation is a number of specific municipalities, where citizens will be referred to the investigation, when they have been on the sick list during 8 weeks. The cause of the investigation will show whether the parents included will be admitted to a psychiatric ward or will be treated for depression by their general practitioner.

A central object of the process of investigation is to develop recommendations of feasible methods to give cross-sectional support to children of parents with depression in Denmark.

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P 43. Substance abuse among somatic patients: A strategy for treating harmful use of alcohol, intoxication and addiction in a somatic hospital setting

Sverre NESVÅG, Espen Andreas ENOKSEN, Åse CHRISTIANSEN, Møyfrid Lode YN-DESTAD, Anne Schanche SELBEKK

This is a presentation of a comprehensive strategy currently containing twelve defined activities. The purpose and objectives of the comprehensive strategy are as follows:

- To improve the quality of treatment in regard to the diagnosis that patients are treated for in a somatic setting by identifying and intervene towards problem alcohol and drug users
- Using the opportunity a stay at the hospital is for identifying and intervening when it comes to alcohol and drug problems
- Improving patient pathways for patients in need of specialised treatment for drug and alcohol abuse
- Integrate the work in the existing HPH models and tools in practice
- To develop a research program connected to the clinical, educational and organizational issues involved in the implementation process

Methodology and actions

Strategy:

The enterprise is based on education of the health staff on alcohol and drugs health work. The education is adapted to the different challenges facing different divisions and departments. One important part of the education is to challenge attitudes like "it is difficult for the staff and for the patient if we start asking questions about alcohol use".

The project started out in the emergency ward and has gradually expanded to new divisions and departments at Stavanger University Hospital

The enterprise builds on a model with different interventions levels:

- Screening/Identification, implementation of procedures for identifying patients in the main target groups (acute intoxication, harmful use and dependence syndrome)
- Written information/digital programs for lifestyle changes
- Advice from health staff regarding alcohol and/or drug use
- Advice/counselling from specially trained health staff/follow up by alcohol and drug liaison service
- Collaboration with external health and social services
- Referral of patient from the somatic setting to specialised treatment for drug and alcohol abuse

Activities:

- Scand.in.Alc: Development of an evidence-based alcohol education program for hazardous drinkers in surgical settings in Scandinavia
- Effect of alcohol intervention in surgical settings
- Health determinants in surgical patients and need for alcohol interventions in the surgical setting
- The effect of patient education program on the high alcohol consumption in patients operated for ankle fractures
- One year follow-up after patient education program on the high alcohol consumption in patients operated for ankle fractures
- Health determinants among hospital patients and the need for health promoting activities in hospitals
- Development and implementation of procedures for identification and intervention for alcohol intoxication and injuries among adolescents in emergency departments
- Development and implementation of procedures for abstinence treatment among substance dependent patients in somatic hospital settings
- Development and implementation of follow up procedures of substance dependent patients after discharge from treatment in somatic hospitals
- Development and implementation of procedures and services for identification and intervention for alcohol patients in somatic hospital setting
- Health service research project following the implementation of the strategy for treating harmful use of alcohol, intoxication and addiction in a somatic hospital setting
- Testing the effect of an interactive digital intervention on alcohol use among hospital staff

Main target groups

The main target groups in the project generally corresponds with the classification used in ICD 10 and the categories used to specify the clinical conditions, acute intoxication, harmful use and dependence syndrome.

Results and conclusions

This is a work in progress now involving the Division of Acute Care Medicine, Division of Internal Medicine and Division of General and Orthopedic Surgery. Each of the activities has their own defined outcome measures.

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P 44. Substance abuse among somatic patients - Hospitalization as an opportunity to discover the abuse, to identify and intervene. A model based on cooperation and liaison-services.

Åse CHRISTIANSEN, Kjersti EGENBERG

Rogaland A-center is a specialized health care institution treating addiction and substance abuse-related problems. Rogaland A-center is also a national centre of expertise in two areas: Substance abuse in families with young children and substance abuse in the working environment.

Rogaland A-center is organized with 4 units:

- The out-patient clinic offers treatment for individuals with substance abuse problems and their families, focusing on the children in particular. We offer one-to-one therapy, couple, family and group-therapy.
- The in-patient clinic offers intensive treatment, normally 4 months, tailored to individual needs.
- The Detoxification unit offers detoxification and abstinence treatment. It includes alcohol, prescribed drugs and illegal drugs.
- The department for Research and Development has a special focus on research into addiction related issues in families. In addition this department works to increase general knowledge and expertise on alcohol and drug related topics.

Our work is based on the belief that it is never too late to change. That belief applies to individuals and their families. We know that the sooner treatment is initiated, the chance of success increases.

Rogaland A-center is a member of HPH and is a liaison partner with Stavanger University Hospital. The goal is to implement a strategy for treating harmful use of alcohol in a somatic hospital setting.

Alcohol Nurse Specialist (ANS) employed by RAS works on a daily basis in acute somatic ward at Stavanger University Hospital, offering:

- Consultation, cooperation and guidance of hospital staff
- Interventions with patients and/or relatives. Focus on substance abuse, mapping the resources and needs of the patients.
- Possibility for 1-2 further consultations followed by referrals to adequate treatment options.

The ANS presence in the ward has led to an increased engagement/ involvement among hospital staff when it comes to underlying causes of intoxication and how to intervene in order to prevent further harm due to alcohol.

Among the patients (113) who were referred to ANS over a period of ten months, 52 patients had not been in any kind of treatment due to alcohol earlier.

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P 45. Psychological distress in cancer patients: A research in an Italian cancer hospital

Barbara MUZZATTI, Chiara TUNINI, Ettore BIDOLI

Background

The diagnosis of cancer marks an immediate passage from a condition of health to one characterized by uncertainty, threat of death, and changes, nevertheless the psychological adjustment to cancer is a longer process and psychological distress is described by literature as a peculiar component during it. In the present research, psychological distress was assessed in a large sample of hospitalized cancer patients and studied according to several clinical and socio-demographic variables.

Method

Five-hundred and forty consecutive adult patients from the same Cancer Hospital in North-east Italy were administered with the Hospital Anxiety and Depression Scale (i.e., a distress self-reported measure) the day after their hospitalization. The questionnaire is a Likert scale composed of 14 items subdivided into two different subscales: Anxiety and Depression.

Results

In the present sample, the prevalence of "probable" psychological morbidity due to anxiety was 27.2% and due to depression as 21%. When the inpatients identified as "possible" cases were included, the respective proportions were 52.7% and 41.5%. Socio-demographic variables (e.g. gender and age) seemed to influence these data, whereas the role of clinical variables (e.g. type of cancer and disease duration) were less associated to them.

Conclusions

Because little changes in distress levels were recorded progressing from the diagnostic to the therapeutic phase, the present data seem to highlight the importance of an early screening for this dimension. Furthermore socio-demographic

variables can help in identifying those inpatients who would benefit the most from a psycho-emotional support intervention.

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P 46. The Cancer Survivor Clinic: The first Italian multidisciplinary rehabilitation program for cancer survivors

Barbara MUZZATTI, Katia BIANCHET, Lorena GIOVANNINI, Cristina AGUZZOLI, Umberto TIRELLI

Background

Substantial medical progress makes cancer survivorship a reality for a growing number of persons. It is a new condition in which both its somatic (e.g. the late and long term effects of the disease and treatments) and psychosocial (e.g. psychological distress, fear for a relapse, perceived social support) play a role in the bio-psycho-social health. For the first time in Italy, a cancer rehabilitation clinic for survivors has been created to determine their physical and psychosocial needs and to identify the priority actions required to meet them.

Method

According to the clinic program, a cancer survivor is an individual who has been diagnosed with cancer but is currently disease free and has not had any active treatment for at least five years. The clinic is firstly aimed at the evaluation of cancer-related and treatment-related late and long-term (medical and psychosocial) effects, furthermore it offers adequate support services to the patients and, if required, to their families, including screening advice to prevent the occurrence of new cancers. Patients' enrolment has started since July 2008.

Results

The program will take three years. During the first six months, thirty-two cancer survivors have been evaluated, thus, we estimate to reach, by the end of the Program, two-hundred and fifty units. At the conclusion of the program, a set of guidelines defining cancer survivorship and the best rehabilitative (medical and psychosocial) approach, tailored upon the specific needs of this kind of users, will be drawn up together with patient education handouts.

Conclusions

The Cancer Survivor Clinic offers a unique multidisciplinary assessment to whom experienced cancer in their past. It is also an important opportunity to investigate the quality of life and the needs of this population and to create a "survivorship culture" in the scientific as well as in the general community.

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P 47. Effectiveness of the prenatal education model for ART pregnant women

Kuo PI-CHAO

Infertile women receiving assisted reproductive technology (ART) always suffer from a number of psychosomatic consequences during a long, complicated, and invasive treatment course. When they become pregnant, their psychosomatic symptoms may be different from those in women of normal pregnancy, which could be the effect of previous treatment. To promote healthy psychosomatic status for pregnant women receiving ART, the purpose of this study was to establish and evaluate the prenatal education and a peer support group program for pregnant women who received ART.

The program emphasized the ART pregnancy specificity, and included cognition and emotion support. Quasi-experimental study and purposive sampling was used. Respondents were recruited from an infertility treatment center in middle Taiwan. This program were provided for 30 women in the experimental group during 9-12 gestation pregnancy with a frequency of once (90 minutes) a week for 4 weeks. For another 30 women in the control group would not receive. Data were collected before and after the program in order to examine the differences in indicators of effectiveness include psychosomatic symptoms and trait anxiety and state anxiety.

Results showed psychosomatic symptoms and state anxiety reached significant statistical differences within experimental group ($p < .05$), but control group was not. This study indicates that the program is useful in order to reduce psychosomatic symptoms and state anxiety. Comparing two groups before and after measures includes psychosomatic symptoms and anxiety both have none significant statistical differences. This may need to increase numbers of sample size or intervention in order to be more generalisability. Therefore, the prenatal education and a peer support group program have effects on psychosomatic symptoms and state anxiety for ART pregnant women, this could be the reference for hospitals in proving suitable care for them.

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P 48. Integrate for aid. Support the care giver net with disease in family.

Fosco FOGLIETTA, Fernando ANZIVINO, Simonetta BECCARI, Erika GRANDI, Paola CASTAGNOTTO

Background

Ferrara Health Organization (FHO) have implemented all integration levels (professional, organizational and institutional) with the purpose to supply care to vulnerable people, special to dementia ill. This kind of care are done with domiciliary manage, the most complex and difficult health treatment model.

Objectives

Principal objective is to enforce domiciliary manage, through an empower of services and a support of personal resources of every patient, family net and community. This for maintain not self-sufficient person in its familiarly contest and improve its quality life. An important objective is to offer a permanent support at family and care giver, during their domiciliary assistance at elderly with senile dementia.

Methods

The Alzheimer Ferrara Centre and the Dementia Consolatory are the basis of start, thanks to their activities developed in this years. With this kind of experience FHO has created a "bridge" to listening centre and tele-monitoring service. The tele-monitoring service has been developed every week in permanent way, using non healthily staff. Phone and internet are used to create a permanent contact from care giver to healthily staff (family doctors, geriatrics, social assistants, domiciliary nurses). The staff gathers information about elderly (condition, context, quality life, skill trend), gives attention to "essential event", gives information about social service and which activities are made by Dementia Consolatory, organizes activities and examinations to check patients and to check the quality life of care giver.

Results

Improved the domiciliary management of patients affect to senile dementia of low-medium level. Reduced burden of the family net. Reduced the not appropriate access to services. Developed the efficiencies of system at their maximum. Empowered the interventions and the answers given to welfare needs. The integration for support a kind of target groups so different, in every level and for every subject involved, has been reached from FHO.

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Session P 1-6:

Health promotion for hospital staff (I) – identifying health risks

P 49. Sharing experience of setting up the first exposure control department in HPH in Taiwan

Choo-Aun NEOH, Chao CHANG, Chia-Yu FAN, Li-Chen HSIAO, Teck-Siang TOK

To ensure hospital staff health, a hospital needs health promotion, infectious control department and also exposure control department. Unfortunately no known hospital at present has such a department. Pingtung Christian Hospital set up the first exposure control department in Taiwan. A previous study on routine blood tests by Neoh Choo Aun showed that many hospital staff's white blood cell, platelet count, were abnormal.

Beside radiation, hospital staff were actually exposed to many kinds of toxic agents, such as cleaning solutions for hospital floors, disinfectants for operation equipments, etc. This year we conducted a different toxic detection test at different departments such as formaldehyde and xylene in pathology department, Glutaraldehyde in the operating room and the anesthetic department and EO and Glutaraldehyde at the material providing department.

Conclusion

We plan to do more extra different toxic exposure detection at other departments in hospital to ensure hospital staff's healthy. We also plan to detect the drugs being inhaled by pharmacists who help patients to grind pills into power for easy swallowing. Too many inhaled drugs may deteriorate their renal and liver functions.

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P 50. The interrelationship between the use of chemical substances in work environment and health impairment among nurses

Vidmantas JANUSKEVICIUS, Paulius VASILAVICIUS, Audrius SPIRGYS

Introduction

Occupational diseases are a significant issue worldwide. These diseases cause major economic and social problems and

influence statistics representing sick-leave periods, disabilities, and even deaths.

Aims

The present study aims to assess the interdependence between health problems among nurses and work environment in the health care institution (X) as well as to suggest means for the prevention of health problems.

Objectives

To determine and to assess the prevailing health related problems and to investigate their dependence on chemical factors within work environment of the nurses in the institution (X).

Results

91.8 % of the respondents indicated that they worked with disinfectants. 23.3% of the respondents indicated that they experience repetitive exposure to disinfectants (10-50 times per day). As many as 52.1% of the respondents had up to daily 10 contacts with disinfectants, 4.7% of the respondents had more than daily 50 contacts with disinfectants while 16.1% of the respondents were exposed to disinfectants once a week.

As indicated by the respondents, the most frequent exposure to disinfectants occurs during hand disinfection (79.9%), disinfection of surfaces (76.0%), instruments (53.0%), cleaning of equipment (50.6%), wound disinfection (48.2%), cleaning of instruments (46.2%), equipment disinfection (40.1%), disinfection of waste (31.1%), and other procedures (15.6%). 94.8 percent of the respondents knew that, in their workplace, there is an instruction manual where the use of disinfectants is described.

Conclusion

The most common health problems that were found to be caused by working with aldehydes containing disinfectants are allergic skin reactions, running nose, and tearful eyes. Working with peroxides can frequently cause headache and allergic skin reactions. Working with alcohol containing disinfectants causes allergic skin reactions and frequent colds. Working with quaternary ammonium compounds causes allergic skin reactions, sneezing, sore eyes, and tearful eyes.

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P 51. First epidemiological data on the effects of exposure to risk from manual handling of patients, a sample of health workers serving in two hospitals of Imperia Health Authority (ASL 1)

Tekla RUSSOM, Rosella BIANCO, Ivana PINI, Pinuccia MANGOLINI, Anna ONESTI

Objectives

the screening originates from a multicenter study, under supervision of the Preventive Medicine and Labour Business Unit of Genoa (University Hospital "San Martino"), together with the EPM (ergonomic posture movement) research Unit, under the financial patronage of the Health and Social Services Department of the Region of Liguria.

Purpose

The screening is meant to assess the damage caused to a sample of health workers by patients manual handling, specifically acute and chronic spine and upper limbs alterations.

Material and methods

- Identification of departments and services by means of MAPO (handling and assistance of hospitalized patients) index (for example orthopaedics, general surgery, medicine women, neurology, lung disease, radiology, orthopaedic clinics, outpatient surgery, etc.). Mapo index is a validated scientific method for assessing the risks originated from manual handling of patients.
- 365 workers were interviewed in 2008, all working in the above departments and services, by using the questionnaire of spine and upper limb disease developed by studies groups.
- Computerization of data by means of a specific software, data collection and revision by the EPM Research Unit of Milan.

Conclusion

A first global analysis of spine and upper limbs disorders carried out on interviewed subjects, revealed shoulder, cervical and lumbar spine diseases.

Given the relevant literature on the subject (see for instance Labour Medicine 1999, vol. 90, n.2), it is widely suggested and recommended to supply operators with a continuous training on patients correct manual handling. This would certainly preserve the health of workers and reduce morbidity.

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P 52. A study on employees' sleep condition and quality in a public hospital in Taipei County, Taiwan

Hsi-Che SHEN, Yu-Mei LU

Objectives

This study aims at examining the hospital employees' sleep condition and quality.

Methods

Six hundred and forty-two employees of a public hospital in Taipei County were each sent a sample and the Pittsburgh Sleep Quality Index (PSQI) scale was adopted. As expected, 567 employees sent back questionnaires. Consequently, the response rate is 88 % and the overall scale Cronbach's alpha is 0.7.

Results

- Employees with poor sleep quality (PSQI>5) account for 89.4% and average score for employees' sleep quality is 9.51.
- Those who perceive their workload as too high, feel that they work under heavy pressure, or are always unsatisfied with their working environment easily suffer from poorer sleep quality when compared to other employees ($p<0.05$).
- Employees in various positions significantly get a different score in the aspects of personal subjective sleep quality, sleep latency and daytime dysfunction ($p<0.05$).
- Nurses have poorer sleep quality in comparison with medical technologists, administrators and doctors ($p<0.05$). About 33% of nurses cannot sleep until they lie in bed for half an hour and 44.2% of them have such a sleep habit over once a week. Obviously nurses get a higher score than administrators in the aspect of daytime dysfunction ($p<0.05$). 23.5% of nurses doze at least once a week when they are at meals, in public places, or even driving a car.

Conclusion

Employees' sleep quality in hospitals is generally poor. What is more, employees who feel that they have heavy workload and work on night shifts suffer the worst. In the future, great efforts should be made to find out the related factors which affect sleep quality and to promote health plan in working places so as to improve the employees' health.

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P 53. Exploring the related factors of liver health protection for hospital employees

Hsi-Che SHEN, Yi-Nung PING, Yi-Chun HU

This study is based on PRECEDE Model using predisposing factors, enabling factors and reinforcing factors to explore medical care personnel's cognition, attitude, environment support, social support and their influences toward liver health. This study uses questionnaire survey to collect data with the employees of Taipei County Hospital as the matrix adopting stratified sampling to issue 250 copies of questionnaire and then we collected 201 copies of effective questionnaire.

The result shows: the employees get the average score of 0.83 ranking at intermediate-high level on liver health knowledge with that those younger medical care personnel who have heavier work have better liver health knowledge, as for the attitude of liver health, the average score is 4.18 with that those who have positive attitude and are more satisfied with working environment have better attitude of liver health, as for environment support, the average score is 3.36 ranking at intermediate level with that those who are older, married, administrative personnel feeling lighter work and satisfied working environment have higher score of environment support, as for social support, the average score is 0.24 ranking at low level with that those who are older, highly-educated, longer-serviced feeling more satisfied toward working environment have higher score of social support.

Generally speaking, the employees of the Hospital got higher scores on liver health knowledge and attitude but got lower scores on environment support and social support. Especially, those who are under 30 have much lower level of environment support and social support than those who are over 30.

This study suggests: toward the younger employees, we should go further to understand their needs to enhance their level of environment support and social support, also, we should, referring to the result of this study, aiming at the needs from various attributes of the employees, develop adequate liver health promotion plans.

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P 54. Correlations between self-report on personal health and experience of negative acts at work experienced by nurses of healthcare institutions of Kaunas county

Vidmantas JANUSKEVICIUS, Paulius VASILAVICIUS

Introduction

Negative acts at work have become alarming phenomena worldwide and have earned much concern in scientific literature. However, the real size of the problem is unknown and recent information on this issue is only the tip of the iceberg. Objective of the study is to examine the exposure to negative acts at work and its correlations to self-report on personal health of nurses of health care institutions (X) of Kaunas County.

Task of the study

To examine self-report on personal health of nurses and their correlations with stress and negative acts at work.

Results

We have assessed the correlations between self-report on personal health and number of types of negative acts at work experienced by nurses. Significant correlations between self-report on personal health and number of types of frequent negative acts at work ($p=0.036$) have been found. The data presented indicate that 12.8% of those exposed to one type of negative acts at work have complaints on bad health. With regard to those exposed to more than one type of negative acts at work the percentage increases to 21.7%. Nurses exposed to negative acts at work while comparing their health condition with the year before indicate it to have worsened: among those exposed to one type of negative acts at work 24.8%, exposed to more than one type of negative acts at work 30.3%. However, it should be noted that 18.1% of respondents not exposed to negative acts at work indicate their health condition to have worsen as compared to the year before.

Conclusion

It has been found that nurses exposed to negative acts had complained significantly on bad health 1.77 times more as compared to those not exposed. It has been detected that within the period of six months 35.3% of the respondents had suffered from backache, 24.3% from headache, 15.7% from stomach-ache, 13.6% from muscular pain in legs, 12.5% from visual disorders, 11.3% from arterial hypertension and 9.7% from pain in shoulders and neck.

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P 55. A crisis intervention training for nurses in the intensive care unit

Anna Maria DIEPLINGER

During there job anaesthetic, intensive and emergency nurse specialists are subject to highly demanding situations. These situations can be a big challenge due to the fact that no simple solution or personal experience is available. Therefore we lobbied intensively for the establishment of a training program that was specifically designed for the nursing staff at the general hospital Linz (Allgemeines Krankenhaus der Stadt Linz, AKh) and their psycho-social competence in dealing with people in crises.

The prime target of this program is to raise the level of knowledge in areas such as psycho-social support and thereby provide the nursing staff with better skills and coping strategies as well as more self-confidence in dealing with such situations. This will also reduce stress and result in higher job satisfaction. The program consists of a training course "Umgang mit Menschen in Krisen" with regular lessons over a period of one year. In 2007 and 2008 31 nurses out of 80 visited the course, which was given by Univ.-Prof. Dr. Barbara Juen and Dr. Manuela Sax from the university clinic Innsbruck. They instructed the intensive care staff how to manage crises in extreme situations.

The content of this training course covers the theoretical foundations of crisis intervention, basic intervention techniques, crisis intervention for children and teenagers, for patients and their relatives in extreme situations and for relatives of long-time patients. Furthermore it deals with topics such as suicide, religious needs, legal status, crime and violence, communication in conflict situations and helps handling personal pressure.

Dr. Sax evaluated the results of the courses by examining certain variables. At the centre of the evaluation was a multiple assessment of the participants' stress-level, once before and twice after the training course. Secondly, the following variables have been looked into: self-concept of social dealing, compassion satisfaction, compassion fatigue and burnout. Other parts of this evaluation included satisfaction levels, additional psychological training available, additional psycho-social challenges. Finally reflection methods like supervision or talking to colleagues were examined.

The results paint a very positive picture. Stress levels in dealing with patients and there relatives were reduced very significantly and less drastically sensed. Avoidance of traumatic situations could also be reduced significantly. The self assessment of nurses in stressful situations as well as - due to a gain in professional knowledge - compassion satisfaction were greatly improved. The dangers of burnout and compassion fatigue were also significantly lessened.

The self-concept of social dealing got clarified in the "endurance in respect to groups and important persons". Dr. Sax' evaluation proves without any doubt that by systematically increasing the professional knowledge of the nursing staff it is possible to raise their psycho-social competence in dealing

with patients and relatives in stressful situations and thereby provide more confidence and strength in dealing with these situations.

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P 56. Influenza vaccination among health care workers: Addressing the barriers and promoting rates

Ismini SKOURTI

Influenza vaccination of health care workers (HCW) has been widely recommended by health authorities worldwide, as a measure to protect employees, but also as an effort to prevent influenza transmission to vulnerable patient populations and to avoid consequent adverse outcomes (high morbidity and mortality rates). Additionally, HCW influenza vaccination has been proposed as a measure to reduce the high financial costs related to staff sickness absence in the health sector. However, despite intense efforts to promote influenza vaccination among HCW, immunization rates remain relative low worldwide.

The present study:

- Identifies the factors (personal and institutional) that act as barriers to immunization uptake and highlights the factors that reinforce staff participation to influenza immunization programs.
- Presents interventions that have been implemented internationally and have been proven effective in increasing vaccination rates.
- Identifies the characteristics of successful interventions, as they emerge from the literature.
- Discusses policies and strategies that have been proposed to promote vaccination compliance among HCW for example mandatory vaccination.

Based on the principle that HCW act as safeguards of public health and health promoters, it would be worth investing in the promotion of HCW vaccination within the context of national policies, as a demonstration of concern for the health and well being of both health services users and health professionals.

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P 57. Employment and HIV

Angela BARTLEY

We know that as well as equitable access to healthcare there are other key determinants of health. Employment is one of them. The Royal Free Hampstead NHS Trust is a major centre for the management and treatment of HIV. With the improvements in treatment many patients are living longer with improved quality of life. Over 24% of our HIV patient group are unemployed compared to the national average of 2.5% and a higher rate of 7.5% for people on incapacity benefit. Changes in how the British government awards benefits have now meant that HIV is classified as a long term condition, which affects the amount of benefit patients get. For many it is a drop in income.

In response to this, we wanted to look at how we could support our HIV patients to remain in or get back into employment. We developed a questionnaire for this patient group, this looked at employment status, attitudes to work, perception of stigma and where patients would like employment information from. The response rate was 750 returned questionnaires which are 35% of our patient group. There were marked differences between the group that were in work and those not in work, with 28% of those not in work having concerns that they would be stigmatised because of their status, compared to only 6% of those in work, 33% of those not in work thought that work would interfere with their hospital appointments compared with 20% of those in work. Interestingly, 65% chose to have information and advice on employment from the HIV clinic, as opposed to other settings, with the majority wanting individual employment counselling.

Implications for the HIV service are to be more pro active in helping patients remain in work, offering employment advice, scheduling appointments to suit working times and addressing perceptions around stigma and confidence.

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P 58. Quality of life and factors that affect hospital personnel's health: A comparison study in hospitals of the Hellenic hospital network of health promotion

Paschalina DIMITRAKI, P. PAPATHEODOROU,
A. LIAKOU, N. ZAKOPOULOU, G. KONTO-
CHRISTOPOULOS, A. KATSAMBAS

The aim of this study is to examine the quality of life and investigate the factors that affect the employee's health in all 14

hospitals that consist of the National Hospital Network of Health Promotion. The next step involves comparing health levels of employees at the Sexually Transmitted and Derma Diseases hospital Andreas Sygros to those of the employees of the remaining hospitals.

Material/Method

Reference data were derived from a representative sample (10%) of employees from all staff categories: administrative, medical, nursing, and auxiliary, selected by random route technique. The adapted questionnaire used was the Greek version of SF-36, enriched with questions regarding eating habits, smoking, good health maintenance, use of medical preventive services, professional satisfaction and demographic characteristics. Data were analysed using SPSS Version 15.0.

Results

The employees at A. Sygros reached higher score compared to the other hospitals on all aspects regarding the quality of life and health (general health, physical and social activities, emotional health difficulties). The technical staff had the highest score in most qualitative aspects of life. Furthermore, the non smokers percentage from the Sygros hospital was larger (58.1%) than the overall from all hospitals (50.2%). The employees from Sygros hospital report smaller minimal physical activity (48.1%) in comparison with the rest (24.1%).

All staff categories in all hospitals present low score of adherence to the Mediterranean Diet. The average weekly consumption of alcohol is quite the same in all hospitals (4.5 units per week). Regarding preventive examination, employees' attitude varies accordingly. Finally, the Sygros hospital employees show a greater percentage (39.3%) of professional satisfaction than that of the sample taken from the remaining 13 hospitals.

Conclusion

The results of this study necessitate the need for implementing health promoting interventions, targeting the hospitals' personnel.

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P 59. Exploring the needs and influencing factors of health promotion activities for hospital employees Hsi-Che SHEN, Yi-Chun HU

Objective

- To compare differences between hospital employees' demographics and participation willingness of health promotion activities.
- To compare differences between hospital employees' demographics and work traits toward the needs of health promotion activities.

Methods

Self-stated structural questionnaire of "Evaluation for hospital employees' participation willingness and need of health promotion" were used. Five hundred and sixty five copies (88.1% return rate) were collected from a regional hospital in Taipei county which has been accredited as health promotion hospital since 2007.

Results and Discussions

- Employees' demographics and willingness to participate in hospital's health promotion activities have a significant difference, same as work traits and participating willingness.
- As for the needs of health promotion activities, the result shows the subjects with different demographics and needs of health promotion have a significant difference, same as work traits and needs of health promotion activities.
- Willingness to participate in health promotion activities and satisfaction of working environment, self-perceived physical health status, self-perceived psychological health status shows positive relationship ($p < .01$). However, it shows negative relationship to employees' workload and working pressure.
- The order of each "participation willingness and need" score is as complete health inspection policy, group activities, safe environment, pressure reducing activity, nutrition planning, weight-reducing planning, psychological counseling, cancer preventing measures, second expertise's skill, exercise environment, community charity services and religious activity. Above results are all similar to the results of ordinary domestic/foreign researches as higher need of environmental safety and lower need of exercise.

Conclusion

Towards the differences of work traits and demographics, their needs of health promotion activities are also different, so it should be for reference while stipulating yearly employees' health promotion plan.

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P 60. The Hellenic network of Health Promoting Hospitals promotes communication skills: A training workshop Dimitra PETANIDOU, Filippou T. FILIPPIDIS, Paulina PANTZOU, Yannis TOUNTAS

Background

Communication skills are considered to be of vital importance in the effort to improve understanding and collaboration among the staff of the health care sector. Given the fragmentation of educational workshops on communication skills and techniques in the curriculum of health professionals' studies in Greece, the Hellenic Network of Health Promoting Hospitals (HNHPH)

Poster Sessions

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launched the initiative to disseminate communication skills among the staff of the HNHPH.

Methods

A tentative 2 days workshop (10 hours in total) was carried out by a trainer whose main background was Counselling Psychology and Health Education. A total number of 29 health professionals from 20 member-hospitals of the HNHPH participated. The main theoretical themes developed were:

- Communication as a process
- Verbal and non-verbal communication
- Coding and decoding of messages
- The role of the environment as a context, the transmitter and the receiver
- Factors and characteristics that facilitate and hinder the process of communication
- Techniques of active listening
- The Johari window and the basic concepts of transactional analysis

Communication skills were practiced in the group as a whole, in two smaller groups and in pairs. A purpose-made, self-reporting 7-item questionnaire was distributed at the end of the workshop to evaluate its adequacy in context and logistics and to investigate for ameliorative suggestions.

Results

82.6% of participants were very satisfied with the workshop and 91.3% thought that the acquired skills are applicable at their work. They all suggested that the workshop should take place on a regular basis to ensure participation of more health professionals.

Conclusions

Initiatives that support health care professionals in their daily practice are of major importance in order to improve the quality of working life and the work itself and they are well accepted by health professionals.

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P 61. Well-being and prevention project

Paolo MASCAGNI, Franco TOFFOLETTO, Annamaria BIELLA, Stefania UNGARI, Annamaria GORINI, Sabrina FOSSATI, Roberta VITALUCCI

Context

the overload injury of the low back is one of the most common cause of disease and occupational complaint of health workers because of the inpatient's shifting that often happens by manual and proper procedures.

Tipology:

This experimental project started in 2008 in the hospitals of Desio and Vimercate (Milano - Italy); it is intended for the nursing and support staff working in Neurological and Medical wards.

Purposes:

This project pays particular attention to the psychophysical well-being of the staff involved; it intends to rehabilitate low back pain resulting from patients' care (high impact on backbone). Moreover this project intends to train the workers to do exercises to reduce low back pressure, at their own house.

Materials and Methods:

The workers involved are submitted to a preliminary exam including standard data collection and physical examination; they undergo kinesitherapy (5 sessions) and massotherapy (5 sessions), and a final evaluation after the treatment and in six months' time.

Results:

96 workers had been checked of who 17 went through the treatment. At a first final check the occurrence of low back pain episodes significantly reduced (from 2.3 to 1.3, $p=0.016$). Also the occupational complaint reduced as per the Roland Morris score analysis (average from 6.1 to 1.6, $p<0.001$) and the workers' clinical evaluation. Conclusions: this project, even if experimental, has had a favourable impact on the health workers. It is necessary to go on increasing the number of the workers and to revalue the same workers in a short time.

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Session P 1-7: Health promotion for hospital staff (II) – strengthening health resources

P 62. Creating a healthy work environment for quality of work life and employee performance

Charles SOUNAN, Stella LOPRESTE, Marie-Claire RICHER

This presentation focuses specifically on the relationship between indicators of healthy workplaces, quality of work-life

and employees' performance at the McGill University Health Center (MUHC). The data used for calculating these indicators originate from the databases of the Canadian Council on Health Services Accreditation (CCHSA) questionnaire and the Human Resources Information System of the MUHC.

An adapted version of the WHO-HPH tool is used to assess indicators of healthy workplaces. Results show that the implementation of healthy work environment indicators provides favorable conditions for developing quality of work-life and improving employees' performance. This perspective, which combines standards of health promotion, quality of work-life and performance, represents an important innovation regarding human resources challenges in the healthcare field.

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P 63. Health promoting program for the improvement of the physical fitness and work stress of the hospital staffs

Yu Chen FANG, Ming Lun TSAI, Ming-Nan LIN

Introduction

Hospital staffs are important assets of the hospital. As a part of systematical implementation of health promoting hospital program, after the needs assessment in late 2005, We conducted health promoting programs for the hospital staff since 2006 focusing on physical fitness and work-related stress.

Method

Activities involving the health promoting for the staff were announced and emphasized on almost every public occasion. Small health promoting teams (8-12 members each) were assembled by staffs themselves from different departments. They find their own ways and time to engage in health promoting activities. The hospital gives annual subsidies for each participating staff member. Physical fitness tests were done through 2006 to 2008 and stress questionnaire surveys were performed in 2006 and 2008. We compare the results of both to see the effectiveness of health promotion activities on our staffs.

Result

1482 out of 1533 (96.7%) full-time staffs participated the physical fitness test in 2006. 1482 out of 1550 (95.6%) participated the test in 2007. A total of 1163 staffs participated in both tests and the results showed the staffs with BMI less than 18.4 increased and staff with BMI more than 27 decreased. However, there's no statistical significance.

The cardiopulmonary endurance, joint flexibility, body balance scores increased significantly for the entire group. The work-related stress scale of the participants of the health promoting team improved in comparison with the non-participants in work stress, work control, interpersonal relationship, job satisfaction and energy index, however, there's no statistical significance.

Conclusion

The physical fitness improved significantly after 3 years of implementation of health promoting program for the staffs, however, work stress takes more time and efforts to improve. As a health promoting hospital aiming on promoting the health of staffs, both the physiological and the psychological well being should be taken into consideration.

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P 64. Bike to work

Oliver WITTIG

In June 2005 the first nationwide kick-off event of "Bike to Work" was "heralded in" in appropriate style. Numerous politicians, traffic experts and media representatives visited the Federal Ministry of Transport and then cycled through the government district - the starting signal for a health campaign attracting a large amount of media coverage and a record number of participants. 101,529 people in 26,523 teams got on their bikes in 2005, with 11,740 companies being involved.

The nationwide "Bike to Work" campaign is organised every year by the AOK Federal Association (Germany's largest health insurance fund) and the General German Cycling Club (ADFC). Within the framework of this campaign, employees are called upon to go to work by bike on at least 20 working days during the period of the campaign.

Environmentally Friendly, Fuel-Saving and Beneficial to Health the employees of the St. Josef Krankenhaus GmbH Hospital in Moers are participating in the "Bike to Work" campaign. The campaign was originated in 2005 by Klaus Armonies, Technical Director of St. Josef Krankenhaus GmbH Moers, and Gereon Andretzko, Deputy Manager of the Technical Department.

2005 14 teams, with four cyclists in each team, and two individual cyclists cover approximately 17,812 km during the campaign. There were 2,374 individual journeys, with 307.6 km being covered on average by each cyclist. This meant that 3,568.4 kg of carbon dioxide was not pumped out into the environment. 2006 26 teams cycle 28,207 km. There were 3,242 individual journeys, with 300.1 km being covered on average by each cyclist. The environment was protected from an additional amount of 5,641.4 kg of carbon dioxide.

2007 14 teams and one individual female cyclist cover 19,004.4 kilometres. There were 2,031 individual journeys, with 327.7 km being covered on average by each cyclist, with the result that 3,800.88 kilograms of carbon dioxide was not expelled into the environment. 2008 The next round of "Bike to Work" is also being held at the St. Josef Krankenhaus GmbH Hospital. From June 1 to August 31, 2008 the employees will be participating in the campaign for the fourth time.

DNGfK (German Network of Health-Promoting Hospitals) prize 2006 awarded to St. Josef Krankenhaus GmbH Moers In 2006 St. Josef Krankenhaus GmbH Moers is awarded the second prize by the German Network of Health-Promoting Hospitals for its commitment to the health of its employees within the framework of the "Bike to Work" campaign.

Every year the German Network of Health-Promoting Hospitals awards three prizes to member hospitals within the German network which promote employee health.

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P 65. Exploring a teaching medical hospital employees physical fitness and the related factors in Taiwan

Su-Yu LAI, Kuang-Si CHANG, Shih-Tian HSU

The aim of this study was to investigate the employees physical fitness and the related factors in a teaching medical hospital in Taiwan.

Total of 822 workers was in this study. In this study, we found the body fat, Body Mass Index (BMI), balance, upper and lower extremities muscular strength, muscle tolerance, flexibility and cardiopulmonary function were all under standard norm. Between male and female, there were differences in all items, except flexibility. In female employees, Age has a positive correlation ($p < 0.001$) with BMI, and negative correlations with other items ($p < 0.001$). In male employee, there were negative correlations between age and muscle tolerance, balance, upper and lower extremities muscular strength ($p < 0.001$).

Except cardiopulmonary function, there were significant relationships among physical fitness items. The study can be used as a reference for other studies on employee health promotion. Based on the results, health promotion hospitals should to develop physical fitness related strategies for their employees, aiming at empowering hospital employees for health promoting management.

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P 66. The work ability of an ageing workforce

Eve PALOTU

Aim of study

To know the work ability of an ageing workforce - the changes in the demands of work, improvement of the work environment and development of the work organization. Social skills, judgement, ability to plan, as well as wisdom and mental maturity grow with age.

Background

There are 2177 employees in East-Tallinn Central Hospital and from them 838 employees of ageing over 50-70 years. The goal of Diagnostic Clinic is to offer the best diagnostics services. The need for trained staff has increased considerably alongside the implementation of new equipment.

Methods

Methods for evaluation - questionnaires of ageing staff, that examine the work environment, motivation and quality of work, learning and specialization, health care. From the qualitative assessment on questionnaires it became evident that the staff wants to participate in learning and specialization, to get a sense of motivation and quality of work. Ageing workers have a great deal of work experience and tacit knowledge. Sometimes the training may take longer, but they can and want to learn new skills.

The technical know-how has accumulated through experience and practicality. A well-designed workplace with workstations and job tasks that are matched to the needs of the individual employee benefits workers. Some of ageing people are not available to perform overnight work and to rotate in everyday work. People ageing group have a lot of health risks. They are satisfied that we have defined health control plans. It takes place once a year to prevent serious problems of health.

Results of questionnaires are suggestion to organize health training in our clinic, what will improve the work ability. Ageing workers could tell to administration of clinic of any special needs they may have in their work.

Conclusion

Accept the differences and diversity of people, and think of ways how our clinic community can support ageing staff. In order to be able to utilize special skills and features of ageing workers, our clinic develops work practices and leadership skills.

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P 67. Ageing in health services workforce: A study on female workers

Daniele TOVOLI, Rosa COSTANTINO, Paolo PANDOLFI, Andrea SPISNI, Carme VERRINA

The health Services work force is ageing, and the majority is composed by a population that falls within the mid-range of the age spectrum. This median age grows consistently over the years. Another aspect to consider is that most of them are female workers, and women in the age bracket between 45-55 often feel the onset of menopause.

The goal is to evaluate, the incidence of physical and psychological factors related to the ageing of female health workers, and to estimate the influence on work performance and other aspects of the workers' daily lives.

Women participated to this study were stratified in different groups of age. We use a self administered questionnaire organized in three sections: the first one is to evaluate ones own health status, the second is to evaluate risk perception during the work tasks, and the third to evaluate the perception of behavioural issues and work stress.

About 600 people attended the study. The data analyzed shows that women in health care service get a BMI less than general population, and those with high study level has BMI less than woman with no high study level. Broadly speaking the data shows that menopause is not a significant problem in the working context concerning psychological aspect and stress. Some data shows a statistical significance for some factors concerning urinary incontinence between the pre-menopause and menopause groups (RR=1,6 -2,1).

The data concerning the whole sample shows that women perceive lack of satisfaction related to active participation to work plan and management, poor communication, workload and lack of human resources. These results are used to improve the quality of the work environment and tasks/activities on the job and to set up a project in the Health Unit of Bologna for a better development of human resource.

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P 68. Health promotion - Starting from the hospital cafeteria

Gladys WONG, Michael WONG

Alexandra Hospital (AH) is a 400-bed general teaching hospital. Ministry of Health / Health Promotion Board (HPB) is supportive to assist AH to be the first "Health Promoting Hospital" in Singapore.

This paper / oral presentation outlines how the AH cafeteria is used opportunistically as a teaching platform to showcase health promoting initiatives. Operationally, health promotion is divided into three aspects:

- Physical and mental health
- Environmental health
- Public health

Physical and mental health

The cafeteria menus are vetted by dietitians regularly for balance and variety. Vendors are pressured to abide to HPB's Healthier Canteen Certification Programme (http://www.hpb.gov.sg/hpb/default.asp?pg_id=3411). Price differentiation and opportunistic positioning are successful means to promote the sale of healthier food choices and discourage the opposite.

A fresh fruit vending machine is installed to ensure round-the-clock supply of healthier fruit snack. A self-monitoring health check corner is set up for staff to monitor their own weight and blood pressure. Signages are strategically placed near the stairway to encourage incidental exercise walking up and down stairs. The cafeteria has strict enforcement of no-smoking rules, with fire detectors installed in the toilets.

Environmental health

The cafeteria practices "use, reduce recycle" initiatives. There are signages promoting minimum waste of natural resources. The cafeteria washrooms are installed with sensors of lights, flush and tap. It is the norm now for staff to bring their own takeaway food containers. Staff are also used to separating out food waste, cans, paper and plastic into designated bins.

Public health

Health messages are mounted strategically in the cafeteria on the walls and table mobiles for staff to read. This paper serves to outline how we concentrated on the hospital cafeteria to promote health initiatives. We will be embarking on Phase 2 to monitor health practices resulting from the implemented initiatives.

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P 69. Promoting Chinese medicine diagnosis "Know your own body character" to hospital staff for health promotion

Choo-Aun NEOH, Lan-Yin HUANG, Li-Chen HSIAO, Teck-Siang TOK

Health promotion is a global strategy of WHO, which aims at "health for all". Both Chinese and Western medicine agree that living an unhealthy lifestyle, which includes eating too much and a lack of regular physical activity results in poor health. The Western approach has been focused on making lifestyle changes like eating fewer calories and increasing levels of exercise. But what to eat is not a matter of calories, it depend on your own body character to maintain healthy. Also not all Taiwanese are rich and fat, some are poor nutrition and are laborer who work hard and sweating the whole day.

Traditional Chinese medicine believe that an individual's constitution influences health itself; a deficient constitution makes an individual more susceptible to disease, and even affects the progression of diseases and responses to treatments. Through recuperation of the constitution, we can prevent diseases and promote health. Knowing your own body character come first before you can choose your "personal" correct and healthy dietary supplements. "Know your own body character" in Chinese Medicine is just like knowing your blood pressure, body weight, BMI, your blood cholesterol, triglyceride, sugar level in Western Medicine. This is the basic of reference to how much you should eat, exercise, which can of food you should in take or avoid.

Aim

To introduce Chinese medicine's understanding of "Know your own body character" in implementing health-promotion plans. We e-mail teaching materials about "body constitution" and questionnaires with self diagnosis of their own "body constitution" to every hospital staff. The response was good. They now know better what to eat and avoid and able to give advice to their Taiwanese patients and continuously enhance their self-health awareness.

Conclusion

It is important for HPH organizer to be aware of health attitudes of their patients from different ethnic backgrounds

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P 70. Effective leadership for health promotion: Employees' participation and creativity are hospital strategic issues.

Yadollah HAMIDI, Sharif KAZEMI

Background & Objective

Certainly, team working, participation and development of innovation and creativity are the most important aspects of effective management and new hospital paradigm for health promotion and high performance in modern hospital. Effective leadership requires personnel participation and creativity through continuous staff education and training, team development and task redesign. This study is performed for determine the level of managers and employees creativity and participation and proposed appropriate management model for health promotion in hospitals of Hamadan University of medical sciences.

Methods

This research was an analytical - descriptive study that accomplished in 2008. Research population was all employees and managers in all Therapeutic and diagnostic parts of Fatemieh hospital in Hamadan, Iran, that include 202 managers and staff. Needy information for measurement of managers and staff creativity were collected by offering standard questionnaire, also to measure managerial skills, design questionnaire with 4 basic skills and 40 questions and to measure level of participation, design another questionnaire with 27 questions. Statistical analysis was performed by SPSS.

Results

Finding showed significant relationship among employees' participation levels and managers' technical and human skills. Finding showed that relationship between managerial skills and creativity only in diagnostics skill was meaningful. Also results showed significant relationship between employees' creativity and managers' participation levels. Most management skills were human and conceptual skills (over 80 %).

Conclusion

Consequently, designing and application a new model of hospital management, that it's named HEL (Hospital Effective Leadership), not only improve hospital quality and health promotion, but also increase creativity and develop positive culture change.

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P 71. Healthy life styles in a healthy workplace: Prevention of distress with a body-mind technique

Chiara TUNINI, Cristina AGUZZOLI, Loredana MACERA, Giorgio RIVARI, Antonia SORBELLO

A lot of people don't succeed in doing a regular sport or muscular activity because of lack of time, lack of pleasure time in activity, difficulties in management of overbooking public and private life. To promote a special physical activity program in Hospital, where operators that don't practice sport, often have high level of distress, we activate a Wellness project concentrated on a particular technique based on "pleasure way", the N.I.A. technique.

The N.I.A. Tecnique, Neuromuscular Activity Integrated, is a form of fitness body-mind-spirit, but it is above all a style of life. Through the expressive movement of the body, the conjugation of different disciplines, the martial arts, the dance and the oriental techniques of recovery, the subject goes toward comfort physical and emotional. The N.I.A. technique is practiced barefoot, on musical traces, training the body and the mind in a mental mood that gets comfort and release the emotions.

The aim of the project is to promote the movement but also the release of the tensions, mental, muscular, postural consequential from the working activity. Through the music and the techniques of recovery, translated in danced movements, out of the competition, the group has acquired a pleasant awareness of the movement as style of life. (N° participants:53, Period of project: December 2007 - June 2009.)

First results

The N.I.A. teacher has conducted the group toward an awareness of own motor potential and through the oriental disciplines he has allowed to free mind level from the working tensions. The dance disciplines - bodily-expressive - has strengthened the motivation of the participants. The contribution of such activity is going over the physical level to emotional level and it's very useful for improve themselves and oneself relations in the working group.

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Session P 1-8:

Improvement of healthcare quality with health promotion (I) – strategic competition, quality management and patient satisfaction

P 72. Can health promotion enhance hospital strategic competition?

Hui-Ting HUANG, Yi Ching CHEN, Tzu-Chuan HSU, Mei-Chih WANG, KuoKuang YU

Along with the change of social environment, besides high-tech health care, Taiwan Adventist Hospital has been actively extended medical services to community health promotion since 1965. Through education and learning, Taiwan Adventist Hospital applied evidence-based preventive medicine studies to help the people build healthy life style, and became the leading role and benchmark among healthcare organizations.

Facing the transformation of diseases, impact brought by social changes, competition pressure due to fast-growing population and resource reallocation, people started to think deeply of a more aggressive and effective strategy, in order to protect right of better health. High-tech medical service is not the main concern of Adventist Hospitals.

We would rather assert providing continuous healthcare services, which stressing the importance of prevention as well as cure of diseases. That's the core strategic competition we address in health profession. Besides that, organization reengineering to continuous efforts on researches of health development issues and cross-department integration along with the change of the environment are also our strategy to maintain our competition. The performance of our health promotion strategies includes managerial resource integration, mastering overall medical services, increasing the amount of out-of-pocket income. Inwardly, we aggregate consensus and build a health organizational culture.

Outwardly, we advocate health promotion issues, participate in different kinds of health associations, and hold international preventive medicine seminars. Through cultivating brand and culture, we create our own unique values which differentiate us from other competitors. The strategy reaches a win-win situation of both the organization and the society.

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P 73. Does the hospital's membership of the network of HPH improve patient's satisfaction?

Egle KALINAUSKIENE, Violeta MAJAUSKIENE, Laima JANKAUSKIENE, Tautvydas JANKAUSKAS, Albinas NAUDZIUNAS

Last year, in Berlin we presented the data on improving patient's orientation during 2003-2007 years in the 2nd Clinical Hospital of Kaunas. The question was asked did the patient's satisfaction improve during these years. It was really interesting to find out whether the hospital's membership of the Network of Health Promoting Hospitals (HPH) and the work that we started in health promotion improved patient's satisfaction. This hospital became a member of the network of HPH in 2003.

Most health promoting activity was performed in the Cardiology Unit: in 2004 we presented successful implementation of the patient's education about cardiovascular risk factors in this unit, in 2005 we presented that education of patient's relatives in this unit have improved patient's ability to live with chronic heart failure, in 2006 we presented that we found and corrected some causes of physician's chronic burnout and showed that the highest cardiologist's burnout level decreased. Other health promoting practice, such as information dissemination among patients about their rights and information provision to patients about their illness and treatment, was implemented in all units.

The data about, whether the patients would choose this hospital again in the future if they would need to, were compared between the first half of the year 2003 (n=1212) and the full year 2007 (n=4222). Such question was continuously asked on the regular basis questionnaire in the hospital since the year 2003. While this indicator improved in the hospital by 4.9% (93.8% vs. 98.7%, $p < 0.00001$, those who wouldn't choose the hospital decreased: 1.2% vs. 0.2%, $p < 0.00001$), in the Cardiology Unit improved by 20.6%, $p < 0.00001$ (74.4%, n=39, vs. 95%, n=80, $p = 0.0006$, there were none who wouldn't choose).

So the result is that the hospital's membership of the Network of HPH improves patient's satisfaction.

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P 74. In-hospital patient survey improves patient satisfaction and department quality

Birka EHLERS, Imke GRONWALD, Johannes ALBES, Daniela ZACHARIAS, Elimar BRANDT

Background

Patient surveys at time of discharge/transferral are key components of a SWOT analysis to identify strengths and weaknesses, assessing specific needs, analyzing quality and quantity of patient's satisfaction, and providing internal benchmarking. We analyzed our in-hospital survey according to these criteria.

Material and Method

In a 12-months period 10,654 patients were asked to fill out a form: "Your valued opinion is requested". All forms were forwarded continuously to the 6 respective departments providing a feedback to the patient's opinion. All forms were then analyzed whether positive, negative, or mixed and were further stratified according to main areas of commendation/criticism (physicians, nurses, food, housing, and admission/discharge management). Feedback percentages were analyzed between departments. Results were compiled and handed out to the management and the departments for internal benchmarking.

Results

226 patients (2.1%) submitted a legible form (69%positive, 12%negative, and 19%mixed opinions). Percentages were unevenly distributed between the departments. While departments A, B, C, and F demonstrated >70% positive statements departments D and E exhibited >50% negative/mixed statements. Areas of positive or negative interest also varied heavily between all departments. While criticism in one department was mainly focussed on admission/discharge management it was mainly focussed on physicians/nurses in another department. One department provided feedbacks for all statements while all other departments provided feedbacks only in case of a negative statement.

Conclusion

In-hospital patient survey provides true benchmarking between hospital departments and is as valuable tool for targeting specific areas of strengths and weaknesses. These insights can be utilized for a focussed change management aiming at specific micro-areas of interest. Feedback provided by the respective head of the department to each individual statement may be time-consuming but can improve long-term patient satisfaction. Evaluation of consecutive periods will help to analyze the success of change management implemented according to the findings.

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P 75. Patients' satisfaction with performance of medical staff at hospital**Grazvyde MASILIUNIENE, Tautvydas JANKAUSKAS, Irena MISEVICIENE****Introduction**

Patients satisfaction with health care at hospital is influenced by hospital's environment, communication with and behaviour of staff (physicians and nurses) as well as treatment outcomes for patients themselves. For improvement of quality of health care the providers should be aware of how patients assess the health care services and main factors influencing the satisfaction level.

Aim

To assess the satisfaction of patients with medical staff performance at hospital.

Methodology

The study was performed during October 2008. Altogether, 419 questionnaires were distributed, 388 were considered as fulfilled properly (response rate 92.6%). Statistical data analysis was conducted using SPSS (Statistical Package for Social Sciences) for Windows 13.0 and Microsoft Office Excel 2003.

Results

The study revealed that the patients opinions about nursing staff and physicians performance were highly positive: Correspondingly 98% (for nurses) and 98% (for physicians) of patients were satisfied with the activities, 89% and 95% - with their communication, 94% and 96% - with attentiveness, 90% and 92% - for giving sufficient information. The more detailed analyses was performed about patients satisfaction with the environment of hospital and organization of the workload of medical staff.

Conclusions

Absolute majority of patients (more than 90%) were satisfied both with nurses and physicians performance. The survey, which was carried out in hospital, is a good tool for the evaluation of patients attitudes about hospital staff performance and gives a lot of suggestions how to improve the performance of whole hospital.

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P 76. Factors which can improve elderly patient's orientation in a hospital**Laima JANKAUSKIENE, Egle KALINAUSKIENE**

Last year, in Berlin we presented the data on improving patient's orientation during 2003-2007 years in the 2nd Clinical Hospital of Kaunas. This year, our aim is to find factors which can improve elderly patient's orientation in the future, because the elderly patients have cognition disorders more frequently. It is more difficult for elderly patients to understand received medical information. Serious attention must be given to emotional connection between patients, physicians and nurses.

Data were collected from January 2008 to December 2008 from 455 elderly (more 65 years old) patients using anonymous questionnaire in Cardiology department in Kaunas 2nd clinical hospital. 94.9% patients are satisfied with received medical information from physicians and 69.2% ($p < 0.00001$) are satisfied with medical information from nurses. Psychosocial problems are preferably discussed (67.9%) with nurses and 31% respondents prefer with doctors ($p < 0.00001$). 71.9% elderly patients want to discuss their medical problems together with their relatives and doctor and 27% ($p < 0.00001$) together with nurse. 59.1% patients are not satisfied with the amount of time doctor spends talking about their lifestyle problems. Only 24.4% are not satisfied with nurses.

Conclusions

Physicians should give more attention to elderly patient's lifestyle problems. Information provision to elderly patients about their illness and treatment should be made by physicians, but their psychosocial problems should be discussed with nurses. We are going to implement these suggestions how to improve elderly patient's orientation in all departments of Kaunas 2nd clinical hospital in the future.

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P 77. Ratios of cooperation and performance for strategic hospital networking within the Balanced Scorecard**Ralf DZIEWAS, Johannes ALBES, Daniela ZACHARIAS, 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 a hospital network to generate a benchmarking.

Material and method

In a healthcare organisation the BSC had been implemented several years ago. Clinical departments of the four hospitals (I, II, III, IV) 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: 0.22 hospital II: 0.04, hospital III: 0.18., hospital IV: 0.15, PP: Hospital I: 302, hospital II: 48, hospital III: 351, hospital IV: 9) In hospital I 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 and external 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 of a hospital network.

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P 78. Logistic in hospital without walls - A project for health promotion for patients and staff members

Holger RAPHAEL, Bernhard F. HENNING, Volker MARTIN, Björn SCHMALENSTRÖER

The discussion about health care services is based on the cooperation between the different sectors of health care. These are the ambulatory, the clinical care and different service providers. There is an important field regarding the supply chain from the manufacturer of drugs and medical devices up

to the patient. There are different providers involved in this so called "supply chain". But the process from the beginning to the end of this chain is barely standardized.

This procedure lack of standardization has negative effects on the patients and the staff members. Taking this in consideration we decided to found a project together with industrial and research partners. The project is promoted by appropriation of the E.U. In the U.K. round about 5.600 patients die because of unexpected drug effects caused by a wrong medication instruction by the doctor. The purpose of the project is to improve the patients' and medical staff's situation by re-designing the whole process and get over the barriers within the supply chain.

The benefit for the patient is obvious. A better supply with drugs, medical devices and food by reducing the unwanted side effects and mistakes improves patients' health. For the medical staff member there are various positive effects as well. The pressure not to fail is reduced clearly. Some activities can be sourced out to special trained employees so that the project covers health promotion for patients and staff.

Taking into account that in Germany there is a lack of qualified doctors and nurses and at the same time the number of unskilled unemployed aspirants rises up, it is planned to found jobs by transferring activities between the different groups using new IT-technologies that secure the whole process.

We are creating a win-win-win situation for all with regard to patients' safety, health promotion and efficiency.

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P 79. The nursing home good reception protocol

R. CAPRIOLI, L. GAIO, G. GALETTI, I. PISONI, P. DEL BIANO

Introduction

The "nursing home good reception" protocol origins from the reflection on the importance of the moment of admission in nursing home as the first step towards a new reality for the elderly.

This experience has involved an interdisciplinary team (doctors, nurses, physiotherapists, recreational therapists) working in Palazzolo Institute (Don Gnocchi Foundation). This protocol has been distributed to the members of staff with the purpose of applying it to their own task. This should be an instrument to

reveal the "meeting culture" considered as a space shared between who supplies and who beneficiate by the service.

Objective

- Involving members of staff in the welcome of the elderly with a multidisciplinary approach
- Underlying the psychosocial aspects of the guest, paying particular attention to the relationship and his personal experience
- Showing of the human aspect that cannot be disregarded from the procedures of admission
- Evaluating the outcome of this experience

Method

Use of guidelines approaching the elderly in his integration into nursing home and in his daily activities.

Procedures

- Admission
 - Receiving the request: interview between social worker and caregiver
 - Visiting the institution and supplying information of the stay (with a comprehensible language)
 - Presenting appropriateness of request depending on clinical, functional, social aspects
- Introduction
 - Introducing guest to practitioner and staff members
 - Information involving guest and caregiver about the daily activities
 - Information about different services available: psychology, physiotherapy, recreational
- Multidisciplinary care
 - Technical intervention of single worker focused on sharing discomfort during care and communicating in an empathic way
- Follow up
 - Check of the protocol application after a six month period, meetings with the staff, evaluation of outcomes.

Planning

- Step 1: Preadmission
- Step 2: Introducing the guest in the Institution
- Step 3: Multidisciplinary management and care of the guest
- Step 4: Monitoring:
 - From March to September 2009 eight meetings with the staff are expected, aimed to check the comprehension of the protocol and its spread
 - In June (after 6 months of follow up) checking of the protocol application is expected through administration and analysis of outcome questionnaires

Reached results

- Involving an high number of members of the staff on the drawing of the protocol of reception of older guests used for the approach of his/her integration in the nursing home. This tool is integrated with standard procedures for a multidisciplinary approach in the reception of the guest
- Spread of the protocol to all nursing home's workers
- Measurement of the effects of this experience (in progress)

Expected results

- Involving members of the staff in a multidisciplinary approach in guest reception

- Underlying the importance of bio-psychological and social aspects of the single guest, paying particular attention to the relationship and the human aspects essential in reception procedures in nursing home

Conclusion

The project is a multidimensional intervention focused on the elderly. Team meetings and settle of outcome questionnaire are in progress.

P 80. Keeping nurses' spirits high by giving a helping hand: Can a bibliographic research team do it?

Rolando BERGAMO, Elena BURZI, Karin HOLZHEU-ECKARDT, Giuliana ANZELINI, Antonio MAINI, Luisa FLAIM, Lorena IORI

Nurses often have the perception that they do not deliver high quality patient care within the hospital setting. This perception may be due to an increase in workload, time management, and most of all the continuous or lack of innovations in technology. Time again, this perception is associated with inadequacy and ineffectiveness, and it may lead to physical and mental stress commonly known as burnout.

However, it has been demonstrated that maximizing the nursing staff's well being and efficiency in delivering high quality patient care can lead to a high level of job satisfaction. This then leads to an increase in the ability to recruit and retain nurses. In an effort to increase nurse satisfaction and retention, the hospital Valli del Noce in Trento Italy, has established a bibliographical research team named ERACLE. This team consists of seven nurses from different areas within the hospital with varying credentials and expertise. It is the mission of ERACLE to promote empowerment in nurses by encouraging self-awareness in their learning process and to help them think critically throughout their daily activities. ERACLE presents nurses with new clinical knowledge, innovations, and direction to deliver high quality patient care within the hospital setting.

In reference to the requirements mandated by the Magnet Recognition Program, ERACLE promotes positive, safe, professional, and attractive work environments. This follows one of the "magnetic forces" where the active participation of nurses to improve care is essential. ERACLE ensures that nurses are delivering the highest quality of patient care resulting in excellent patient outcomes. ERACLE is a bibliographical research group that can be considered essential in health care organizations, and that seeks improvement in quality care, professional development, and promotion of autonomous nursing care.

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P 81. Improvement of health care quality and accessibility by providing new services in Hospital of Kaunas University of Medicine

Tomas KUZMARSKAS

Introduction

Hospital of Kaunas University of Medicine, a member of HPH network, is the largest multiprofile health care institution in Lithuania. There are more than 6 thousand workers and more than 2500 beds in the hospital.

Goal

Improvement of the quality of health care services, accessibility and management by expanding into new services using newest information technologies.

Objectives

- Creation of health information database and registration system for patients with individual access
- Creation of patients' registration database for internal hospital use

Results

New information system was created for the patients and also for internal hospital use. During the project 55 new work places were computerized. More than 300 medical workers passed computer literacy courses. KMH has 19 partners in this project from all Lithuania. In 2008, 13379 patients were using this system. Every month, the number of patients using information system grows by about 15 percent. That shows the usefulness of the project. Information system is used as the fastest way to spread health-promoting information to the patients. Health information database for the patients ensures that they are able to get understandable information of sufficient quality about their illnesses and enables the patients to manage their visits at the hospital by registering at the doctors using the Internet. Patients who are using this system can freely choose a specialist and the most suitable visit time. That has a positive effect on the accessibility of services. All patients in the hospital are registered using the new information system. It is possible for the doctors to get information about planned visits of the patients and their illnesses quickly. That has a positive effect on the quality of health care services. Information system ensures possibilities for management improvement. Using this system managers control the patient flow and are able to make necessary decisions in order to reduce waiting lists. That improves accessibility of health care services.

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P 82. To wait or not to waste: How to make a smart use of time that patients spend in the emergency department

Enrico BALDANTONI, Maria Grazia ALLEGRETTI, Sandra CHIGHIZOLA, Fernando IANESELLI, Franca REFATTI, Emanuele TORRI

Introduction and Objective

Emergency Department's waiting rooms of Santa Chiara Hospital - Trento, northern Italy (ED) is usually a crowded place where patients (and relatives) are waiting for services or the settlement of their clinical case, according to their given code of priority at arrival (triage). Waiting time has as usual companions both uncertainty and anxiety. This may bring to conflicts between patients and staff because many people don't understand the reasons behind their long wait and tend subjectively to think they always bear an "urgent" condition.

We aimed at introducing measures to provide during ED wait general health information and specific information pertaining ED proper access, in order to help patients to understand better how ED works and to lower therefore the anxiety level.

Methods and Results

Over 72.000 patients attend yearly the ED as general or orthopedic (around one third of the total) patients. The waiting room is an environment of 72 squared meters with 42 chairs, provided with beverages, a monitor displaying patients in wait and triage related posters on the wall. A perception survey performed showed that people seek care in the ED as a first aid, often skipping their general practitioner, because of lack of clear knowledge on what is really an ED and how it's designed to function. Furthermore, a population survey in Trento showed that nearly 83% of people welcomed in hospital general information on how to improve their health.

We introduced improvement measures consistent with our Joint Commission International policies for patients and family rights and education:

- Installation of a second monitor to display divided general and orthopedic waiting lists so to avoid misperception that less serious patients (in the other list) are jumping the line
- Education to improve communication skills of triage personnel
- Transmission of in house television programs about health promotion and proper use of health services
- Dissemination of informative materials in main languages on ED access and about local health volunteer organizations

Conclusions

The knowledge we learned from this small experience is that we should strive to make the best use of whatever time we have, and that waiting time is not always a waste and should be seen as an opportunity to share information and educate patients to the correct use of health services. The next step will be to evaluate perception of patients with a tailored questionnaire.

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Session P 1-9: Reaching out into the community with health promotion interventions

P 83. The effect of encouraging jogging with health promoting strategy

Li Chueh KAO, Cyong Ru HSU, Siou Ling JHONG, Ho Su HSIEH

The population of Gandau is 11,276, and among 12.83% of the resident, that is 1450 people are elders above 65 years old. The aging indicator is 68.13%, which makes Gandau an aging community. Most of the disease the residents suffered from is chronic ones like Hypertension, Diabetic Mellitus, Cardiac Vascular Disease, etc.

In 2007, we applied WHOQOL to do a research on 100 residents who's over 65 years old, and within all four domains: physical, mental, society, and environment, mental domain scores the lowest, leading to the conclusion of low self-esteem and low "meaning of life". 62.5% of the residents don't have the habit of doing regular exercise, so we introduced the idea of it through health promoting strategy.

By designing jogging logo and slogan, promoting the idea through poster, Gandau monthly magazine, LED, community activities, the promotion from the volunteers, choosing and transfiguring the safe jogging path and providing relative course to improve their jogging skill, we managed to keep them jogging regularly, and made health habits a part of daily life. It couldn't be achieved without the behavior changing method, rewarding positive reinforcement, and group encouragement and overseeing.

From 2008 May till July, there are altogether 108 people participated in this three times per week, once per hour activity, and the result shows that 50% of the participants had take part in over 85% of the activity, and the ratio of people having the habit to jog grows from 10% to 92.8%. 68% of the participants show significant change in weight, 54% of the participants lost 2Kg while 14% lost more than 2Kg of their weight. If analyze by pair-test, it shows $p < .001$, meaning that there's a significant relationship between jogging and losing weight.

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P 84. Nordic Pole Walking: A successful promotion story for prevention, therapy and wellness for the broadest segment of the population.

Klaus SCHWANBECK

Successful activation of 8-10 million physically in-active people

Since the year 2000 eight to ten million people in Europe became motivated to chose Nordic Pole Walking (NPW) as personal physical activity. Part of this success is, because NPW meets the expectation of physically in-active people of a moderate, but effective exercise. NPW offers a great opportunity for health promotion for the broadest segment of the population, patients and employees.

Today all health insurance companies in Germany pay the cost for NPW-instruction.

Continuous Evaluation

A special developed online-evaluation allows continuous evaluation of participant's progress of weight loss, blood sugar, blood pressure and physical performance.

Increased health benefits

About 400 clinical and scientific studies show increased results for metabolism, cardiovascular system and muscle strengthening with its positive influence to overcome specific health disorders through incorporation of more than 90% of body-muscles in one low-impact exercise.

In comparison to exercise-walking, jogging, treadmill and bicycle training, NPW combines resistance training for additional 50% of upper-body muscles located above the waist-line and increased cardiovascular training. This low-impact physical activity results in a significant increase of metabolism and calorie burning rate and muscle strengthening, which helps to overcome wide-spread health disorders.

Examples of Scientific Studies about Nordic Pole Walking:

- Nordic Pole Walking burns up to 46% more calories than exercise walking without poles or moderate jogging (Cooper Institute, 2004, Dallas and other).
- Increases heart- and cardiovascular training to 25% more effect (Foley 1994; Jordan 2001, Morss et al. 2001; Pocar et al. 1997 and other).
- Incorporates 90 % of all body muscles in one exercise and increases endurance of arm muscles (Triceps) and neck- and shoulder muscles (Latissimus) to 38% (Karawan et al. 1992 and other).

Poster Sessions

Poster Sessions 1: Thursday, May 7, 2009, 13.30-14.30

- Diabetes Typ2: Improves diabetes metabolism, reduces insulin resistance and reduces medication within three months (M. Nischwitz et.al. 2006).
- High Blood Pressure: Reduces High Blood Pressure by 18mmHg within eight weeks (Ishikawa et.al. 1999; C. Diehm, 2007).
- Eliminates back-, shoulder- and neck pain (Attila et al., 1999 and other).
- Less impact on hip- knee- and foot joints about 26% (Wilson et al., 2001;Hagen 2006, and others)
- Increases production of "positive" hormones. Decreases "negative" hormones (R.M. Klatz et.al., 1999; Dharma Singh Khalsa, 1997).
- Supports stress management and mental disorders (Stoughton 1992, Mommert-Jauch, 2003).
- Develops upright body posture. (Schloemmer 2005)

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P 85. Are you o.k. today? - 3 vegetables and 2 fruits education strategies

Shan CHAO, Hui-Ping CHANG, Lin-Chung WOUNG

Fruits and Vegetables are great sources of many vitamins, minerals, and phytochemicals that may help reduce the risk of some cancers and chronic diseases. The Government in Taiwan recommends an intake of 3 portions of vegetables and 2 portions of fruits per person per day.

We carried out a survey in July, 2008 and found that 86% of the hospital staff, 84% of university students, and 71% of community did not meet the targets. Most participants had poor awareness of the recommended intakes, the portion size and the variety of colorful fruits and vegetables.

To address this problem, we designed creative and educational posters, leaflets, file folder, and promotional logo magnets etc. We cooperated with the district health centers in Taipei City and some schools to conduct fruit and vegetable education interventions (instructional activities, games, and cuisine classes). Also, we promoted to use the "OK-hand signal" and ask "Are you OK today?" to greet mutually.

We developed healthy fruit and vegetable recipes for the public and assisted the Vocational Rehabilitation Center of the Department of Psychiatry in our hospital to provide fresh fruit juice services, creating a health-supportive environment. Food

questionnaires assessed the awareness of fruits and vegetables for participants who joined education intervention.

The awareness evaluation showed 33.3% and 98.9% at pre- and post-test, rised 65.6%. The result revealed that developing creative educational materials, conducting interesting activities are very important and efficient ways for nutrition education. Providing a supportive environment can effectively promote fruit and vegetables consumption.

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P 86. Health meets culture

Janine KRÜGEL, Susann BUSCH

In line with the national plan of action "IN FORM" for the prevention of false nutrition, physical inactivity, overweight and with it developing coherent diseases, the Federal Ministry of Health called to found alliances of NUTRITION AND PHYSICAL ACTIVITY to develop ideas of conversion and to realize them.

The city of Bernburg has been participating in the Federal Ministry of Health's national plan of action "IN FORM" with the project "Bernburg is getting active" since 2008. The clinical center of Bernburg, which was certified according to KTQ® in December 2008, is involved to serve as the contact point for the population for all questions regarding health.

The aims of the project are, among others, to strengthen the hospital's distinctiveness as first choice contact point, to improve and advance the population's behavior regarding physical activity and nutrition, as well as to integrate and offer cultural events.

Thus, nutrition and physical activity are the focus of the project. The following activities aim to increase awareness and to have a long-lasting effect with regard to these points:

- (Frequently) topical events in accordance with the seasons of the year
- Photo competitions
- Open house ("living medicine")
- Founding of support and discussion groups
- Cultural events (concerts, readings, film evenings, slide shows)

Within the university's project group "health promoting hospital", the students are responsible for the organization and implementation of the project. The university of applied sciences in Magdeburg-Stendal and the Federal Association of Health in Saxony-Anhalt monitor the project.

The project began in January 2009 and is expected to be completed by the end of 2011. About 70 local, regional and national partners are active participants in the project "Bernburg is getting active".

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P 87. 7-Eleven stores as blood pressure measuring station, an extension of health promotion beyond the hospital wall.

Teck-Siang TOK, Choo-Aun NEOH, Cheng-Chih KAO, Li-Chen HSIAO, Yung Chung HSIAO

High blood pressure increases risk of developing heart disease, renal disease, arteriosclerosis, eye damage, and stroke. Accordingly, the diagnosis of high BP is important to prevent these complications. Measurement BP outside hospital help improve patients involvement in their care, avoid possible "white-coat syndrome"

Previously we trained community volunteers to conducted door-to-door screening for hypertension, but result was poor as community lack trust to other people to come to their house as society safety get worse. We then set up blood pressure measuring stations at different parts of the community at particular hours and days every week. But usually most people wish to measure their blood pressure when they felt discomfort; unfortunately volunteers were not available at that time. Volunteer may be there when the residents were busy at their own work. Residents need a 24 hours service.

Aim

This study explores possibility of 7-Eleven retail store-based approaches to promote blood pressuring. This is the first trial in Taiwan using the 24 hours service from the 7-Eleven convenience store to become a blood pressure checked free of charge station.

Methods

The retail-store provided the space while our hospital provided the automatic measuring machine. Japan, COLIN, BP-203RV-III Type C automated devices was used. We started at 2 stations (Store A and B) since 21thSeptember, 2008.

Results

From 21st Sep. 2008 till 11th Dec. 1050 residents visited store A and 650 residents visited store B. Not all resident willing to let their BP reading recorded after measuring, as privacy concern.

Using 7-eleven store as blood pressure measuring station seem promising and hope that this model will boost citizens' enthusiasm for the control of hypertension throughout the whole city.

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P 88. Emotional literacy as an instrument of empowerment for freedom choices: An alliance between healthy sanitary services and schools

Cristina AGUZZOLI, Chiara TUNINI, Marco BERTALI, Corrado CICCARELLA, Wally CULOT, Claudia DOMINGUEZ, Marco FRAGIA-COMO, Flavio KOMAULI, Adriana MONZANI

The practice of healthy life-styles implicates a concept of wish, discipline and respect of itself that must be integral patrimony of the subject during its evolutionary development. Obviously the setting is the basic point for wellbeing, but our project is focused on empowerment in different change- phases during the existence. The practice of healthy life-styles is highly related with stress-distress situations and individual life skills.

The data related to the life-styles practised in a society in perennial acceleration are often conflicting with the health. It's very expensive to act to acclaimed uneasiness or in case of incorrect behavior in action, both for the resources to be employed both to get a stable re direction toward the correct behavior. The culture of the information and the rational intelligence is not able to guarantee models of equal and effective wish for everybody.

Objective

To activate a culture of the emotional intelligence as life skills tools to promote healthy choices.

Actions

Constitution team operators -Healthy Services and School:

- psychologists
- experts in educational methods
- teachers
- sanitary assistants
- physicians
- psychiatrists

to realize a training course for school's teachers. The setting chosen by the team is currently that of the school of the infancy and primary.

The experimentation consists of three meetings during the scholastic year 2008-2009:

- Individual empowerment (theory and practice) based on psyconeuroendocrinoimmunology, on emotions and perception of stress / distress
- empowerment in the relationship with the others
- Evaluation: feed back teachers

Currently we are forming around 80 teachers. It will be object of following analysis the possible transfer of such training course in the Health Services to prevent working stress and to create an equipe of "emotional trainers" for Health Promotion.

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P 89. "Safely between home and work": A promotion campaign of safety on the road in Ferrara Teaching Hospital, Emilia-Romagna Region (Italy)

Paola M. ANTONIOLI, Teresa MATARAZZO, Ilaria MORGHEN, Sandra BOMBARDI, Katia MONTANARI, Ermes CARLINI

Road accidents are a serious problem by the high costs of suffering of the victims, their families and the huge social costs. For years, the Teaching Hospital of Ferrara with other Institutions and Agencies are cooperating inside the "Osservatorio Provinciale per l'Educazione e la Sicurezza Stradale" to deal with it, improving the service of the street and promoting information and promotion Campaigns in schools and places of aggregation, in the belief that safety on the road is the first thing that should be researched through a new culture of responsibility for the users of the street.

The accidents of the street between home and work represent approximately 50% of deaths at work. These data have motivated the decision to devote special attention to workers of Ferrara Hospital. On April 2008, the Teaching Hospital of Ferrara, in collaboration with local Stakeholders and Shareholders, launched the Campaign "Safely between home and work" to operators, but also to patients and visitors.

Initiatives

- Presentation of the Campaign to Hospital Management
- Information in the Hospital web site
- Using mats to promote the information about road safety in the Hospital restaurant
- Distribution of a "kit" to each worker containing:
 - A mini-guide to correct behaviour for driving
 - Disposable alcohol-test to make attention to relationship between alcohol consumption and safe driving
 - Free distribution alcohol-test in Ferrara Pharmacies
 - Reflective armband to be seen when the people ride the bicycle, which is very useful in our City
 - Poster to promote drivers' use of seat belts

On the April 9th 2008 was the "Day for Safety on the Road" in the Hospital with the following activities:

- Exhibition of paints about safety on the road
- Screening of movies and advertisement on the subject
- Distribution of brochures and administration of a self-knowledge questionnaire
- Mini-course for driving safely

To assess the impact of the Campaign were observed the following indicators: the number of informed workers, the number of administered questionnaires (operators, visitors).

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P 90. Evaluation of an outreach service for female sex workers in a sauna in Sheffield, UK: Outcomes and implications.

Tarang SHARMA, Carolyn CZOSKI-MURRAY

Objectives

To study the outcomes and implications of running an outreach service for female sex workers (FSWs) at a sauna in Sheffield, UK. Background: STIs have been on the rise in the UK in recent years and sex workers are at a higher risk due to their high number of sexual partners. However, they often do not utilise regular services and therefore outreach work becomes necessary in delivering sexual health care to this population.

Methods

Data from 160 consultations with FSWs belonging to the Royal Hallamshire Hospital was collected (August 2005 to July 2006) and analyzed using SPSS 15.0. Additionally, to understand the trends seen, an in-depth interview with the lead investigator of the outreach programme was also conducted and used to inform the study.

Results

Not always using condoms for oral sex increased the odds by 25 (adjusted for age) of having an STI [95% CI=1.548-407.585; $p=0.023$]. The women from the outreach programme were 4.6 times ($p=0.052$) less likely to have the presence of an STI when compared to other FSWs not part of the outreach. The study also showed that GUM clinics work with limited resources and often managing outreach work can become an extra burden.

Implications

The study suggested that introducing separate allocated funds for outreach work may be beneficial for the sexual health of FSWs. It also emerged that working with these women should

become an important epidemiological priority due to the rising trends of STI and HIV/AIDS in the country, in order to ensure their reversal.

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P 91. Multidisciplinary team for victim of sexual abuse from hospital to the community

Rosa COSTANTINO, Massimo ANNICCHI-ARICO, Mariaclede GARAVINI, Sabrina IARLORI, Maria Caterina MANCA, Teresa MONTELLA

Women victim of violence are increasing day by day in all Europe, the organization are not well prepared to host and assist them in the right way. For this reason our organization, in partnership with institutions and NGO started to analyse the problem from different point of views planning structural and process changing that are in place to better assist the victims.

For this reason thanks to a bank foundation (Fondazione del Monte) started this project that, as it has been indicated from WHO guidelines, underlined the following points:

- Changing the culture of organization and increasing the training course for professional and health workers
- Create a clinical paper ad hoc that has inside all the useful elements for all the people that take care of the victim including policies department
- Create a network with primary care and social services in a way that the victim could find easy patterns when is out of the hospital

Some of the actions done:

- Creation of a multiagencies panel that had the duty to share contents methods and tools
- Actions for improving the services provided and guarantee the same treatment in all the hospital of Bologna's area
- Different kind of training courses in a way to have in the staff all the the resources to evaluate, assist victims from clinical and social aspect and document incidents of sexual abuse
- Creation of DB dedicated and collecting data useful for all the partners
- Chosen of hub and spoke methods between the central hospital and satellites

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P 92. A sustainable program of alcohol restraint in Zou, a Taiwanese aboriginal people

Yuchen CHANG

Purpose

In addition to poor consequences of health, alcoholism results in several family issues, such as family discordance and poor children education. (Chen, 1996, Cheng, 1997, Chang, Gao, 2000). Alcohol consumption is very common in Taiwanese indigenous people. The prevalence of alcohol consumption is 58.32% in Taiwanese aboriginal male (vs. 36.16% in non-aboriginal male) , and 28.85% in aboriginal female (vs. 7.25% in non-aboriginal female) (Ge, Hsieh, 1994) An integrated intervention for alcoholism was therefore required.

Method

- A committee of Alcohol Restraint by the community, the government and the hospital was formed to facilitate the program.
- A team of health and social workers was designated by the hospital.
- A preliminary field study was done to identify the impact of different degree of alcohol consumption on the family and the community.
- Several related projects with studies including support group, Medal of Alcohol-Restrained Bravery, and the promotion of Wine Tasting Culture of Zou aborigine, etc. were conducted.
- The program of alcohol-restraint has been being operated since 2002 till now.

Result

From the preliminary field study, we realized the prevalence of alcohol consumption is 45.6% among Zou, and 58.5% among the male and 34.7% among female. The performance of family function was significant related to the different degree of alcohol consumption ($p=0.001$, $df=515$, $t=3.24$), while low-degree-alcohol-drinking group has no significant difference from no-alcohol-drinking group.

In the past 7 years, the alcohol consumption rate of the members of alcohol-restraint supportive group was decreased by 70%. Among those who participated in the project of "Medal of Alcohol-Restrained Bravery", 16.1% have quit alcohol completely, 20.1% of the rest have decreased alcohol consumption and self-alertness of alcohol consumption is increased (mean=1.71,SD=1.63).

And together with the promotion of Wine Tasting Culture of Zou aborigine, the traditional and unique culture of the community was honored.

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P 93. Founding and training the community volunteer group for visually impaired persons

Lin-Chung WOUNG, Tsung-Yen WU, Ming-Tsu TSAI, Ching-Yao TSAI, Pesus CHOU

Purpose

To found and train the community volunteer group for caring about visually impaired persons. It could provide health services for visually impaired persons and improve their own health habits.

Methods

The study adopted the pattern of mobilizing social organizations, including the common people, specialists, students, and volunteers, to found the community volunteer group to care for visually impaired persons. We believed that by using a perfect method of training, we would be able to proceed as planned.

Result

Most of the participants there were recruited from the heads of subdivisions of the district. There were ninety-three participants in the study. Of these, the majority were middle and old aged women. The volunteer training presentation used several different techniques, including a PowerPoint presentation, copies of handouts, a video, and role-playing exercises for two or three periods a week for four months. This program not only increased their knowledge of visually impaired persons, but also deepened their interest in the mutual care.

Conclusion

After actually operating the model in Zhongshan District in Taipei, it is truly feasible. At present, the volunteers are ready to visit visually impaired families continually, and also join fixed gatherings to share impressions together. The program will be estimated to expand into every district to tighten up health promotion for visually impaired persons, and to keep up a steady growth in the community volunteer group.

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P 94. Volunteer role and health promotion in care of people with Alzheimer's Disease (AD)

Paul OLADIMEJI

Introduction

Alzheimer's disease (AD) is a progressive, degenerative disorder that attacks the brain's nerve cells, resulting in loss of memory, thinking, language skills, and behavioral changes. It is the most common cause of dementia, or loss of intellectual function. Health Promotion should incorporate Holistic, and Collaborative strategies.

Aims

- To reflect on aspects of the Role of Volunteers in promoting the health of people with AD.
- To discuss the importance of partnership and collaboration between Health Care Providers.

Volunteering Role

The AD Society UK provides support and advice for AD sufferers and their relatives. There are many volunteering opportunities within the AD Society one of which is the befriending Role. Initial diagnosis of AD can be traumatic leading to anger, shock, and disbelief. Befriending Services help the client come to terms with the diagnosis and other Mental and Emotional distress.

Health Promotion concepts

According to the World Health Organization (WHO, 1946), health is not just about meeting physical needs. It is also about meeting the psychological and emotional needs. Befriending Role provides the volunteer an opportunity to assist the patient in meeting some of these needs. Achieving this requires the adoption of a social model of health recognizing a holistic and positive approach and highlighting aspects of the Emotional Health which includes Social Relationships.

Linking the Concepts

Befriending Role involves use of:

- Verbal and non-verbal communication
- Empathy
- Provision of support, companionship and prevention of loneliness

Conclusion

Preventive Health Promotion in the care of people with Alzheimer's disease lie within tertiary prevention which is about enabling those already afflicted by the illness to take control over and improve their health.

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P 95. Effectiveness of collaboration with local people for health promotion in the community

Mitsuhiko FUNAKOSHI

Chidoribashi General Hospital (617 staff, 336 beds) is one of the main hospitals in Fukuoka City (population 1.4 million) in Japan. The hospital has not only offered diagnostic and therapeutic services, but also has always implemented health promotion activities in local communities. Especially in health promoting activities, the emphasis has been on collaboration with the "Fukuoka-kenkou-tomono-kai (Tomono-kai)", which is a citizens' group.

The Tomono-kai was established in 1970 in order to promote health and now has more than 40,000 members around Fukuoka City. It consists of 161 teams which have been formed in every community. The main activities in collaboration with the hospital include:

- Health education concerning disease and desirable lifestyle
- Health checkup and screening for colon cancer, gastric cancer, breast cancer and uterine cancer
- Exercise: walking
- Recreation: excursions and karaoke
- Free health consultations on street corners

The training programs for volunteer leaders in the communities who have been recruited as members have been held since 2008. A "Health Festival" gathering hundreds of people is held every year in several communities in order to learn disease prevention and promote member exchanges. Additionally, an event for walking with around 2,000 participants takes place every year.

We always support the management of the Tomono-kai, teaching study groups, the health checkup, and walking coaching. Some members' lifestyles become better, some are diagnosed with cancer at an early stage. We conclude that health promoting activities in collaboration with ordinary people are useful for health promotion in local communities.

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P 96. A triennial experience of health promotion in "Comunità Montana Grand Combin"- Aosta Valley

Silvio GIONO CALVETTO, Lindo FERRARI, Carlo POTI, Giorgio GALLI

In 2005 the epidemiological data referred to "Comunità Montana Grand Combin" (5.200 inhabitants) showed an excess of statistically significant mortality due to cardiovascular and cerebrovascular diseases and malignant tumors: these results prompted the Health Department, with the cooperation of Aosta Valley Health Agency and other local authorities and schools, practitioners, volunteers, to devise a plan to increase the prevention and attain early detection of the aforementioned diseases.

The known risk factors (poverty, poor education, isolation, lack of medics) couldn't explain this increased mortality, so the health agencies tried to improve the awareness of risks connected to alcohol consumption, smoking, unhealthy eating habits and lack of physical activity.

The medics measured the risk of vascular complications in people aged between 40 and 70 and then they involved them in the regional screening for early detection of colon cancer.

The results of a questionnaire about eating habits showed a very high consumption of alcohol among young people, so the authorities developed a project to prevent alcohol abuse among the youth: alcohol was not sold after 2 a.m. at the local discotheque and the "Prevention of alcohol dependency" operators explained the consequences of alcohol consumption, measured the level of alcoholemia and rewarded those who chose not to consume alcohol in order to drive home the drinkers (bob). In addition to performances and other events on the topic of alcohol consumption, the authorities also devised a plan to prevent the spread of smoking in primary school.

The strength of this plan of prevention lies in its constancy and it will be developed in other "Comunità Montane" (distribution of questionnaires about eating habits, activities in the local discotheque, training of volunteers).

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Session P 1-10: Working together for better health: Cooperation between different service providers

P 97. The role of public policy in health promotion - A comparative perspective

Maria ASENSIO

National health systems throughout the world face a common set of core challenges related to demography, epidemiology, developments in science and technology, medical demand and rising public expectations. These pressures are producing common challenges in the objectives and activities of these systems in several key areas, including health promotion and the prevention of health problems.

At the same time, it is also necessary to recognize the role of political, legal and governmental processes, as well as clinical and professional variables, in shaping different societal responses to health care promotion challenges.

The approach this paper takes is to look at the documentary record for evidence of changes in the ideas and in the identity of actors that may be moving health care policy towards health promotion. This analysis is not definitive, as that would require detailed quantitative and qualitative empirical data about how the health promotion is operating within the member states.

However, this paper can provide a conceptual account of the determinants of health promotion and the main variables influencing the new governance in health promotion.

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P 98. The new technologies for better information and prevention in healthcare

Giuliana BRANDAZZI FILIPPAZZI

Healthcare is no longer a matter only of doctors and hospitals, because its aim is no longer only the cure of illness or disease, but also prevention and information. Computers can play a very significant role in spreading correct information among ordinary people, thus helping the prevention of illnesses and wrong

behaviours, but also reducing the fear and trauma related to hospital.

Therefore healthcare has really become a matter of the whole community. Kindergarten and primary school can play an important role if teachers are properly trained in the use of the new technologies and informed about specific software that allows virtual visits to hospital wards and offer practical information to parents, clear and reassuring answers to the children's as well as adolescents' questions, explain correct / healthy behaviours, etc.

Information technology is also a very good means of socialization, allowing patients of all ages to keep in touch with "old" friends and to find "new" ones in the Internet, to exchange and share experiences, thus favouring the therapeutic effects of communication among healthy and hospitalised peers.

The new technologies offer a very large range of supports for the diagnosis as well as for the therapy and recovery of disabled patients, thanks to dedicated aids (such as special keyboards, for instance) and SW ad hoc. Last but not least, distance diagnosis and surgery are made possible thanks to the connection via Internet between advanced hospitals and health centres in developing countries.

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P 99. A study on the cooperative model of health promotion partners

**Ying-Ling KUO, Ya-Wen YANG, Tzu-Yun
CHOU, Pei-Li CHANG, Hon-Kwong MA**

Objective

The goal of this study is to evaluate the efficacy of health promotion in Integrated Health Delivery System.

Method

Integrated Health Delivery Systems of Cardinal Tien Hospital Yung Ho branch and public health centers conducted health promotion activities, cancer screening, and infectious disease prevention programs from 2005 to 2008. Primary care physicians in local clinics also participated this work to establish a comprehensive medical care system for high quality family doctor total care.

Result

The efficacy and accessibility of health promotion activities, cancer screening, and infectious disease prevention programs became better in the past four years after this collaborative health care model.

Discussion

Through the collaborative health care model, people can easily get information about case management of chronic disease, health promotion activities, cancer screening, and infectious disease prevention programs in the communities. Primary care physicians in local clinics and public health centers could provide better medical service. Patient-centered total care might be delivered more precisely by integrated medical resources from hospital, local clinics, public health centers, and communities.

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P 100. Prevention model for common national diseases in the Central Finland region

Maria HALLMAN-KEISKOSKI, Nina PERÄNEN, Mauno VANHALA

The Central Finland Health Care District functions as the coordinator in a new operating model for preventing national diseases within the region. The objective is to build a regionally operating guiding path for the prevention of lifestyle related diseases in co-operation with the specialist health care, basic health care and social services. Overweight, inadequacy of physical training, alcohol overuse and smoking affect more and more citizens increasing the risk of lifestyle related diseases.

The focus areas of preventive activities include:

- Cardiovascular diseases and diabetes (2008-2009)
- Preventive mental health care and alcohol-related problems (2010)
- Osteoporosis and prevention of slip and fall accidents
- Prevention of pulmonary diseases

The investment of the region's municipalities in the preventive work is approximately 1 EUR/citizen. This financing is sufficient for maintaining a regional prevention group (health promoting coordinator, physical training specialist, nutrition specialist and professional nurse). They will use 70% of their working time providing support for the municipal health care and social services professionals. The emphasis is on identification of health problems and early intervention by means of mini interventions.

In 2005, as a member of the HPH network, the Central Finland Central Hospital established the Health Information Center Palanssi which is run by a health care professional. Smaller health information points have been established in the 15 health centers of the region to support self-care. The network of these smaller health information points will be expanded to cover all regional health centers (N=25) with the employee of

the Health Information Center Palanssi ensuring the consistency of activities.

In the future, the health promoting hospital standards will be partly used as meters in evaluating the implementation of the preventive work. After the pilot phase, the prevention model for common national diseases will be extended to the entire area of the university hospital district.

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P 101. Quality and integration of multidisciplinary assistance to the people with ALS (Amyotrophic Lateral Sclerosis)

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The recognized need to create a valid point of reference for the people with ALS of the Mantua territory and their relatives has determined the necessity to organize the out-patient treatment in order to guarantee:

- Constant availability of qualified personnel to face the specific problems of the Patient with ALS
- Facility of access to the services and possibility to quickly contact the clinic by the Patients or their relatives
- Increasing the ability of interdisciplinary intervention of the team in collaboration with external operators.
- Improvement of the information on the problems of the illness for the Patients and the caregivers
- Promotion of the protection, the assistance and the cares to the sick person ALS, guaranteeing the personal dignity for a best quality of life.
- Patients' information promotion in order to valorize the wish and ability of free and aware choice
- Privilege the planning and the coordination of the cares and the treatments to reduce to the least one the decisions in situations of emergency
- Spread in the public opinion the sensitization and the knowledge of the connected problem list to the ALS
- Favour the informed and fast-access to the benefits of Law, to the presidis and the aids made by the Sanitary Corporate body
- Favour the formation of volunteers to support the sick people and their relatives
- Contribute to the collection and the elaboration of the epidemiological data on regional and national base Problem definition and general finality / aim

We're talking about a rare pathology (freq.: 5-6/100.000 abs.), nevertheless serious, invalidating, with an inauspicious prognosis. Not rarely, after the dramatic communication of the diagnosis, the Pt. and his/her relatives wear a feeling of abandonment and isolation in front of the important problem list (sanitary, psychological, ethics, working, economic, social, etc.) that achieve to the inexorable progression of the illness. Just to furnish possible answers, the actual project foresees the creation of a specific outpatient's clinic, with specialized personnel, the institution of preferential channels, of fast-accesses to the specialistic consultations, to the psychological support, to the treatments and the therapies.

Specific aims and indicative of measurement (tags):

- Opening of the specific outpatient's clinic (Outpatient's department ALS)
- Increase the quantity and quality of the sanitary personnel updating on the ALS problems
- Participation to the collection and elaboration project of the epidemiological data on regional base;
- Raise the rapidity and ability of "listening" the demands expressed from the sick person;
- Reduction of the wait for specialist medical service (visits, treatments, psychological consultation, ordinary or day hospitalization, supply medicines and protesica, etc.)
- Contacts and involvement of the Structures interested ALS and of the specific Associations
- Programmed Periodic Accesses (for disbursement cares and checks) contemplated and coordinated between Neurology and Pneumatology
- Activation domestic visits of the hospital Doctors: Neurologist, Pneumologist
- Activation of domiciliary assistance from the Nursing personnel by Neurology, Pneumology
- Extend the duration of the prescription of the specific medicine from 2 to 6 months
- Organization of a Public informative meeting on the ALS
- Organization of an informative-scientific Conference on the ALS

Evaluation (describing how the results will be appraised):

- Of contacts with sick persons and caregivers (comparison with previews years.)
- Day specific hospital e/o ordinary hospitalizations programmed
- Wait for the supplying of the specific medicine
- Reunions of multidisciplinary coordination team
- Meetings of coordination with ASL (territorial Structures) and specific Associations
- Public meetings of information and sensitization on inherent themes the illness, held from personal team.

Results until now are:

- Opening of a specific clinic for the neuromuscular disorders (understanding therefore the ALS) to fortnightly list (soon it will become weekly)
- Activation of a telephone number (endowed with answering machine) for the patients and their relatives to which a Professional Nurse with specific preparation answers, for booking of visits and instrumental examinations, for information and suggestions
- Reduction of the wait; the patients come as a rule revalued every two months, in case of necessity, after telephone

contact, in the briefest possible time

- Rationalization of the access to the specific therapies furnished by the Business Pharmaceutical Service (medicines in band H)
- Insertion of all the patients of new diagnosis in the Regional Register of the ALS (Eurals) managed by the institute "Mario Negri" of Milan
- Participation to the clinical epidemiologic research denominated "ALS and traumas" organized by the institute "Mario Negri" of Milan, comparing the anamnestic data of the patient ALSs with neurological and not neurological controls ;
- Integration of the run of evaluation and multidisciplinary assistance with the SC of Pneumologia and UTIR in order to program:
 - Respiratory function evaluation
 - Respiratory insufficiency risk evaluation
 - Setting in motion of the program for the management of the phase of the advanced respiratory insufficiency within the regional guide lines for the management of the mechanical ventilation for a long time term (program of respiratory domiciliary assistance (ADR)
 - Carrying on the research program / audit started from 2006 near the SC Pneumology and Intensive Respiratory Unit.
 - Improvement the access to the benefits of law (invalidity, aids, communicators and economic helps

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P 102. A new strategy for health promotion in community healthcare in Taiwan

Shih-Tien HSU, Huan-Cheng CHANG, Tang-Tat CHAU

Introduction

National Health Insurance System (NHIS) has been launched in 1995. However, the medical expenditure is increasing faster than expected. In 2003, NHIS developed a program of "Community Medical Group (CMG)" desired:

- to provide people a comprehensive, coordinative, continuous health care
- to promote the awareness of a patient-centered medical environment
- to involve more public health services

Although, the early CMG (type A) primarily focused on the disease management but less on health promotion. Since 2006 a modified CMG (type B) focusing on health promotion has been launched to secure the decrease of medical expenditure and good-quality health care.

Implementation

There are 3 major differences between the old CMG (type A) and new CMG (type B):

- The practice of health management shift more to the field of health promotion.
- The empowerment and self-management of patients are more emphasized.
- Incentive feedback to the CMG dependant on the "fixed visit ratio" and the difference between the annual actual medical expenditure in clinics of the registered family members of a CMG (AE) and the risk-adjusted estimate of the same family members groups (VC).

The CMG can get more incentive if they can utilize medical resources more effectively for the patients of chronic diseases and focus on the "outcome" of management. In another word, the CMG have to provide a active, effective co-shared care plan to empower the patients and self-management.

Results

- A few CMGs have accomplished a great achievement in health management and decrease in medical expenditure as high as 50%.
- Both the CMG physicians and patients are working together in a way shifting from disease management to health promotion.
- Better medical outcomes are reached using the new strategy in the community health care.

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P 103. Continuity and cooperation in health care services-HPH standard 5

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Since the establishment of the Piedmont Region HPH Network in 1998 the continuity of care between hospitals and local health services has been the main task for all the participants hospitals with the aim of improving the integration between different sectors of healthcare in Piedmont.

Attention has been paid to communication between health operators at admission and discharge of patients through the

dissemination and evaluation of questionnaires, that showed that integration was rather poor and often completely disregarded in most of the 22 regional healthcare agencies.

Starting from this previous experience our group, including 18 of the 22 presently existing healthcare agencies in Piedmont, define standards including a number of measurable indicators. The aim for the next four years is to improve the quality of life for all patients with special attention to the most "fragile" groups (elderly, socially disadvantaged, chronic diseases) through the adoption of self assessment procedure by all the health operators involved, and the continuous assessment of patient satisfaction.

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P 104. Statewide cardiovascular telemedicine networking improves quality and economical success of cardiosurgical departments

Johannes ALBES, Thomas CLAUS, Detlef JARKE, Ronny WEISEMANN, Elimar BRANDT

Background

In economic healthcare systems heart surgery departments are heavily depending on a sustainable network with cardiologists to generate sufficient numbers, adequate revenues, and to motivate governmental investments. Recently, telemedicine networking has been shown to improve cooperation with external partners. We analyzed development and progress of our cardiovascular telemedicine network as well as resulting effects on quantitative and qualitative figures.

Material and method

In 2003 we started a telemedicine network with external partners using a commercially available platform (ITZ-Medicom) implementing encrypted DICOM data transfer between us and external cardiologists. The entire costs for installing as well as maintenance are covered by our institution.

DICOM-films of left-heart-catheterization, CT-scans, magnet-resonance-imaging, and echocardiography are routinely sent prior to transferral of elective, urgent or emergent patients. In unclear cases or emergency situations the external cardiologist can discuss the case with the surgeon on duty via telephone line while both participants are seeing the film simultaneously.

Results

In 2003 the telemedicine network was initiated with 6 external partners generating a patient volume of 514/year out of 1012 entire cases/year (51%). In 2008 14 external partners participated generating a patient volume of 1322/year out of 1415 entire cases/year (93%). In the same period department revenues increased from 14 Mio. EUR/year to 21 Mio EUR/year. Case mix index (indicator for average co-morbidity) rose from 4.95 to 6.37 whereas quality parameters such as early mortality and cumulative number of major early complications (bleeding, stroke, mediastinitis) decreased from 5.9 to 4.9 and 11.4 to 8.6 respectively.

Conclusion

Supplying telemedicine free of charge is an attractive offer for external cardiologists. Stimulated demand is followed by steady increase of transferral volume and revenues. Because of the direct communication utilizing a cardiovascular telemedicine network indication and contraindication as well as timely management is markedly improved resulting in sustainable outcome quality and economical effects.

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P 105. Care planning approach in promoting the health of people with diabetes in England

Victoria OLADIMEJI

Partnership and Collaboration are important concepts in the effective management of Diabetes Mellitus. This paper looks at the process of effective implementation of the Care Planning Approach in the Care of people with Diabetes Mellitus in England.

Diabetes is a chronic and progressive disease that can impact upon almost every aspect of a person's life. In 2005, it was estimated that 2.35m people in England, 4.7% of the population, had diabetes, of which 1.8 million were diagnosed (Department of Health (DOH), 2006).

It is predicted that, by 2010, 5.05% of the population, or more than 2.5 million people, will have diabetes. Some sectors of the population are more prone to diabetes than others, with black and minority ethnic groups being particularly adversely affected (DOH, 2006).

Care planning can be defined as a process which offers people active involvement in deciding, agreeing and owning how their diabetes will be managed. It aims to help people with diabetes achieve optimum health through a partnership approach with various health professionals.

The Care Planning process provides a tool for integrating both Caring and Health Promotion concept. It involves:

- Assessment of both caring and health promotion needs of the client
- Planning which involves collaborative goal-setting
- Implementation - putting plan into action
- Evaluation

Conclusion

Care planning is underpinned by the principles of patient-centeredness and partnership. Doctors, Nurses, Dietitians, Chiropractors etc work together with the patient. It is an ongoing process or education, communication, negotiation shared record keeping and joint decision-making in which both the patient and the healthcare professionals share power.

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P 106. Discharge from hospitals: Results from a survey on Piedmont's regional health authorities and hospitals

Angelo PENNA, Maria Grazia DE ROSA, Carla BENA, Carlo PRASTARO, Paola SGUAZZI, Paola ZAINA, Ida GROSSI

Discharge from hospital can be an extremely distressing time for both individuals and their families. It is increasingly evident that effective hospital discharges can only be achieved with a good joint working between hospitals, local authorities, nursing homes, primary care and the voluntary organisations.

Recent evidence suggests that discharge planning can reduce unplanned readmission to hospital. Formal assessment of patients prior to discharge and adequate provision of care following discharge may reduce the likelihood of readmission to hospital with preventable problems. A reduction in readmissions will decrease costs. In the UK the Department of Health has published guidance on discharge practice for health and social care and international guidelines support the use of a formal discharge plan at time of admission including:

- Functional and Cognitive status
- Physical and psychological capabilities of family/caregiver
- Environmental factors of postdischarge setting
- Caregiver formal and informal support needs
- Review of medications and simplification of regimen

- Prior link to community services

The HPH Piedmont's Network developed and mailed a self-assessment tool to 21 Local Health Authorities (with hospitals) and to 10 Hospital Trusts, to better understand the discharge management performances of regional hospitals. The assessment tool analyze 4 major topics:

- Discharge Policy
- Discharge plan
- Guidelines and protocols availability
- Communication and coordination

The total response rate was 63%. Generally the results show, for trust and health authority, the presence of a discharge policy and a high attention to the problem, but lack of practical tools to improve discharge as: discharge checklists and guidelines, protocols to manage dispute about discharge and identify carer's need. On the basis of this survey the aim of HPH Regional network is now to produce regional guidelines to implement an integrated discharge policy in all hospitals.

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P 107. Home hospitalization: Rationale for a multidisciplinary management in dysphagic patients

Federico RUGGERI, Lorella MOZZONI, Patrizia ROCCHI, Mariano BARBERINI

The need for professional management of home patients is growing. The scenario of patients care settings spans from acute ward to chronic care facilities or home, requiring a health care network able to integrate hospital and community and optimise human and instrumental resources. Increased provision of services in the community is one of the proposed methods for reducing the pressure on acute hospitals.

This is also valid for Home Artificial Nutrition (HAN), where admission, management, treatment and follow-up of discharged patients are a priority. The complexity of symptoms and the specificity of the underlying disease frequently require a multidisciplinary approach to the patients, so patient management and personalized therapeutic options are discussed collegially.

The goal may be described as patient satisfaction, good clinical outcomes and cost savings. Patients with chronic conditions often benefit from follow-up access by our team: during home hospitalization, integrated care was delivered by a specialised team. Visits should be multiple, extended over a long-term, and interventions should be individualized.

A study of our patients with diagnoses of dysphagia after stroke was conducted: 53 patients with stroke in acute phase, 21 of whom with dysphagia (39.6%) at screening test were examined. Data that described number of visits made, number of hospital readmissions, types of medical and nursing interventions at home were collected with the result to have a better educational background and to enable replication when correctly. The 52% of patients with dysphagia improves on dismissal so they need of a valid and effective evaluation, a protocol of rehabilitation and a scale of gravity is useful tool for assessing the outcome of the patient.

We have of course met some trouble in the levels of personal preparation, difficulty to translate "on paper" the activity, defects on communication and integration, but a multidisciplinary group and continuity of care are basic requirements for the proper management of the patient with dysphagia.

In conclusion, our opinion is that home hospitalisation intervention generates better outcomes at lower costs than conventional care: they may be described as patient satisfaction, good clinical outcomes and cost savings, too.

The average overall direct cost for Home Hospitalization patient was obviously lower of the costs of conventional care, essentially due to fewer days of patient's hospitalisation. Furthermore, a higher percentage of patients had a better knowledge of the disease, a better self-management of their condition, and the patient's satisfaction was greater in most of them and their parents.

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P 108. The integrated memory clinic based on patient centered

Miao Yu LIAO, Pi Shan HSU, Chang Bor HOR, Kwoting FANG, Yuan-Nian HSU

Purpose

The Number of dementia patients in Taiwan is increasing. They have not only impaired cognition function but also strange behaviors. The Memory clinic in Taiwan now is not enough and only one field doctor. The Demand of the caregiver cannot be satisfied. Our hospital set up an integrated Memory clinic based on patient centered in May 2007. We want to set a pilot integrated care model and evaluate its care quality.

Method

- One stop service: We have neurologist Psychiatric. Family doctor. Traditional Chinese herb doctors. Social worker, nurse practitioner and see our patients at the same time.
- Care management Specialist who take case of dementia patients and family demand with system technology information support.

- Standard Evaluation forms: We use multiple aspects of Biologic-psychological-social evaluation forms.

Result

From May 2007 to Dec 2008, total integrated Disease declaration rate is 100%, our total patients are 600. Once a week, we also set up a unique integrated dementia care plan for each patient. We also have initial Depression scale about our patients, 58% are normal, 17% are mild to moderate, 25% are severe degree.

Zart's caregiver burden scales showed our patients in clinic divided into 4 groups., function independent 15%, need a little care 19%, need help 36%, total dependent by others care 30%. Cognition function form (MMSE: Mini-Mental Status Exam) showed their score remained the same or improved after 1 year follow up is 61%.

Conclusion

How to develop an integrated care model for elders is now an important problem in Taiwan. Our hospital wants to set up a model based on case-management, multi-discipline one stop service in order to help dementia patients to rebuild their soul & Bodies.

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P 109. Management aspects of the hospital without walls - META project and Alzheimer's disease

Dalibor PETRAS, Stefan PETRICEK

Dementia belongs to the most important problems of the 21st century's health care. This problem becomes more and more stressed out due to demographic tendencies, population ageing, phenomenon of double ageing, etc. Alzheimer's disease (AD) is the most common type of dementia, it represents 50-60% of any dementia types and occurs in 2-3% of those aged from 65 to 69 years. With increasing age occurrence of AD rises strongly.

Modern human society is not yet ready for this burning question. The main point is that AD and other dementias are not only the health care problem. There is a complex of additional problems, especially social care services involved. That's why the social, regional and community levels must be involved, together with health care and social care specialist cooperation with the main goal - to improve quality of life of AD people and - very importantly - their families.

For the Nitra Region (Slovak Republic) the demographic regressive type of population is typical, vitality index less than 100%, percentage of more than 65 years old inhabitants is 13% and it is supposed to increase in 2020 to 20%.

The retirement and social care houses in the Nitra Region together with the St. Zoerardus Specialized Hospital Zobor in Nitra have got a long time experiences in health and social care. They carry out project called META (Morbus Efficacy Treatment Alzheimer) oriented to people with AD and their relatives. The main aims are as follows: increase in primary prevention; care for people with dementia, especially AD; adaptation of geriatric network to demographic tendencies of region and improvement in quality of health care services.

There is an intention, in cooperation with general practitioners, to implement screening of risk groups - people above 65 years in the Nitra region, using Mini-Mental State Exam (Folstein test) as the first step to complex diagnostic and therapeutic intervention for different types of dementia.

As one of the results of the META project Centre for AD People Care will be created, cared for both institutional and out-patients, with the main goal of specialized management of patients, their optimal treatment and influence to the life quality. One of the Centre functions will be advisory and consulting services oriented to both professional and lay public, as "education" of ill and risk groups, special advisory for those who take care about people with AD - families, social care institutions, community (using information and communication technologies, mass-media, etc.).

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Session P 1-11: Comprehensive organisational HPH approaches & designing health promoting settings

P 110. ASL of Bergamo Province (Italy): A systematic approach to develop HPH in health structures.

**Giuseppe IMBALZANO, Roberto MORETTI,
Rossana PICCINELLI, Rita MORO**

Introduction

Bergamo is an Italian province of 1.057.999 inhabitants. The Public Health Authority ASL (Azienda Sanitaria Locale) is responsible for health policy, planning, evaluation, and also for providing health promotion services. In the province there are

3 public Hospitals Networks and 11 private hospitals. ASL of Bergamo is a member of the Regional HPH network. The Region is Lombardy, which is actively promoting the HPH network for all regional structures.

Objective

The aim of this work is to show the ASL policy to promote a comprehensive cooperation in the field of HPH among all the healthcare structures of the province.

Methods

The Health Direction of ASL is regularly meeting all the health structures of the province in order to plan and monitor health activities. During these meetings the proposal of developing a provincial HPH network was launched. In order to implement and monitor the program, a central commission for HPH was created and every health structure formally engaging in the project was proposed to develop a local HPH commission, with the aim to improve HPH issues in their structures and to keep contact with the provincial commission in order to facilitate cooperation.

Results

The official adhesion to the network was made by 6 structures on the total of 14, among those, the adhesion rate for hospitals, was of 43% (6/14). The ASL policy is aimed to develop a global approach in order to facilitate cooperation between structures on a global and comprehensive point of view, starting from basic information of health procedures (diagnostic, radiology, laboratory, informational material for target populations migrants) up to health education and promotion (ex. Tobacco, Nutrition, Physical activity, Promotion of road Safety - newborn transportation multi cultural approach) and an approach WPH for all personnel of the health structures.

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P 111. Implementing health promotion in hospitals: The role of the "Spedali Civili Trust, Brescia-Italy HPH office" in facilitating it

Sebastiano GUARNACCIA

The Hospital "Spedali Civili Trust of Brescia" has joined the HPH network of Lombardy in 1998 and since then has presented several projects. Now it has established the new local HPH Office with the following targets:

- to enforce, promote and improve the local policy for health promotion
- to support and integrate programs existing in hospital concerning health promotion

- to encourage the co-operation with other health service sectors and institutions

The HPH Office is responsible for:

- planning and developing hospital programs according to the Technical Scientific Committee
- managing and supporting projects
- ensuring partnerships and co-operations with local, national and international networks
- encouraging collaborations and experiences exchanges among hospitals in the HPH network
- publicizing HPH activities in all sectors of the hospital organization
- caring the administrative management through its Management Secretariat

HPH Office main objectives are:

- to create an archive of the HPH projects
- to ensure the availability of spaces for gathering and consulting national and international HPH literature
- to organize regular meetings of the Technical Scientific Committee
- to ensure the monitoring and update of the strategies by regular meetings with the HPH projects managers
- to support the acquisition of further competences by giving course and organizing seminars and roundtables for staff
- to awaken public opinion by dedicating a whole day (the "HPH DAY") for illustrating projects
- to encourage the sharing of the HPH principles and the developing of new proposals and innovative ideas for implementing health promotion activities
- to organize communication networks (HPH internet and intranet portal, HPH newsletter, magazine articles, brochures...)
- to enforce the knowledge of the HPH Standards Manual and the self-assessment tool developed by the WHO in 2006
- to be engaged in fund raising activities

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P 112. Health promotion in Pirkanmaa Hospital District, Finland

Juha AHONEN

The Pirkanmaa Hospital District (PSHP) in Finland is a joint municipal authority of 23 municipalities with a total of approximately 470,000 residents. Its mission is to provide health care services that promote health and functional capacity and to promote scientific research and training to support this goal.

Health promotion is one of the key targets in PSHP strategy 2007-2012. PSHP is also a member of the Association of

Health Promoting Hospitals in Finland. For implementation of the strategy there is a "health promotion in specialised care"-programme including five sub-programmes. The targets of sub-programmes are: supporting families with children, depression prevention, alcohol-use reduction, diabetes prevention and smoking reduction.

First, in 2007, the scope of the health-promoting work and its' methods, the international literature, good practices and management models were identified. In 2008 preparation and execution of sub-programs, staff training kit and staff welfare projects were executed. In this phase, health promotion is implemented through meters and piloting approaches and staff training. There was also a query for staff to explore their skills and motivation to promote health.

There is a contract with National Institute for Health and Welfare (THL) in Finland to offer expert consultation in developing management models and new information systems. In PSHP there is also steering group and correspondents in divisions and units ensuring implementation, continuity and evaluation of planned actions.

And finally, during 2009, there will be integration of health promotion interventions into the specialised services of PSHP coordinated by new chief physician of health promotion. Good practices of health promotion are finalized in specialised care and utilized in Pirkanmaa area in cooperation with local municipalities.

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P 113. Application of HPH manual and self assessment forms in a university hospital

Federico FARNETI, Renzo DEANGELI, Silvio BRUSAFERRO, Carlo FAVARETTI

Between March and September 2008 the first phase of HPH manual and self assessment forms application took place within the "S. Maria della Misericordia" University Hospital of Udine.

The survey focused on the standards and measurable elements (ME) of the manual, leaving the gathering of indicators for a following phase. The self assessment was conducted by a resident physician of the Hygiene and Preventive Medicine School of Specialization of the University of Udine, assisted by the Quality Manager of the hospital. Information were collected at a central level, through discussions with Direction staff and Health Promotion (HP) projects managers, from existing healthcare documents used in the Hospital Units (1287 documents, 94 (7.3%) of whom related with HP), and from an

internal survey on clinical records completeness (sample of 150 clinical records).

The application of the manual requires a good knowledge of HP and HPH network concepts, and turned out to need a more precise definition. In fact it is uncertain how to consider some ME fulfilled or not.

The "S. Maria della Misericordia" showed a good global compliance, with 16 ME "fulfilled" (39%), and 18 "partly fulfilled" (44%) out of 41. In each one of the five main sections of the manual (standards), the number of "fulfilled" and "partly fulfilled" ME constantly outnumbered the "not fulfilled" ones, furthermore, many "partly fulfilled" ME can reach the fulfillment with little efforts. The most critic element found has been the lack of a specific policy for HP, despite this, many HP activities spreading all over the hospital were detected: smoke-free hospital, pain-free hospital, burnout prevention program, cultural mediation program, magnet hospital.

In conclusion the hospital is managing to integrate HPH programs and indicators into the ongoing wider process of accreditation.

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P 114. A global approach to provide good and healthy food in hospital

Vincenzo SCARPATO, Elide PASCUTTINI, Renzo DEANGELI, Carlo FAVARETTI, Silvio BRUSAFERRO

Providing appropriated, safe and palatable nutrition to patients in hospitals is a primary target in the health promoting hospitals network. Food and beverages in hospital are provided in many different ways (catering to inpatients and HCWs, dispensing machines for outpatients, visitors and HCWs, canteens, snack-bars, etc.) and to many different people (inpatients with normal and/or special diets, with special nutritional needs, outpatients, HCWs, visitors, students, etc).

During the "Santa Maria della Misericordia" University Hospital's Joint Commission International accreditation process, we adopted a unique global approach including all these aspects. The key idea was to promote both appropriated and safe nutrition to patients and healthy beverages and food to everybody in the hospital area. To achieve this we set an "ad hoc" policy including: catering for patients and HCWs, special diets for patients, food and beverage dispensers, snack-bars and canteen.

The defined targets will be reached through new contracts with providers and suppliers that will include specific rules oriented

to promote safe and healthy food and beverages, and, of course, quality indicators referred to structure, process and results (i.e. nutritional value, type of food chain, availability of healthy food, traceability, customer satisfaction, etc). New food and beverage dispensers have been located in key points all over the hospital area with free access at any time. The food choice was previously defined as well as the adoption of advertising wall papers for promoting healthy food consumption.

At the same time we defined a new contract for the catering ensuring to patients both normal and special personalised diets through a working system based on: reservation, delivery, and withdrawal. By the end of 2009 we plan to complete the policy implementation and to start monitoring its effects

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P 115. Health & nutrition: Healthcare models and system for an integrated prevention in HPH network

Maria Grazia SILVESTRI, Anna Linda TOSELLI, Elena ARMONDI, Maurizio CRE-DALI, Maria Luisa DALLAVALLE, Martina DI PRAMPERO, Viviana LISCI, Giuseppe CAM-MARANO, Giuseppe IMBALZANO

Joining the HPH Regional Italian Network of the Local Health Authority of the district of Lodi (North Italy) represents the evolution, development and enhancement of a model of health promotion, starting since 2003, according to a conceptual approach and management system. This model aims to integrate the objectives, methodology and resources to conduct coordinate interdisciplinary interventions in all settings (schools, workplaces, health services, ...).

Among the areas of intervention selected according to health priority needs, was developed that related to health nutrition and obesity prevention, to improve the dietary behavior and attitudes, to promote intake of safe and protective food, to promote physical activity. The aim is to arrest the progressive rise in overweight/obesity prevalence to contrast the major chronic degenerative diseases.

One of the network activated initiatives is an observatory for nutritional surveillance of a local pediatric population, the purpose is the assessment of the prevalence of overweight and obese children and the identification of groups at greater risk with the aim of improving dietary habits, increase physical activity, engage and support the family.

The strengths of this model are: the systematic nutritional observatory, with the feasibility of procedures for follow-up, professionalism of health worker who assess nutritional status,

identified in pediatricians, opportunity to get counseling and possible therapeutic interventions, organizational sustainability and rationalization costs.

The initiative, with the approach from the integration of clinical and public health has made it possible to highlight positive indicators of process and outcome that will be presented in the oral presentation.

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P 116. Influencing employees' and visitors' eating habits through health promotion strategies

Paula ROZANSKI, Charles SOUNAN, Marie-Claire RICHER, Marie-France NOEL, Martin LAPOINTE, Stella LOPRESTE, Ann LYNCH

As a leader in promoting healthy eating, the Mc Gill University Health Centre has decided to implement one year ago, "pricing and retail strategies" focusing on healthy eating and education to help promote healthy food choices among its clients and employees. The pricing strategy consisted in increasing prices significantly on "junk food" like chips and chocolate bars, and only minimally on healthy food choices such as fruit, milk products, water and juices. The retail strategy targeted the visibility of the healthy products and encourages clients to make smarter choices.

Results show that the implementation of the pricing and retail strategies raised the sales of healthy products with a significant positive impact on clients and employees' eating habits. Combining a pricing and a retail strategy represents an important innovation to promote healthy eating habits in healthcare organizations.

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P 117. Study about health promotion and behavior modification of staff and patients after the establishment of health path

En-Ping SU, Shu-Hua SHEN, Pei-Feng TSAI, Hsien-Jane CHIU

Background

How to build up a health promotion hospital is our goal. The number of our staff is 345. However, we notice that merely 7-8 staff or patients take stairs per hour. Therefore the most practical and fastest way of how to set up a place for our staff and patient to exercise aiming at promoting their health is encouraging them to take stairs. Hence, we let our staff lead patients to paint our stairs.

Purpose

Using observation method and report to collect data. Then discussing health promotion and behavior modification of patients and staff in a psychiatric hospital, after the establishment of health path.

Method

Encouraging staff to write down what they learn on the network platform. We enlisted 20 voluntary staff. Moreover, after guidance in wards, 18 patients volunteered to join. We keyed in the data and then turned it into a text file. After reading and discussing together, researchers accomplished inductive analysis.

Results

At the first floor, the assistant of our hospital counted the frequency that staff took the elevator and took stairs at 8:00 to 17:00 on September 24, 2008. Then we found that staff who took the elevator was 26% and who took stairs was 74%. Furthermore, from staff's report, we discovered:

- Generally, staff and patients considered that they were more willing to take stairs after the establishment of health path.
- According to the experiences of staff and patients, taking stairs could indeed improve their fitness.
- Painting the stairs made life full of substance and made life happier.
- Most staff considered that health path also improved their emotions. No matter knowing each other or not, they greeted with each other actively.
- During the process of painting, we noticed that patients and staff were good at painting and potential was boundless.
- During the process of painting, painting became the bridge of interaction between staff and patients. At the very beginning, patients said nothing. But now they expressed their sense of achievement, grew from frustration and supported each other.
- Most participants considered that the establishment of health path could cooperate actions of energy saving and carbon reduction advanced by Taiwan government.

Conclusion

Observing health promotion and behavior modification of patients and staff after the establishment of health path, we

found that the number of staff and patients who took stairs increased and their interaction was improved. They said good morning, hello and encouraged people passing by. Everyone's emotion interacted continually between the staircase. The staircase became a channel of interaction for staff. The establishment of health path could indeed promote physiological, psychological, social and inward health of staff and patients. It could also provide a high quality and healthy working circumstance.

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P 118. Art Corner

Ho-Chin CHEN, Po-Yen LIN, Chih-Feng LIN, Ming-Mei HUANG

The project "Art Corner" was designed to encourage staff to use stairs instead of elevators in order to enhance mental, physical, and spiritual health. The National Museum of History is one of Taiwan's leading museums. The project "Art Corner" was a perfect example of cooperation by various organizations in particular fields.

We invited professionals from the National Museum of History to design the stairs of the main medical buildings. Famous art pieces, both national and international, were collocated by special lighting and color effects, making the hospital an attractive exhibition.

To promote staff health status is a very important issue in health-promoting hospitals, and climbing stairs is a simple way to achieve the goal. Considering cooperation with each other, hospitals always think about how to provide services. However, there are many useful facilities we can learn and introduce from other organizations. Sharing information and displaying diversity is one of the core values of the National Museum of History.

The program "Art Corner" not only decorated the hospital but also enhanced people's knowledge of art. By displaying fascinating and famous art pieces, the staff, patients and community residents were cheerful when using the stairs. As a result, all mental, physical and spiritual health made great progress.

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P 119. Training of HPH trainers amongst Italian networks

Fabrizio SIMONELLI, Anna ZAPPULLA, Giorgio GALLI, Antonio CHIARENZA, Roberto PREDONZANI, Emanuele TORRI

The Tuscan HPH Network, in collaboration with the Networks from Valle d'Aosta, Liguria and Emilia Romagna, organised and conducted the first edition of a "Training of HPH Trainers" course amongst Italian Networks. The training was aimed at healthcare professionals that participate in HPH and it was carried out in December 2008 at the Meyer University Children's Hospital in Florence.

The initiative, which was supported by the HPH Training Task Force of the Tuscany network, had a participation of 28 professionals, such as nurses, psychologists, physicians, sociologists, social worker and administrative personnel from the HPH Networks of Tuscany, Liguria, Valle d'Aosta, Emilia Romagna and Trentino.

The training aimed at providing the participants with the following capacities:

- Promoting and managing training courses in the hospital setting in the HPH field
- Providing technical-methodological support in the development of HPH projects in hospitals and in the implementation of HPH standards

Key-concepts provided and developed during the training:

- The general scenario of the International HPH Network: principles, organisation and trends
- The reference methodologies for developing HPH projects

The training was concluded with the formulation and discussion of some follow-up hypothesis, such as:

- The definition of a common and shared training platform, by means of a tool kit based on the needs and sensitivities of every trainer
- The constitution of a network of HPH trainers, which can constitute a means of sharing information and an opportunity for common growth
- The planning of future moments of training updating
- The development of a mechanism for monitoring the initiatives of HPH trainings that take place as a consequence of this first training

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P 120. Proposing the Establishment Model of Entrepreneurship Centers in Medical Sciences Universities of Iran

Mansoor ZAHIRI

Background

Entrepreneurship is often described as the ability to create new ventures from new or existing concepts, ideas and visions. In order to increase the entrepreneurial capacity of students, it is necessary to initialize entrepreneurship centers in medical sciences universities. These centers are responsible to design and implement the various programs such as educational, research and outreach in universities.

Methods

This comparative and cross-sectional study was carried out to developing the model of entrepreneurship centers establishment in Medical Sciences universities. The study population included 12 university entrepreneurship centers affiliated to Ministry of Sciences, Research and Technology in Iran. Interview and observation methods were used to collect data, and the study tool was a questionnaire.

Findings

The study identified mission statement, goals, organizational structure, duties, communication, strengths and weaknesses of selected Entrepreneurship centers and at last, considering variables, was designed a applied model to initialize a entrepreneurship center in medical sciences universities.

Conclusion: The study demonstrated poor condition of entrepreneurship activities in Iranian universities. Based on these facts an ideal model for health and medical education system in Iran was developed, which was validated by a number of selected Iranian experts using the Delphi technique. The model is contained mission, goals, organizational structure, departments, duties, communications, and organizational position of entrepreneurship centers affiliated to the medical sciences universities.

This model is utilizable in medical sciences universities. The process of setting up the Entrepreneurship Centers has two essential stages as below:

- Establishment (Formation) of defined organization and to design its characteristics such as mission, objectives, human resources, functions and organizational structure according figure(1)
- To execution of plans on the basis of functions by specific departments.

Since the health centers and state hospitals in iran are related to medical universities, the model will cover all of them. Because of financial limitations and administration carelessness about entrepreneurship , usage of this model has obstacles.

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Session P 2-1: Health Promotion for patients with chronic diseases: CVD, diabetes, cancer, respiratory diseases

P 121. "Delira" project - Delirium prevention in cardiological care unit: A quality plus for hospital health care

**Cristiana BRUNAZZI, Mario PASQUALINI,
Maddalena COLICI, Maurizio NEGRELLI, Rita
SANDRINI, Chiara MARCOMIN, Sondra GHID-
INI, Fabio PAJOLA, Camelia Gaby TIRON**

Introduction

The delirium or acute confusional state is a transient global disorder of cognition. This condition is a medical emergency/ complication in hospital patients, associated with increased morbidity, mortality rates and health costs, but early diagnosis and resolution of symptoms are correlated with the most favorable outcomes. Delirium has been found in 40% of patients admitted to intensive care units. Patients who developed delirium during hospitalization had a mortality rate of 22-76% and high rate of death after discharge.

Unfortunately it commonly is underdiagnosed and suboptimally managed. We believe that the prevention of delirium might be a quality parameter of health hospital service. For this reason a quality based disease management policy for in-hospital delirium prevention implies an in hospital target strategies.

Context

Delirium is not a disease, but a syndrome with multiple causes that result in a similar constellation of symptoms. The clinical hallmarks are decreased attention span and waxing and waning type confusion. Delirium often is unrecognized or misdiagnosed by nurses and physicians

Aims

- to improve the quality of hospital treatment programmes
- to plan strategies to promote prevention or early diagnosis and treatment

Materials and Methods

- Raising general awareness and education of frontline staff.
- Routine cognitive assessment as a part of standard care for cardiological care unit (CCU) patients (interpret available for foreign patients)
- Supportive measures include maintaining comfortable and familiar environment, encourage family members to spend time at the patient's bed side, maintenance correct sleep/awareness cycle and temporal space orientation, opening discussion between staff, patients and their relatives
- Identifying sensory impairment need to be part of routine

care (glasses and hearing aids)

- Active mobilization as soon as possible.

Conclusion

This project is based on our belief that any quality improvement in treatment requires a significant step forward in the field of prevention in hospital as well. Simple preventive interventions are available in routine care and may result in substantial cost savings, as well as raising the standard of hospital care.

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P 122. Herzwochen in Germany and on Crete - More sustainability for heart patients inside and outside of the hospital

**Diethmar ANTONI, Felix BRUDER, Heidrun
SCHULTE, Gerald WÜCHNER**

The Euroaspire-Study reveals that the long-term results after a myocardial infarction are not satisfying. Just one year after the treatment 60% of patients are subjected to hypertension that is not sufficiently controlled, physical inactivity, and more than 30% to obesity.

Therefore, the Klinik St. Irmingard established as one of the first projects as a HPH-Pilot-Hospital in 1995 a long-term program which was specifically designed for our cardiac patients after discharge of our rehabilitation department.

Besides a one-day life-style-seminar, we developed also 1-2-week lifestyle-training-programs in cooperation with several hospitals and health institutions. For the program that runs between one week we found a great location in a monastery on an island within Lake Chiemsee.

In order to improve the long-term effects after rehabilitation the designed program contains the following remarkable features:

- Improving the compliance by a motivating environment
- Involvement of the partner
- Private financing (stimulus)
- Further medical-scientific training
- Individual physical and theoretical training

Taking into account the results of the PET-Study and the Lyon-Heart-Study which revealed a 60 % reduction of mortality by following an Mediterranean diet after infarction, in 2000 we started those Herzwochen also in a small mountain village on

Crete and in the following time as well in a hotel near Hersonissos in cooperation with the university of Heraklion.

A team of cardiologist, cooks, psychologist and sport-teachers of several German hospitals coach the 80 participating patients (and partners) in the beautiful and stimulating Cretan landscape twice a year.

The aim of the 2-week program is manifold:

- Durable change of the individual habits (Mediterranean cooking course)
- Improvement of social support and competence
- Strengthening of self-confidence
- Reduction of fears and depression

To support the patients for long-term we started now a website www.herzwochen.de.

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P 123. The role of Tai Chi Chuan on health promotion in a community hospital

Chun-Hsiung WANG, Sir-Chen LIN, Lin-Chung WOUNG

Background

Tai Chi Chuan, a traditional Chinese exercise was originally related to physical fitness and the capacity for self defense. It is known that Tai Chi Chuan (TCC) has many benefits for health, such as improving cardiopulmonary function and promote immunity or preventing falls. However, there is little evidence concerning the effect of TCC on arterial distensibility, and consequently to prevent cardiovascular diseases (CVD).

Methods

We enrolled 26 TCC beginners (age: 58.2 ± 11.1 years) and 16 advanced TCC practitioners (age: 57.8 ± 11.2 years) in this study. Hemodynamic data include blood pressure, arterial compliance, distensibility and resistance of brachial artery were measured using DynaPulse 200M.

Results

After three-month of TCC training, systolic and diastolic brachial artery blood pressure decreased from 123.5 ± 12.8 to 120 ± 15.8 mmHg, and 67.3 ± 6.0 to 66.8 ± 8.8 mmHg, respectively in the beginners group. Brachial artery compliance and distensibility increased from 0.0540 ± 0.0167 to 0.059 ± 0.021 ml/mmHg ($p = 0.0392$), and 5.948 ± 1.223 to 6.499 ± 1.838 %/mmHg ($p = 0.0351$) respectively. A reduction of brachial artery resistance was observed from 329.6 ± 146.5 to 315.5 ± 201.7 kdynes/sec/cm5 ($p = 0.0463$).

Compared to the pre-TCC data of the beginners group, the advanced practitioners group had a greater increase in brachial arterial compliance and distensibility, from 0.0540 ± 0.0167 to 0.0710 ± 0.0261 ml/mmHg ($p = 0.026$), and 5.948 ± 1.223 to 6.641 ± 1.243 %/mmHg ($p = 0.035$) respectively.

Conclusions

TCC can effectively increase brachial arterial distensibility and compliance.

We conclude that this traditional Chinese exercise is beneficial in improving arterial stiffness, and suitable for the elderly people and may play a role for CVD prevention and health promotion in the community.

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P 124. Learning to move in order to treat diabetes. Promoting physical exercise both among the diabetic ward staff and diabetics themselves

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Project "Move and Care" has been promoted by the Diabetic Ward of the "Spedali Civili di Brescia" in collaboration with the Diabetic Wards of other hospitals in the Province, the Local Healthcare Company and the Diabetics Association. The aim of the project is to teach the diabetic ward staff how to treat their patients (adults or children) with physical exercise according to a common therapeutic educative program. Staff and patients will do jogging and running with the help of qualified trainers from the Marathon Centre.

Two are the phases of the program:

- 16 patients (7 DMT1, 9 DMT2), and 10 members of the staff receive a personal training program for the participation in a running race studied with regard to their anthropometric dates and functional tests results.
- The diabetic team starts a prescriptive and educational program for their patients, including exercise according to current guidelines.

In both phases the supportive help of a Psychologist is ensured. Several information will be reported: number of staff

members and patients involved, number of patients following the program till its conclusion, interest of participants, weight, HbA1c, PA, medication changes, physical and educative performances, lifestyles, QoL....

The results will be available for medical community and illustrated to media and institutions for a following improving of the project and promotion of an active lifestyle to prevent and treat Diabetes.

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P 125. The survey of specific requirements and telecare system for the diabetics

Ming-Tsu TSAI, Hsin-Kai CHOU, Lin-Chung WOUNG, Ean-Wen HUANG

According to the reports of World Health Organization (WHO), diabetes is the third of the most common non-communicable diseases globally all over the world. It was also the fourth leading causes of death in Taiwan and accompanied various complications such as pathological alterations on renal, cardiovascular, and nerve systems disease. Because of higher social cost and more medical resources was spend increasingly, diabetes prevention and control will become vital for the future health policy in Taiwan.

This study aims at conducting a completed investigation of needs for 40 diabetics about the function of information technology and then developing a computer-based homecare system which constructs a cooperative medical information platform among patient-based self-management, family members participation and healthcare provider.

Results showed that 62% samples were female, and the average age was 79.7 years old. Most of them were at elementary education level. Over 36% of subjects had a monthly income from NT\$10,000 to NT\$30,000 dollars. About the function they hope included in system, Health Consultation Subsystem was the most important part (30%), the second function they need was Vital Signs Capture and Management Subsystem (27.5%), the third function was Medical Suggestion Subsystem (25%) and the Health Education Subsystem (22%) was the last priority.

According the needs investigated from diabetics, we developed a computer-based homecare system which combined the Internet, the information technology, electronic blood pressure and glucose instrument to offer a distance homecare system. To fulfil the complete medical service, the functions include collecting, converting, transmitting, processing and analyzing

personal health data and sending message by mobile phone to provide any out of range alerting and health education modules, so the registered nurse could understand each patient's health status through the Internet immediately.

We believe that the system will contribute to promote the quality of patient care and the advantage of using the telecare systems for diabetic patients care will be widely recognized all over the world.

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P 126. The performance evaluation of the introduction of health promotion model into the operation of diabetes groups

Chin Lian LAI, Kun Tai SHEN, Hsiang Lan LEE, Kuo Ting SUN, Shih Chueh CHEN

Purposes

The collective operation of health promotion model can strengthen the patients' self-adaptation and self-care, further boosting levels of health and life quality.

Methods

115 diabetes patients (63 women and 52 men, average age 63.4) have joined the hospital's diabetes group. During the two years after their joining the group, the health promotion strategy was introduced into the organizational operation of the diabetes group. Those included:

- The creation of support environments
 - Organizing a small group can enhance care and contact
 - Regularly holding lectures on health and social activities
- The development of personal skills
 - The cultivation of exercise habits through "exercise call-up"
 - The creation of growth camps for self-monitoring blood sugar and pressure.
 - The creation of camps for experiencing the proper and healthy diet.

Results

One year after their joining, it was found that there was a tendency towards a decline in fasting blood glucose (FBG) of the 115 patients ($135 \pm 79 \text{ mg/dL}$: $158 \pm 84 \text{ mg/dL}$, $P=0.025$). In addition, the high-density lipoprotein (HDL) were markedly elevated than before their joining ($45.3 \pm 27.4 \text{ mg/dL}$: $29.5 \pm 27.7 \text{ mg/dL}$, $P=0.001$). However, there was still no noticeable decline in HbA1c values ($7.0 \pm 3.4\%$: $7.4 \pm 3.5\%$, $P=0.29$).

We continued to carry out the activities of the patient group and record physiological and biochemical values every 12

weeks for one year. After four tracings, there were totally 68 patients (37 women and 31 men, average age 62.8) who had the obvious drop in HbA1c values ($6.0 \pm 4.0\%$: $7.4 \pm 3.5\%$, $P=0.01$). The FBG still maintained decreasingly (127 ± 99 mg/dL: 158 ± 84 mg/dL, $P=0.016$). Moreover, the HDL continued increasingly (39.3 ± 28.4 mg/dL: 29.5 ± 27.7 mg/dL, $P=0.021$).

Besides, the patients in the group all had better knowledge of improving diabetes (70%: 62%, $P<0.05$), self-care behaviors, and life quality (78%: 65%, $P<0.01$) than those before their participation.

Conclusion

The implantation of health promotion strategy into diabetes group is actually obliging.

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P 127. Tai Chi healthy gymnastics can improve dyslipidemia, serum zinc level and peripheral arterial disease in type 2 diabetic patients

Shih Chueh CHEN, Chin Lian LAI, Kun Tai SHEN, Kuo Ting SUN, Hsiang Lan LEE

Background

Physical activity is a fundamental means of improving people's physical and mental health. Our health promotion strategy is to develop a regular physical activity to improve healthy status in type 2 diabetic patients. Tai-Chi healthy gymnastics (a simplified Tai-Chi Chuan) is an easy and gentle physical activity. Thus, our objective is to validate this exercise can improve biochemical and circulatory disorders in type 2 diabetic patients.

Methods

There were nineteen female and sixteen male type 2 diabetic patients that participated in this program. They were instructed by a teacher of Tai-Chi healthy gymnastics three times a week, including one practice session lasting up to 1 hour. The diet and medications of the participants were monitored carefully as the metabolic and physical conditions were analyzed.

Results

After 12 weeks, the hemoglobin A1C values of the experimental group were decreased ($8.7 \pm 2.4\%$: $7.5 \pm 2.1\%$, $P=0.016$); serum lipids, such as triglyceride (192 ± 35 mg/dL: 164 ± 28 mg/dL, $P=0.005$), high density lipoprotein-cholesterol (42 ± 14 mg/dL: 47 ± 16 mg/dL, $P=0.033$) also showed significant improvements. Serum zinc tended to be increased (779.3 ± 55.4 ug/L: 803.2 ± 61.6 ug/L, $P=0.025$). And high sensitive C-reactive proteins were decreased (0.35 ± 0.18

mg/dL: 0.18 ± 0.13 mg/dL, $P=0.028$). Besides, in a comparison with the control group (22 Type 2 diabetic patients), a similar results were showed. Though the ankle brachial index of experimental group didn't show significant improvement, there is some changes in relative risk comparison of PAD (-5.7% : -4.5% , $RR=1.26$).

Conclusion

The physical activity like Tai-Chi healthy gymnastics can really promote healthy status of type 2 diabetic patients.

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P 128. Detection of Chronic Obstructive Pulmonary Disease (COPD) in primary health care

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Purpose

COPD is a major cause of chronic morbidity and mortality and it is estimated that there are more than 600 million COPD patients worldwide. It is calculated that 600.000 people suffer from COPD in Greece but regrettably only 300.000 of them are aware of their illness. The aim of the study is to investigate the prevalence, co morbidity and underdiagnosis of COPD.

Methods

Out of several people who visited primary health care centers of Crete, 470 patients, approximately aged around 65, were invited to participate in our study. Participants completed a questionnaire on smoking, respiratory symptoms, other diseases and social status. A physical examination was followed by spirometry.

Results

Out of the 470 patients, 250 of them were men and 220 were women. The percentages of current smokers, ex-smokers, and non-smokers among all analyzed subjects were 26,6%, 25,5% and 47,9%, respectively. The mean pack "years" for the smokers and ex-smokers was 47,7. Participants had the following co morbidities: hypertension (16%), diabetes mellitus (10,4%), coronary artery disease (7,4%), osteoporosis (7,9%) and stroke (1,7%). Out of the 470 subjects, 79 (18,9%) were detected of having COPD (18,9%) and 24 (30,4%) of them were unaware of their illness.

Conclusion

COPD is a substantial health problem in rural areas of Greece. There is significant underdiagnosis of COPD, although most of COPD patients visit doctors for other diseases.

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P 129. Integrated strategy in the management of chronic kidney disease patients

Liidia KIISK

Chronic kidney disease (CKD) is very common, it affects an increasing number of people. The CKD progression risk factors includes diabetes, hypertension, diet, smoking, alcohol, drug use, environmental exposures, infections and access to health care. Socioeconomic status (SES) may modify the effect of risk factors on the development of CKD and cardiovascular complications. Our study aims to investigate the SES and to explore the knowledge and beliefs of CKD patients about the role of diet, nutritional habits in their disease presentation.

Study subjects (n=28) filled in a questionnaire consisted of 222 variability's which covered questions about the SES (income, living conditions, marital status) and individual nutritional habits (eating habits, the usage and awareness about nutritive value of different products). Results showed low awareness of healthy eating habits in CKD patients and strong association with SES was noticed. Dietary modifications must be individualized, appropriate to the stage of CKD and customized with the SES. Renal dietitians were identified as the most reliable and trustworthy source of dietary information, followed by renal specialist doctors. Flexible collaboration and integrated care between various specialists - family physicians, nephrologists, transplantologists, dieticians, rehabilitation team-specialists, dialysis nurses, social workers could offer many potential benefits in the management of CKD patients.

This integrated strategy have been introduced recently in Tartu University Clinics. We started with regular patient education in "Kidney School" and "Kidney Days" framework which includes lectures and individual counselling of CKD patients (life-style counselling, dietary advices, physical activity, social problems, pre-dialysis care, etc). We have seen 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. Rational health care is a theme that is in the centre of attention for physicians, health promoters and social workers.

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P 130. Chronic renal disease prevention and control program in community and hospital- experience of Buddhist Dalin Tzu Chi General Hospital in Southern Taiwan

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Introduction

Since the implementation of national health insurance in 1994, the number of dialysis patients in Taiwan increased from 14,300 to 57,999 now, with a 7% annual growth rate. This is the highest in the world, both in prevalence and in incidence. The expenditure of the out-patient dialysis is 28.5 billion NT dollars (0.9 billion US dollars) each year, accounting for 6.6 percent of total health care expenditure. Study showed that among people in Taiwan over the age of 20, two million people suffered from stage 3 to 5 chronic kidney disease, of them only 10% knew they have the disease. Our hospital began to promote prevention and control of chronic kidney disease since May, 2007 both in community and in the hospital.

Method

We established a comprehensive care team including physicians, dietitians, health educators, local community health worker. We then set up an information case management system to manage and follow the patients both in community and hospital. We developed urine screening program for high risk patients and organized regular patients gatherings to have group education. We also provided assistance to local clinic with difficulty in promoting the program by arranging educational and training courses for medical staffs both inside and outside the hospital. For general population, we published education handbook, multi-media and health education films of chronic renal disease. We cooperated with the government to establish local network for the primary care of chronic renal disease.

Results

The high risk screening program yielded a 29% positive rate. The patients' loss to follow up decreased to 15 %. The rate of end stage renal disease patients choosing peritoneal dialysis is 23 percent, higher than the national average. The rate of peritoneal dialysis patients accepting tube insertion in advance is up to 77%.

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P 131. Gym instead drug - A new offer against chronic disease

Fosco FOGLIETTA, Francesco CONCONI, Orazio BURIANI, Fernando ANZIVINO, Simonetta BECCARI, Erika GRANDI, Claudio CASAROLI

Background

Incontrovertible evidence from a variety of sources links most chronic diseases seen in the world today to physical inactivity. In particular cardiovascular disease, cancer, and diabetes undermine health, shorten life expectancy, and cause enormous suffering, disability, and economic costs (Circulation 2004;109:3244-3255).

Objectives

The international medical organizations have stated that physical activity is an effective way to prevent and treat some chronic diseases. This is the reason why the Ferrara Health Organization (FHO) and the Health Department of Emilia-Romagna Region have started a program called "Exercise as Medicine" to treat patients with diabetes and hypertension with regular physical activity.

Methods

Following this program the General practitioners of Ferrara are prescribing physical activity to 7500 diabetic (type 2) and 2.500 hypertensive patients. 1.000 elderly subjects are also included in the project. All participants receive a booklet with information on type, duration, intensity, and frequency of the physical activity to carry out (mainly walking for at least 30 minutes each day). The distance covered is registered by pedometers given free of charge to each subject. The physicians register at zero time, six months and 12 months body weight, body mass index, abdominal circumference, heart rate and blood pressure, blood cholesterol (total, LDL, HDL), triglycerides and in diabetic patients blood glucose and glycosylated hemoglobin concentration.

Results

An amelioration of the variables considered and a reduction of the direct and indirect medical costs are expected. These results should be proportional to the amount of physical activity carried out by the participants.

This is the first example in Italy in which General practitioners use physical activity as an additional mean to treat type 2 diabetes and hypertension.

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Session P 2-2:**Theories and studies on health promotion and public health themes****P 132. Six assertions about the salutogenic approach and health promotion**

Fabrizio SIMONELLI, Ana Isabel FERNANDES GUERREIRO

Health promotion constitutes an advanced reference framework for the interpretation of the current conceptions of health and their implications. It is a reference framework that lives alongside other health patterns, enriching them with meanings, values as well as strategies useful for the improvement of people's life conditions.

The health promotion pattern is strictly linked to the concept of salutogenesis and the salutogenic approach constitutes the theoretical base, whereby it is possible to distinguish the health promotion pattern clearly from the other health patterns, which are connected to the pathogenic approach.

The salutogenic approach opens new theoretical and operative horizons for those who work in the field of health promotion at all levels: research, training, development of projects and policy implementation, but it also implies rethinking about the models of programming and intervention in a new conceptual framework which, for the greater part, is still in need of being development, improved and shared. Indeed, we argue that the salutogenic approach is the most suitable for health promotion, as an activity aimed at increasing the personal or social control over the health determinants and in the fulfilment of the human potential.

The aim of this presentation is to provide food for thought regarding how the salutogenic approach could be used as a new health paradigm of reference. Specifically, we propose six assertions about the salutogenic approach and health promotion, which should be useful for characterising the activities of health promotion, and for the work of the International Network of Health Promoting Hospitals and Health Services, in line with the objectives of the Ottawa Charter.

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P 133. Association between health-related lifestyle behaviors, socio-demographic characteristics and use of dental health services in Greek adults.

Hara KOUNARI, Yannis TOUNTAS

Objective

To investigate the association between certain socio-demographic characteristics, health-related lifestyle behaviors and the use of dental services in Greek adult population.

Methods

A total of 1005 adults from all the geographical areas of Greece were randomly selected and interviewed. Gender, age, place of residence, marital and socioeconomic status, educational level, obesity, smoking, physical inactivity, adherence to Mediterranean diet were recorded and associated with the use of dental services.

Results

Almost one half of the participants (47%) visited a dentist during the past 12 months. Only 31.7% of the visits were for a regular dental check up. Subjects belonging to high socio-economical status were 1.86 times more likely to visit a dentist in the past 12 months, while those aged more than 56 years and with low educational level were less likely to visit a dentist in the past 12 months with odds ratios equal to 0.63 and 0.73, respectively. Physical inactive (OR=0.59, 95% CI: 0.38-0.93) and obese subjects (OR=0.48, 95% CI: 0.24-0.97) were less likely to visit the dentist for a regular dental check up.

Additionally, high socioeconomical status and healthier diet were associated with greater likelihood for visiting the dentist for a regular dental check up.

Conclusions

Socio-demographic factors including age, education and social status are strong determinants of dental health services utilization in Greece. In addition, health-related lifestyle behaviors and conditions such as healthy diet, physical activity and obesity might be good predictors of regular check up or symptomatic dental visits.

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P 134. Relevance between adult body fat, body mass index, blood lipid and fatty liver

Shan CHAO, Yun-Huei KO, Lin-Chung WOUNG

Excessive body fat and obesity can lead to diabetes, hypertension, hyperlipidemia, among other chronic diseases. This study is primarily aimed at measuring body fat with the Segmental Bioelectrical Impedance Analysis (SBIA) and analyzing its relevance with the body mass index, blood lipids and fatty liver.

The study subjects were people receiving physical examinations in our hospital 51 years old on average, among which 419 were males and 240 were females. Measurement of the body fat was done using SBIA (Biospace In Body 720) consisting of the 8-point sensor electrode system and segmental bioelectrical impedance while the fatty liver was interpreted through the super high resolution Color Doppler Ultrasound.

The relevance with the body fat, body mass index, and fatty liver was indicated with the Pearson correlation coefficients. The body fat appeared to be in a positive relationship with the body mass index ($p < 0.01$), blood cholesterol ($p < 0.01$) and fatty liver ($p < 0.01$). 150 males BMI reached the standard requirement. Among them 103 had body fat exceeding the standard range (68.7%); 57 had a mild fatty liver (44.7%); and 10 had moderate or above fatty liver (6.7%). 142 females had a BMI reaching the standard requirement, among which 102 had body fat exceeding the standard range (71.8%); 36 had a mild fatty liver (25.3%); and 6 had moderate or above fatty liver (4.2%).

Among those examinees with a standard BMI, over 2/3 had excessive body fat and the percentage for a fatty liver was also quite high. We suggest that body fat monitoring should be one of the items in routine physical examinations in order to prevent the early onset of chronic diseases.

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P 135. Prevalence of obesity in the visually impaired adults

Hsiu-Jung TU, Lin-Chung WOUNG, Hui-Ping CHANG, Shan CHAO

The health problems in visually impaired adults are more complicated than general people. There has been very little research done on this topic in Taiwan. This article is based on the research of the prevalence of obesity in the visually impaired adults, which can be a good reference for the health promotion progress.

We took the health examination reports from the subjects at the Taipei City Hospital and evaluated the body composition on them; we analyzed 55 subjects' height, weight and body composition. The ages of the subjects were 45 + 17 years old. We used the Nutrition and Health Survey in Taiwan (NAHSIT, 1993-1996), it showed the body mass index number is 26.4 (kg/m²) as the obese target number; the obese ratio between the subjects male and female were 48.4% and 37.5% respectively, which were higher than average people by 14.6% and 15.8%.

For the body fat percentage, we used male $\geq 25\%$ and female $\geq 30\%$ as the tangential point; and the obese ratios were 64.5% and 66.7% which were higher than general people by 20.8% and 36.3%. Even the subjects' weights were in their ideal scope; the male and the females' body fat rates were higher than the tangential point by 41.9% and 45.8%. From the research above, the visually impaired subjects' obese ratios were more serious than general people. The coherent units should take this into consideration and sketch a good health promotion strategy.

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P 136. Does gender has a role in the prescription of pharmaceuticals? A gender analysis of the use of pharmaceuticals

Therese KARDAKIS

Normal human conditions have become treatable diagnosis in the last years, and it also seems like doctors tend to prescribe more recipes to women than men. If you think about the reality without considering stereotypes, there's a risk to exaggerate small differences or to actually see differences where they don't exist.

The purpose of this study was to if the use of pharmaceuticals in different ill healthconditions differs between men and women. The results show that women consume more pharmaceuticals than men within every ill health condition. The results are from a gender perspective considered to be a result of genderstereotype thinking among the recipe prescribers. The high consumption of pharmaceuticals brings consequences for the public's health.

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P 137. A qualitative study among breast cancer survivors

Rie RAFFING, Michael JACKSON

Background

Breast cancer is the most common cancer diagnosis among women in Denmark. The diagnosis is often experienced as a death sentence, however 88% are still alive after three years. Due to the risk of relapse over time and long-term side effects from treatment, health care professionals are careful not to declare these women completely cured. Thereby the women are caught between illness and health. This ambivalent position is especially prevalent in the check-ups in the out-patients clinic.

Objective

To explore the ambivalence among breast cancer survivors through a qualitative fieldwork study.

Material & Methods

The methods of the study included participant observation and interviews. Data collection took place through six months in 2004-2005. The interview patients were recruited at two out-patient clinics and a retraining group. They aged from 37-80, the majority from 50-65 years. 40 women participated in semi-structured interviews, three in narrative interviews and seven in a group interview. Grounded theory analysis was used to interpret the data.

Results

All women were ambivalent when relating to cured, either explicitly or implicitly by expressing a need of being declared cured of breast cancer. This was done through interpreting what the health care professional said in consultations, through using return to work as a milestone or through surviving a certain number of years. There were also examples of women telling their mirror image: "you are cured". Ritualization and storytelling were additionally used as strategies to replace ambivalence with a sense of control.

Perspectives

This study gives a unique insight into the bodily experience of breast cancer survivors. The demonstrated ambivalence these women live with, points to a need of developing psycho-social support especially targeting the ambivalence of surviving breast cancer.

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P 138. Preoperative nutritional status of elective patients admitted to the Akershus University hospital with diagnosis colorectal cancer

Kari ALMENDINGEN, Merete HELGELAND, Brita HAUGUM, Jarlis WECHE, Ola RØKKE, Ida BUKHOLM

Colorectal cancer (CRC) is currently the most prevalent form of cancer in Norway for men and women combined, with more than 3000 new cases annually. Obesity, insulin resistance, metabolic syndrome, and other indicators of an unhealthy lifestyle have been associated with increased risk of CRC. However, in patients suffering from advanced neoplastic disease, malnutrition is a common complication affecting both the survival and quality of life.

The aim of this ongoing study is to analyze the nutritional status in CRC patients prior to surgery. The patients are elective CRC patients < 80 years admitted to the Akershus University Hospital with diagnosis CRC. Samples from tumour, normal intestinal mucosa, blood and fatty tissue are stored for later molecular-biological analyses. Data includes anthropometric measurements (weight, height, upper arm circumference, waist and hip measurements), measurements of body composition (bioimpedance measurements), and weight change from earlier healthy weight. Preliminary results from this ongoing study will be presented at the conference.

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Session P 2-3: Health promotion for children and adolescents in & by hospitals (II)

P 139. Monitoring of biological risk factors of noncommunicable disease among adolescents in 1988-2007 in Tallinn

Lagle SUURORG, Inna TUR

Background

Health Promoting Hospitals cannot provide the foundation for health promotion through their own efforts. This requires

initiatives that cut across sectors with aim to take action and the capacity of groups to act collectively to exert control over the determinants of health (Fugleholm A.M et al, 2005).

In the framework of the WHO children's CINDI programme the monitoring of risk factors noncommunicable disease (NCD) in adolescents is carried out after every four years from the year 1988 to 2007. The aim of this survey was to evaluate the prevalence and trends of noncommunicable disease risk factors among Tallinn ninth graders of in 2007 and to follow the trends from 1996 to 2007.

Method

The survey was carried out in partnership with Tallinn Children's Hospital, Tallinn City Government and Foundation for Tallinn School Health. In the course of regular health surveillance of adolescents school doctors measured weight, height and blood pressure and calculated body mass index (BMI).

Participants

The survey in 16 schools involved 1084 students (49.8% boys), and (50.2% girls) with respond rate 97 %. The students were with average age of 15.5 ± 0.5 .

Results

In 2007 elevated blood pressure occurred among 16.4% of students, more often among male. Systolic hypertension (SH) was in 6 %, diastolic hypertension (DH) in 16 % of male and accordingly 3 % and 12 % in female adolescents SH was downward from 1996. to 2003 year in both gender and upward thereafter. Rate of DH increased slowly during the mentioned period. The trend of occurring more often DH than SH was found in 1996-2007.

One of the negative trends of NCD risk factors was the constant rise in prevalence of overweight among male and female children. Overweight occurred among 14% of students, demonstrating no gender differences. According to the last survey the increase of its frequency has doubled in comparison to the year 1996. There was a significant association between overweight and hypertension ($p < 0.01$).

Conclusion

The leading role of HPH in health research in partnership with school health personnel allowed to follow up the prevalence of NCD RF among adolescents in 2007. This study served as assessment of the dynamic of biological risk factors obesity and hypertension in adolescents before and after the „State strategy on prevention of cardiovascular disease 2005-2020” was initiated. No positive trends were found in the biological risk factors of NCD among adolescents.

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P 140. Determinants of adolescent health care use in Greece

George GIANNAKOPOULOS, Chara TZAVARA, Christine DIMITRAKAKI, Yannis TOUNTAS

The frequency of health care use is crucial for both adolescent well-being and health systems. The present cross-sectional study was the first to test a set of variables in a representative sample of Greek adolescents in order to identify the factors that best predict health care use and to contribute to the effort of improving adolescent health service planning.

Questionnaires were administered to a Greek nation-wide random sample of adolescents (N=1 194) aged 11-18 years and their parents (N=973) in 2003. Data from 894 participants with full data were analyzed. The data showed that parents' education, adolescents' chronic health needs, physical well-being and emotional/ behavioural problems as well as parent-child relationship were independent predictors of health care use, although some factors, such as gender, age, type of residence, family affluence, social support and parental health status that previous research identified as predictors were not confirmed in this study.

These findings suggest that beyond the need of health care, other factors also play an important role in the utilization of health services by adolescents and their families.

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P 141. FAROS children and adolescents health observatory

Nuria SERRALLONGA, Jaume PÉREZ PAYAROLS

Objective

FAROS Children and Adolescents Health Observatory was created with the aim to compile and analyze relevant information about the children and teenagers health, to generate and spread the knowledge in this area which is addressed to the health professionals and to the society in general and which is based on the premise that knowledge is necessary to act in a responsible way.

How FAROS Works?

FAROS Hospital Sant Joan de Déu works through the guide and support of two groups of professionals: an Executive Committee, which is responsible for the day to day work, and an Advisory Committee, made up of the most relevant profession-

als in the children health sector, that serve as a guide by managing the different topics to deal with.

Results

The hospital has developed a dynamic Web Platform which acts as an information spreading tool of the topics selected and analyzed, such as the monographic reports (2-3 per year) and the round tables about them, the newsletters (9 per year) and many other relevant information (articles, news and interesting events, links to more than 1.000 health advises, links to related web pages, etc.). This information is not only addressed to the health and education sector professionals but also to the rest of the society (fathers, mothers, journalists, managers and politicians, children and teenagers, etc.).

Conclusions

The Hospital Sant Joan de Déu, through FAROS, gives an answer to the need to deliver rigorous and selected health information in an environment mainly characterized by an increasing information demand and a higher concern about the health by patients plus a higher need of the professionals to be updated with so much information available, which could create confusion.

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P 142. Analysis of the questionnaire on admission to Bambino Gesù and summary of key results

Lucia CELESTI, Elisa ROMITI, Maria Cristina ROCCHI

In the period 2006-2007, the Public Relations Office of Bambino Gesù paediatric Hospital in Rome received 10.643 questionnaires of satisfaction. These comprise 13 questions covering different aspects of the service given to all patients, 40.26% of the questionnaires came from the Paediatric Medical Department, a further 40% from the Nefro-Urology, Neonatal, Paediatric Surgery and Neuroscience departments.

Analysis of the Principal Components (APC) of the Questionnaire on admission to Bambino Gesù¹ hospital has allowed us to summarise the differences in user satisfaction between Departments, based on a reduced number of factors, which are nonetheless representative of the overall reality investigated by the whole questionnaire. The final result of the analysis is a graphic which shows departments positioned according their relative mean performance for each component.

The APC considered 3 principal components that can explain the 62.3% of the variability of the responses.

- The first is a high correlation with the items related to the relationship with the doctor ($r=0.82$), with information on

the state of health ($r=0.78$), and with information on hospital discharge ($r=0.73$).

- The second component is strongly correlated with the items regarding the relationship with nurses ($r=0.76$), sense of being welcome (0.75) and, less strongly, with department rules ($r=0.65$).
- The third component is strongly correlated with the items related to comfort ($r=0.84$) and cleanliness ($r=0.82$).

The results of the APC summarise the characteristics of the departments with regard to user-satisfaction in relation to the single items examined.

In this case, the phenomenon analysed, in itself, is not particularly complex. The matrix unit-variables (department-items) is rather contained: and it is therefore possible to consider further variables capable of characterising our users more specifically (e.g. origin, level of education, etc.).

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P 143. The group model for the paediatric oncology and the HPH frame

Dorella SCARPONI, Andrea PESSION

A complex patient in hospital: The child and the family

During their life in hospital, the familiar group - so the staff - are dramatically involved in maintaining psychological and physical integrity of the patient: the family becomes "the body and the mind" that acts as the ill child, who now is not able to live daily common activities, isolated from the social context.

This new style of life from the adults: "you do everything for the patient", assures the continuity to the child's developmental life, but, in the same time, exposes him to an excessive dependence position, so that he tends to represent himself, in drawing, with transparent body, in force of uncontrollable events. Winnicott's theory can help us to keep in mind that "in paediatrics you never meet only a child, but a child-and-his/her-mother".

When between the family and the staff we are able to reduce extreme communicative difficulties, we can create a good relationship and plan a protective network to the child. So he is supported to establish direct and more independent relationships with the equipe, without any family mediation. So the family can.

The mental-group setting of the staff

When the paediatric clinic moves itself as a "good family" it shares with the parents the management of the child, leaving them independent from particular aspects of the cure, in the

same time gives them a comprehensive model that let them to think and to feel. The group settings, we describe, dedicated to children and their parents, express our group abilities to share, in a dynamic way, the concrete work and the psychological attention to the oncological patient.

The aim are: to support patients and families in the present, improving abilities forwards self esteem and autonomy, to share with the family a preventing project to the psychological effects in the future.

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P 144. "Dragonfly project": A new approach in eating disorders treatment for children and adolescents

Luigina CENCI, Maria Antonietta TAVONI, Arianna PANZINI, Francesca VECCHIOTTI, Giuliana CAPANNELLI, Claudia PASQUALINI, Emanuele REGNI, Cesare CARDINALI

"Dragonfly Project" comes from the experience of early-age eating disorder (ED) clusters symptoms (anorexia, bulimia, NOS), firmly believing in a better efficacy of a precocious and shared care among Hospital-Territorial Medical-Social workers.

It consists of a psychological rehabilitation and nutritional education Group Laboratory, which takes place at Salesi Hospital, Ancona, lead by two Psychologists provided with two private non-profit organizations (ABA, Anorexia, Bulimia, Obesity and Eating Disorders Research Association and FANPIA, Families Neuropsychiatry Childhood Adolescence Association).

The project involves a group of a maximum of ten subjects, aged 10-16, suffering from heterogeneous eating disorders, taken care of with different admission procedures (Hospitalization, day-Hospital, outpatient clinic) at Children's Neuropsychiatry hospital sub-unit, through a systematic and complementary therapeutical approach (in and by Hospitals). Reference therapeutic method is based on psychodynamic developmental model.

The project lasts one year, six hours a day once a week during afternoon. The activities are organized according to a steady setting, involving welcome, snack, expressive techniques, word group, meal training, common dinner, table cleared, after lunch relax, weekly intentions.

The Team is multidisciplinary and includes neuropsychiatrists, psychologists, nutritionists, voluntary workers. This group coordinates and implements the proper actions to answer to the need of complex care in ED, so to reintroduce one's more consistent and healthy food habits and/or physical image fixed

idea, through a greater self-awareness by rewarding experienced relationships.

Team education consists of courses and periodic (bimestrial) meetings to guarantee permanent training held by Medical Doctors, neuropsychiatrists experienced in E.D. featuring ABA health workers.

Customers and stakeholders (parents, operators) satisfaction is checked in three steps (four-month period): "watching time", "realizing time", "reaching time" which have personalized and flexible prearranged goals. Individual functioning's adjustment monitoring during "Dragonfly Project" is ensured by measuring tests administration (eating attitude test, body image assessment-preadolescents).

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P 145. Development and implementation of procedures for identification and intervention for alcohol and drug intoxications and injuries (who are not suicidale) among adolescents in emergency departments

Møyfrid Lode YNDESTAD

Background

Through a project that started in 2005, the hospital staff in the emergency ward at Stavanger University hospital were educated on alcohol and drugs health work, and from then there has been a marked change in the staff's attitudes to and interest for patients attending with drug- or alcohol related causes and problems.

The hospital had earlier implemented routines to secure that patients attending with acute intoxications with suicidal reasons, systematically are been followed up also beyond the medical treatment. Intoxications without suicidal aspect got medical treatment, but there was still no routine that systematically provided them with further intervention or help regarding alcohol or drug problems.

The aim is to use the opportunity a stay at the hospital is to identify and intervene towards adolescent attending with alcohol or drug related causes, and hopefully detect these adolescents needs very early in a possible drinking or drug career when it is so much easier to make a change.

Procedure

In 2007 the hospital implemented a procedure for all patients under 18 years attending the emergency departments with alcohol or drug intoxications (who are not suicidale.) The procedure is divided in two parts. The first part is a brief intervention with patient and parents under hospitalization, if possible, by hospital staff. Then they are asked to come back for an appointment with a specially trained social worker (sosionom) at the hospital a short time after discharge.

This is a longer intervention where they review the happening, talk about how to avoid similar happenings in the future, tries to increase the adolescent's consciousness around choice and habits regarding alcohol or drug use, identify needs and problems and provide further help when needed, by referral to other specialised help services.

Evaluation

We are still not capable to identify everyone in the target group, but quite many has until now received the interventions. This kind of procedure with its interventions, are possible to carry through in a busy somatic setting. Our experience until now also shows that ones they have accepted the appointment with the social worker, almost everyone meet up to this appointment (94 %), and their feedback is positive. Most adolescents (over 70 %) in the target group have not yet established a regular pattern of misuse. They seem to be well represented at the following up intervention with the social worker. Most of these adolescents (over 60 %) have not yet been in contact with other help services for alcohol or drug problems.

The procedure puts hospital staff in contact with adolescents who are in a very early stage of possible development of alcohol and drug problems. The aim, to reach adolescents as early as possible in order to help preventing development or further development of alcohol or drug abuse, seems to be realistic. Among those in the target group who had already established more severe pattern of regular alcohol or drug abuse, most were already in contact with specialised help services and in treatment for drug and alcohol abuse. These adolescents were seldom given appointment at the sosionom since they already were in treatment. Re-attendances almost always implicated risk behaviour and pattern of misuse.

After evaluating of the routine, the target group also includes adolescents under 18 years attending with other conditions and injuries related to alcohol or drug.

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P 146. Treatment of non-Italian patients in paediatric hospital Bambino Gesù, Rome; An analysis of the past 5 years

Lucia CELESTI, Cristina ROCCHI

One effect of increasing world-wide migration that has been seen in Italy is the progressive increase in health treatment demand from non-Italians; in particular, hospital treatment. Our hospital records clearly reflect this growing trend: hospitalisation of non-Italian citizens in 2008 shows an increase over the previous year of 14.4% for acute cases, of 73.2% for Day Hospital, and of 46.7% for cycles of Day Surgery.

Here, we report the distribution of the geographic origins of the patients treated under ordinary admission from 2003 to 2008, grouped into 6 geographic micro-areas, the distribution by age, citizenship, mean hospital stay and the complexity of the non-Italian case histories.

These case histories are rather concentrated; the first 30 Diagnosis-Related Groups (DRG) cover approximately 60%. Pathologies of the digestive system followed by respiratory tract and muscular-skeletal pathologies remain constant, whereas there is a progressive increase in the frequency of pathologies of the kidneys and urinary tract, the nervous system, the liver and the pancreas.

The overall group of non-Italian patients treated in our hospital from 2003 to 2008 includes a small group under the Regione Lazio humanitarian programme. Approximately 90% of the treatment given in Day-Hospital under this programme was for lymphoproliferative diseases. The characteristics of these patients will be compared with the whole group.

Finally, treatment in the Emergency Care Department is illustrated: more than 5% of patients seen are foreign children and the percentage has grown over the past 5 years. Significant differences have been observed in the general health status of foreign compared with Italian children.

Monitoring the different trends in pathologies and the increase in the number of non-Italian patients can give a sort of mirror of migration in Italy from foreigner countries, that public administration can utilise in general health programs. For the HPH system, recommendations are given in order to ameliorate communication systems (eg: interpreting and cross-cultural communication) and to correctly organise health treatment demand from non-Italians.

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Session P 2-4: Exploring and improving health outcomes in migrant populations

P 147. European migrants to Scotland: An audit of maternity services

Jane BRAY, Dermot GORMAN, Kirsty DUNDAS, Rosie TOWNSEND, Judith SIM

Objectives

Since the A8 accession, there has been an increase in the number of Central Europeans giving birth in Edinburgh and the surrounding Lothian region – almost 6% of new mothers were from A8 countries in 2008. A retrospective case note audit was conducted to assess how the care needs of this population were being met.

Methods

Maternity records were reviewed for all live births in NHS Lothian hospitals in 2006, to mothers born in an A8 country.

Results

114 case notes from a total 136 births were reviewed. 80% were primigravida and 80% of the mothers were Polish. 55% booked with antenatal services by 14 weeks and 26.5% booked after 18 weeks, mainly due to recent arrival in Scotland. A8 mothers experienced slightly more Caesarean Sections (27% vs 23%) and fewer instrumental deliveries (17% vs. 19%) than Scottish women. Interpretation was required by 41% at some time in their care. Relatively few patients accessed the NHS interpretation service ante-natally. Frequent overestimation of communication skills and lack of planning for interpretation led to poorly coordinated provision and re-arrangement of many appointments. Interpreters were used at 19% of births, however others frequently had to interpret prior to qualified staff arriving at the labour suite. In 15% of cases, an interpreter was not available when needed at the birth. Care was affected in some cases, for example, inability to obtain informed consent led to significant delays in receiving analgesia for a number of patients and one patient self-discharged due to her difficulties in communicating.

Conclusion

Maternity outcomes for new migrants did not differ from the Lothian norm. But communication was a problem affecting care, notably under use of interpretation services and poor documentation of their use. Assessment of why the service is not being accessed is being accompanied by staff training.

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P 148. Ethnicity and migration in shaping experiences of maternity care in Lothian, Scotland

Judith SIM, Dermot GORMAN

This presentation will outline findings from qualitative research which aimed to explore how ethnicity shapes experiences of pregnancy in Lothian, Scotland. Focus groups were conducted in their own language with Urdu, Cantonese, Bengali, Arabic and Polish-speaking women, second generation South Asian women, and a 'control' group of white, European women. Scotland's growing minority ethnic population, accelerated by arrivals from expanded European Union countries, forms the wider context for the research, as does accumulating evidence of ethnically-related inequalities in maternal and perinatal health.

In relation to findings, differences within as well as between groups highlighted that the needs of minority ethnic women are not fixed but highly varied and, for individuals, change over time. There were also a number of similarities in views and experiences across all ethnic groups, including European women. Within migrant groups, discussion focused to a significant extent on the ways in which maternity care in women's countries of origin contrasted with the care they were offered in Scotland. In contrast, "traditional" practices related to pregnancy formed a relatively limited focus of discussion.

This presentation will outline the ways in which migrant women used their experience of (often privatised) maternity care in their country of origin as a touchstone for evaluating the care they were offered in Lothian. The division of labour between health professionals involved in pregnancy care, contested definitions of 'normal' pregnancy, and procedures for ensuring informed consent to interventions during labour were unfamiliar to many. Polish women were distinctive in actively participating in two systems of care between Poland and Scotland.

The implications of these findings for providing sensitive, 'culturally competent' maternity care will be highlighted. In particular, the importance of staff recognising the consequences for individuals of having to negotiate conflicting maternity services will be discussed, along with practical options for providing care in these contexts.

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P 149. Bereavement in the pre-peri-post natal period and its cultural variables: Training experience with healthcare workers

Piera BEVOLO, Maria Cristina GEMMI, Laura PANNA, Erica BOCCONI

Brief description of project

A training session was organised, aimed at family advisory centre workers and gynaecology and obstetrics ward operators from hospitals belonging to the regional network. The training was held in three different editions, and saw the participation of midwives, doctors and nurses in the theme of bereavement in the pre-peri-post natal period.

Aim and objectives

Midwives, doctors and nurses from the gynaecology and obstetrics department of Guastalla Hospital intended to consider this theme, which is extremely complex in its emotional and organisational aspects, in order to be able to understand and accompany the feelings of bereavement and grief of parents in the best way possible if such an occurrence should take place, especially in consideration of the presence of a high number of immigrant families, therefore with a cultural dimension different from Western habits.

A further, important aim of the training sessions was to acknowledge the feelings of the healthcare operators when faced with such situations and to be able to explore, limit and guide them in a productive manner for the work environment context, in order to identify the most appropriate communication strategies and tools.

Method/actions

The training day, which lasted 8 hours (repeated in three different editions) foresaw moments of theoretical reflection, proposed by the speakers using both direct lessons and audiovisual clips on the subject. This was then followed by moments of group participation, discussion of cases proposed by the participants using various methods, (role playing, live sculptures, focus groups) and moments of discussion among all the participants. The training session was held by various healthcare workers with different specialisations (midwife/psychologist) that was found to be useful and important.

Main Target

This type of training experience, aimed at healthcare workers, can also be used in other hospital and territorial contexts in which operators have to face similar situations. The participants in the training course have reported back to us, stating that they have used some of the strategies suggested at the course during their work, with positive effects on the context and other healthcare workers.

Evaluation of results and conclusions

Participation rates were good. There were 48 people involved in the experience, who expressed their positive opinion on the experience on a questionnaire. Finally, we have also received proposals for themes to develop in future sessions.

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P 150. The difference between saying and doing: Prenatal diagnosis in family guidance centres

Elsa MUNARINI, Morena CASOLI, Piera BEVOLO

Brief description of project

A training session was organised on the subject of prenatal diagnosis with the joint participation of doctors, geneticists, psychologists, midwives and experts on intercultural issues.

Aims and goals

The theme is especially interesting as it recently underwent a very important development and includes the most recent scientific discoveries at the same time. It causes apprehension and complex questions among parents and healthcare workers at an ethical-existential, professional and deontological, relational level.

The new type of family/mothers that often come from an experience of migration and bring with them new cultural and relational models, also required a specific moment of in-depth study. It was necessary to find an opportunity of comparison between hospital workers and family guidance centre workers, in order to find more detailed scientific and relational support, and more agreement on methods and procedures.

Method/Actions

The training day foresaw a first period in which the course contents were acquired and a second, more active part including group work and the discussion of cases.

Main target

The seminar was aimed at healthcare and family guidance centre workers: doctors, midwives, nurses, mediators, laboratory technicians. Final recipients were couples/mothers expecting babies.

Evaluation of results and conclusions

Participation in the event was active and intensive: operators were involved in the initiative. At the end of the day, a questionnaire was handed out to participants that showed that the course was much appreciated. A multi-lingual information brochure was created for pregnant women/couples about the most recent methods used, as an introduction to clinical in-depth investigation.

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P 151. Pregnancy and contraception in Chinese women who attend the Foreign Family Health Centre (CSFS) in Reggio Emilia - Italy

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Brief description of project

As the accessibility to services and the evaluation of needs are criticalities in trans-cultural medicine, we considered it appropriate to assess our Centre's response in its offer of services to a race such as the Chinese, which appears to be the most penalised one in accessing and using services. In pregnancy or for contraception problems, especially after abortions, a questionnaire was given containing questions about their personal details, education, work, language-knowledge and the main reason for accessing services. Their obstetric history and miscarriages and/or abortions were examined, together with the women's chosen methods of contraception. Special attention was paid to the use of ring-shaped IUDs (the most frequently used and best-known among Chinese women) and to the difficulties encountered by Italian professionals in referring to this type of contraception.

Aim and Objectives

- To improve knowledge about Chinese women from a social and healthcare point of view, in order to offer care correspondent to patients' expectations and to reduce number of abortions by providing a more suitable contraception service.
- To offer professionals greater knowledge of easy removal procedures of Chinese IUDs.

Method/Actions

A total of 144 questionnaires were distributed over a period of 6 months by the CSFS cultural mediators.

The questionnaires were then compared with patients' medical records. The results provided the opportunity to assess the credibility of the data gathered, the quality of the service provided and the consistency of the response to the patients' real needs. This is bringing about a progressive modification to the type of definition of needs and possibility of contraception on offer.

Main target

Chinese women in fertile age

Evaluation of results and conclusions

Collected data confirm this population has serious difficulties in communication and integration, with considerable social and healthcare needs. CSFS, set up to respond to a healthcare emergency, has become a reference point for the immigrant Chinese population and is now a privileged observatory. It may become a study centre and an integration laboratory.

It is necessary to exploit opportunities to encourage contact between the social-healthcare services and these people, as a mutual path of closer acknowledgement can emerge from needs that arise in certain moments (pregnancy, abortions, contraception requests). In order to achieve this, it is necessary to look for new solutions where previous ones have not been suitable. This can only come from RESEARCH and from workers' willingness to NOT BE AFRAID OF NEW SITUATIONS.

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P 152. Frequency of Caesarian Section (CS) and infectious diseases among Greek and immigrant women in a Greek public nursery

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Background Aim

The aim of the present study was to determine the annual frequency rate of infectious diseases (hepatitis B, C, HIV and syphilis) as well as the frequency of CS between Greek and immigrant women deliveries postpartum.

Method

Data was collected by reviewing the records of 961 term births that took place in the nursery of a public hospital during 2007. All deliveries occurred between 37 and 40 weeks gestational age (GA).

Results

31.6% of all women postpartum were Greek and 68.4% immigrants (72% were Albanians, whereas 28% belonged to other nationalities). Vaginal delivery was performed in 59.4% of all women in contrast to 40.6% who underwent CS. CS was performed in 43.1% of the Greek and 39.4% of the immigrant pregnant population with the difference being, however, non-significant ($\chi^2=0.412$, $p=0.301$). Implicated causes included advanced maternal age, previous CS, abnormal presentation

(breech presentation), maternal pathologic conditions and perinatal stress.

5.3% of all women tested positive for HbSAg, 0.3% for HIV, 0.3% for T.Pallidum and 0.6% for HCV. Infection rates of the Greek versus the immigrant women's population postpartum were the following: 1% versus 7.2% for HBV ($\chi^2=5.484$, $p=0.012$), 0% versus 0.5% for HIV ($\chi^2=0.463$, $p=0.684$), 1% versus 0% for syphilis ($\chi^2=2.173$, $p=0.316$), 0% versus 0.9% for HCV ($\chi^2=0.929$, $p=0.467$).

Conclusion

- Public nurseries hospitalize a disproportionately larger number of immigrant than native patients.
- High similar rates of CS were recorded in both Greek and immigrant groups.
- Similar rates of infection were recorded in both groups for hepatitis C, human immunodeficiency virus and syphilis. Infection rates for hepatitis B, however, were significantly higher in the immigrant population.
- Health promoting hospitals should implement early hepatitis B vaccination (with the first dose at birth) in all public nurseries.

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P 153. Gestational age (GA), birth-weight and feeding policy differences between Greek and immigrant women in a public nursery

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Background-Aim

The aim of the present study was to determine whether any differences exist between Greek and immigrant women postpartum with respect to the age of the mother, neonatal birth weight and feeding policies in a large Greek public nursery.

Methods

Data were collected by reviewing the records of 961 term-deliveries (37-40 weeks GA) that took place in the nursery of a public hospital in the year 2007.

Results

31.6% of women were Greek and 68.4% immigrants. A significant difference between the Greek and immigrant population was detected with respect to the mothers' age (median Greek

mothers' age versus immigrant: 28 yrs and 26 yrs, respectively, $\chi^2=41.991$, $p=0.000$). Furthermore, immigrant women delivered at a more advanced GA compared to the native population (median 39.2 weeks versus 37.6 weeks, $\chi^2=16.097$, $p=0.01$). The birth weights of neonates' born to immigrant women were significantly higher than those of the native (3252 ± 474 gr versus 3099 ± 383 gr, $\chi^2=137.938$, $p=0.005$).

27.5% of the immigrant women in contrast to 20% of the native were full-breastfeeding their neonates postpartum ($\chi^2=1.915$, $p=0.106$). 15.1% of the immigrant and 19.1% of the native women were exclusively feeding their neonates on cow's milk formula ($\chi^2=0.763$, $p=0.238$).

Finally, 57.8% of the immigrants in contrast to 60.6% of the natives were feeding their neonates with a mixed kind of formula (human milk plus cow's milk formula), ($\chi^2=0.219$, $p=0.367$).

Conclusions

- Immigrant women become mothers at an earlier age than Greek women. They also deliver babies at more advanced GAs than Greek women and their neonates are heavier than those of the native population.
- Unacceptably low rates of breastfeeding were recorded between both populations.
- Health promoting hospitals should emphasize the importance and advantages of breastfeeding and encourage it in every possible way among women postpartum.

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P 154. Birth outcomes of immigrant women in Taiwan

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Objectives

To compare maternal characteristics and birth outcomes of immigrants and native-born mothers in Taiwan. METHODS: We examined birthing information from single live medical records for 517 immigrants and 2,180 native-born mothers in Kaohsiung Municipal United Hospital, Taiwan. The outcomes were mean birthweight, low birthweight, and preterm births. Differences between native-born and immigrant mothers were assessed in bivariate and multivariate analyses controlling for maternal risk factors.

Results

The adjusted odds for low birthweight were lower for immigrants than native-born by 64%. The adjusted odds for preterm births were lower for immigrants compared with native-born by

50%. Infants of immigrant mothers also had higher mean birthweights by 74 gm. After controlling for gestational age, the effect of immigration on the birthweight becomes insignificant. The birthweight difference between the immigrants and native-Taiwanese is mediated by gestational age.

Conclusion

Despite their disadvantaged status, immigrant women residing in Taiwan show good birth outcomes.

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P 155. European migrant workers in Scotland: Presentation to an accident & emergency department

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Objectives

There has been a dramatic rise in the number of Central Europeans attending the Accident and Emergency (A&E) Department at St John's Hospital in West Lothian. Concern was expressed about whether all these attendances were appropriate.

Method

A&E attendance data was reviewed for 9 months in 2007. A questionnaire survey was undertaken of Polish attendees at A&E between January - March 2008.

Results

378 Central Europeans (3.2% of all attendances 18-40 years) were seen at A&E over 9 months. 40% were registered with a GP. 46 (of 100 distributed) Poles completed questionnaires - mean age 28, 61% male. 47% smoked and 35% drank alcohol. 60% got information about the NHS from friends or family, 16% from work and 14% from websites or newspapers. Of those not registered with a GP reasons given were they didn't know they needed to be registered 17%, had no health problems 60%, didn't know how to 9% or didn't due to language issues 9%.

In Poland 26% would have attended their GP for the presenting problem. 16% said they had previously had a health problem in Scotland for which they did not access care even though they would have in Poland. When visiting Poland 9% have attended a GP and 12% a dentist. 126 of 378 had language problems documented, Interpretation and Translation Services was used for 15 and no translation documented for 55. Of those 108 judged to have attended with non-emergency issues, 68 presented with infections with dental complaints and seeking medication were also common.

Conclusion

GP registration rates are low in migrant workers which is only one of many factors influencing A&E use. Interpretation services are under used. Research with migrants about using healthcare appropriately should be prioritised and cultural competency education of A&E staff emphasising use of interpretation instituted.

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P 156. The inappropriate use of the emergency room service in Reggio Emilia: Risk factors among immigrants and Italians

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Rationale

In Reggio Emilia province (North Italy) the immigrant population is rapidly increasing: from 2,8% in 1998 to 10.3% in 2008. Immigrants come from more than 130 different countries and both the rapid rise and the increasing diversity of population pose new challenges to health system.

For that reason a periodical monitoring of relevant health issues has been undertaken by the Epidemiology Unit, aimed to offer to Local Health Authority useful information to plan and assess health services.

One of the most pressing issue is the Emergency Room (ER), which is facing a growing inappropriate use, due to both immigrants and Italians, but immigrants inappropriate access is nearly 12 percent points higher than Italians.

For either long-term planning and health policy reasons, understanding the main reasons of inappropriateness is important.

Objective

To investigate the reasons of inappropriate use of Emergency Room (ER) service, analysing the ER access certificates. The study was aimed to find out which factors, among demographic data and those related to the access, could have the greatest influence on the risk of inappropriateness.

Materials and Methods

Data of accesses to Reggio Emilia's ER from 2005 to 2007 were analysed considering only resident population (N=479,564). Demographic variables of the patient: age, sex, nationality, and variables on his access: cause, day of the week, hour were examined as explanatory factors.

Logistic regressions (odds ratio - OR, 95% CI) were performed to relate independent variables to the presence of an inappropriate access; stratifying by age and citizenship.

Results

Immigrants are more likely than Italians to show an inappropriate access: adults OR 1.53, 95% C.I. 1.50-1.57; children OR 1.44, 95% C.I. 1.37-1.52.

Among adults both Italians and immigrants show an inverse relation between age and inappropriateness, men are more frequently inappropriate users, a similar pattern is shown for hour and day of the week. The main difference can be found among the causes of inappropriate ER access: immigrants causes are mainly diseases and medications, which could be usefully treated by their GPs.

Conclusion

Better understanding the factors associated with inappropriate access to the ER service will allow health services, mainly primary care, to promote improvements according to the risk factors identified.

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P 157. Providing information and immunisation for hepatitis-a to immigrants

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Background

Hepatitis A, caused by HAV virus, is a disease characterised by very low mortality, but important morbidity, since 20% of those infected need hospitalisation. In Greece, a country of intermediate HAV endemicity, HAV vaccination is not included in the National Immunisation Programme, but it is recommended for special target groups, like the immigrants.

There are more than 1.000.000 legal and undocumented non-EU immigrants living in Greece, with Albanians constituting about 56% of the total immigrant population. Despite the absence of national seroprevalence data, prevalence levels among immigrants are considered significantly higher.

Goals

To investigate the Hepatitis A vaccination status of immigrant children living in the responsibility area of the urban Health Centre (HC) of Vironas, to inform their parents about the disease and to vaccinate children who had not completed vaccination course.

Materials and Methods

Our study was based on a series of 351 immigrant children who were detected through the social service of the municipality of Vyronas during the second half of 2008. The parents were interviewed about the Hepatitis A vaccination status of their children and they were supplied information on the disease's nature, transmission and prevention. Parents whose children had not completed the two-series vaccine were invited to get them vaccinated at the HC.

Results

228 children (65%) had not been vaccinated at all, where as 93 (26.5%) had only received one vaccination and only 30 (8.5%) had received the complete vaccination course. Of 321 children invited for vaccination, 107 (33.3%) were admitted at the HC in the following two months and were administered the vaccine.

Conclusion

Immigrants in Greece often face special health needs, due to factors like unfavorable living conditions, frequent residency change, and lack of health insurance. Greek primary care units have not yet integrated health promotion principles into their clinical core services. In our opinion, the expansion of their orientations towards social responsibility activities, like targeted disease education and vaccination programmes for minority groups, will be beneficial for the community as a whole.

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P 158. Information and vaccination of immigrants for varicella: A programme of the first urban health centre

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Background

Varicella is a self-limiting and relatively mild disease of childhood, although it is frequently more severe and complicated among neonates, adults, pregnant women and the immuno-compromised. In addition, after an initial infection, the varicella zoster virus (VZV) lays dormant in dorsal root ganglia and may cause herpes zoster, particularly in the elderly and immuno-compromised. The incorporation of varicella zoster virus (VZV) vaccination in the Greek National Immunisation Programme has not brought about the desired results yet. According to recent epidemiological data, only 50% of Greek children and a significantly lower percentage of immigrant children have completed their VZV vaccination course.

Goals

To investigate the VZV vaccination status of immigrant children living in the responsibility area of the urban Health Centre (HC) of Vyronas, to inform their parents about the disease and to vaccinate children who had not completed vaccination course.

Materials and Methods

Our study was based on a series of 351 immigrant children who were detected through the social service of the municipality of Vyronas from September 2008 to December 2008. Their parents were interviewed about the Varicella vaccination status and they were supplied information on the disease's nature, transmission and prevention. The parents of children with negative or unknown history of disease and incomplete vaccination, were invited to get them vaccinated at the HC.

Results

147 children (41.9%) had not been vaccinated at all, whereas 201 (57.3%) had only received one vaccination and only 3 (0.8%) had received the two-series vaccine. The parents of 316 (90%) of children claimed a negative or unknown history of Varicella disease. Of 313 children invited for vaccination, 116 (37%) were admitted at the HC in the following three months and were administered the vaccine.

Conclusion

The study's findings stress the need to reinforce VZV vaccination in children of immigrant families. Greek primary care units have not yet integrated health promotion principles into their clinical core services. We consider that such programmes of disease education and prevention targeted at minority populations should be carried out in Greek health centres to enhance public health and contribute to equity for all citizens.

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P 159. Hospital admissions among immigrants in the province of Reggio Emilia: A way of monitoring the expected epidemiological transition

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Rationale

In the last few years the number of immigrants in Italy has rapidly risen. During the last 10 years the Province of Reggio Emilia has experienced a sharp increase in the immigrant population and one of the highest rates in Italy (10% vs 6% in 2008). Moreover, in the last few years especially the 45-64 age-class has seen a significant growth. Immigrants, having been able to plan a migration project, are likely to be healthy ("Healthy Migrant" effect). However, some years after their arrival, some changes due to both ageing and the tendency to

acquire host population risk factors are expected (Epidemiological Transition).

Objective

On the basis of Hospital Discharge data, the main aim was to determine whether the epidemiological transition had already started, especially as concerning chronic diseases.

Materials and methods

A descriptive study about the immigrant population health profile was carried out. Hospital Discharge Register data from 2005 to 2007 (N=255,923), which cover all public and private hospitals in Reggio Emilia, were analysed according to age, gender, citizenship and causes of admission. The comparison of hospitalization among immigrants vs Italians was evaluated by means of SHR (Standardised Hospitalization Ratio) and its 95% CI, referring to 0-64 age-group.

Results

Hospitalization among immigrants is lower for men (SHR =0.78, 95%CI=0.76-0.81) and higher for women (SHR =1.26, 95%CI=1.23-1.28), while except for pregnancy-related admissions, SHR decreases to 0.84 (95%CI=0.82-0.86). Infectious diseases still represent a higher admission cause among immigrants, both for men and women (15-64 y.o.).

Conclusion

The "Healthy Migrant" effect still persists, with no evidence of an epidemiological transition process beginning. The monitoring of immigrant health status is an important means to planning the actions necessary to support a higher demand of health services, especially for chronic diseases.

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P 160. The impact of recent Central and Eastern European migration on the Scottish health service: A study of newspaper coverage 2004-2008

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Objectives

We examine newspaper coverage about the impact of recent Central and Eastern European immigration on the Scottish health service. It follows rising public concern after 'record' and 'unexpected' levels of migration followed the EU enlargements of 2004 and 2007.

Methods

The reporting of six Scottish newspapers was examined over 2004-2008 to track underlying themes running within reports.

The framework of Social Representations Theory (SRT) - used elsewhere to examine how infectious disease threats are portrayed in the press - was used to analyse how migration's impact was conceptualised within newspapers and explained to society.

Results

The overall pattern identified by this study is of representations of threat being closely followed by those of reassurances. The portrayal is influenced by pronouncements of politicians, often around elections as well as news stories and coverage of events involving migrants. The portrayal of migrants posing a threat to the health service has increased in frequency over the past four years, particularly maternity and accident and emergency services under pressure and European staff having inadequate qualifications. Subsequently, reassurance themes emerged to allay societies' fears of such threats.

Most reassurance has focused on the fact that migrant workers provide needed skills in Scotland. There has also been a focus on the need for Scotland's public services to provide training and support for staff and patients. However, no reassurance emerged to counter the unfounded threat that migrants harbour infectious diseases.

Conclusions

SRT suggests that migration will be portrayed first as a threat and then reformulated through a series of reassurance discourses. This proves to be the case in the Scottish press. It is worth noting that the most important reassurances - skills shortages and inclusive services - are portrayed as specific to Scotland, rather than the rest of the UK where labour market conditions and public service ethos differ.

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Session P 2-5: Pain-free Hospitals

P 161. A cry for pain. Prevalence of pain in an Italian university hospital

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Background

An important quality indicator in health care is pain prevalence among hospitalized patients. Pain has great impact on the

quality of life and health care costs. Unrelieved pain can increase postoperative morbidity, prolong recovery, and lengthen hospitalisation.

Object

To measure the prevalence and intensity of pain in hospitalized patients and to judge the quality of pain management, a cross-sectional study was conducted in a tertiary care hospital, with relation to gender, age, area type, to check prescription and administration of analgesic drugs.

Methods

In the spring of 2007 trained workers documented the presence of pain for all patients admitted to hospital for at least 24 hours. The degree and intensity of pain was assessed using a numerical rating scale and administered analgesic therapy was recorded.

Target

All inpatient wards of the University Hospital of Ferrara were included. Inclusion criteria and eligibility: ≥ 18 years old, hospitalized for at least 24 h at the time of survey, consent at the interview. The screening instrument was a questionnaire applied internationally as a part of the initiative known as "towards a pain free hospital".

Results

The prevalence of pain was 49 % in females, 39% in males, greater in medicine wards. The 70 % of patients taking analgesics, the majority treated as needed. It comforts the lower percentage of pain prevalence to treated (26,5%), in comparison to other Italian hospital. The higher prevalence of pain in females, alerts on underestimating of gender. The higher prevalence in the medicine wards, suggests the role of anaesthesiologist in the pain therapy in the surgical wards.

Conclusions

It's borne out the need of a quality system of the management of symptom pain, that aims to satisfy the patient, professional education in pain measurement and to its treatment.

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P 162. Systematic evaluation of pain in a paediatric hospital: Monitoring the application of the procedure.

Lucia CELESTI, Nicoletta RUSSO, Stefano GUOLO

In 2006, Paediatric Hospital Bambino Gesù¹ introduced a systematic study of pain in all patients. Medical record cards are designed to include data on the pain described in quantitative (intensity) and qualitative terms (duration, frequency,

localization). In children older than 4 years of age, the type of pain is also described, using a paediatric reduction of the McGill scale.

Pain management modalities are distinguished according to the patient and department, as follows:

- The Emergency Department
- Ordinary paediatric admission, Day Hospital and Outpatients' Department
- Surgical, postoperative stay, Day Surgery and Intensive Therapy
- Neonatal (full-term and premature)
- Patients with cognitive difficulties
- oncology patients

This distinction is necessary in order to adequately reflect the particular characteristics of each treatment situation. Pain is described using the same modality at different times, with shorter intervals (even every 2 hours) in critical areas, and longer intervals (but never less than twice a day) in paediatric areas.

All the medical and nursing staff have pocket-size scales to grade pain according to the structure:

- VAS (visual analogue), for children older than 4 years of age
- The FLACC scale, which uses indirect behavioural signs, for children under 3-4 years of age

Where the characteristics of the patients (premature or newborn) or the clinical state (sedated) mean that the above scales cannot be used, other evaluation scales are available.

The hospital has monitored the application of this procedure from 2006 to 2008 for each operative unit and staff have been updated through the quarterly report on Quality Improvement. The results are very satisfactory, with the Rome site exceeding 90% compliance on the medical record cards.

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P 163. Pain-free hospital

Annamaria INDELICATO, Serenella BAGNULO, Emanuele BORRA, Vittoria CORSINI, Elisabetta DOLCINI, Alessandro GHITTI, Francesco ZEZIOLA

General objectives which gave rise to this project were improvements in hospital health assistance including its cultural aspects, strategies for the promotion of good health and more specifically the fight for a pain-free hospital. Specific objectives draw special attention to the observance of pain in the hospital setting, promote treatment protocols for the diverse forms of

pain, formulate proposals to the head office via the Pain-free Hospital Committee, educate health workers on pain therapy, promote appropriate channels assuring the availability and use of pharmacological and non-pain relieving devices, guaranteeing periodic evaluation of their consumption. Beneficiaries of the project are hospital patients.

Means of diffusion

The diffusion of protocol information via health workers, the use of leaflets, posters fixed in strategic positions in the hospital

Methods and Instruments

Principally the definition of protocols for the treatment of acute and chronic pain (using scales), the prime instrument was the education of health workers.

Results

The measurement of the instrument remained relatively constant during the experimental (76%) through to the verification phase in all medical departments (69%). The impact of the problems related to pain fell from 10.7% in the experimental phase to 6.9% in the verification phase.

Future prospects

The creation of small departmental work groups for the formulation of ad hoc protocols, the maintenance of the education levels in newly recruited health workers, the routine use of control indicators, continuous monitoring of opiate consumption, the adherence to regional proposals in usage for the HPH network concerning pain-free hospitals.

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P 164. Hospital without suffering "Getting rid of pain"

Camelia Gaby TIRON, Gaia CIMOLINO, Riccardo MALASPINA

Background

The hospital without suffering has become a reality in which unnecessary pain has become greatly reduced by optimizing treatment and therapy and by improving the processes involved with therapy in assisting the patient, as mentioned in the General norms / guidelines by the ministry of health and welfare n° 23454 dated 30/12/2004. With reference to the Italian national guidelines, the regional health authority for Lombardy has extended this project to the HPH, bringing together a task force with the objective of monitoring and treating pain in a suitable way and using the most commonly employed methods.

The "Carlo Poma" Hospital in Mantua has decided to adhere to this regional programme "Hospitals without Suffering" under the strong conviction that the culture of the right to not have to suffer unnecessarily must become more and more widespread, both on the inside of the hospital structures involved as well as in the region as a whole.

When considering that even now the amounts patients suffer can be greatly underestimated, as well as often being dealt with inadequately, it becomes necessary to increase efforts in the fight against pain and suffering for ethical as well as the obvious humanitarian reasons associated with pain and because this will serve as an index to the quality of the health service involved, various statistics exist according to which only up to 50% of those patients discharged from hospitals declare that they were satisfied with the pain killing medication they received while being treated.

Targets

By being aware of pain and suffering, monitoring and improving sensitivity towards it, important developments will be made in controlling and alleviating suffering in important departments such as oncology (the treatment of cancer), both chronic and benign, paediatrics, post-operative treatment, in events connected with emergency or first aid treatment, as well as instrumental diagnosis.

In this way a quicker and better recovery will be favoured, where possible, as well as an earlier discharge from the hospital. In cases where the patient is terminally ill, the right to not have to suffer and a painless or pain-free treatment is ensured, giving the patient involved every right to maintain his or her dignity.

Specific Aims

- Correct and constant recordings of the symptoms of suffering endured by the patient on his / her clinical record
- Courses for training medical staff and related workers on treating pain and suffering in hospital. To create the base for the training of a team for each department (Reference Doctor /2 assistants) who can, at the end of the course, be operative immediately in each department and act as a reference point for colleagues, who, year after year, will volunteer to become a part of this teams, in association with those colleagues who have already been trained
- The singling out of a pilot departments who, for approximately 8 months, will check on the awareness and implementation of the "project for the abolition of pain and suffering" by auditing the pilot departments using a separate record which has been prepared according to JCR standards (see example attached)
- Preparation and implementation of internal protocols worked out on the basis of existing evidence and shared experiences
- Systematic analysis of the data supplied by the Pharmaceutical Service relative to the consumption of analgesics, pain killers / opiates
- Periodic readings of the presence of suffering / pain in patients who are being treated as well as employing and promoting initiatives and addressed to the population as well as the distribution of informative literature

Recipients

All employees of the Carlo Poma Hospital. All health operators of the Carlo Poma Hospital

Methodology

- Daily recording of suffering on patients' clinical register
- Training and refresher courses
- Laying out of protocol procedures and their revisions
- Audit with record "standard JCR requisites"
- Investigation into the prevalence of pain and suffering in the aisles of wards with successive collating and presentation of the data recorded
- Preparation and distribution of informative literature to the local population

Evaluation of the results-analysis-corrective measures

- Check the daily recording of suffering and pain on the patients' clinical records
- Periodic evaluation of the presence of pain
- Evaluation of the data recorded in the audit
- Evaluation of the level of satisfaction from patients treated
- Evaluation of the degree or level of preparation of the staff / operators
- Evaluation of the consumption of analgesics in each department (readings and records are remitted to the main pharmaceutical supply for the structure)

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P 165. Acute pain service in large and small hospitals

Edoardo GEAT, Annalisa CAMPOMORI, Giovanni PEDROTTI, Lucia SABBADIN

Postoperative pain is still a concern in many institutions. In spite of the great efforts spent in order to reach a satisfying pain control in most patients, some surveys report as many as 60% of patients defining surgery a painful experience. Although in many institutions written protocols and acute pain service are available, the main problem remains organization. An efficient postoperative pain control requires excellent interaction among anaesthetists and anaesthesia nurses, surgeons, ward nurses, pharmacists, hospital administrators. Moreover, there is need for flexibility: the same model could not be suitable to different institutions, depending on the local situation and also on the hospital size.

We present the organizational model of our provincial health care trust (Trento, Italy). In our region live 500.000 inhabitants and there are seven hospitals, where approximately 32.000 operations per year are performed. According to the directions of the Committee "Hospital Without Pain" we use a VAS scale

for pain measurement and a paper sheet where nurses register pain measurements at scheduled times. No patient should leave the operating area if VAS is more than 4. There is a written protocol to be adopted in all hospitals. PCA, epidural analgesia, continuous nerve blocks, elastomeric pumps, continuous or intermittent infusion plus rescue dose are commonly used techniques.

Further organization differs among hospitals: we describe a small hospital (Cavalese, 2500 operations per year) and a larger one (Trento, 15.000 operations per year including neurosurgery and cardiac surgery). While in Cavalese a good control of pain has been obtained (only in 12,6% of a sample of 500 pts had a VAS score more than 4) at Trento Hospital an efficient Pain Service is still to be fully implemented.

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P 166. The treatment of the keen pain in the emergency ward

Pierpaolo PAROGNI, Mario LUPPI, Ivano GIACOMINI, Franco LOTTI, PierAngelo MARZI, Monica BORIANI, Pier Vincenzo STORTI

Context

The symptom pain is present in about the 60% patients that himself directed to Emergency Ward and in the 50% it is the main reason of the attack. Only the 45% of them receives pharmacological orders at the discharge from Emergency Room and of this one the 33% less than optimum analgesia. To triage of Emergency Room it dedicates itself scarce time to the relating communication to the pain and persists an inadequate training of operators on the dimension of the phenomenon, with poor habit to measure the parameter pain. The treatment of the keen pain is important both for the relief of the patient, whether to avoid complications to long-term, like the chronic pain.

Objectives

Ensuring to all the patients that arrive in Emergency Ward, by methodology of advance triage and with utilization of verbal numerical scale of evaluation of the pain (VNS), a timely treatment of the light pain too, when the patient is just arrived in triage. But in case of keen pain, Emergency Ward must guarantee a solicitous taking care from the doctor with pharmacological orders even if the pain is estimated 2°-3° level by WHO Scale.

Improving the quality of the care and uniforming the behaviours of sanitary acting during the journey in Emergency Ward - Brief Study - Urgency Medicine, also guaranteeing continuous medical assessment. Planning: Adequate training of the health care personnel to the problem pain about. Introduction of an opera-

tional protocol for the utilization of the analgetics from male nurses and doctors. Systematic survey of the pain scale and its trace using VNS â?? Verbal Numerical Scale. Using of the WHO analgesic scale and recording of the effectiveness of the analgesia on the computer system in use, that is ER-software.

Conclusion

The goal is the improvement of the quality of care with the reduction of the time among relief of the symptom pain and beginning of the right analgesic treatment, fitted out by a pharmacological correct orders. Definition in the future of specific guidelines regarding the keen pain ground level company.

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P 167. Intake of opioids and analgesics following the introduction of a hospital-wide systematic pain evaluation procedure

Caterina OFFIDANI, Lucia CELESTI

In 2006, Bambino Gesù Hospital, Rome introduced a procedure that involves the systematic investigation of pain in all patients. Pain is described and recorded in quantitative terms (intensity) as well as in qualitative terms (duration, frequency, localization, and type). This is intended to reduce suffering in all patients that experience pain.

The clinical results of this procedure are regularly published in a quarterly report on Quality Improvement. To verify the outcome of the application of this procedure, a retrospective study was carried out on the consumption of analgesics (opioid and not), comparing the years 2007 - 2008, following the implementation of the procedure, and corresponding to the correct application of the same.

The level of drug consumption was studied in relation to the type of department. In fact, the frequency of pain recording (and drug consumption) varies according to the type of department: in intensive care units the frequency of recording is greater than in other units and the data indicate that there was an increased use of analgesic drugs per patient in 2008 compared with the previous year.

In the surgical units, there is a higher use of analgesic drugs per patient in 2008 compared with 2007; this is correlated with greater attention to postoperative pain relief. In medical units, however, there does not seem to be a difference over the same period, underlining the minimal changes in clinical behaviour since the introduction of the procedure.

In the Oncology Department, there were no quantitative modifications in the use of analgesics, however, there were distinct modifications in qualitative terms, especially in chronic pain relief.

It is therefore hypothesized that greater attention to the identification and recording of pain corresponds with more effective management and reduction of pain.

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P 168. Pain management as feeling of comfort. One of the most important parts in therapy for patient in surgical department

Julia ADMIRALOVA, Valentina DULJUK, Svetlana GARKUSA, Alla VAKULINA, Boris GABOVITCH

Pain is for most patients the essential concern. Painless patient treatment is the main component in feeling of comfort during the therapy in surgical department. The aim of prospective research was to evaluate the intensity of acute pain in perioperative period and the satisfaction of patients with pain relief.

Methods

The study was performed from February to April 2006 as the beginning and follow-up from April to May 2007 as audit after one year work. All the patients having acute pain during their perioperative period were questioned. Diagnoses, type of surgery, anaesthesia and pain treatment were documented. Questionnaires were similar.

The patients were asked to answer the following questions:

- The intensity of pain you felt was: as you expected, stronger, weaker.
- The result of pain therapy before and after the surgery was: satisfactory, almost satisfactory, could be better, dissatisfactory.
- The pain before and after the surgery was: strong, middle, weak, absent.

Demography

- In 2006: 261 patients, 188 women (aged 15-90), 73 men (aged 18-83).
- In 2007: 200 patients, 125 women (aged 16-87), 75 men (aged 16-85). Emergency surgery in 79 vs. 61 patients and elective surgery in 182 vs. 139 patients was performed.

Conclusion

System's development of Pain Service without introduce new medications or methods has increased 3,2-10 times the patient's satisfaction with the therapy.

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P 169. Pain, mood, satisfaction.

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Background

Pain impacts all dimensions of quality of life, on the functional, psychological and relational states, that determines a condition of total suffering. Epidemiological studies on the prevalence of the pain in Italian hospitals, show an alarming level of prevalence, with percentages between 44 and 91%. The control strategies of postoperative acute pain and the reduction of its incidence, needs to improve via the continuous updating to analgesic therapy, whose operational protocols require ongoing information and checks.

Object

To measure the influence of the pain on the mood and the degree of satisfaction for care received by the hospitalized patients in a tertiary Italian Hospital. To investigate the emotional component of the pain, to sensitize and to give responsibility to the patients of reporting the correlated discomfort because of pain, thereby optimizing the monitoring system.

Methods

The screening instrument was a questionnaire applied internationally as a part of the initiative known as "towards a pain free hospital", that evaluated the mood of the patients two weeks prior to admission, the intensity of pain and its influence on the mood during the admission and finally to investigate the satisfaction for care received in relation to the levels of intensity of the pain.

Target

The patient hospitalized for at least 24 hours at the time of survey.

Results

The sample consists of 573 patients, 75% ordinary admission, the 25% day-hospital. 43.8% expressed that pain interfered a lot with their mood, 32.6% some and, 23.6% a little. 48% of the men and 42% of the women expressed a positive judgment on the analgesic treatment.

Conclusions

Pain influences the level of the mood without affecting the degree of satisfaction concerning analgesic therapy received.

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P 170. Study on effectiveness of east-west integrated needling method to promote pain free hospital

Choo-Aun NEOH, Soon-Yuan LIN, Ho-Fu NG, Kuo-Yang WANG

Most hospital encouraged adequate taking of analgesics among pain patients to provide an increase in the rate of pain relief of pain. Chronic pain treatment spent lots of money each year. All analgesics are with side effect. Yet, most pain was not completely relieved. Worse still that their functions did not recovered too. Many pain problems persisted into chronic pain like frozen shoulder and low back pain, when using western medicine alone.

The objectives of this campaign are applying Neoh East-West Integrated Needling Method of relieving pain. We apply this new method for pain management in our pain clinic and pain consultation. Differential diagnosis was done through TCM and pain pattern before choosing points to needle by Neoh-East-West Integrated Method.

We used traditional acupuncture points or trigger points similar to TCM point. Acupuncture needle was used for dry needling. Twitch response as the "De Qi" indicator. If patient pain did not relief, the point is considered a "wrong" point. Then the patient should be re-differential diagnosis. PDCA management method is used to ensure better result. Travell's "Myofascial Pain Syndrome, trigger point manual" was used as guide book. NSAIDS was given to patient only when the patient felt they need it as complement treatment.

Result

32.3% male, 67.7% female, average age was 49.4y/o, average suffering pain for 46.4 months; patients' simple pain scale showed significant improved after treatment. Not only pain scale decreased, daily life interfering also decreased after their function recovered.

Conclusion

Chronic pain and dysfunction can be treated with Neoh East-West Integrated Needling Method. We encourage developing this East-West Integrated Needling technique as necessary skills among the hospital staff for a hospital to be a real Pain free hospital.

Further comments

Although most hospitals want to be pain-free, in most cases they do not succeed to achieve complete relief from pain. The proposed method can help to improve the situation.

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P 171. The evaluation of pain in patients affected by advanced dementia and with skin lesions

Monica CERVI, Stefano MASTRANGELO

Brief description of project

Pain is a complex, subjective phenomenon, perceived by each person in a different way in terms of intensity, quality and progress over time. To assess the characteristics of pain, it is necessary to consider what the patient reports (self-report). In patients with cognitive deterioration, self-report tools are not applicable and the assessment of the presence and causes of pain is entrusted to the observation of the health-care provider or family member.

Of all the existing observational tools available for the assessment of pain in patients suffering from Advanced Dementia (Clinical Dementia Rating Scale 3-4 according to Feldman H.H., Woodward M.), the PAINAD scale (Pain Assessment In Advanced Dementia) was found to be suited to the requisites of sensitivity, homogeneity, reliability and applicability in both healthcare institutes and home settings.

Aim and Goals

- To evaluate the perception of pain in patients with Advanced Dementia, with skin lesions and, of these patients, how many are undergoing pain-killing therapy at the moment of the survey.
- To make operators more aware of the need to adopt good practice to fight pain, through the use of suitable evaluation tools.

Method/Actions

Training for observer on using PAINAD sheet. Structured interview with main caregiver, to exclude any habitual behaviour that may be confused with reactions to pain. Two consecutive observations of 26 patients using the PAINAD scale. The first monitoring without any pain stimulation (15 minutes before medication manoeuvres) and the second during medication manoeuvres.

Inclusion criteria:

- CDR 3-4
- Presence of N.P.U.A.P. skin lesions > 0 = 2 (National Pressure Ulcer Advisory Panel)
- Caregiver's consent

Search in clinical documentation for any prescriptions for painkillers and therapeutical indications.

Main target:

Patients with Advanced Dementia in various settings (hospital, protected homes, own home). Doctors, nurses, physiotherapists, healthcare workers, caregivers.

Evaluation of results and conclusions

The comparison between average values (0.88) of monitoring without pain stimulation, with the monitoring carried out during medication manoeuvres (6.25) highlighted the perception of pain in these patients. Of the 26 patients observed, treated locally for skin lesions, 6 received general, non-specific pain-killing treatment for controlling pain during medication manoeuvres.

Additional Information

All patients observed during medication had a significant increase in the intensity of pain. An appropriate instrument for the assessment of pain and the development of specific skills, are essential for correct and effective painkiller therapy. The observational study has helped to sensitize nurses to the measurement of pain in patients during the medication of the skin lesions, using the PAINAD measurement. These results have helped to orientate in a better way appropriate therapies painkillers.

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P 172. Survey and treatment of acute and chronic pain in adult patients of a hospital emergency room

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Management of pain is one of the most frequent problems for emergency departments.

A project for development of new strategies to evaluate type and intensity of pain in the early phase of hospital reception has been enforced by a group of Emergency Rescue experts

Aim:

Since the first triage up to the discharge, the aim of our group is to check the rightness of doctors-nurses interactivity and relationship for a skilful and sure pharmacological employment, pain stabilization of patients also when at home.

More specifically, the group would like to:

- Point out a correct and trustworthy evaluation of the pain
- Monitor intensity of pain along the observational time in Emergency Room
- Start rapidly a valid treatment of pain by using pharmacological or adjuvant means

Methods:

Pain registration at check point of Emergency Room by a numeric scoring system (from 0 to 10). Drug choice on basis of an indicative board of typical urgency pictures. Subsequent scoring review at the end of pain therapy, before discharge or immediately after the admission to other hospital ward

Results:

83% of all patients admitted in emergency room with acute pain (yellow and green coded) have been scored and treated with definite protocols

It is impossible for us to make a correct statistical analysis with an only six month observational period, but we do have an indication about the significance of an early intervention to avoid pain amplification in acute episode.

The health staff gain more confidence in use of drugs for pain control, with positive feedback for patients, even in case of slight reduction of pain in several cases

Conclusions:

The efficacy of pain control, by an early fixed drug administration scheme, allows a better management of acute access of the patient in emergency room. Overburdening of the health staff lead to an increase of its professional satisfaction and help patients and their relatives to find the best way to control pain with proper tools

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Session P 2-6:

Health promotion for hospital staff (III) – reducing stress, improving mental wellbeing

P 173. Organizational climate test in a psychiatric hospital

Marija GRUODYTE

Organizational climate is a psychological quality in the organization which reflects how its employees feel themselves there and shows their emotional state in the organization. People working in a healthcare organization quite often face stress because of their special functions that include care of other people and dealing with their health and social problems. In the psychiatric in-patient department negative emotions prevail. Emotional burnout affects thinking, critical appraisal of circumstances and decision making. Along with fading enthusiasm and losing one's goals motivation decreases. Thus work gets monotonous and boring. Moreover it can affect patient's health. The organizational climate test has been applied in a mental hospital in order to identify how employees characterize the contemporary organizational climate.

Method

An anonymous questionnaire was developed for 60 employees in Psychiatric hospital with a response rate of 95 %. Psychometric test was applied. The data was processed employing statistical SPSS 13.0 version.

Results

The sample of the study included 87.7% of the members of the organization including 12.3% of administration. In the scale "conflicts in the organization" the hospital staff (50%) represented positive answers, 26.3% stayed neutral, 26.1% represented negative answers. The climate crisis is denoted by emerging of "informal groups" in the organization. In this scale the results were following: 42.1% answered "agree", 31.6% "disagree" and 26.35% "neutral". Another important feature of the climate crisis is "control". In this scale 40.4% answered "agree", 42.1% answered "disagree" and 17.5% were neutral.

Conclusion

The results of the study enabled to see "weaknesses of the climate" and to identify the features which define negative appraisal of the climate. This could be helpful to find new ways and approaches so that we can improve the organizational climate and encourage positive relationship in the organization as well.

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P 174. Occupational stress, job satisfaction and health related quality of life of health care professionals in Greek hospitals

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Background

Job satisfaction and occupational stress have been reported to influence performance, health and longevity of health care professionals. Objectives of the present study were to evaluate the correlations between Health Related Quality of Life and factors of occupational stress and job satisfaction in Greek hospital employees.

Methods

A sample of 345 employees (medical doctors, nurses, administrative personnel etc.) from 6 hospitals-members of the Hellenic Network of Health Promoting Hospitals was drawn using a two-stage proportional stratification sampling method. A constructed self-administered questionnaire was developed to measure Health Related Quality of Life (SF-36 scale, Greek standard version 1.0), levels of job satisfaction (5-item scale) and sources of work stress (16-item scale). A total of 272 participants (161 female and 101 male) returned the questionnaires.

Results

"Psychological strain" (43.9%), "Time pressure" (37.2%), "Physical fatigue" (34.2%) and "Role ambiguity" (30%) were the most common complaints. "Ventilation problems", "Untidiness and dirty rooms", "Dangerous working conditions" and "Dangerous equipment" were reported as the most common stressful working conditions. All SF-36 dimensions were negatively correlated with occupational stress score and significantly positively correlated with job satisfaction score.

The correlation of job satisfaction score with occupational stress ($p < 0.001$) and with stress originating from working conditions ($p = 0.023$) was statistically significant indicating that increased work stress is accompanied with lower levels of job satisfaction. Medical doctors had significantly greater mean score on stress originating from working conditions compared to nurses ($p = 0.023$), who demonstrated the highest levels of stress related to work itself.

Conclusions

Practical problems of the health care staff and the inadequate conditions in the Greek hospitals are highlighted. Occupational stress is found to be strongly correlated with Health Related Quality of Life and job satisfaction.

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P 175. Assessment of work related stress in Pavia Province Hospitals (Italy)

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Purpose

- Health promotion for working people affected by stress work related problems.
- Reducing strain and stress work related phenomena to improve communication and work organization in operators working into hospital structures.

Target Group

- Every worker supported by an help desk in which authors and collaborators offer to them a psychological intervention.
- Assessment of risk due to work related stress by submitting psychological scales and questionnaires to a working population restricted selection, singled out with statistical standards.

Methods

- Communication as wide as possible of substatin and screening project by:
 - Salary letter
 - Written notices in strategical points in hospital structures
 - Written notices to head physician and head nurse
 - Verbal communication in every training stage
- Submission of OCS (Organizational check up system)
- HPSCS (health professions stress and coping scale)
- LBQ (link burn out questionnaire) during one year elaboration to about 20 % of whole working population (about 3000 units) to analyse and to assess work related stress.
- Formation of help desk through 2 occupational doctors and 2 psychologists who give direct help to workers and send to other professionals for personal diagnosis and therapy when useful.
- Biological analysis on statistically selected group direct to measure: cortisol, epinephrine, norepinephrine levels, arterial pressure.
- Somatizations: useful data to detect stress level and to cross with psychological analysis to achieve a real scientific result.

Expected results

- Assessment of risk due to work related stress according with law (Decreto Legislativo 81 del 2008).
- Reduction of pathology and costs due to illness absence of working people.
- Reduction of clinical risk and legal department costs by reducing strain conditions in workplace.

Conclusion

In this project professionals interaction is basic to achieve a strong scientific result to give strength to political choices necessary to improve work organization and, more important, individual problems affecting psychic health of working people in our hospitals. In this work we trust to better working condi-

tions in hospitals and to give suitable services and high quality standards to all stakeholders.

P 176. Work environment influence on stress reduction

Fausta MICKIENE

In 2007 a pilot research was conducted in the hospital staff with the aim to reveal their views on the stresses experienced at work, their striving to avoid tension and negative emotions, and to foresee optimal measures for compensation.

Objectives

- To investigate stress and tension at work and their causes
- To investigate the staff's own efforts and strategies to avoid stress
- To investigate the staff's opinions and expectations of arrangements undertaken by the managers for reduction of tension and negative emotions at work

Method of research

A random interrogatory was carried on through April and May 2007, comprising 300 from 741 on staff list. From those 269 completed anonymous questionnaires were collected.

Results and conclusions

Almost every respondent had experienced tension and negative emotions at work, mostly due to the patients' dissatisfaction and anger, strenuous constant work. Stress and tension are often caused by inaccurate teamwork, unavailability of adequate meals, lack of physical activity, disturbance of personal life rhythm, absence of direct communication with the management. Requests were received for room repair, recreational and educational events and excursions.

Implementation of stress reduction measures took place in the years 2007 and 2008. Concerts by the male choir of police department for patients and staff were held in October 2007. An exhibition-competition of winter bouquets took place in December 2007, and another one on Christmas and New Year cards in December 2008. Annual gala nights with the families at the theatre were organised, with 450 visitors in December 2007 and 650 visitors in December 2008. Aerobics classes for the staff took place twice a week in February-April 2008, a relaxation room with BEMER 3000 equipment for staff opened in 2008, and a New Year Tree party for staff children was held in 2007 and 2008.

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P 177. Evaluation of stress risk related to work in health professionals

Ilaria ROSA, Francesca GUBIAN, Rosanna QUATTRIN, Rossana CIANO, Carlo FAVARETTI

Stress related to work is identified such as cause of anxiety for employers and workers at European and international level. To verifying stress related to work of health professionals in a high specialization hospital of North Italy, we study the phenomena in two steps:

- Recognition of a minimal set of indirect indicators of stress related to work
- Deepening of individual of stress factors throughout tests of second level (questionnaire) recognizing priority and actuating times

Indirect indicators chosen for the study of stress related to work had been identified in absences of health workers for disease, turnover (understood such as cessations of work relations, conveyance to another hospital), internal mobility, accidents on work with days of absence, diseases and days of absence, part time, medical examination required by workers, working hours, holidays not enjoyed, shifting, complaints by patients.

After data collection of indirect indicators of work related stress and after analysing of data, wards with indirect indicators of stress more significant will be individuated. In a successive phase we will introduce an impartial valuation of stress related to work in these wards.

Behind survey, preventive interventions will be expected to reduce stress related to work, in particular interventions tended to promotion of well-being in work place with involving structure dedicated to health workers training, and opportune comparison among indicators of hospital activity.

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P 178. The burnout syndrome is preventable - Succession of project

Ave PAE, Yelena KOEL,

Objective

The burnout syndrome (BOS) is preventable. The BOS and high stress level is an underestimated problem in East-Tallinn Central Hospital. There are 57 000 visit of patient on year at ED.

The key words are: end of life, conflicts, communication, ethics and organization.

Methods

Questionnaire for patient and research will be carried on February-March 2009. In the target group belong both an outpatient and a hospital patient who are going to visit ED. The poster has been organized in collaboration with the ED. The work team has been formed by doctors and nurses who are working in ED.

Several activities:

- Questionnaire (2008) filled in by employees to find out BOS symptoms (emotional exhaustion, domination of negative feelings - sadness and anger, insomnia, depersonalization, cynicism, detachment from personal)
- Questionnaire (2009) filled in by patients to find out risk factors of stress and risk of deterioration of the quality of cure
- Questionnaire (2009) filled in by doctors
- Training seminar for employees (2009-2010), Guidelines for escaping and Addressing Burnout in the Workplace by Mary Rau-Foster
- Development and exposition of guidelines in East-Tallinn Central Hospital (2010) and treatment steps – help the people with BOS, different counseling 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 syndrome. It is necessary to research how BOS particulars provided by ED staff involved on the patients. In result of posters, it is important to have a questionnaire and guidelines to prevent BOS at workplace.

Conclusion

Those BOS posters and preventable program will facilitate staff-patient and patient-staff relations and help to control the occupational stress and BOS. The final aim is to prevent deterioration in the quality of cure provided by the staff and keep in our mind the slogan of the hospital – CARE FOR PEOPLE.

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P 179. Nursing as emotional labour: A specialised pedagogical approach as the new challenge and innovative educational intervention for health promotion

Evangelia LOUKIDOU, Vasiliki IOANNIDI, Athena KALOKERINOY-ANAGNOSTOPOULOU

The term emotional labour refers to the expression of certain emotions during work encounters. While Hochschild (1983) categorised nursing as one of the 48 occupations that are characterised as emotional labour, the concept remains implicit and largely unrecognised by nursing professionals, academics, managers and policy makers.

Directing attention to the emotional aspects of nursing work is of great importance because of the adverse effects that they may have on nurses' health (burnout, stress etc) and performance (low satisfaction, low involvement). In order to acquire a healthy and competent nursing workforce, there is a need to act preventively by preparing nursing students for the difficulties of their future work.

It is therefore an imperative for nursing education to be holistic, in terms of teaching or equipping students with emotional skills that will help them manage the hurdles of their job. In order to achieve this, nursing education should be re-defined in terms of values, aims and practices, and have as its basic orientation the development of nurses who will act as protagonists in the promotion and treatment of health.

The concept of an empowered nursing role could be attained through an academic curriculum that exhibits balance between theory and practice, is oriented towards the promotion of an interdisciplinary cooperation and adopts strategies that will enhance experiential learning.

The purposes of this paper are three: first, to investigate the factors that make nursing emotional labour, namely: caring, management of disgust, provision of psychological support, dealing with death and management of conflict between the nursing role and the organizational demands. Secondly, to describe the effects that emotional labour may have on nurses' psychological health and work performance and lastly to present the ways in which the schools of nursing are (or should be) preparing students for the emotional aspect of their future work and hence making them ready to provide better services.

Thus, the educational environment may contribute to the promotion of nurses' health by applying the appropriate teaching methodologies and by meeting the pedagogical preconditions that will enhance the nursing role.

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P 180. Recognizing burnout and associated variables in order to plan specific interventions

Eleni PAGONI, Ioannis SPYRIDIS, Theodore KATSARAS, Aikaterini PANTIORA, Paraskevi THEOFILLOU, Georgia DOUKA

Introduction

Burnout, according to Maslach, is a syndrome characterized by emotional exhaustion, depersonalization and low level of personal accomplishments and not a psychiatric disorder like anxiety and depression. Studies have shown that burnout symptoms are widespread in nurses' profession.

Aim

To measure levels of burnout and identify associated variables in a Greek hospital in order to plan specific interventions.

Method

Nurses from 11 respiratory departments of a Greek Hospital were invited to answer an anonymous self-reported questionnaire (MBI, Index of work satisfaction and other validate instruments).

Results

A total 57 of 110 nurses (response rate 51.8 %) participated in the study. Results shown high levels of all Burnout scales to participants (especially to group with working experience 11 - 15 years). High levels of emotional exhaustion and depersonalization were observed in 68.4% and 57.9% respectively of nurses. Among highest burnout factors was found work related stress due to work overload and role confusion. Low levels of emotional exhaustion found to be associated to higher levels of work satisfaction ($r = -0.31$, $p=0.02$).

Conclusion

It appears to be time for interventions focusing especially to occupational stress management at organizational and individual level in order to prevent burnout syndrome.

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P 181. Health care wellbeing: results of a pilot project in Bologna

Daniele TOVOLI, Rosa COSTANTINO, Giorgio GOSETTI, Daniela BURIOLA, Giocchino PAGLIARO

Lastly there is an increasing awareness in health services for the well being of its workers and professionals. Literature date

shows that health workers with high level of well being (mental and physical) and job satisfaction do better performance during their daily work. Moreover same date shows an improving of the quality of services provided (clinical and medical treatment and host services) and a reduction of errors during clinical assistance.

The actions of the project were developed through an organizational and contextual analysis with evaluation of the processes of the clinical assistance, evaluating some different indicators either clinical either concerning risk area.

Focus Group and individual structured interviews to target people (a group of selected workers of two different hospitals) was the methodology used.

In the meantime were done training course on the management of the stress through psychological and physical actions to improve the individual coping strategies.

The results of this pilot are:

- Critical relations between workers and professional
- Lacking of communication and information about strategies and work tasks
- General unsatisfaction of their role in the team
- Complaints on general management

It's important to underline that people attended the training course were tested with specific questionnaire (P.O.M.S.) and they show an improvement in their stress indicators. The data of the project has been used to set up improving actions like process reengineering, counselling and specific training actions.

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P 182. Strategies to facilitate the promotion of the health of student nurses who have experienced aggression and are studying at a tertiary institution in Johannesburg

Wanda JACOBS

Student nurses are exposed to aggression just as any other member of society can be exposed. People learn about anger from their parents, friends and the society within their cultures, resulting in aggressive behaviour which is of particular concern in that violence and anger undermine the learning environment and influence the health of the society. As health is seen as a dynamic interactive process in the person's environment, this environment may contribute to or hinder the health of a person. Therefore the relative status of health is reflected by the

interaction in the person's environment. If a student nurse is not healthy, it has an influence on the learning environment.

The purpose of this study is to explore and describe strategies that will promote the health of the student nurse at a tertiary institution who has experienced aggression. A qualitative, exploratory, descriptive and contextual research design was used, exploring and describing the lived experience of aggression of the student nurse who is studying at a tertiary institution in Johannesburg. Second and third year student nurses studying towards a degree in Nursing willingly with consented to take part in the drawings and writing of narratives about the drawing of their lived experience of the phenomenon at stake.

Tesch's (in Cresswell, 1994:153 - 160) eight steps in open coding were used as the method of data analysis. Two independent coders who are knowledgeable in the field of qualitative studies were used to ensure trustworthiness (Lincoln & Guba, 1985:290-300). Measures to ensure trustworthiness will be based on the model of Lincoln and Guba (Babbie & Mouton, 2001:276).

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Session P 2-7: Improvement of healthcare quality with health promotion (II) – patient safety and clinical risks

P 183. Study on human factors in patient safety

Lagle SUURORG

Background

Foresight is the ability of nurses to identify, respond to and recover from the initial indications that a patient safety incident could take place. Human factors help us understand how system design can affect patient safety, and help us to design those systems to fit the way people work.

Aim of study

To identify factors that may increase the likelihood of a patient safety incident occurring.

Target group

Nurses in Tallinn Children's Hospital

Method

Self-reported questionnaires with set of questions to evaluate the factors that might contribute to a patient safety incident

The questions were addressed to nurses about how safely they are able to work, how safe is their working environment and how error prone is the task they are carrying out.

Results

119 nurses (46,9%) of 254 took part in the study. All nurses worked according to their competence, they were familiar with the staff and working practice. Three nurses did not have practice guidelines and a quarter said that they were working without concentrating on it. Every tenth nurse felt uncomfortable asking about the questions and did not feel support from senior staff.

Three thirds of nurses were stressed the working process and one quarter of them had a chronic illness. There were smokers two among them. The physical environment (space, light and noise) needs improvement according to one third of the respondents. Nurses had and could find everything they needed and there was no problem with the use of equipment. Every tenth nurse declared that they did not have enough time for tasks and one quarter of them felt pressurised.

All nurses completed high-risk tasks (intravenous medication administration) in everyday work. Every tenth nurse felt that they needed more time and guidance when new task were performed. One third of the nurses knew that they had done some mistakes earlier or forgot to finish the task. Three thirds of nurses have been distracted from their task and every second did not know how to avoid it. 86 % of nurses assessed the hospital as nurse-friendly.

Conclusion

The study recognised potential patient safety risks in hospital. The training program and reporting system of mistakes will be developed in 2009.

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P 184. Surgeon performance index: A tool for assessment of individual surgical quality in total quality management

Johannes ALBES, Thomas CLAUS, Martin HARTRUMPF, Elimar BRANDT, Ralf-Uwe KÜHNEL

Background

The surgeon's individual performance is a key component of total quality management in cardiac surgery. Early mortality as well as postoperative complications can be stratified in order to develop a surgeon performance index (SPI) serving not only for quality benchmarking but also for human resource management.

Material and Method

In four consecutive annual periods (5126 patients) data of board-certified cardiac surgeons were compared. Risk adjustment of early mortality and postoperative complications were performed by logistical EuroSCORE (logES). Early mortality (EM), early rethoracotomy (RT), sternal rewiring for instability (SRW), and mediastinitis (MED) were assessed.

RT, SRW, and MED were weighted according to empiric data: $(RT*2; SRW*1; MED*3)$. SPI was computed as: $SPI = (EM/ES + (RT/ES*2) + (SRW/ES*1) + (MED/ES*3))/6/2$. Ideal SPI was considered ≤ 1 .

Results

Patients of each period were allocated to 11 cardiac surgeons. Overall logES of the three periods were 5.0%, 6.7%, 11.2%, and 11.5 respectively; EM 5.9%, 6.6%, 5.6%, 4.9%; RT 5.8%, 7.3%, 5.4%, 6.6%; SRW 2.4%, 1.9%, 1.3%, 0.7%; and MED 0.9%, 1.8%, 1.0%, 2.2%. SPI showed a mean of 0.96, 0.75, 0.43, and 0.35 (Figure).

Conclusion

Co-morbidity (logES) increased between period 1 and 4 significantly whereas postoperative complications remained stable. Early mortality, however, decreased. SPI indicated improvement of individual surgical performance. SPI is therefore an effective tool to assess individual surgical quality and serves as an instrument for human resource management and development. By offering a valid and reproducible individual quality indicator SPI can help to enhance job satisfaction among a group of key personnel carrying high responsibility resulting thereby in a sustainable commitment and reduction of the potential to develop a burn-out syndrome.

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P 185. Open intensive care units: A survey about health care professionals beliefs and attitudes

Michele CRISTOFANO, Luciana TRABALLONI, Gianni BIANCOFIORE

We aimed at comparing the beliefs and attitudes of ICU physicians and nurses toward open visiting policies in order to assess their degree of acceptance for a change in the view of our regional ethical committee's advice to adopt the "open" approach. The Beliefs and Attitudes toward Visitation in ICU Questionnaire (BAVIQ) was sent to the nurses and physicians of the ICUs in our region. 21 ICUs participated to the survey. Overall, 357 nurses and 194 physicians completed the questionnaires counting for a response rate of respectively 94.9 % and 84.7 %.

Physicians considered visitation having beneficial effects, offering more comfort to patients and contributing to improve the patient-care givers relationship more frequently than nurses ($p < 0.01$) who showed more skeptical about the possibility that opening the ICU to visitation may represent an helpful support for the caregivers ($p < 0.01$). Moreover, nurses considered open visiting policy to infringe upon patient's privacy, interfere with humor between caregivers ($p < 0.01$) and trouble their activity ($p < 0.05$).

Finally, nurses considered open visitations a cause of more adverse hemodynamic events and higher physiological and psychological stress in patients ($p < 0.05$). With regard to their attitudes, physicians showed more in favor of leaving the control in visitation policy to the patient when he/she is capable ($p < 0.05$).

Moreover, nurses did not favor allowing everyone to visit if approved by the patient, accepting an open visiting policy to be carried out in his/her unit, leaving to the patient the control in visitation policy ($p < 0.01$) or adapting visitation to the culture/ethnicity of the patients ($p < 0.0001$). In conclusion, this study shows that ICU physicians in our region are more liberal and available than nurses to "customize" their wards to the specific psychosocial and emotional needs of patients and visitors.

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P 186. Health service of infectious diseases at and out Kaunas 2nd Clinical Hospital

Virginija MACIONIENE, Violeta MAJUSKIENE, Tautvydas JANKAUSKAS

Health is a high priority for any society, and infections remain as a leading cause of diseases. Important achievements in medicine in the 1900s gave hope that infectious diseases might someday be conquered. Vaccines reigned a lot of children infectious diseases and new synthetic antibiotics became powerful weapons against an increasingly broad spectrum of bacteria. In fact, infectious diseases are the second leading cause of death worldwide, account of 30% of years of healthy life lost to disability, and are responsible for more than 25% of global disease toll.

The Out-patient Department of Infectious Diseases in our hospital is responsible for:

- Consulting patients from Ambulatory Services or Private Doctor offices or themselves with suspicion on infectious disease, verifying (clinically, laboratory) that infectious disease exist or not, prescribing treatment recommendations, notifying and involving City Health Department about new cases of communicable diseases
- Doing follow-up care after acute infectious diseases, which can get chronic course (such as hepatitis B or C, tick borne encephalitis and others)
- Preparing business people and travellers for assignments overseas, the role of a doctor is to consider by different travellers and to help with preparation in terms of vaccination, malaria prophylaxis, health promotion, medical/first aid supplies and other equipment: evaluate rashes and fevers in vacationers from the topics
- Vaccinating against infectious diseases which are dangerous to adult citizens in their common of professional life (such as tick borne encephalitis to woodman, hepatitis B to health care workers, rabies to veterinarian, flu vaccines to all population and others)
- Performing clinical trials

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P 187. Hospital infection: present situation, problems, possibilities of management

Laimute RADZIUNAITE

Aims

To estimate the prevalence, incidence of hospital acquired infection.

Methods

Evaluated population – patients who were hospitalized in a period from 2007 till 2008 years, in surgery departments and intensive care departments.

Main results

3437 patients were evaluated and in 137 patients (3,99%) HI development was found. In above mentioned departments the surgical wound infection (SWI) was recorded. SWI developed in 3,13% of patients, who underwent various surgical procedures. In a postoperative period were recorded SWI for 83 patients: 39,75% SWI were deep and 60,25% superficial. The rate of SWI depended from the cleanliness class of operative wounds. The highest rate of SWI was found in contaminated or/and in dirty class of operations – 6,31%. SWI more often developed after urgent operations (4,63%), than after planned operations (1,08%). It was determined, that increased duration of operations more often caused the development of SWI. In comparison, after long-lasting >90 min. operations SWI developed in 4,81% cases, and in cases of short time, <90min. operations the rate of SWI was 2,12%.

The age of patients also influenced the SWI development rate: even 44,58% of SWI developed to patients who were older than 66 years, 24,1% SWI developed to patients, who were 56-65 years of age ($p < 0,05$). The data of this research showed, that the continuous and sustained registration of incidence of HI and active cooperation with medical staff enables to manage HI more effective, protect patients from infection and prevent the prevalence of infection.

The main conclusion could be made, that in country still does not exist enough effective HI registration system. The data of this research showed, that the continuous and sustained registration of incidence of HI and active cooperation with medical staff in HPH enables to manage HI more effective, protect patients from infection and prevent the prevalence of infection.

HI belong to a very serious and expensive medical, social and economical problem of medical institutions. Occurring in bigger or smaller outbursts, HI make constant big moral and material loss, increase treatment expenses, cause different complications, patients' disablement, and – what is the most important – increase mortality. Their costs, like the costs of other health care services, are also increasing. They are expensive for all – the hospital, the patient, the insurer, and the society. The system of constant HI observation would help in defining the problems, risk factors, clarifying the reasons of the infections acquired at HPH. It would also inform medical staff about the current situation.

P 188. Skill of metered dose inhaler (MDI): In nurses and respiratory disorders patients along with a clinical trial in nurses

Masoumeh BAGHERI-NESAMI

Purpose

The Prevalence of respiratory disorders such as chronic obstructive pulmonary disease and asthma are high. MDI is a device for local administration and has several advantages. It is compact, portable, easy to use, less time consuming and cheaper. However, many surveys suggest that MDI are frequently misuse. There are two goals in this study: 1- to compare the rate of MDI misuse in patients and nurses and 2-to evaluate the effect of verbal and practical education in the use of MDI in nurses.

Materials and methods

In the first stage, 110 subjects (55 nurses and 55 patients) recruited from Mazandaran University Hospitals through a purposeful sampling method. A 0-100 scale check list was used to measure the skill of nurses and patients in the use of MDI. In the second stage, a randomized clinical trial was designed to assess the effect of verbal and practical education in the use of MDI on 55 nurses (experimental=25, control=30). After three weeks, Nurses in the experimental group asked to administer MDI and then comparison was done.

Results

The lowest score was related to performance of a deep exhalation and holding the spray at 2.5-5cm distance (21.8%). The mean score for nurses' skill was 51 ± 21.2 . The mean score for patients' skill was 63 ± 37 which was not significantly correlated with age. The two lowest score were related to slow inspiration (52.7%) and coordination between inspiration and using MDI (52.8%). Data analysis indicated that there was a significant difference between pre and post education score in the experimental group using paired t-test ($P=0.0001$, $T=16.26$). There was also a significant difference between the experimental and control group on MDI skill using t-test ($p=0.0001$, $T=-8.19$).

Conclusion

In this research, 100% of nurses and patients had a misuse at least in one step of nine steps of MDI using and nurses' skill score was lower than patients. It is also shown that educational program may have an important role to improve nurses and patients skill in the administration of MDI. According to role of nurses in management and prevention it is requirement to train nurses for earning more skill. And so the instruction effect on improving sign and symptom and quality of life patients with respiratory disorders therefore was devised to provide a booklet and train performance of MDI for patients and nurses.

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P 189. The WHO campaign to increase adherence to hand hygiene among hospital health-care workers (HCW): the experience of Friuli Venezia Giulia (Italy).

David TURELLO, Barbara LAVIA, Luisa BOARO, Giorgio SIMON

Increased adherence to hand hygiene is widely acknowledged to be the most important way of reducing infections in health care facilities. Recent data suggest that a multifaceted intervention, including the use of feedback, education, the introduction of alcohol-based hand wash and visual reminders, may increase adherence to hand-hygiene (HH) recommendations. The Regional Health Authority (RHA) of Friuli Venezia Giulia (Italy) introduced in the Health Plan 2007 as mandatory the adhesion of all regional hospitals with at least one Care Unit (CU) to WHO "Clean care is Safer Care" Campaign.

In every facility a Hospital Coordination Group (HCG) was defined, formed by a Health Direction doctor and a infection control practitioner (ICP), who led the strategy at local level. In this way a Regional Health Network was set, headed by RHA and composed by seventeen HCGs and their CUs.

In the pre-implementation phase of the campaign, 4791 opportunities for HH were observed and in the post-implementation phase 5124.

In the first phase, compliance to HH among health care workers was 45.4% while in the second phase, following the implementation of the WHO strategy, grew till 71.7%.

In terms of professional category, compliance to HH doubled among medical doctors (31.3% vs 63.3%) and in support operators (43.8% vs 79.5%).

In terms of indications to HH, compliance doubled before patient contact (32.6% vs 63.5%) and after contact with surroundings (35.5% vs 69.8%).

Alcoholic hand rub has been well accepted by health care workers (0% vs 62%).

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Session P 2-8: Integrated II – new types of services

P 190. Implementation of type 2 diabetes prevention plan - FIN - D2D project 2003-2007

Eeva KORPI-HYÖVÄLTI, Hilpi LINJAMA, Arja HYYTIÄ, Terhikki LATVALA, Elina LEIK-KAINEN, Johanna NIKU

In relation to their strategy of health promotion our hospital district decided to take part in the Finnish national project DEHKO. The aim was to prevent type 2 diabetes from developing, to postpone it as much as possible and also to prevent severe complications of already diabetic people. Municipal health care centres, occupational health cares and the third sector taking part in implementation project could carry out the screening and the intervention. Introducing the risk test and constructing care pathways and service chains for high risk individuals and type 2 diabetes promoted the progress of the work.

Type 2 diabetes was found 22 % of men and 13% of women. Impaired glucose tolerance was found every fourth of men and every third of women. 100 operations models were documented, multiprofessional diabetes work teams and group counselling increased and lifestyle counselling became stronger. The project produced new material for client counselling and released the public websites. The link between the viewpoints of physical exercise, nutrition, weight management and mental health were highlighted in the educations.

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P 191. iPatient - The hospital comes closer

Svea TALVING, Ulle ROHI

iPatient is a new innovative and secure service available through East Tallinn Central Hospital's (ETCH) homepage (www.itk.ee) since November 2007. Patients can use it in order to view their own health records, book an appointment and pay for their visit. ETCH was the first hospital in Estonia who implemented iPatient portal, portal is also so-called forerunner for the national e-health project starting in Estonia.

iPatient is a secure alternative in exchange of existing registration or phone service. Patients can use it whenever and wherever it is suitable for them, it is possible to use it everywhere where there is internet access. This means that ETCH has already implemented a possibility that helps the hospital to come closer to the patient, so the healthcare without walls is everyday reality for us.

Similarly with the creation of internet banking iPatient portal brings along principal change in the access of people's own health records and in registering an appointment. Registering through iPatient portal, it's possible to get a reminder about the appointment time via SMS or e-mail. Transparency of the system leads the communication between physician and patient to a new level - patients have to be more health aware and more interested in their own health records, and physicians need to pay more attention in communication and documentation of health records.

Using this portal by ID card and PIN code makes the system unique also outside Estonia. Up to now there has been approximately 13 000 portal users.

ETCH has become unified and well functional medical institution, where by now works approximately 2000 people. The number of hospital beds is over 600 offering active treatment, long-term nursing care and obstetric care. We have approximately 500 000 outpatient visits and we treat ca 30 000 inpatients per year.

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P 192. "Real Time Health Reality" - Quality and comfort program for the management of pre-hospitalization stage: telemedicine and communication to patients

Pierpaolo PAROGNI, Ivano GIACOMINI, Elisa CARAMORI

Background

The Mantua province have 393,723 inhabitants and a company hospital in three hospitals. 106,579 inhabitants are people aged more than 60 years and with the prevailing incidence of cerebrovascular and cardiovascular diseases. In the Mantova hospital there is Cardiology equipped lab Hemodynamics and Stroke Unit. There is not presence of Neurosurgery, for which the Mantua hospital company refers to Brescia hospital and Verona hospital.

Objectives

Improving the management systems of choice and destination triage care. know the specificity of the three ER points and increase the criterion of suitability. Increasing the efficiency of the emergency-urgent, as several directions network, ensuring the movement in accordance with criteria defined by the timing and details of both clinical logistics facilities of the health network. A active management of pre-hospital care and identification of the most appropriate hospital can reduce the very comprehensive. Alerting the ER by sending the identification and clinical data of patient incoming about. activation of a dedicated software to encourage patients to know the real need for care in ER.

Operational planning

The project started in 2008 year and to last three years. it has been structured in three main steps of implementation (a-telemedicine/transmitting radiological images; b-telemedicine/data communications clinical details; c-information to users). The steps are characterized by six points:

- Implementation of the PACS radiological and of the radiological images transmission between different hospitals of the company.
- Activation of telemedicine for the advice line between the Mantova hospital and Brescia neurosurgery.
- Activation of telemedicine for reporting clinical/ details patient, between ambulance, 118-point and hospital network, with EMMA WEB application.
- Activation of the information and communication service to users of the emergency room waiting for the three hospitals by monitor inside.
- Activation of the information service to users of the emergency room waiting on the Web Internet Company and to be available to home, with the help of the CRS-SISS Lombardia.
- Activation of telemedicine for the advice line between the Asola hospital and Brescia neurosurgery and in the Pieve di Coriano hospital and Verona neurosurgery.

Now, the project has made the points 1, 2, 4.

Conclusions

Developing and streamlining of all the assets and information technology to improve the relationship between you and the health system through self-resources and their use Raisonné. The more satisfaction they will pay an improvement in the quality of health services offered

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P 193. Health Care Supported by a Health Promoting Hospital in a Rural Area in Southern Taiwan- Multi-Dimensional Integration of Health Care System

Chun-Po CHEN, Chen-Rung LIU, Tang-Wei CHANG, Szu-Ching SHEN, Ming-Nan LIN, Yi-Ling LAI

Introduction

Universal health insurance was provided since 1994 in Taiwan. The coverage rate is over 99% in 2007. However, the health services in rural area is still unsatisfactory. Dapu Township of Chia-Yi County, a rural mountainous area in southern Taiwan with 4000 population, has very little medical service resources. The Buddhist Dalin Tzuchi General Hospital cooperated with National Health Insurance Bureau (NHI) and local government in providing much needed health services since 2002.

Objective

To provide a comprehensive and accessible multi-dimensional health care services in rural area to improve health care quality and equality.

Method

- Integration of government, insurance bureau and the hospital: With the subsidy of the NHI Bureau, we set up a 24 hour medical clinic in local health station which belonged to local government. We provided medical doctors and nurses, local government provided spaces and administrative support, and the insurance bureau provide a financial support.
- Integration of health care providers: We have a full time family physician providing regular out-patient services during working hours and emergency service at night. Dental service, Obs&Gyn service, rehabilitation service and oriental medical service are arranged on a weekly basis. We also provide telemedicine service for subspecialty consultation such as cardiology, endocrinology, pulmonary medicine and gastroenterology.
- Integration of health promotion activities: Besides disease treatment, we provide outreach preventive and health promotion services such as health screening, health education program and smoking cessation counseling programs.

Results

More than 41000 outpatient visits and 141 hospitalization referral services were provided from 2002 to 2008. Seventeen patients with test positive oral cancer, 23 colorectal cancer, 5 cervical cancer cases were identified in 3 mass screening programs along with 83 diabetes, 100 chronic renal disease patients.

Conclusion

Through multi-dimensional integration, people live in rural area can have access to high quality health care including health promotion programs.

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P 194. The use of FRAX tool for the management of osteoporosis - A new partnership between Greek municipalities and hospitals

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Summary

The successful cooperation between different types of service providers is challenging. This is even more true when Health Promoting deals with the management of osteoporosis and the use of FRAX tool released by WHO on February 2008.

Introduction

Osteoporosis is recognized as a major Health Problem worldwide. There is a growing concern about osteoporosis and BMD testing in women. The aim of this pilot study is the beginning of a cooperation between the Municipalities of Amarousion in Athens and Skala in Lakonia with the private sector Hospital of Athens Medical Center and the district Hospital of Molaoi (NHS TRUST). This Health Promoting cooperation will explore the management of osteoporosis in women of this region over 40, using the FRAX tool.

Methods

Kanis et al, in UK, set the assessment thresholds for testing with BMD: 6-9%-10 year probability of a major fracture <10YP> using the FRAX Algorithm. We used the FRAX tool for a total of 82 women, aged 40 and over, with and without BMD measurement of the heel. This densitometer is fully equivalent to central DXA assessment of the hip.

Results

We have found that 22 out of 52 women (42,3%) aged 40-65 years have a <10YP> over 6%, although 48 out of 52 had none to two risk factors of the FRAX tool. This is much higher than the UK percentage (6-20% eligibility for BMD testing). After BMD measurement 25 persons had a <10YP> over 6%. For the women over 65, we calculated 28 out of 30 to have a <10YP> over 6% with and without BMD. Also 25 out of 30 had none to two risk factors.

Conclusion

This pilot study demonstrates the heavy burden of osteoporosis in the region outlining the need for further studies and intervention under this new partnership between Municipalities and Hospitals.

This is a novel cooperation between health services providers according to the spirit of new partnerships without walls for the benefit of all people.

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P 195. Do you do it? Measuring your own blood pressure at home

Adriana ACLER, Viviana FAGGIONI, Rita FER-RAI, Manuela GONZO, Mario RUOCCO, Giovanna CORONA, Matteo VEZZOLI, Giovanni MENEGONI, Delia MIORELLI

Context

In 2008, in the Valsugana Health Districts in the Province of Trento (Italy), a multidisciplinary team of doctors and nurses promoted and implemented a project designed to improve the empowerment of patients suffering from hypertension in the home management of blood pressure measurement. The reference population consisted of 90,000 residents, 5,000 of whom suffered from hypertension and were under the care of the health service. The resources deployed were 50 nurses, 66 general practitioners, 3 cardiology clinics and 3 reference hospitals.

Objectives

To enable patients to monitor their parameters independently by means of self-measurement of their blood pressure at home, and to improve their compliance with the treatment of the disorder and adoption of a correct lifestyle.

Method

Bibliographical research was conducted online, and an information poster and customised booklet were designed. The work and tool design stages were shared by means of active contributions by the various participants. This led to an important exchange of views in the field, which was useful in both operational and functional terms for the final definition of tools and methods.

Results (achieved) in 2008

Design and sharing of tools, and construction of a process indicator grid

Results (forecast for 2009)

The actual number of people trained to self-monitor their BP and their approval rating of the practice, approval rating and perception of efficacy by GPs, nurses and specialists, increased relational and supportive skills of the doctors and nurses involved in providing counselling and motivating the patients in their charge, increased integration between GPs and nurses to deal with a common problem.

Conclusions

In accordance with the standards of the HPH Manual "Implementing health promotion in hospitals: Manual and self-assessment forms", a quality management tool addressing health promotion activities in hospitals, the project represents an empowerment initiative for self-treatment and the adoption of a correct lifestyle, taking account of the context, with a view to consolidating the partnership between the service and its users. After the initial evaluation stage (2009), the project will be extended to the rest of the province (500, 000 residents).

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P 196. A booking system for the deaf citizens

Giuseppe IMBALZANO, Rita MORO

Introduction

Among concrete initiatives in the Lombardy Region HPH network Health "Service without walls", created to involve all public and private health structures, the ASL of the Bergamo Province (public health responsible for the Province) developed a project for deaf citizens.

The specific objectives of the project are:

- To organize a booking system to all health package to this particular population
- To give the opportunity to deaf citizens to book by themselves all health facilities needed in all health provincial structures by optimizing the use of modern technology already available at home of the deaf persons

The key issues in this project are:

- The whole reservation system (CUP - Centro Unico di Prenotazione) is based on telephone, which is clearly inaccessible for deaf persons.
- The lack of alternatives pathway of booking that could be standard for the whole province.

ASL with the coordination and planning function did concern in the project all health structures:

- The associations and the representatives of deaf persons
- All Directors of the health provincial structures

Ultimately the project led us to the following relevant results:

- Involvement and active participation of all structures
- The definition of a proceeding accepted by all services of a unique booking system by fax
- The identification of specific lines and numbers and a referral defined persons in each structure

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P 197. New challenge to rehabilitation

Vilma LEVINGER, Judita DARATIENE, Ruta LUKAUSKAITE, Virginijus BISKYS

Theme relevance

Handicapped people make even 1/10th part of the society. Disability, psychological and social changes that appear after traumas or contractions of some disease significantly affect not only these human beings but their families too. Integration of these people into society takes quite long. From the social and economic point of view it is a serious problem. The attitude that people must learn all their lives is becoming more and more popular. Disabled people is not an exception too.

Substantiation

Changing attitude towards various disabilities and disorders lets us more seriously treat the problem and combine all possible forces to solve the dilemma. Professional rehabilitation is one of the means while providing assistance. Not only qualitative professional training but co-cultural development adapted according to specific requirements of handicapped people also receives much attention in this system of specific education.

Our hospital has great experience in this field. From 1993 our institution uses not only usual but professional rehabilitation as well. Programmes performed provide patients the possibility to acquire new specialities. The process of rehabilitation - both medical and social - should be started at once, at the same time, in the same place. Social research proves that disabled people who quit their working activity and receive social assistance lose their motivation of being independent and soon become users and dependants.

Due rehabilitation and proper motivation make a handicapped human being an active member of the society who takes more serious care of his/her health. While training a disabled person to his/her future speciality it is important to orient him/her not only to the present day but also to prospective social and economic needs - the newly acquired profession of a disabled person should match the requirements of labour market.

Object

The purpose is to achieve most effective integration of disabled people into society during the shortest period of time.

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P 198. Model of preventing unintended pregnancy among women with HIV

Pornsinee AMORNWICHET, Nanta AUMKUL

Preventing intended pregnancy among HIV+ women in Thailand is not straightforward due to misunderstandings between client and provider. Misunderstandings result from provider attitude (concern about preventing an HIV-infected newborn, orphaning, social discrimination, guardian burden.). Some HIV+ women view the decision that might result in HIV transmission as an individual right.

While it is the woman's right to make her own decision, it should be an informed decision regarding risks/consequences of having an HIV-infected child. This will help her consider options for preventing mother-to-child transmission (PMTCT).

Developing understanding of HIV-prevention options is time-consuming and burdens hospitals with large caseloads. Thailand has promoted use of peer educators from groups of persons living with HIV (PLHIV). PLHIV peers have been recruited throughout Thailand, these could be mobilized for PMTCT. In 2008, the Department of Health partnered with NGOs to pilot a model service program to help PLHIV prevent unintended pregnancy in 24 hospitals in eight provinces.

The model emphasizes assessing family planning (FP) need among HIV+ women, referral to the appropriate hospital clinic or support group, follow-up of referral. A FP manual for HIV+ women was developed to address PLHIV needs. A curriculum was developed to train PLHIV in supporting RH services for HIV+ women. Peers in the intervention sites were trained using the curriculum and then conducted brainstorming sessions with other PLHIV to expose misunderstandings and replace these with facts.

Preliminary results show that more HIV+ women in the intervention sites are using clinical contraception plus condoms, more are revealing their sero-status to their sex partner, and more do not want to have a pregnancy at this time. In summary, this project suggests that using PLHIV peers to provide RH education, referral and follow-up to HIV+ women will reduce unintended pregnancy. The pilot will expand to 29 provinces in 2009.

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P 199. HyvisOwnHealth centre - new tools for self-care

Eeva HÄKKINEN

The Etelä-Savo Hospital District is responsible for the specialised medical care services of the region's 108 000 inhabitants. In the area of the hospital district there are ten municipalities, which, each in its domain, organize their primary health care services. The Etelä-Savo Hospital District consists of two hospitals, Central Hospital of Mikkeli and Moisio Hospital. Central Hospital of Mikkeli is responsible for the treatment of general diseases and psychiatric care is provided by Moisio Hospital.

Increasing amount of ageing population sets high challenges and we need new models to organise and produce health care services. Decreased length of hospital stay has increased patients and relatives need for information about health problems, self-care, social coping, treatment procedures or medication. Etelä-Savo hospital district has established a centre for patient counselling named HyvisOwnHealth centre. The mission of the HyvisOwnHealth counselling centre is to integrate health promotion, prevention and educational needs of patients. Centre is easy to achieve and its' open for hospital districts inhabitants and professionals. Centre supports the counselling given by hospital wards and out patients clinics.

Centre helps clients to find reliable information on weekdays. There is also opportunity to use internet-based services. Internet services are available at any time of the day in <http://www.hyvis.fi>. Customer can print written information for him/herself when needed.

Centre includes some technological equipment such as TV, two computers, sphygmomanometer, scale, measuring tape and measure of length. Centre includes also written guidelines and health information for clients and educational materials developed by public health organizations. Centre developing process was participated with multiprofessional team. HyvisOwnHealth counselling centre provides opportunity to student's training and it's organised with the Mikkeli University of Applied Sciences.

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P 200. The experience of community hospital to promote elderly care center

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The population of Gandau community is 11,276, with 1450 people over 65 years old that occupied 12.86% of the population and the aging index of 68.13%, making Gandau an aging community. Gandau hospital is a community hospital focusing on chronic disease treatment and long term care giving, so we develop our strategies of enhancing community activeness through invoking the self-awareness of the community, forming partnership, providing supportive environment for health promotion, in order to create a friendly environment that also benefits the safety and health of the elders, thus achieve the goal of active aging.

In 2005, we empowered 42 community volunteers. In 2006, "Elderly care center" was established. We combined the organizations such as health institutions, schools, or social welfare groups to enforce the health management, and even held health promoting activities and conference. There are altogether 62 elders in the care center, with 13 males (20%) and 49 females (80%). The average age is 75 years old while the oldest among them are 95 years old. There's good response from both the organization commitment and satisfaction of the volunteers.

Using Likert scale, the organization commitment scores from 3.95~4.49. The highest score goes to "this is an ideal care center" ($4.49 \pm .51$), and "I'd like to stay at the care center to work" ($4.44 \pm .50$). As for the satisfactory part, the highest score goes to "participating in the volunteer work makes me happy" (4.46 ± 0.51), and "the service of volunteer work has being acknowledged" (4.44 ± 0.50).

We constantly held activities like fall prevention workshop, jogging, and water aerobics etc. Not only did the elders enjoy better life quality, the percentage of them who had jogging habit increased from 10% to 92.8% afterward, and the record of "No elders fall for whole year" also shows that we've break down the wall between hospitals and achieved the ideal of building a healthy and energetic community.

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P 201. A new model of the organization of the clinical activity in geriatric oncology

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Since over 60% of new cancer cases occur in people older than 65 years ad cancer incidence increases exponentially with advancing age, the European Heath care systems are being now progressively charged by this burden. At present, specific activities for cancer in the elderly worldwide (mainly in USA and Europe) are carried out only in some medical oncology departments of general hospitals but also in some cancer institutes, as well as, but to a minor extent, in geriatric departments (S Monfardini, and M Aapro, cancer treatment in the elderly: the need for a better organization *Annals of Oncology* 2007 18(7):1283-1284), but the type of these geriatric oncology programs is variable.

A new model of organisation is presently in a phase of development in our geriatric institution aiming at taking care of the medical therapy of the neoplasia in inpatients with a geriatric oncology ward as well as in an outpatient clinic. This activity will be continuously connected to the institutional geriatric rehabilitation to improve the quality of life the .There will be a continuity of the assistance, if needed at home. Hospice facilities will be available for the patients included in this program.

The Project Outline is the following:

- Readaptation of the part of the building where the Geriatric Oncology Unit will be located
- Training of the multidisciplinary team taking care of the oncological as well geriatric aspects (medical oncologists, geriatricians, nurses, etc.)
- Adoption of specific treatment, supportive therapy and rehabilitation protocols as well as of the itinerary of the patients during the various phase of the disease. A close connection will be created with an external Oncological Institution for patients needing surgery or radiotherapy
- Connection with the Regional Oncological network mainly for epidemiological and pharmaco-economy studies
- Implementation of the inpatient and outpatient clinical activity
- Collection of the first data, elaborating of the results
- Project communication plan

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P 202. If doctors help - A spontaneous mission is possible

Christoph SCHÖNLE

This is a report about a self organized journey into a devastated country (Indonesia, Sumatra) in order to start a medical aid program. The Tsunami destroyed 75 p.c of the village of Meulaboh. The houses were damaged or assailed strongly. The girders of roof frames, wood rafters, corrugated iron and cars were dislocated inland for one or two kilometers. In the centre of the village, wooden fishing cutters and other boats had destroyed houses like torpedoes. Concrete houses are still intact, but many streets are filled up to three meters high with wood, furniture, kitchenware, cars and other civilization properties.

Trucks went through the city daily with voluntary helpers of the Indonesian Red Cross and collected 300 corpses per day on average.

The hospital in Meulaboh, situated at the corner of the city, was not affected by the water. Here twelve surgeons from most different countries, who had decided to travel to Meulaboh, started with medical help. A Korean and a Japanese team of the Red Cross which were well equipped, undertook the emergency out-patient department in this hospital. The military from Singapore built up a second hospital at a mosque nearby.

Although somewhat less than the half of the inhabitants had died in Meulaboh, there was - in contrast to the press announcements - only a few wounded persons in the hospital. The reason is, that most of the people, who were affected by injuries, drowned. Therefore, the amount of work was relatively small in the hospitals.

In camps for poor people, which are scattered around Melabouh, lived more than 5000 people. Many of them fled from much remoter villages, some have been on the way sometimes more than four days on foot. Their villages were almost destroyed completely, the bridges burst. Most of them were walking many days without water and food and without any medical aid. Not few of the people also had to swim in the water, one woman even a whole day. Consequently pneumonia was diagnosed quite often with children and adults. Many people had fever, some diarrhoea or ulcers of the feet, because they waded through the sludge for several days. A boy of five years and a 40 years old woman had lost their memory. Another woman with open tuberculosis, who was already treated with tuberculostatica for a short time some years ago, did arrive from a much remote fishing village. She had a high risk to infect many people in the camp.

Cut and prick injuries caused by pieces of broken glass or nails which protrude from wooden girders were dangerous problems. Many of the people had lost their inoculating passes and all papers, and they did not know, whether and when they received a tetanus inoculation. Suppurating wounds, resulted during the flood, often strongly soiled, were frequent, because the people could not wash themselves. A snake bite of a fortunately non-poisonous snake, stomach pains, headaches were further reasons for the refugees to visit the medical point in the camp. On average, 60 patients come every day during the consulting hour. Some must be sent to the hospital with acute pneumonia, ileus, gastric ulcer, intestinal blood and

other symptoms. Hospital treatment fortunately was at the time of the disaster free of charge.

One man alone will be lonely and helpless in a destroyed country. Nevertheless he is able to analyse the medical problems of the surviving people and to apply first medical aid. A suit case filled with medicine (wound plaster, antibiotics) is effective. It is also useful to act as a "scout" for an aid organization and to give detailed reports of the situation by a satellite telephone. The "scout" must be fit out with food and beverage for at least 3 days, with ankle high boots, best of leather - and above all - with firm sole (nails in timber, wood), with "gaiters" of plastics, epoxy or leather for the lower legs as a protection against bites of snakes or stray dogs, a strong flashlight, a monsoon proven tent, sleeping bag, mosquito net and drink bottles.

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Session P 2-9: Studies on health and health status and behaviour in diverse settings

P 203. The unit of psycho-social student support of the national Kapodistrian University of Athens

Konstantinos KONTOANGELOS, Kalliopi KOUNDI, Soso NIKA, Xenia PAPA, Zoi DIMITRAKAKI, Eleni STRIKOU, Paul SAKKAS, George N. PAPADIMITRIOU

Undergraduate student life is a developmental milestone in young people's lives marking the transition from adolescence to the crystallization of adult personality which will be invited to face new professional, social and personal challenges. The adjustment to the high demands of university level education can trigger the development of emotional or behavioral symptoms like stress, depression, misconduct issues, and alcohol and substance abuse.

The Unit of Psycho-Social Student Support was founded in order to assist students to resolve effectively those problems that might arise during their university years. The Unit belongs to the Psychiatric Hospital of the University of Athens and its

personnel comprises from two psychiatrists, two psychologists, and one social worker. The available services include psychiatric treatments, one-to-one counselling and supportive interventions when social factors are involved.

For the clinical assessments of psychiatric disorders the following psychometric tools are administered:

- Beck Depression Inventory (BDI)
- Scale of General Psychosomatic Impairment (SCL-90-R)
- Self-Esteem Questionnaire (STAI-Gr.X-1, STAI-Gr.X-2)

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P 204. Healthy Kids - Health promoting material for primary school, day care and health care centres in the FIN-D2D-project in the hospital district of South Ostrobothnia, Finland

Hilpi LINJAMA, Arja HYYTIÄ, Eeva KORPI-HYÖVÄLTI

Background

Southostrobothnians are the most obese people in Finland, their food patterns are unhealthy and they are physical inactive. About 26 % of primary school pupils are overweight in South Ostrobothnia (study includes 4054 pupils in 9 municipalities, number of inhabitants 40949). Healthy life style is learned in the childhood, and health education is important at day care and the schools.

Methods

Due to needs found in their practises 3 pilot schools and 2 day care centres started planning and preparing of Healthy Kids material. The multi-professional group consisted of representatives of pilot schools and day care, experts of physical and nutrition education, dental care and school catering. The material was distributed to school organs, day care organs and health care centres in 26 municipalities.

The goal is to help and stimulate health education. The themes of the material are nutrition, physical activity, sleep, rest and dental health. Material have been introduced and distributed to local schools, day care personal and health care nurses in 26 communities. About 1400 people have participated in the presentations of Healthy Kids material.

Results

Pilot schools and day care centers have carried out health promoting programs and have delivered in a wide audience. The nutritional quality of food at school catering has been

studied in ostrobothnian schools in the years of 2004 and 2007. Food preparing patterns and food stuff purchase had changed. The proportion of vegetable fats and fat-free milk had increased and the schools served high-fibre bread and vegetables more often. As early as in the autumn 2005 had 45 schools organized parent's evenings. Material has been used at lessons, parent's evenings, in the weight management groups, fair and events. Material is a practical tool, which gives ideas and reliable guide-lines for daily work and living. Healthy Kids material could be used more widely also in education.

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P 205. Assessment of ocular disorders in video display terminal workers

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Objective

The main aim of this study is to investigate the potential negative impacts on the visual function of the administrative employees of a hospital associated with computer work and their constant attention to the Video Display Terminals (VDT)

Methods

This study consists part of a health investigation on work with computer and constant exposure to VDT. The research addressed to the office-workers of the Greek General Hospital. One hundred office workers with involvement on VDT work for more than 20 hours each week were included, out of which 40 were male and 60 were female. The average age was 34 years, while the number of years on screen work was 9 years.

To evaluate the main ophthalmologic indicators we used a questionnaire designed to determine the subjective ocular symptoms and complains related to their working office environment and equipment used. We also took into consideration the results of ophthalmologic medical examination performed on this particular group of workers.

Results

The subjective symptoms attributed to the work in front of a computer screen were: photophobia 4.1%, lacrimation 16.6% , conjunctival hyperemia 45.8%, pruritus 16.6 % , reduced visual acuity 16.6%, diplopia or blurred vision 8.3%. The results showed that all the employees worked under technical ventilation reported dissatisfaction with airflow and temperature, 87 % claimed that they work under deficient lighting, 78% referred reflection of light and blurred characters on the screen. 40% of the VDT workers reported complaints for their working environment and 66.6% for the equipment design and ergonomics.

The measurements of environmental variables in offices showed low illumination levels, normal temperature level and low air velocity. The ophthalmologic examination revealed vertigo 25%, globe heaviness and fatigue 58%, blepharitis 41%, conjunctivitis 25%, colour perception disorders 8.3%. 50% of the employees reported headache, musculoskeletal disorders and fatigue. The vast majority of employees (75 %) had symptoms of anxiety attributed to their type of work.

Conclusion

There is a considerable number among the study group who had persistent visual symptoms probably because they work under unfavorable environmental conditions and improper ergonomics at their workplace. VDT use may increase the risk of developing vision fatigue symptoms and musculoskeletal disorders related to their improper office working environment.

These symptoms can affect the employee's productivity at work and their sense of well-being. The improvement of the working conditions and equipment design will contribute positively to the prevention of the ophthalmic disorders related to their work place.

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P 206. Prevalence of viral hepatitis markers in municipal road sweepers and dustmen

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Background and Aim

In Greece, until recently there was no investigation of viral hepatitis markers in personnel working in high risk jobs, such as the municipal road sweepers and dustbin men. These are considered as high risk for hepatitis A (an oral fecal transmitted disease) and medium risk for hepatitis B (that they can contact through injuries with infected material during work). The aim of this study was to investigate the prevalence of viral hepatitis markers in such a group of Municipal workers.

Patients and Methods

Blood was drawn from the 49 workers of Municipal of Alikarnassos, Heraklion, Crete, Greece. There were 37 men and 12 women, median age 38 years old (25-59 years). All samples were checked with ELISA for anti-HAV, HBsAg, HBcAb, HBeAg, HBeAb, anti-s and anti-HCV. All expenses for the tests and the vaccination of the unprotected persons that followed were covered by their insurances.

Results

Thirty-three out of 49 persons (67.3%) were immune to HAV. The 16 remaining (32.6%) had anti-HAV negative, and therefore were vaccinated against hepatitis A. One male was tested positive for HBsAg, HBcAb and HBeAb and he was referred to the liver clinic for further investigation and treatment. One had innate immunity to the HBV (HBcAb and anti-s positive). In one only HBcAb was found positive. HBV-DNA was negative and he was vaccinated for HBV together with the rest of the 46 persons. None was found positive for anti-HCV.

Conclusions

Almost 1/3 (32.6%) of the road sweepers and the dustbin men tested was found unprotected against hepatitis A, a disease with the potential to provoke outbreaks. The investigation and following vaccination for hepatitis A and B of this group is of importance not only for them, but for public health as well.

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P 207. Ageing changes and coping strategies among women elders: A qualitative study

Masoumeh BAGHERI-NESAMI, Forough RAFII, Seyede Fatemeh OSKOUIE

Purpose

With recent advances in medical and health science the average lifespan and ageing population have increased rapidly. Ageing is along with many changes. Successful aging is the processes through which older people actively cope with the many changes associated with aging. This study besides of changes and coping strategy description was designed to hearing the voice of women elders.

Materials and methods

This study was done in way of qualitative method. Purposeful Sampling was done. 10 Iranian women elders were interviewed that are community-dwelling and don't live in institutes. 11 in-depth interviews were carried out. Record of face to face interview, observation and field note are ways of data gathering. Data analysis was done in way of content analysis.

Results

In this study, age mean of 10 women elder was 71/3 years old (65-85). 6 categories of ageing changes were discovered. Physical, social, psychological and economical changes; beside of concerns and feeling to ageing. 2 categories of coping strategies were found: problem-focused coping and emotion-focused coping. 3 subcategories were discovered for problem-focused coping category. These were included: planful problem solving, confrontative and seeking social support copings. 4 subcategories were discovered for emotion-focused coping.

cused coping category included positive reappraisal, distancing, escape / avoidance and self - control copings.

Conclusion

In this qualitative study, important ageing changes and coping strategies were explored. Data suggested many of Iranian women elder applied problem-focused coping and ageing feeling these occurred with important evidence such as death of husband, child etc. So, identification of changes and applied coping can help to nurses and other health team for caring and doing educational preventive program and based it on can be doing policies planning and University curriculum about ageing.

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Session P 2-10: Smoke-free hospitals and health services

P 208. Tobacco Free United - The collaboration task force between the international network for Health Promoting Hospitals and Health Services and the European network for smoke-free health services

Bertrand DAUTZENBERG, Simone TASSO, Ariadni OURANOU, Ann O'RIORDAN, Sibylle FLEITMANN, David CHALOM

To strengthen links and collaborative activity between main partners on tobacco within hospitals and health services the International Network for Health Promoting Hospitals (HPH) and the European Network for Smoke-free Healthcare Services, Tobacco Free United (TFU) was created a collaborative task-force. The aim of TFU is to gather health professionals, hospitals and health services with individuals and organizations to work towards a tobacco free society, using the principles of Ottawa Charter, the WHO Framework Convention on Tobacco Control (FCTC), the WHO recommendations for health professional involvement in tobacco control, and on the basis of the Code of the European Network for Smoke-free Health Services (ENSH).

The strategic action plan of TFU is laid down in a corporate Charter and will serve as a basis for triggering concerted action and to foster collaboration among partners. The action will take place on three levels: Advocacy, Support and Evaluation regarding the implementation of a comprehensive non smoking policy both within hospitals and health care services and in the wider community.

The poster will give an overview on the developed strategy and action plan and inform about the activities and results of the first year.

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P 209. The collaboration between Estonian Health Promoting Hospitals (HPH) network and Estonian defence forces in tobacco control

Tiiu HARM, Lagle SUURORG

All health care workers should play a leading role in tobacco control.

Introduction

The readiness and willingness of Estonian Defence Forces (EDF) challenge us to deal with the problem of tobacco use in the Army.

The basic requirements for multi-strategy approaches were:

- to decrease the tobacco consumption in the Army
- to raise the awareness about harmful effects of tobacco
- to ensure the availability of smoking cessation counselling and treatment services for quitters with training of the relevant medical personnel and appropriate guidance materials
- to monitor the prevalence and smoking status in conscripts, officers and others employed by the Army

The study of the prevalence of smoking habits among Estonian military conscripts showed that there were 66,5% smokers in 1999. The Tobacco Law (2005) and the legislation to increase smoking prohibitions in public places (2007) influenced smoking habits among the population.

Method

The Barometer Questionnaire (European Network Smoke-Free Hospitals - ENSH, 2003) was adapted and used for the Army. The questionnaires were completed within the first medical examination or at the time of regular health check from April to October 2008. The survey was considered as the first step in order to test and evaluate the starting level of tobacco control in EDF. The second step - a study of the prevalence of smoking

habits - will take place in May-June 2009 when the same conscripts will leave the Army and the smoking cessation counselling service has already implemented.

Results

Altogether the questionnaires were distributed to 2300 persons, response rate was 95,7%. 77,3% of respondents were conscripts, 16,9% officers and 5,7% other personnel. Majority of respondents (98,2%) were male. 91% of respondents were under the age of 30. There were 41,1% daily smokers, 7,7% occasional smokers, 9,0% ex-smokers and 41,2% non-smokers by the status of smoking. Mean age when respondents started smoking was 15,9 years. Mean number of smoked cigarettes per day was 15. 63,2% of respondents have tried to quit. Only one third of them have been counselled to stop smoking. More than half of respondents (52,7%) did not plan to quit smoking at once.

Conclusion

The prevalence of smoking in Estonian Army has been decreasing within last 10 years and was as high as in general population in Estonia. National Institute for Health Development, Estonian HPH Network and Estonian Defence Forces' medical staff announced joint efforts to combat the tobacco epidemic.

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P 210. Organisation of preoperative smoking cessation in a French hospital

Bertrand DAUTZENBERG, Valery TROSINI-DÉSERT, Anne DIAKHATE, Tihomir IATCHEV, Christian DEGENNES, Thomas SIMILOWSKI

The rate of surgical adverse event is 3 times increased in smokers compared to non smokers, including wound complication, vascular or intestinal suture linkage, and late bone consolidation. Smoking cessation 6-8 weeks before surgery until end of healing removes this increased risk, as reported by the 2006 French conference of experts on perioperative smoking control.

Pitié Salpêtrière hospital is a 1500 beds university hospital gathering 10 surgical units. The tobacco unit organizes a systematic approach in order to improve the rate of smoking abstinence during the surgical period. The first step of this procedure is to identify the key health professional that gets into contact with the smoker 6-8 weeks before the surgical procedure. Then it is important to identify what are the current procedures and to set up a training plan.

A survey that has been conducted recently in each department reported very poor implementation and lack of support for smoking cessation. The survey reports that even when smokers are identifying 6-8 weeks before surgery, message leave to smoker was often inadequate. When smoker was referred to smoking clinic, this was considered as a sanction and not as a help. However, smoking clinic may help 100% of smokers in this period with an evaluation of smoking, smoking cessation or reduction for the surgical period or for all the life in patient with high or poor motivation.

A unique 5 digits phone number has been set to facilitate contacts. Health staff have received a specific training according to surgical units organization. For inpatient a specific poster was display for nurse to use nicotine replacement therapy.

Conclusion

A systematic approach to smoking control during perioperative period in a large university hospital is time consuming but achievable. One of the first outcomes is an increase of smoking cessation of surgical staff.

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P 211. Implementing a network for tobacco-free health services - Results and success factors from the German network for smoke-free hospitals & health services

Manja NEHRKORN, Felix BRUDER, Sibylle FLEITMANN, Ariadni OURANOU

In 2005 the German Network for Health Promoting Hospitals got the mandate of the German Ministry of Health for the implementation of a national network for smoke-free health services based on the code and standards of the European Network for Smoke-free Health Services ENSH.

The pilot project was funded by the Ministry of Health from 2005 to 2008 and results are:

- More than 180 members with about 300 sites joined the network
- Relevant network partners could be identified and a steady co-operation is realized
- A website, a communication structure with about 4000 contacts and 9 regional working groups are established
- A certification process is developed and evaluated
- The European code and tools could be proved as useful and successful for the implementation not only of a tobacco-free health service but also for the integration of

smoking cessation services

- The network achieved international recognition through the "Special Network Achievement Award" in 2006 by the European Network for Smoke-free Health Services and the European Commission
- A sustainable financial basis is realised through member fees, certification and training fees

In 2007, the European Network for Smoke-free Health Services developed and Implementation Guide for National Networks based on the experience and practice of National coordinators of the ENSH. The success factors of the implementation of the German Network and the results of the project will be illustrated on the defined concept of these Implementation guide.

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P 212. Key messages of smoking cessation in patients suffering from psychiatric disorders. French expert conference 2008

Bertrand DAUTZENBERG

Smoking related diseases is a leading cause of death in psychiatric patients. In France, smoking cessation has been poorly implemented in psychiatric patients, until its total smoking ban legislation, introduced in February 2007 and including psychiatric hospitals and units. A literature review has been conducted by a panel of experts, providing recommendations for best practice according to existing data.

Smokers with psychiatric disorders consume more tobacco than smokers without psychiatric troubles (A). A bidirectional relationship exists between smoking and depression (A). Smoking increases the risk of suicide whether or not depressive disorder. Smoking increases the probability of occurrence of bipolar disorder and reduces the effectiveness of their treatment.

The prohibition of smoking in psychiatric wards implemented in France has changed the social representation of tobacco in this environment. The concept of smoke-free psychiatric units is accepted by patients and health professionals. Its application produces more positive effects than negative effects. The relationship between patients is more often worsened than improved by the act of smoking. The characteristics of smoking among patients with psychiatric disorders justify medical support. Protocols for issuing nicotine replacement therapy must be made available to all health teams.

In these patients, as in the general population, the prescription of nicotine leads to a reduction over 50% of smoking is well tolerated, reduces the urge to smoke, reduces symptoms related to weaning and increases the likelihood of a decision to stop. The nicotine replacement therapy used during hospital stay to temporarily stop or reduce smoking is effective. NRT must be prescribed on admission, in sufficient dosage and readjusted by caregivers in response to craving. Because of the lack of sufficient studies with varenicline and bupropion in psychiatric patients, research is needed

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P 213. A Brief report of smoking cessation program in a psychiatric hospital

Chih-Yao HSU, Hung-Chi WU, Shu-Fang SU, Ming-Chao CHEN, Cheng-Chung CHEN

Object

High smoking rate among the psychiatric inpatient is a important clinical issue. In past decades, we have conducted smoking ban in our hospital but ever leaded to riot in some ward. In 2009, because of the new tobacco hazard control act prohibited public facility smoking ban and for the health of our patient, we conduct this smoking cessation program with total smoking ban in the hospital area.

Method

All the smoking inpatients were encouraged to enter this survey. Questionnaire performed by the staff and a self-report form including attitude toward smoking ban, how to conduct smoking ban in the hospital and method of quit smoking were collected on November 5 2008. Along with the survey, promotion and education on smoking ban were provided to the patient, their family and the hospital staff.

Result

In all 738 patients, 280 (38%) patients were currently smoking or admitting as a smoker. The highest smoking rate is found in substance related disorder ward (85.4%). 103 patients are willing to enroll in the survey. Among them, only 37 patient were willing to stop smoking and 75 patients refused do so.

Conclusion

The smoking rate among our patient are lower than other psychiatric patient smoking study. The difference are possibly due to prior to the total smoking ban, we have already ban smoking in chronic ward and restricted smoking in acute ward from 10 to 2 cigarettes per day. Following the survey, a multiple method smoking cessation including group therapy and nicotine replacement therapy will take place. Also, smoking

cessation clinic are opened for staff and the community patients.

Base on our study, following are our recommendation for Health Promotion Hospitals:

- For global smoking ban in all hospital in our country, a comprehensive and study-base smoking cessation program should be arranged by a authorized organization.
- Our psychiatric patients often obey medical suggestion in the hospital but the actually effect after their discharge are considerable.

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P 214. The health belief and self-efficacy for smoking cessation in psychiatric inpatients

Chih-Yao HSU, Shu-Fang SU, Ming-Chao CHEN, Frank Huang-Chih CHOU, Cheng-Chung CHEN

Objectives

In order to conduct the smoking cessation program, we investigated the inpatients about the severity of nicotine dependence, the smoking cessation health belief and the smoking cessation self-efficacy.

Methods

We studied the smoking patients admitted at our hospital and investigated by the personal basic data, the severity of nicotine dependence by Fagerstrom Test of Nicotine Dependence (FTND), the history of physical and mental illness, the questionnaires of the smoking cessation health belief and the questionnaires of the smoking cessation self-efficacy.

Results

The sample was 73.6% male, with a mean age of 41.88 years (SD=10.27). The scores of the smoking cessation health belief were positive related to younger age and physical uncomfortable feeling. The scores of the smoking cessation self-efficacy were positive related to married, shorter smoking years, and lower FTND scores.

Conclusions

Owing to the psychiatric diseases caused cognitive deterioration, the younger patient had better smoking cessation health belief, which might be related to better cognitive function. Marriage affected the smoking cessation self-efficacy, which might be related to better social support. Future studies should continue to examine the dynamic process of smoking cessation including the psychosocial and cognitive components.

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P 215. Activities in the antismoking program of Masaryk Memorial Cancer Institute (MMCI)

Iva HRNCIRIKOVA, Milana SACHLOVA, Ivana KORINKOVA, Milena KALVACHOVA

Masaryk Memorial Cancer Institute in Brno specializes in diagnosis and treatment of cancer. It is a founding member of the Organisation of European Cancer Institutes (OECI). It is accredited by the Joint Accreditation Committee of the Czech Republic and is preparing for acquisition of international JCI accreditation. It has been a member of WHO/HPH since 2004.

Prevention and education programs of MMCI

The "Consulting Centre for Healthy Nutrition and Overcoming Tobacco Dependence" was opened in MMCI in 2001 for cancer patients, employees of MMCI and the general public; this centre works closely with the League Against Cancer association. Motivational interviews and cognitive behavioural therapy are used in individual work with clients. The consulting centre is free-of-charge for clients. It also prepares and implements a number of events for the public outside of the MMCI premises, some of which are held in cooperation with the WHO/Healthy Cities programs.

They are mainly concerned with the importance of not smoking, proper nutrition and exercise in relation to the risk of the occurrence and to the prevention of cancer. The programs are directed toward all age categories. We provide various types of prevention and education courses on a healthy life style for the whole family and for adolescents, as well as separate courses for women and men, and a number of lectures, competitions and information campaigns are organized.

Education programs concerned with prevention of and overcoming tobacco dependence

- Individual consulting – 5 surgery hours a week are reserved for smokers; approx. 1-2 new clients visit the centre each week. Clients come to the centre an average of 5 times, during which we determine the level of nicotine dependence, the CO level in expired air using a Smokerlyzer, blood pressure, anthropometric measurements, personal and family anamnesis, smoking history and the client's motivation to stop smoking. An individual plan to break the smoking habit is prepared and the client learns about substitute nicotine treatment, during which CO is checked by a Smokerlyzer and the motivation of the client is strengthened. The treatment also includes defining high-risk areas and situations, recommendations and reinforcing life-style changes. After the fifth visit, the overall situation is evaluated.

ated and further forms of cooperation are agreed.

- Consultation over the internet – each week 2 questions related to smoking.
- Competition for the public “Stub it Out” – the six-month-long event in the Southern Moravian region of the Czech Republic involved an extensive campaign coverage, but only 36 people participated. The greatest numbers of smokers were in the middle and younger age categories. They were all offered the opportunity to attend treatment to break the habit, but only 11 of them complied with the conditions and came in for consultations even after the official end of the competition.
- Creative art and literary competitions, sports awareness events for schools, lectures and appearances on radio and TV, printed enlightenment material and posters.

Conclusions following from experience in the individual preventative activities

- Promotion of the responsibility of people for their health, primary prevention and promotion of screening programs should become part of health services
- Information and care should be readily available to clients
- Information on a healthy life style should be provided at an early stage to children, in an attractive form, preferably through games and sports
- Funds well invested in prevention will return in the form of economic revenues saved for treatment of cancer diseases
- More intervention should be directed towards health insurance companies for greater and more systematic support for suitable prevention programs
- It is necessary that health-care workers set an example in the anti-smoking campaign

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P 216. Activating the power of change: The “1 Million Yes-I-Do’s Campaign” to promote supportive environments for smoking cessation in Taiwan

Shu-Ti CHIOU, Li-Hui YU, Hui-Ching HUNG

Background

An estimated 40% of adult men in Taiwan are current smokers. Only one fourth of them got advice to quit from healthcare professionals in the previous year. The health system needs an urgent change to help smokers quit.

Methods

We initiated a 1 Million Yes-I-Do’s Campaign on Jan 9, 2009 with a goal to collect 1 million signed pledge cards from smokers, their families and healthcare professionals within one year. All the hospitals in Taiwan were invited to participate. The

network printed pledge cards for hospitals to distribute. An action module which contained strategies on showing visible commitment, involving all staff, implementing changes in care processes and environments, and working with the communities was provided to all participating hospitals. Workshops and press conferences were held. Local health authorities were informed.

Results

By Feb 9, a total of 106 hospitals participated. They are located throughout all administrative areas, represent over 1/3 of hospital beds in Taiwan, and have ordered 587,814 pledge cards to distribute. Progresses in adoption of strategies, collection of signed pledge cards and volume of smoking cessation services will be monitored and reported.

Conclusions

A campaign initiated by the HPH Network has gained significant momentum and participation. This will create universal support for smoking cessation within and around healthcare settings without walls. Its impact on health system changes will be evaluated.

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P 217. Examining gender differences in smoking prevalence and in smoking cessation of Greek adult residents in rural areas

Evangelia-Maria BIRMPILI, Anna TSILIGI-ROGLOU-FACHANTIDOU, Angela SCRIVEN, Anestis FACHANTIDIS

Background

Greece has one of the highest smoking prevalence in Europe and among members of the OECD. Recent epidemiological evidence in Greece demonstrates that city areas have higher smoking rates than rural areas. The aims of this study were:

- to identify smoking prevalence rates among residents in Serres, a rural area of Greece
- to measure the relationship between smoking and gender, education and salary
- to use the Stages of Change model to identify and categorize the smokers who wish to quit in relation to their gender, education and salary

Method and Sample

A cross-sectional survey was conducted in Serres in Northern Greece (part of the Hellenic HPH). A self reported questionnaire based on WHO Global Youth Tobacco Survey (GYTS) was distributed to different age, socioeconomic and employment status of the inhabitants of the selected area.

Results

There were 434 participants (49.9% women). Smokers accounted for 56.1% of the sample (52.4% males and 47.6% females). 41.1 % reported that they want to stop smoking (with 67% of them further believe that they can stop smoking). 29.6% stated that during the past year they an attempt quit smoking. Based on the odds ratio women were 2.43 times more likely not to want to stop smoking. 69% of the participants strongly agree/agree with the full smoking ban in public places. Finally, the main source of information concerning the adverse health effects of smoking was the mass media and magazines (69%), whereas health professionals accounted for just 18%.

Conclusions

The observed high smoking prevalence, the minimal difference between men and women smoking prevalence and more interestingly, the finding that women are less likely to want to stop smoking has led to the recommendations

- For more intensive smoking cessation programmes targeting this group
- Further research to better understand and to reduce current disparities in smoking prevalence among women of different groups as defined by socioeconomic status, age and education

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P 218. Inequity in health - A database analysis of factors influencing quit-rates of smoking cessation

Hanne TØNNESEN

Tobacco Controlling Policies and Interventions, e.g. smoking bans and smoking cessation (SC) to reduce smoking prevalence and prevent secondary environmental smoking give immediate results in community health. However, the success of these interventions may depend upon factors like the level of education and occupation, smoking history and nicotine dependency.

Objective

Utilizing a national database the objective of the study was to analyse the different socio-demographic data and smoking history and dependency data to reveal their correlation to the success rate (quit-rate) of SC-interventions overall.

Methods

An exploratory database analysis of 18,392 participants from 2006-2008 in the national Danish Smoking Cessation Database at the WHO Collaborating Centre at Bispebjerg University Hospital in Denmark was carried out. Besides the quit-rate the analysis focussed on data regarding socio-demographics, smoking history, nicotine dependency, type of cessation inter-

vention, etc. Social class were defined according to the definitions of Danish Statistics. Follow-up on continued abstinence after 6 months.

Results

The study confirms the presence of a correlation between the success rate of SC-interventions and socio-demographic factors such as education / social classes.

Conclusion

Understanding of the correlation between the success rate of SC and socio-demographic factors may enable more targeted and differentiated SC-interventions in the future to increase the number of quitters and to reduce the inequalities in the result for smokers in the lowest social classes, who has the highest smoking prevalence today.

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P 219. Abstinence rates and predictors of outcome for smoking cessation

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Purpose

The aim of the study was to evaluate factors associated with smoking cessation, in patients referred to our smoking cessation clinic.

Methods

1288 smokers, mean age 44 yrs., visited and started therapy in the Outpatient Clinic for Smoking Cessation. They were followed for a total period of 2 years, from October 2004 to December 2006. All individuals participated in the same behavioural therapy program and, according to the degree of dependence (Fagerstrom test), received nicotine replacement therapy and/or bupropion. A random sample of 761 (465 males and 295 females) out of the 1288 interviewed by telephone about their current and former smoking habits as well as about their success of quitting.

Results

Two years after quit day, 285 (38%) were ex smokers, while 476 (62%) were current smokers. Of the non-smokers 26% received nicotine replacement therapy, 57% bupropion and 11% both agents. Subjects receiving bupropion exhibited higher abstinence rate than nicotine replacement therapy ($p=0.009$). The duration of treatment has been shown to affect the quit rate in a statistical significant way ($p=0.005$). Highly

educated persons had higher success rates ($p=0.02$). The quitting rate, was significantly associated with the compliance, as expressed by visit numbers ($p=0.001$).

Conclusion

Success to quit smoking was positively associated with duration of treatment, compliance to the follow up and education status.

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P 220. The association of HbA1c and carotid atherosclerosis in smokers: modification by cigarette smoking

Lin XU

Objective

To assess whether the association between HbA1c and sub-clinical atherosclerosis is modified by cigarettes smoking

Design and setting

Cross-sectional study nested in the Guangzhou Biobank Cohort Study in Guangzhou, China; Participants 1909 subjects aged 50 to 85 years.

Main outcome measures

Common carotid artery intima-media thickness (CCA-IMT) was measured by B-mode ultrasonography. Major cardiovascular risk factors including HbA1c, fasting triglyceride, low- and high-density lipoprotein (LDL and HDL)-cholesterol and glucose, systolic and diastolic blood pressure were assessed.

Results

HbA1c was significantly positively association with CCA-IMT (unit: μm) among the ever (former +current, $N=593$) smokers after adjusting for multiple potential risk factors including age, sex, waist circumference, physical activity, lipids, blood pressure and fasting plasma glucose ($\beta=3.66$, $P=0.002$). However, no statistically significant association was found between HbA1c and CCA-IMT among the never smokers ($N=1316$).

Conclusion

HbA1c is independently associated with thicker CCA-IMT in older Chinese people, but the association is modified by cigarette smoking. Further study is needed for the possible explanation.

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