

Standards and indicators on health promotion: re-orienting healthcare services for children's health promotion

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Ilaria Simonelli, PhD

**Task Force on Health Promotion for Children and Adolescents in and by
Hospitals and Health Services (TF HPH-CA)**

Coordinator



Task Force on Health Promotion for Children and Adolescents in and by Hospitals and Health Services (TF HPH-CA)

TF HPH-CA MISSION
(since 2004)

“to apply HPH principles and criteria to the specific issues of health promotion for children and adolescents in & by hospitals, providing an organic conceptual and operational framework for institutions, decision-makers, healthcare organisations and their professionals, social workers”.

The Task Force Members

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TF HPH-CA achievements

Manual and Tools on Children's Rights in Hospital and Health Services

Collection of Good Practices on respecting children's rights in hospitals and health services

The Self-evaluation Model and Tool on the Respect of Children's Rights in Hospital

Implementation of the Self-evaluation Model and Tool on the Respect of Children's Rights in Hospital



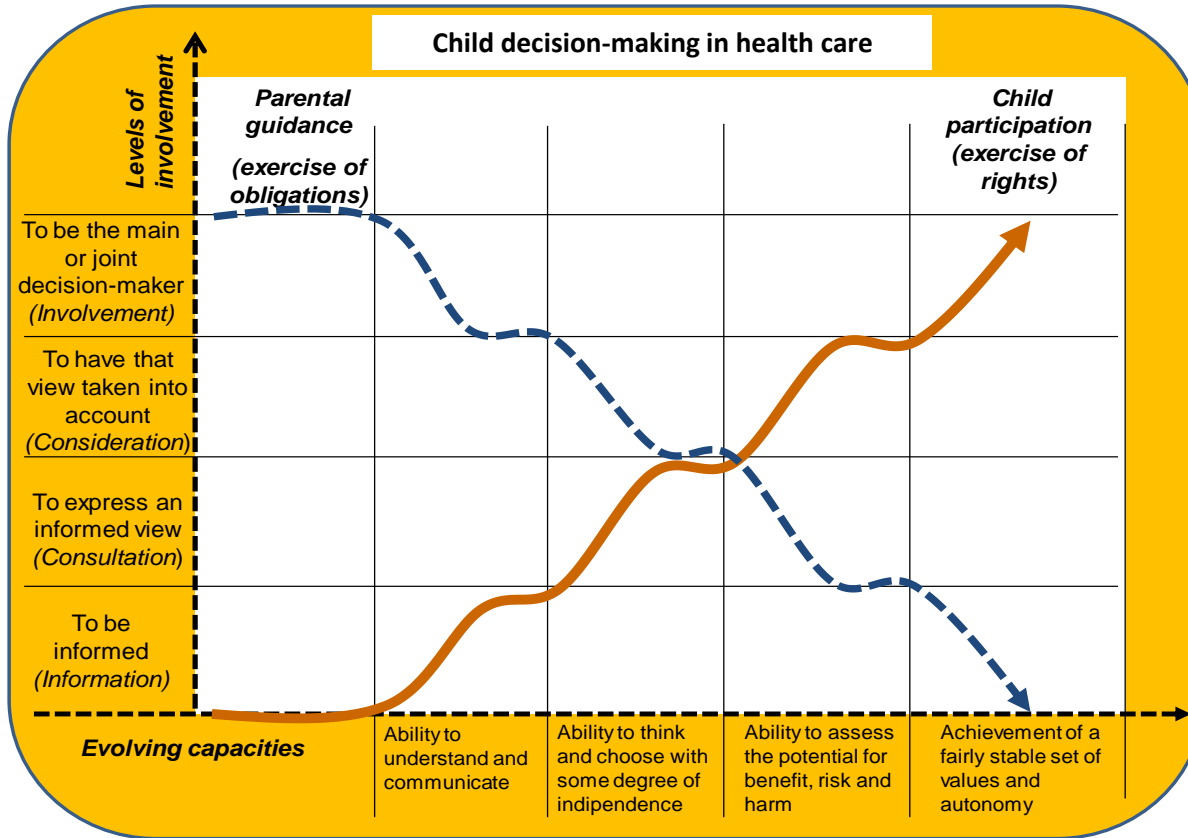
Specific critical points in promoting Health for children by Healthcare services*

- Empowerment**
- Participation**
- Measuring**

* On the basis of our experience and literature review

Empowerment and decision making

Guidelines of the
Committee of Ministers of
the CoE on child friendly
healthcare – Sept. 2011





EMPIRICAL STUDY

Promoting participation in healthcare situations for children with JIA: a grounded theory study

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Abstract

Children's right to participate in their own healthcare has increasingly become highlighted in national and international research as well as in government regulations. Nevertheless, children's participation in healthcare is unsatisfactorily applied in praxis. There is a growing body of research regarding children's participation, but research from the children's own perspective is scarce. The aim of this study was thus to explore the experiences and preferences for participation in healthcare situations among children with juvenile idiopathic arthritis (JIA) as a foundation for creating strategies to promote their participation in pediatric healthcare. Twenty children, aged 8 to 17 years, with JIA were interviewed individually and in focus groups. In order to increase the children's opportunities to express their own experiences, different interview techniques were

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RESEARCH ARTICLE

Patient participation, a prerequisite for care: A grounded theory study of healthcare professionals' perceptions of what participation means in a paediatric care context

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Abstract

- Children are a group of patients who are excluded from patient participation, with little attention paid to their views** (Runeson, Elander, Hermeren, & Kristensson-Hallstrom, 2000; Runeson, Hallstrom, Elander, & Hermeren, 2002) and with a marginal role in discussions about their care (Cahill & Papageorgiou, 2007; Coyne, 2006; Moore & Kirk, 2010; Savage & Callery, 2007).
- Children are not included when information is given concerning decisions about their care and in terms of their possibilities for being involved in decisions** that need to be made about their care (Coyne, Amory, Kiernan, & Gibson, 2014; Coyne & Gallagher, 2011; Hallstrom & Elander, 2004; Runeson, Martenson, & Enskar, 2007; Runeson et al., 2002; Feenstra et al., 2014; Koller, 2016; Moore & Kirk,

Issues	Gains of participation
<p>1. If the pediatric team has not learned how to handle difficult situations and to build relationships of trust and empowerment for the child, the result will be that <u>pediatricians will talk about difficult children as if they were objects</u> instead of with them as members of a team. (Lilly Damm, MD, Ulrike Leiss, PhD, Ulrike Habeler, MD, and Jochen Ehrich, MD, DCMT, Improving Care through Better Communication: Understanding the Benefits, EPA)</p> <p>2. Research is way too limited (...and limiting): 'Most of the studies have ignored the implications of a child's presence in medical encounters. <u>Although all studies claim to examine the interaction in the doctor-parent-child triad, most research methodologies used are based on dyads</u>'. (Tates, K., Meeuwesen, L. Doctor–parent–child communication: a (re)view of the literature. Soc. Sci. Med. 2001;52:839–851.)</p>	<p>1. Effective doctor–child communication is a necessary prerequisite for <u>safe medical care</u> (Lilly Damm, MD, Ulrike Leiss, PhD, Ulrike Habeler, MD, and Jochen Ehrich, MD, DCMT, Improving Care through Better Communication: Understanding the Benefits, EPA)</p> <p>3. '...'children's participation' appears to have a <u>protective and preventive effect for health-related problems</u>. Therefore, it is argued, that 'enablement', a key-element of both the Ottawa Charter on Health Promotion and the International Convention on the Rights of the Child, should be at the core of every child-health promotion programme'. (de Winter, M., Baerveldt, C., Kooistra, J. Enabling children: participation as a new perspective on child-health promotion. Child Care Hlth. Dev. 1999;25:15–25)</p>

Physicians can improve the likelihood that children will answer their questions by:

- (a) asking them social questions early in the visit
- (b) phrasing their questions as yes–no questions
- (c) directing their gaze at the children during each question.

(Physician–child interaction. When children answer physicians' questions in routine medical encounters, Stivers, Tanya, Patient Education and Counseling , Volume 87 , Issue 1 , 3 – 9)

As chronically ill adolescents need to prepare themselves for transition to adult care, healthcare providers should encourage them to take the lead in communication by initiating independent visits and changing the parents' roles.

(Unraveling triadic communication in hospital consultations with adolescents with chronic conditions: The added value of mixed methods research, van Staa, AnneLoes, Patient Education and Counseling , Volume 82 , Issue 3 , 455 – 464)

Instead....

'There are still no established definitions, standardized diagnostic methods and effective interventions to treat and prevent this problem (ndr. non adherence to transplant related therapies). We propose the recommendations to approach the problems of adolescent transplant non-adherence from the transplant clinician's viewpoint. With early identification and appropriate interventions, significant improvement in adolescent graft survival is possible'.

Rianthavorn, P. and Ettenger, R. B. (2005), Medication non-adherence in the adolescent renal transplant recipient: A clinician's viewpoint. Pediatric Transplantation, 9: 398-407. doi:10.1111/j.1399-3046.2005.00358

Instead...

'Analyses of 105 videos show that in most consultations, both GP and parent displayed non-supportive behavior. Despite the GPs' initial efforts to involve the child in the interaction, 90% of the consultations ended up in a non-participatory way. During this last segment of diagnosis and treatment information, the child's voice was hardly heard, as reflected in the minimal involvement displayed and the absence of turning to the parent for support'.

(Doctor–parent–child relationships: a 'pas de trois' Tates, Kiek et al., Patient Education and Counseling , Volume 48 , Issue 1 , 5 – 14)

Measuring the World

Indicators, Human Rights, and Global Governance

by Sally Engle Merry

Indicators are rapidly multiplying as tools for assessing and promoting a variety of social justice and reform strategies around the world. There are indicators of rule of law, indicators of violence against women, and indicators of economic development, among many others. Indicators are widely used at the national level and are increasingly important in global governance. There are increasing demands for “evidence-based” funding for nongovernmental organizations and for the results of civil society organizations to be quantifiable and of complex phenomena began in st recently migrated to the regulation to indicators in the field of global g implications for relations of power civil society. The deployment of sta expertise. The growing reliance on corporate form of thinking and gov

Indicators can effectively highlight deficits, areas of inequality, spheres of human rights violations, and other problem areas. Reform movements depend on producing statistical measures of the wrongs they hope to redress, such as human rights violations, refugee populations, disease rates, and the incidence of poverty and inequality. They are a valuable reform tool in their ability to show areas of state failure.

Standards for improving the quality of care for children and adolescents in health facilities



WHO standards for the quality of paediatric care in health facilities (2018)

The goal of this publication is to ensure that the care given to all children, including young adolescents, in health facilities is ***evidence-based***, safe, effective, timely, efficient, equitable and appropriate for their age and stage of development.



STANDARD 1.

Every child receives evidence-based care and management of illness according to WHO guidelines

Quality statement 1.1

All children are triaged and promptly assessed for emergency and priority signs to determine whether they require resuscitation and receive appropriate care according to WHO guidelines.

Quality statement 1.2

All sick infants, especially small newborns, are thoroughly assessed for serious bacterial infection and receive appropriate care according to WHO guidelines.

Quality statement 1.3

All children with cough or difficult breathing are correctly assessed, classified and investigated and receive appropriate care and/or antibiotics according to WHO guidelines.

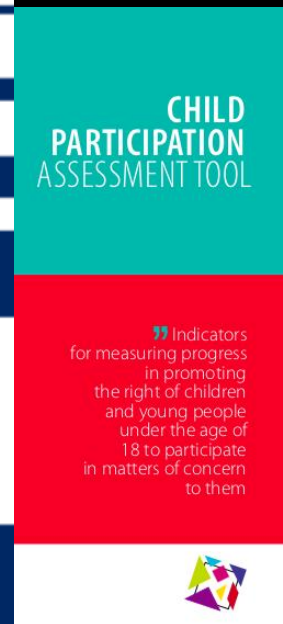
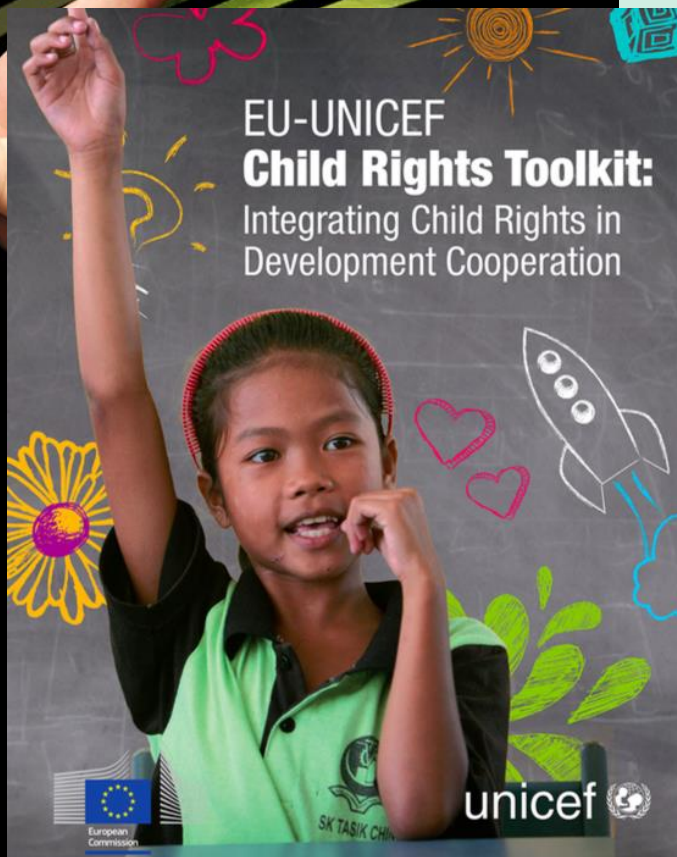
Children are correctly assessed and classified and receive appropriate care and care, including continued feeding, according to WHO guidelines.

Children are correctly assessed, classified and investigated and receive appropriate care according to WHO guidelines.

Children are assessed for growth, breastfeeding and receive appropriate support and counselling, according to WHO guidelines.

Children with acute malnutrition and anaemia are correctly assessed and receive appropriate care according to WHO guidelines.

Children with tuberculosis (TB) and/or HIV infection are correctly assessed and receive appropriate management according to WHO guidelines.



CHALLENGE: IMPLEMENTATION

Empowerment improves Healthcare services design

Participation improves health status

Measuring improves healthcare planning and quality

One way for professionals to avoid patients' criticism is to provide as little information as possible, avoiding being in a position to be criticized and avoiding incurring in what Freidson (1970) defines *clash of perspective* between different points of view



Difficulty in developing a child friendly attitude and language

Busy schedule



ELSEVIER

Contents lists available at [ScienceDirect](#)

Journal of Biomedical Informatics

journal homepage: www.elsevier.com/locate/yjbin



The child's perspective as a guiding principle: Young children as co-designers in the design of an interactive application meant to facilitate participation in healthcare situations



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ABSTRACT

During the last decade, interactive technology has entered mainstream society. Its many users also include children, even the youngest ones, who use the technology in different situations for both fun and learning. When designing technology for children, it is crucial to involve children in the process in order to arrive at an age-appropriate end product. In this study we describe the specific iterative process by which an interactive application was developed. This application is intended to facilitate young children's, three-to five years old, participation in healthcare situations. We also describe the specific contributions of the children, who tested the prototypes in a preschool, a primary health care clinic and an outpatient unit at a hospital, during the development process. The iterative phases enabled the children to be involved at different stages of the process and to evaluate modifications and improvements made after each prior iteration. The children contributed their own perspectives (the child's perspective) on the usability, content and graphic design of the application, substantially improving the software and resulting in an age-appropriate product.

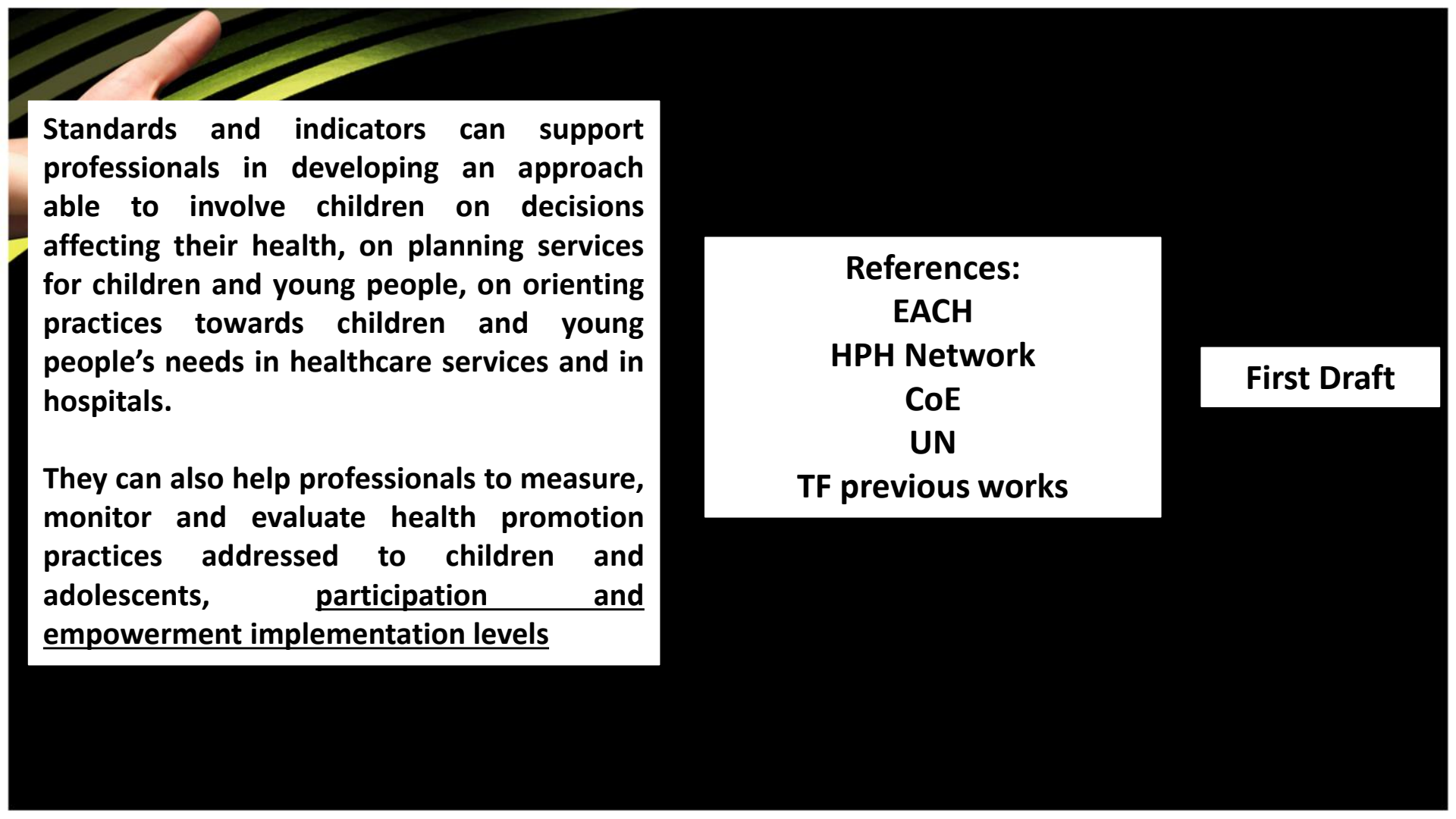
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The application, “Inter-Active Communication Tool for Activities” [IACTA], is intended to facilitate young children’s, three to five years, participation in healthcare situations. The application will be run on a touchscreen tablet. When entering the examination or treatment room, the application is used jointly by the child and the professional.

It could be useful to share and USE these practices....



TF HPH-CA Standards and Indicators



Standards and indicators can support professionals in developing an approach able to involve children on decisions affecting their health, on planning services for children and young people, on orienting practices towards children and young people's needs in healthcare services and in hospitals.

They can also help professionals to measure, monitor and evaluate health promotion practices addressed to children and adolescents, participation and empowerment implementation levels

References:
EACH
HPH Network
CoE
UN
TF previous works

First Draft

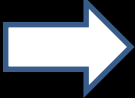
**6 Hospitals & Healthcare services
(Multidisciplinary Teams)**

1. Hospital San Joan De Déu, Spain
2. Budapest Pediatric General Practitioner, Hungary
3. SEMMELWEIS Hospital and Pediatric Clinic, Hungary
4. Tallinn Children's Hospital, Estonia
5. Regina Margherita Children's Hospital, Italy
6. DRMC Medical Center, USA

International Experts

1. HPH TF on Standards
2. GB TF Reference person
3. WHO CC of Vienna and Copenhagen

Standards TEST

- 
1. Standards evaluation
 2. Draft update



According to the Healthcare professionals...

‘I would use it to guide interactions with patients, ensure patient safety, and in evidence-based treatment’

‘A sheet of checklists and quick scan cards as well as pads for patient input on how we are doing with the studies. Departmental meetings for making changes in structure and communication when patients enter the hospital’

‘They are not clear, I just can’t answer them because I don’t have sufficient information’ (on HP...)

‘Most of these, I don’t know for our clinic’

Example of standards and indicators

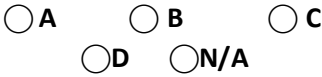
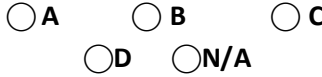
Standard 1. *Management Policy*

The organization has a written policy for health promotion. The policy is implemented as a part of the overall organization quality improvement system, aiming at improving health outcomes. This policy is aimed at patients, relatives and staff.

Goal: To include health promotion activities for children and adolescents in the organization's quality system

SUB-STANDARDS	INDICATORS	ASSESSMENT
The organization adopts and publishes a written policy for health promotion, drafted in collaboration with representatives of children, parents, caregivers' associations	Presence of a written policy on Health promotion published in documents, newsletters, booklets, websites	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> N/A
The written policy acknowledges that Children are active members of society entitled to be informed and consulted, heard and given the opportunity to express opinions both in collaboration with their parents and independently	Yearly consultations with children and adolescents	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> N/A

Example of standards and indicators

Health professionals ensure that children can express their views freely	<p>1. Provision of child friendly tools to express children's views (cards, pads, children's associations involvement, children's boards,,,...)</p> <p>2. Specific Departments meetings on communication with patients</p>	
Patients and their parents are systematically informed on the child's clinical condition and treatment in an appropriate language	Presence of information materials	

Standard 3. *Patient information and Intervention*

The organization provides patients with information on significant factors concerning their disease or health condition and health promotion interventions are established in all patient pathways.

Goal: To empower children and adolescents in an active partnership with Health professionals and to facilitate the integration of health promotion activities in all patient pathways, taking into account the patients' levels of maturity

Reference 1. The Ottawa Health Promotion, Ot

The Ottawa Charter f into account also for environments; Streng

Standard 1. Management Policy

The organization has a written policy for health promotion implemented as a part of the overall organization quality system, aiming at improving health outcomes. This policy includes patients, relatives and staff.

Goal: To include health promotion activities for children and adolescents in the organization's quality system

Standard 3. Patient Information and Intervention

The organization provides patients with information on their disease or health condition and health interventions are established in all patient pathways.

Goal: To empower children and adolescents in an active role in their health and to facilitate the integration of health professionals and to facilitate the integration of health professionals in all patient pathways, taking into account the maturity

Standard 5. Continuity and Co-operation

The organisation has a planned approach to collaborate with relevant health professionals and services

Goal: To ensure the collaboration with relevant health professionals and services in all patient pathways

A: achievement B: moderate achievement C: partial achievement D: minimal or no achievement² □

How do you use this Evaluation Sheet?

...as self-assessment tool

...as peer review tool

... as accreditation tool

...as tool for children and their representatives

Why should you use this evaluation sheet?

...to monitor p

...to contrib

SUB-STANDARDS

The organization adopts a written policy for health promotion, drafted in collaboration with representatives of children, parents, carers and associations

The written policy acknowledges that Children are active members of society entitled to be informed and consulted, heard and given the opportunity to express their views both in collaboration with health professionals and independently

The written policy acknowledges that Children are bearers of rights and invites the staff to adopt a child-rights-based and child-friendly approach.

er (1988)

stipulated in the UN / principle that, in all

QUICK EVALUATION SHEET

A: achievement B: moderate achievement C: partial achievement D: minimal or no achievement² □

INDICATORS	ASSESSMENT				
Presence of a written policy on Health promotion published in documents, newsletters, booklets, website	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> N/A
Yearly consultations with children and adolescents	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> N/A
Mention of Children's rights in the written policy	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> N/A
Health promotion activities registered in medical records	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> N/A
Provision of child friendly tools to express children's views (cards, pads, children's associations involvement, children's boards,...)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> N/A
Specific Departments meetings on communication with patients	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> N/A
Presence of information materials	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> N/A
Meetings with children, families and associations	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> N/A
Presence of spaces for health promotion purposes (hosting parents and peers, hosting associations, hosting schools, playground, ...)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> N/A
Adoption of official documents on children's safety	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> N/A
Agreements with community stakeholders (e.g. GPs, ICTs companies, Children's Associations, Territorial Healthcare services,...)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> N/A
Check lists for health promotion activities evaluation	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> N/A

² Rating scale: Agence nationale d'accréditation et d'évaluation en santé (ANAES)

Rating scale: Agence nationale d'accréditation



NEXT STEPS

- Usability test using ICT solutions
- Implementation at hospital and healthcare service level (eg. in PDCA cycle)
- Develop possible online and accredited training modules for professionals on participation and empowerment
- Focus (research) on costs and gains related to promoting children's health VS not promoting



(?)



HPH

Ospedali per la promozione della Salute
Rete Trentina



International Network of
**Health
Promoting
Hospitals & Health Services**

‘The true measure of a nation’s standing is how well it attends to its children – their health and safety, their material security, their education and socialization, and their sense of being loved, valued, and included in the families and societies into which they are born’

**UNICEF, Child poverty in perspective:
An overview of child well-being in rich countries, Innocenti Report Card 7, 2007 UNICEF
Innocenti Research Centre, Florence.**

THANK YOU FOR YOUR ATTENTION!

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