

31ST INTERNATIONAL CONFERENCE ON
HEALTH PROMOTING HOSPITALS AND HEALTH SERVICES

CREATING SUSTAINABLE HEALTHCARE SYSTEMS
TO PROMOTE HEALTH, EQUITY AND RESILIENCE
IN TIMES OF GLOBAL CRISES

MAY 20-22, 2026
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**31st International Conference on Health
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& Health Services

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Editorial

Dear participants of the 31st International Conference on Health Promoting Hospitals and Health Services,

This year, the annual International Conference on Health Promoting Hospitals and Health Services (HPH) is being held in Malmö, Sweden, and is kindly hosted by the Swedish HPH Network together with Region Skåne and Skåne Care.

2026 marks important milestones for the international HPH movement, including the 40th anniversary of the World Health Organization's Ottawa Charter for Health Promotion and the 30th anniversary of the Swedish HPH Network.

The local host, together with the Scientific Committee, has decided to focus the 31st International HPH Conference on "Creating Sustainable Healthcare Systems to promote Health, Equity and Resilience in Times of Global Crises". The conference will provide an opportunity to address how health promoting hospitals and health services can respond to current global challenges and strengthen their contribution to health, equity, and resilience.

In line with this focus, the program brings together contributions that reflect the breadth of current developments within the HPH movement, including approaches to strengthening sustainable and resilient health systems, promoting health equity across the life course, addressing mental health and stress-related disorders, exploring the role of digital innovation and its ethical implications, and advancing partnerships across sectors.

Altogether, 13 plenary lectures by renowned international experts will address these themes over the course of the conference. In addition to the five plenary sessions, the conference will offer a rich parallel program including symposia, workshops, oral and mini oral presentations, and poster sessions.

Overall, the Scientific Committee reviewed close to 800 abstracts submitted from around the world. Out of these, approximately 550 abstracts were accepted for presentation. The final program spans 21 oral sessions (98 abstracts), 15 self-organized sessions (workshops, symposia, round tables), 11 mini oral sessions (65 abstracts), and 2 poster sessions (257 abstracts). Delegates from all over the world will meet at the conference to present, discuss, and network around topics related to HPH.

Now, we would like to thank all those who contributed to the program development and to the production of this abstract book. Our special thanks go to the plenary speakers, all abstract submitters, the members of the Scientific Committee, in particular for the review of numerous abstracts, the chairs of the plenary and parallel sessions, the co-organizing organizations and above all the Swedish organizing committee of this 31st International HPH Conference.

Christina Dietscher (Chair of the Scientific Committee)

Birgit Metzler (Coordinator, International Conference Secretariat)

Scientific Committee

Chair: Christina Dietscher, Federal Ministry of the Republic of Austria for Labour, Social Affairs, Health, Care and Consumer Protection

Co-Chair: Ralph Harlid, Chair of the International HPH Network, Coordinator of the HPH Network Sweden

- Cristina Aguzzoli, Member of the HPH Governance Board, HPH regional Network Italy-Friuli Venezia Giulia, HPH Taskforce on Wellbeing of Healthcare workers
- Ardit Baraku, National Institute of Public Health of Kosovo
- Steve Bell, European Network of Workplace Health Promotion
- Sam Bishop, Healthcare Without Harm Europe
- Nicolas Bonnet, HPH Network France
- Amelia Ceci, HPH Network Emilia Romagna
- Shu-Ti Chiou, HPH Taskforce on Age-friendly Health Care
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- Julia Eder, Austrian National Public Health Institute
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- Susann Koalick, GNTH Global Network for Tobacco Free Health Care Services, past chair
- Matthias Knopper, Austrian Federal Ministry of Labour, Social Affairs, Health, Care and Consumer Protection
- Margareta Kristenson, Former Chair of the HPH Governance Board
- Kim Kuesook, HPH Network Korea
- Jaekyung Lee, HPH Network Korea
- Diane Levin-Zamir, Scientific Co-Chair for the WHO-Europe Action Network for Measuring Population and Organizational Health Literacy (M-POHL)
- Ming-Nan Lin, HPH & Environment Taskforce
- Susanna Lundgren Stenevi, HPH Network Sweden
- Giuseppe Melcore, HPH Future Leaders Advisory Board
- Johan Menso, City of Malmö
- Birgit Metzler, International Conference Secretariat, Austrian National Public Health Institute

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- Sara Perazzi, IHF International Hospital Federation
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- Nick Thorp, Healthcare Without Harm Europe
- Mireia Vicente, Catalan HPH Network
- Hans Verrept, HPH Taskforce on Migration, Equity and Diversity
- Mark Wilson, Healthcare Without Harm Europe
- Richard Wynne, European Network of Workplace Health Promotion

Scope & Purpose

Creating Sustainable Healthcare Systems to promote Health, Equity and Resilience in Times of Global Crises

2026 marks the 40th anniversary of the World Health Organization's (WHO) Ottawa Charter for Health Promotion – a milestone that invites critical reflection and renewed commitment. In times of global challenges such as climate change, wars, demographic shifts and, not least, widening social and health inequalities including chronic disease, stress related disorders and mental ill health. The Charter's vision of reorienting health services and enabling people to increase control over their health remains profoundly relevant.

2026 is also the year of the 30th anniversary of the Swedish HPH Network, one of the currently most active and engaged national networks in Europe with more than 60 member organizations.

The 31st International Conference on Health Promoting Hospitals and Health Services (HPH) will unite professionals, researchers, policymakers, patient and citizen representatives and civil society to discuss how hospitals and health services can actively advance health, equity, and resilience in challenging times. It will consider the dual role of health promoting healthcare systems as contributors to inclusive, sustainable societies and as entities that must themselves become more resilient and adaptable.

Through plenary sessions, symposia, workshops, oral presentations, and poster contributions, the conference offers a platform to connect evidence, experience, and innovation, with the aim of equipping participants with practical insights and strategies to apply in their own fields of action, policy and research.

Guided by the cross-cutting themes of equity, inclusion, and collaboration, the program is organized around five main topics:

Advancing Resilient and Sustainable Healthcare Systems: 40 Years of Health Promotion

The 40th anniversary of the Ottawa Charter provides a timely opportunity to revisit its call for reorienting health systems to promote health, equity, and community empowerment. Today's global crises demand healthcare systems to undergo profound transformation. This means becoming not only more resilient, but also visionary and future-oriented in terms of social, ecological, and institutional sustainability.

Central to this theme is the health of the workforce. Staff shortages in relation to an ageing workforce, physical and mental strain and burnout are no longer isolated issues. They represent structural risks that directly compromise the health of one of the three main target groups in the HPH model, which jeopardizes system capacity to serve population needs. Supporting those who care for others is essential for building adaptive and shock-resilient services.

Health Equity Across the Life Course

Health and disease are influenced by a range of determinants that are unequally distributed across populations and societies. People with higher exposure to risk factors and poorer health resources have higher general vulnerability, including higher risks of developing diseases, earlier onset of disease and higher premature mortality. In addition, these groups struggle more with managing self-care and navigating healthcare systems and while having higher needs and being significant users of healthcare systems, are often underserved amongst patients. Health services therefore have a pronounced responsibility to identify health needs, health inequities and promoting equity across the life course.

This theme discusses how health services can foster fair and inclusive conditions for health and wellbeing from childhood to old age. Attention will be given to the diverse and evolving needs for health promotion, including disease prevention and healthcare across different population groups, with a particular focus on underserved and vulnerable populations. The role of hospitals and health services in addressing the broader determinants of health and tailoring responses to people's needs across the life course will also be examined.

Anxiety for the Future, Mental Health and Stress Related Disorders: From Concern to Action

Concerns about declines in mental health have been increasing in many countries around the globe in recent years, as uncertainty about the future increasingly affects mental health and wellbeing across all ages. Growing mental strain related to social fragmentation and loneliness, climate anxiety, social insecurity, armed conflicts, and rapid digital and societal changes is creating complex psychological challenges. These include, among others, increased mental trauma and risks of radicalization and violence, with particularly strong effects on young and vulnerable populations. As stress and mental ill health are closely connected to somatic disease and ill health, they also increase the burden of disease on societies. In light of growing global challenges, it is crucial to highlight the strong interplay between psychosocial stress and metabolic disorders, including the rising impact of chronic anxiety on conditions such as diabetes, cardiovascular, and neurodegenerative diseases. This bidirectional link between mental and physical health

underscores the urgency of integrated strategies for effective stress management in healthcare settings.

In this theme, discussions will address the role of healthcare and health research as advocates for mental health and its impact on psychophysical health in all policies. This can be achieved by advancing mental health promotion, mental health literacy and reducing loneliness across sectors and settings through innovative approaches such as social and nature prescribing. Further focus will be placed on exploring options to lower thresholds for accessing community-based, innovative, and effective mental healthcare provision for those who need it. Approaches tailored to diverse needs and settings, promoting mental well-being with particular attention to social isolation and groups at risk, will be considered.

Digital Innovation, Ethical Use of Technology and their Significance for Health Promotion

Digital transformation is reshaping society and healthcare, offering new opportunities to improve access to and efficiency of information and services, as well as patient and provider empowerment. Developments around artificial intelligence (AI), telemedicine, health apps and advanced data analytics bear the potential to support sustainable and equitable health promotion. However, these innovations also raise ethical, equity, and safety concerns not least in relation to disinformation or misuse of data.

This theme explores how HPH can embrace digital innovation while safeguarding ethical governance, privacy, and equity. Topics include the ethical use of AI and decision-making systems, digital health literacy, including critical health literacy, combating misinformation and the importance of inclusive digital strategies that can reduce disparities.

The Importance of Partnerships for Sustainable, Equitable and Resilient Healthcare Systems – Challenges and Opportunities

In times of global crises, population health and healthcare systems face complex challenges that cannot be solved by one sector alone. Creating sustainable, equitable, and resilient health promoting systems depends on strong partnerships that connect healthcare organizations and health researchers with communities, civil society, governing bodies, policymakers and commercial actors, in the sense of health in all policies. As trusted voices in society, healthcare professionals are also uniquely positioned to lead by example and advocate effectively for necessary changes within their own institutions and beyond, for instance by promoting sustainable practices which mitigate climate impact.

This theme will examine how healthcare services can analyze together with their partners the health needs of communities and societies. Based on this and their in-depth knowledge of causes of disease and ill health, they act as advocates and drivers for intersectoral alliances for health, as well as partners in developing and offering better living conditions, enhancing person-centered care, supporting workforce needs, and promoting social inclusion. By participating in and fostering such collaborations in a sustainable and scalable manner, health services can amplify their impact on population health and drive transformative change toward resilient and equitable healthcare systems and societies.

Wednesday, May 20, 2026

09:00-17:00

Registration

10:00-16:00

GNTH Conference Conference of the Global Network for Tobacco Free Healthcare Services

14:00-15:30

Site visits [View details](#) (limited spots available)

15:30-16:30

Meeting of the HPH Governance Board Upon invitation only

17:00-17:30

Conference Opening Venue: The Theater (Teatern)

17:30-19:00

Plenary 1: Advancing Resilient and Sustainable Healthcare Systems: 40 Years of Health Promotion

19:00-21:00

Welcome Reception, Networking

Thursday, May 21, 2026

08:00-09:00

Registration

09:00-10:30

Plenary 2: Promoting Health Equity Across the Life Course

09:00-17:45

Poster Sessions 1 Venue: Restauranggången + Hanteverksgången

10:30-11:00

Coffee, Tea, Refreshments, Networking

11:00-12:30

Oral Parallel Sessions 1

12:30-13:30

Lunch Break - Lunch Meetings

13:30-14:15

Mini Oral Parallel Session 1

14:25-15:45

Oral Parallel Sessions 2

15:45-16:15

Coffee, Tea, Refreshments, Networking

16:15-17:45

Plenary 3: Anxiety for the Future, Mental Health and Stress Related Disorders: From Concern to Action

19:30-22:00

Conference Dinner, Networking

Friday, May 22, 2026

08:00-09:00

Registration

08:30-09:30

Plenary 4: Digital Innovation, Ethical Use of Technology and their Significance for Health Promotion

08:30-15:30

Poster Sessions 2 Venue: Restauranggången + Hanteverksgången

09:30-10:00

Coffee, Tea, Refreshments, Networking

10:00-11:00

Oral Parallel Sessions 3

11:15-12:15

Plenary 5: The Importance of Partnerships for Sustainable, Equitable and Resilient Healthcare Systems – Challenges and Opportunities

12:15-13:15

Lunch Networking

13:15-14:00

Mini Oral Parallel Sessions 2

14:10-15:10

Oral Parallel Sessions 4

15:15-15:30

Conference Closing

15:30-16:30

Farewell Refreshments, Networking

Plenary Session 1: Advancing Resilient and Sustainable Healthcare Systems: 40 Years of Health Promotion

40 years of Ottawa Charta on Health Promotion: Reorienting health systems for equity and empowerment - A vision still ahead of its time?

KICKBUSCH Ilona

VIDEO PRESENTATION The Ottawa Charter was meant to be a provocation. It told health systems they were doing the wrong thing, in the wrong place, for the wrong reasons. Forty years on, that provocation is still unresolved. Why has the most politically ambitious health framework of the 20th century has in many areas remained aspirational rather than operational. Health promotion lives in intersectoral space, no single ministry owns it, no single budget funds it. That ambiguity has been its political weakness as well as the restrictions of being placed within health systems, run by medical logic. One of the five key action areas of the Ottawa Charter was to “reorient health services”. Systems have not. Why? There are clear structural arguments: incentive architecture, professional power, fiscal logic and governance gaps as well as hierarchies of knowledge, race, gender, and class. To move forward structural conditions will need to be addressed such as binding accountability mechanisms and participation decision-making authority with resources. Most critical will be to reframe the economy of health including fiscal health policies, wellbeing economics, the care economy, taxation as health intervention. A key challenge in the digital and AI transformation is the governance for health promotion as public interest framework that protects health and empowers communities as collective actors. The Ottawa Charter challenged the biomedical model at a moment when biomedicine was becoming globally dominant, commercially profitable, and politically powerful and is now fully reinforced by technological, digital and AI developments. At this point of time, we need to approach the Charter is not as a historical monument but as an unfinished agenda. The question for this generation is if and how they will take it forward.

Contact:

KICKBUSCH Ilona
Digital Transformations for Health LAB at the University of Geneva and Council of the World Health Summit in Geneva

Leading transformation of complex systems

HOLMBERG John

In many countries healthcare systems are undergoing a transition, where prevention and proactive health promotion as well as specialised health care at home are becoming increasingly important alternatives to traditional healthcare. This development is partly driven by an aging population, a rising prevalence of chronic diseases, and the need for more cost-effective care models. Specialised health care at home is a clear example of a systemic transformation, where organizational, cultural, and structural aspects must be addressed to achieve long-term and sustainable effects. It challenges established structures and requires extensive changes in areas such as ways of working, technology, regulations, and financing models. The process of change is particularly complex, as it demands integration and collaboration across different levels of care, professions, and solutions. Many organizations within the healthcare system are experiencing a growing tension between the need for change and the difficulty of truly addressing their challenges. Breaking old patterns is seen as both risky and difficult, and measures taken are often experienced as too marginal in relation to the challenges. The lecture will show some ways of how to get out of this dilemma. The lecture builds on knowledge on and experience from systems innovation and transformation of large societal systems. It departs from the keywords of UN's Agenda 2030 and points out the importance of understanding the difference between complicated and complex systems and the different logics behind improving and transforming. It also positions levels of learning that are necessary to transform complex systems, and the kinds of processes that can help navigating such transformations in practice. It ends with some observations regarding leadership for sustainability transformation.

Contact:

HOLMBERG John
Chalmers Research

Healthcare workers' well-being: A value in its own right

BAUER Georg

Considering mission statements of hospitals and healthcare staff associations, the importance of healthcare workers' wellbeing is widely acknowledged. However, it has been mainly viewed as a pre-condition for achieving patient outcomes, aggravating a tendency of healthcare staff to sacrifice their own health for their clients. To promote healthcare workers' wellbeing as a value in its own right, we can build on the salutogenic model of health and on its core, the sense of coherence (SoC). SoC constitutes a global orientation towards life as being comprehensible, manageable and meaningful and has been linked to various positive health outcomes at work and beyond. Interventions to promote staff wellbeing can foster comprehensibility by building

on a consistent, easily comprehensible model showing that balanced job demands and job resources prevent negative and promotes positive health outcomes. Manageability can be improved through regular employee surveys and participatory workshops aiming to improve the balance between job demands and resources. Experiencing meaningfulness requires that employees can continuously shape their working life and can live their work-related purpose. In case of healthcare workers, caring for patients can be considered the essence of their job and professional identity. Beyond the operational, physical caring processes, psycho-social relationships with patients constitute the core of caring. At the same time, social relationships are a key health resource for both staff and patients. Thus, the ongoing, everyday co-creation of care by healthcare workers and patients should be focused upon, understood as a reciprocal, mutually beneficial relationship. Emerging models emphasize high quality working and caring relationships as well as task-related and relational communication as the core components of successful co-creation in care. Building on these developments, I will present our own model for studying and promoting everyday co-creation of care. It suggests considering staff and patients as equally valued humans contributing to and co-benefitting from the co-creation of care. This model completes the shift from patient-centered to person-centered to fully human-centered healthcare. Patients move from a passive role of recipient of healthcare services to an active role of co-creators of their healing process, while staff wellbeing is valued in its own right, eye-to-eye with and strengthened by patient wellbeing.

Contact:

BAUER Georg

Division of Public & Organizational Health and the Center of Salutogenesis, University of Zurich

Plenary Session 2: Promoting Health Equity Across the Life Course

Social Justice and Health Equity

MARMOT Sir Michael

VIDEO PRESENTATION Taking action to reduce health inequalities is a matter of social justice. In developing strategies for tackling health inequalities, we need to confront the social gradient in health not just the difference between the worst off and everybody else. There is clear evidence when we look across countries that national policies make a difference and that much can be done in cities, towns and local areas. But policies and interventions must not be confined to the health care system; they need to address the conditions in which people are born, grow, live, work and age. The evidence shows that economic circumstances are important but are not the only drivers of health inequalities. Tackling the health gap will take action, based on sound evidence, across the whole of society. We must focus on the causes of the causes. Our approach to this is the Marmot Eight principles. These are: Give every child the best start in life. Enable all children, young people and adults to maximise their capabilities and have control over their lives. Create fair employment and good work for all. Ensure a healthy standard of living for all. Create and develop healthy and sustainable places and communities. Strengthen the role and impact of ill health prevention. Tackle racism, discrimination and their outcomes. Pursue environmental sustainability and health equity together.

Contact:

MARMOT Sir Michael
UCL Institute of Health Equity

Equity from the Start: Lessons from Finland's Neuvola System

KLEMETTI Reija

Pregnancy and early childhood are decisive periods for shaping health, wellbeing and long-term life trajectories. Finland's Neuvola (maternal and child health clinic) system offers a comprehensive, preventive and relationship-based model that has contributed to strong child and family health outcomes across the population. By combining universal access with support that is responsive to differing levels of need, Neuvola provides a practical framework for advancing equity from the very beginning of life. This presentation examines how Neuvola functions as a population-level platform for promoting fairness and reducing disparities. The system is built on continuity, scheduled follow-up, and early identification of vulnerabilities in both children and parents. It also places emphasis on integrating health, psychosocial and social support within a single, trusted service pathway. Key lessons learned: Universality ensures

access and near-total uptake. By offering services to all families without cost or eligibility thresholds, Neuvola removes barriers to participation. Nearly all pregnant women and families with young children use the service, allowing it to reach the full population and support equity at scale. Regular, structured follow-up enables early support and early intervention. Systematic visits provide opportunities to identify developmental, health-related or psychosocial concerns at an early stage, ensuring timely assistance and preventing problems from escalating. Services must evolve in response to changing needs. As family circumstances shift—due to demographic trends, mental and physical health needs, migration or socioeconomic pressures—maternal and child health services must continuously adapt to remain relevant and effective. Integrated service models produce the strongest outcomes. Finland's Family Centre (perhekeskus) model demonstrates the benefits of linking health services with social support, parenting services and early education within a coordinated structure. Equity requires both universal provision and proportionately greater support for those with higher needs. Universal services create a foundation of fairness and trust, while scaling support according to individual and family needs ensures that those facing greater challenges receive more intensive help. This dual structure—universal access combined with proportionate support—is essential for reducing disparities and supporting all children to thrive. Together, these features illustrate how early childhood systems can combine universality with responsiveness, ensuring that every child receives a fair start in life.

Contact:

KLEMETTI Reija
Ministry of Social Affairs and Health, Finland

Social prescribing for healthy ageing for older persons

KONDO Katsunori

Background: In Japan, the world's most advanced super-ageing society, healthy ageing has long been a critical public health challenge. Initially, a high-risk approach was adopted, in which individuals identified through health screening were invited to three months health education programs. However, this strategy proved ineffective. Older adults with lower income and lower educational attainment were often unable to attend health checkups due to competing life demands and lacked transportation to program venues, raising concerns that health inequalities would be worsened. Moreover, after the completion of three-month programs, many participants lost opportunities for continued exercise or social interactions and experienced subsequent functional decline. Policy Shift and new Intervention: In response to these limitations, Japan's long-term care prevention policy shifted toward a population-based approach. Without screening or exclusion criteria, a preventive form of social prescribing was introduced that targeted all older adults. Community-operated gathering places, known as kayoi-no-ba, were developed and established within walking distance of residential areas. They were located close to participants' homes, allowing easy access on foot. Because these sites are

locally managed, participation is not time-limited, enabling sustained participation beyond three-month interventions. Results: Empirical evaluations revealed that in many municipalities, participation rates were higher among older adults with lower income and lower educational attainment - groups that previously had few opportunities for social participation - compared with their higher-income and higher-educated counterparts. These findings indicate that equity was maintained or could be improved and that socially disadvantaged populations were successfully accessed. Scale and Impact: To date, kayoi-no-ba have been established in 98% of municipalities across Japan, totaling approximately 150,000 sites nationwide, with around 2.5 million older adults participating. Since the nationwide expansion of this preventive social prescribing approach, a decline has been observed in the proportion of older adults experiencing functional decline and being certified as eligible for long-term care insurance benefits. Conclusions: Japan's population-based social prescribing model demonstrates a scalable and equitable strategy for promoting healthy ageing and reducing functional decline in a super-aging society.

Contact:

KONDO Katsunori
Center for Preventive Medical Sciences

Plenary Session 3: Anxiety for the Future, Mental Health and Stress Related Disorders: From Concern to Action

The role of design for empathy, inclusion and participation

MÖHN Andrea

How can (built) environments promote mental wellbeing in times of increasing psychosocial stress, help reduce stress and lead to a sense of wellbeing? How can empathy, inclusion and participation contribute to creating humane and thoughtfully designed environments and conditions that promote mental wellbeing, convey a sense of security and orientation, and offer opportunities for participation? We experience architecture as our 'third skin'. It has a direct influence on our well-being. Atmosphere, light, colour, acoustics and materials all play a crucial role in this. However, it is not enough simply to combine these factors. To achieve that subtle spatial effect that truly 'moves' us, it is necessary to perceive and understand the actual needs of the users. In this context, not only physical but also psychological needs are of great importance. Only when we understand the needs and identity of the users can we build accordingly for them. People in hospitals and care homes are particularly sensitive to their built environment due to their vulnerable situation. If the environment does not meet their actual needs – such as the need for orientation, emotional security and self-determination – it can lead to restlessness, stress and misunderstood behaviour, whereas an environment with which users can identify creates a sense of well-being and contributes to healing. The active involvement of users in participatory processes plays a crucial role in this. It leads to important insights, gives meaning to those involved and fosters users' identification with 'their' building or space. When users are involved in the design process, it has been found that this leads to lower failure costs, a better working environment and a reduction in staff sick leave, positive experiences for visitors, and a sense of well-being and a healing effect for patients. For years, Andrea Möhn has been researching, through her projects in the healthcare sector, the impact of empathetic architecture on users and the associated positive effects, including behavioural changes in people with mental health issues. Good architecture can have a 'healing' effect.

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Societal pressures and mental health – living with uncertainties in a fragmented world

LAZERI Ledia

Across the WHO European Region, the prevalence of mental health conditions has increased across all age groups, reflecting growing social, economic and demographic pressures throughout the life course. While mental ill-health affects people of every generation, the steepest rise has been observed from pre-adolescence through young adulthood. At the same time, later-life transitions pose significant mental health risks: up to one in three older adults in the Region is socially isolated. Social disconnection in older age is associated with higher risks of dementia and Alzheimer's disease. Within this broader context, the mental health of children and adolescents is deteriorating at an alarming pace. One in seven young people aged 0–19 years in the WHO European Region currently lives with a mental health condition. Adolescent girls are disproportionately affected, with one in four females aged 15–19 years experiencing a mental health condition, and 28% reporting loneliness compared with 13% of boys. Suicide remains the leading cause of death among young people aged 15–29 years, with young men facing a threefold higher risk. Behind these figures are young people navigating a rapidly changing world. Digitalisation, climate change, wars and conflict, and shifting social environments all shape their daily lives. Yet the places where children and adolescents spend most of their time – schools, homes, online spaces – are often not equipped to support their mental wellbeing. Policy and service gaps persist across the Region: one in five countries lacks dedicated child and youth mental health policies, and one in four lacks community-based services. Treatment quality and access vary widely, underscoring the need for coordinated, evidence driven action. This presentation will outline WHO/Europe's response through a mental health in all policies approach, to strengthening mental health systems through various policy initiatives, data and evidence, service development, community engagement, human rights-based, and across the life-course.

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Lived Experience as a Resource: Strengthening Mental Health Support and Suicide Prevention Through Civil Society Innovation

BRACKEN Rickard

Civil society plays a crucial and often underestimated role in advancing mental health promotion and suicide prevention. In Sweden, Mind operates several national support services, including crisis helplines, digital peer-support forums, and targeted initiatives for young people, adults and older persons. Every year, these services generate more than 80,000 conversations with individuals in acute distress or vulnerable life situations. These interactions form a unique source of real-time insight into emerging mental health challenges, barriers to care, and the lived experience of suicidal thoughts and emotional crisis. This keynote will explore how civil society organizations can meaningfully complement health systems by providing low-threshold emotional support, fostering community-based resilience, and engaging volunteers as an essential resource in suicide prevention. Drawing on learnings from Mind's services, the presentation will highlight three central components: Accessible crisis support – how anonymous helplines and chat services function as an early, preventative layer that catches individuals who might otherwise fall through the gaps of the formal care system; Digital peer-support communities – how moderated online forums can reduce isolation, strengthen coping strategies, and reach populations that rarely seek help through traditional channels; Systematic knowledge generation – how large volumes of anonymized conversations can be responsibly analyzed to identify trends, risk factors, and unmet needs, thereby informing policymakers, practitioners and public health strategies. The keynote will also discuss challenges and opportunities related to volunteer-based support models, digital accessibility, and ethical data use. By integrating lived experience, community engagement and technological innovation, civil society can make mental health support more human-centered, timely and inclusive. The presentation will conclude by outlining how collaborations between health systems and civil society actors can accelerate progress toward more responsive and equitable mental health support structures—ultimately contributing to better outcomes for individuals and communities.

Contact:

BRACKEN Rickard
Mind

Plenary Session 4: Digital Innovation, Ethical Use of Technology and their Significance for Health Promotion

Strengthening Digital Health Literacy to Address Health Misinformation

GRIEBLER Robert

Healthcare systems are under increasing pressure. Funding and staff shortages, combined with an ageing population and high expectations for the quality of care, demonstrate that existing structures are reaching their limits. Digitalization in healthcare and strengthening patients' self care capacities are seen as potential solutions. At the same time, chatbots and social media have become major sources of health and illness information, particularly among younger people, increasing the risks posed by misinformation and disinformation. Recent data, such as findings from the M-POHL HLS19 study, show that large parts of the population have difficulty processing online health information. The growing popularity of AI chatbots exacerbates this challenge further, as many people now use them instead of traditional search engines. Most of all, users feel unable to judge the reliability, accuracy, and relevance of the information they receive in relation to their own situation. Within the healthcare system, patients who have already consulted online sources encounter health professionals who can provide only limited guidance on how to deal with online health information. This is partly due to a lack of digital health literacy among professionals and partly to insufficient communication skills that can support learning processes during consultations. Additionally, training patients to use digital applications is becoming increasingly important. This underscores the importance of quality-assured online information resources that are easily identifiable and widely recognized. It also emphasizes the need for health professionals with strong digital health literacy and effective communication skills. Moreover, healthcare organizations must evolve into health-literate organizations that better align more closely with users' needs and act as reliable partners in the digital transformation.

Contact:

GRIEBLER Robert
Austrian National Public Health Institute

Public Health Digitalization in Europe: Room and Scope for AI to Support Public Health Values - the case of infectious diseases

ODONE Anna

The digital transformation of public health systems in Europe is creating new opportunities to strengthen prevention, surveillance, and response strategies, particularly in the field of infectious diseases. The increasing availability of health data, combined with the development of Artificial Intelligence (AI), offers significant potential to improve decision-making processes and support core public health values such as equity, accessibility, efficiency, and transparency. Infectious disease management represents one of the most relevant areas in which AI can contribute, as demonstrated during recent global health emergencies such as the COVID-19 pandemic. AI technologies can enhance early detection of outbreaks through real-time analysis of epidemiological data, electronic health records, mobility patterns, and environmental indicators. Predictive models may support public health authorities in identifying vulnerable populations, forecasting disease spread, and allocating healthcare resources more effectively. In addition, AI-driven digital tools can improve vaccination strategies, strengthen contact tracing systems, and facilitate personalized communication campaigns aimed at increasing public awareness and compliance with preventive measures. However, the integration of AI into public health governance also raises important ethical, legal, and social concerns. Issues related to data privacy, algorithmic bias, digital exclusion, and the transparency of automated decisions may threaten trust and fairness if not properly addressed. In the European context, where public health policies are strongly linked to principles of solidarity and universal access, AI implementation must be guided by robust regulatory frameworks and interdisciplinary collaboration. This presentation will explore the role of AI in supporting public health digitalization in Europe, focusing on infectious diseases as a case study. It analyzes both the opportunities and the limitations of AI-based interventions, emphasizing the need for human-centered governance to ensure that technological innovation remains aligned with public health values and contributes to resilient, inclusive, and sustainable health systems.

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Plenary Session 5: The Importance of Partnerships for Sustainable, Equitable and Resilient Healthcare Systems – Challenges and Opportunities

Commercial determinants of health – Politics between individualizing of responsibility and the reluctance to tackle the systemics of markets

AUER Clemens Martin

The rise of non-communicable diseases of people, like cardiovascular diseases, diabetes or obesity and many more, are haunting health systems and pushing the financial feasibility of health care to the edges. This is not new and well talked about. We all know that the intake of sugar, salt and fat in highly processed food is causing harm to health of people. We also know the environmental hazards caused by industrial waste or products are endangering health. This is what we call the commercial determinants of health. But why is it, politics want to delegate the responsibility of not getting exposed to such threats to individuals, maybe in supporting them with new gadgets to recognize the hazard and the potential negative consequences for someone's health? What we are missing is the systemic approach to stop industries from putting food products on the market which are causing harm to people. The need for sound regulation is overheard, nowadays even rejected, since regulation as such is seen as hindering the competitiveness of industries.

Contact:

AUER Clemens Martin
European Health Forum Gastein

Building Networks and Partnerships: The Only Route to Sustainable Healthcare

WILSON Mark

Delivering meaningful climate action in healthcare depends on strong, long-term partnerships that can translate ambition into system-wide change. In this keynote, Health Care Without Harm (HCWH) Europe's Executive Director, Mark Wilson, will highlight the critical role of networks in accelerating transformation and overcoming implementation challenges. He will introduce HCWH Europe's new Strategy, which places partnerships, networks, and scaling impact at its core. This includes the development of national centres and country-level networks across Europe, which is intended to expand rapidly HCWH Europe's partnership ecosystem and ensure that change is driven from the ground up within the unique contexts of each country's national health system. The keynote will explore which collaboration models are most effective in practice, and share key tools, guidance, and solutions that support practitioners with implementation, such as HCWH Europe's Carbon Management Mentoring Programme and Decarbonisation Journey. He will also reflect on the enabling policy frameworks required to sustain and scale impact, offering practical insights for practitioners, policymakers and network leaders seeking to drive climate and health action through collective effort.

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Healthcare Without Harm Europe

Oral session 1.1: Climate-resilient and environmentally sustainable healthcare

Standards for climate resilient, environmentally sustainable, and health promoting hospitals

SIMEK Monika, METZLER Birgit

Background and objective

Climate change threatens population health and the resilience of health systems. Healthcare facilities face a dual challenge: adapting to climate risks while reducing their environmental footprint. As they enjoy high public trust, healthcare professionals can play a key role in promoting both health and climate protection. Strengthening these synergies is essential for building resilient and equitable healthcare systems. A project funded by the Austrian Health Promotion Agenda, in cooperation with the Austrian HPH Network, revealed that healthcare organizations need support in implementing climate mitigation measures. In response, the WHO Collaborating Centre for Health Promotion in Hospitals and Healthcare, based at the Austrian National Public Health Institute, develops guidance to support implementing climate-resilient, environmentally sustainable, and health-promoting practices, while fostering collaboration for long-term organizational change.

Methods/intervention

The methodology includes analyzing existing quality criteria and conducting a modified Delphi process with two rounds of questionnaires and expert meetings to reach consensus. Based on the findings, a draft set of standards and an implementation manual will be released in 2026. These will be piloted in healthcare facilities in Austria and internationally to assess feasibility. After the pilot phase, revisions will ensure relevance and effectiveness.

Results

Preliminary work has focused on analyzing existing criteria and gathering expert input through the first Delphi round. A draft set of standards is under development and will be presented along with insights from the process and next steps for piloting.

Conclusions/lessons learned

Integrating climate resilient, environmentally sustainable, and health-promoting practices into health services improves outcomes for both human and planetary health.

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Strategies for improving Energy Resilience for healthcare - without burning down the planet

VERNON Walter, BAROLIN Austin

Background and objective

The International Federation of Healthcare Engineering supports the planning, development, construction, and operations of health facilities around the world. We are signatories to the Belem Health Action Plan for the Adaptation of the Health Sector to Climate Change. This session will present a number of strategies from hospitals around the world to this urgent need.

Methods/intervention

IFHE aggregates the experiences from our members and experts from around the world. This session will highlight successful strategies that are being implemented in health facilities around the world to better support the delivery of health in a changing climate.

Results

From hospital microgrids in a hospital in Burundi, to climate resilient health posts in Nigeria, to hydrogen fuel cells in the state of Washington, to massive battery banks at a Children's hospital in California, health facilities from around the world are developing new strategies for weathering the coming climate storms, even as they invest as well into reducing their own environmental footprint. This session will present highlights of these efforts, showcasing what is possible as we enter this new era.

Conclusions/lessons learned

Every health facility today and in the future must respond to the realities of the changing climate. Every health facility will face unique challenges in its ability to deliver care to the people it serves. The problem with such investments is that they are like insurance policies; they cost money, and they only really have value if something bad happens. So, preparing strategically and not randomly is essential to keep costs down, while mitigating the most likely threats. And, when these investments can also improve the day to day operation of the health facility, it's an even bigger win. A health care organization has many investments they can make, in the name of resilience. But, making the decisions that are effective at risk mitigation, and minimize capital needs, and reverse the trajectory to worse environmental damage is a narrow target. This presentation will show some of the strategies that the world's hospitals have developed, and suggest strategies for considering others that may be appropriate in other contexts.

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Building Organizational Resilience and Backup Capacity in Hospitals

LIN Chi-Feng, TSENG Meng Han

Background and objective

Hospitals face rising threats from climate change, pandemics, and cyberattacks. Taiwan's exposure to earthquakes and typhoons heightens the need for resilience. Mackay Memorial Hospital (MMH) launched the resilience Program in 2025 to integrate resilience into governance, operations, and culture. The goal is to build a data-based risk framework, strengthen infrastructure and energy systems, and foster a resilient workforce.

Methods/intervention

MMH established a Resilience Operations Committee to coordinate governance and risk management. Using Hazard Vulnerability Analysis (HVA) expanded to assess natural, technical, and policy risks. Otherwise, use Power BI dashboard integrates safety and engineering data for real-time alerts. Tabletop drills and After-Action Reviews (AAR) enhance cross-department coordination. Infrastructure upgrades and off-site data backups ensure 72-hour operational continuity, while staff training and psychological safety programs strengthen adaptability.

Results

Resilient governance has been embedded into the hospital's strategic framework. The updated HVA identified 23 key risks, with fire, cybersecurity, and infectious diseases as top priorities. Future efforts will gradually expand to address social and policy-related challenges. Moreover, the implementation of the dashboard is expected to reduce response times by approximately 35% and enhance communication across the organization. Ongoing upgrades aim to extend energy self-sufficiency beyond 72 hours and enhance preparedness through regional cooperation.

Conclusions/lessons learned

The program shifted MMH from reactive preparedness to proactive resilience. Lessons include the value of leadership, data-driven agility, and learning culture. Embedding resilience across systems enhances safety and sustainability, providing a model for climate-ready hospitals.

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Operating Room Information System (ORIS) Enables Intelligent Management for Sustainable and High-Quality Hospital Operation: A Newly Established Hospital's Experience

LEE Chia-Lun, TSAI Wen-Tsung, HSUEH Chiung-Fang, CHEN Shie-Tsung

Background and objective

The Operating Room (OR) is a high-cost, resource-intensive core unit. Implementing an advanced OR Information System (ORIS) from the outset is critical for maximizing operational efficiency and establishing high quality standards in a new hospital. The study is to share the experience of a new hospital in establishing a fully digital and smart OR environment using a comprehensive ORIS and evaluate its impact on operational efficiency, patient safety, and sustainability goals.

Methods/intervention

This single-center health IT study evaluated the implementation of an advanced ORIS in a new hospital operating 9 ORs (7 General Anesthesia (GA)/ 2 Local Anesthesia (LA)), starting in August 2024. The implementation focused on three core modules: Intelligent Surgical Process Management (Scheduling, Dashboard, and Mobile App), Digital Perioperative Nursing Records, and Smart Supply Chain Management (using Autonomous Mobile Robots (AMRs) and a Surgical Instrument Tracking System (SITS)).

Results

The ORIS implementation resulted in an impressive 290% increase in surgical volume (from 200 to 773 cases/month) within one year. Efficiency significantly improved: for 4,484 GA cases, the Turnover Time achievement rate (<15 min) rose from 65.8% to 73.2% following the full deployment of AMR transport. The AMRs further reduced 2,769 instances of manual handling, saving 41,535 minutes of labor, equivalent to 0.72 full-time personnel per day. The system also ensured stringent quality and safety, achieving 100% accuracy in patient safety checklist adherence and 100% instrument return accuracy (0% loss rate) via SITS. Furthermore, the ORIS supported sustainability goals: adopting paperless nursing documentation saved an estimated 89,680 A4 sheets (\$1,494 USD) annually, equating to a reduction of approximately 448.4 kg of CO2 emissions, demonstrating environmental sustainability.

Conclusions/lessons learned

Implementing a full-featured ORIS at the hospital's inception successfully created an intelligent, high-efficiency, and high-safety OR environment. This system not only enabled rapid volume growth but also maintained stringent quality and supported the hospital's sustainable operation goals.

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How Can TMUH Enhance Residents' Health Autonomy and Disaster Resilience in Remote Areas of Taiwan by Using AI, BI, Apps, Telehealth, and Mobile Clinics?

WU Yin-Huan, LU Chung Ying, HUI Lin Chien, LIN Chang-Hsien

Background and objective

Located in Taipei, Taipei Medical University Hospital has faced crises such as COVID-19, earthquakes, landslides, and typhoons over a decade, creating a resilient healthcare system in 10 mobile clinics in mountainous rural areas and outlying islands like Penghu, Matsu, and Kinmen. Over 13,000 outpatient visits demonstrate its reach. Objective: To empower residents during normal times and ensure survival during disasters or war.

Methods/intervention

1. Public Policy & Awareness: Establish policies to guide and inform the public.
2. Supportive Environment: BI: Develop a large database for physiological data, tracking long-term health trends. Apps: Use platforms like Line, X, Instagram, Telegram, MMS for health promotion. CPR/AED: Provide facilities, training, and simulated trauma care. Wi-Fi & Equipment: Ensure Wi-Fi in all mobile clinics and distribute first aid kits to households. Telehealth: Facilitate remote diagnoses for over 500 cases, with drugs delivered via drones.
3. Personal Skill Enhancement: Provide 24H telemedicine with AI-assisted diagnosis and real-time alerts via mobile apps for acute and critical cases.
4. Service Adjustment & Monitoring: Regular review meetings to refine healthcare strategies and monitor effectiveness.
5. Sustainable Development: Build networks, secure government and institution funding for ongoing support.

Results

Managed 1001 chronic disease patients across 5 categories (Normal > Dyslipidemia > Metabolic Syndrome > CKD > CVD); 231/309 achieved remission or stability, even reverting to earlier stages. Conducted AED and CPR training with 278 elderly participants.

Conclusions/lessons learned

Shifted public mindset from passive to proactive health management. Integrated healthcare with civil defense is vital for disaster resilience. Post-disaster recovery should prioritize mental health, addressing chronic anxiety and PTSD.

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Oral session 1.2: Equity and complex care pathways

Determinants and Experiences Influencing Nursing Home Placements: A Meta-Ethnography

FINDLING Thomas, GRUZE Yasmin, MACK Sandra, HOEDL Manuela

Background and objective

People with dementia are mainly cared for at home, mostly by female informal caregivers, who often face significant strain. Overload frequently triggers nursing home placement, which can reduce quality of life and increase burdens for families and the healthcare system. This meta-ethnography explores the factors shaping these decisions, providing nuanced insights to guide future support structures and policies.

Methods/intervention

According to the Preferred Reporting Items for Systematic Reviews (PRISMA 2020) statement, a systematic search and structured selection of relevant studies were conducted. A thorough iterative search was conducted in March 2024 using PubMed/Medline, EMBASE, CINAHL, PubPsych, BibNet and GeroLit. To encompass diverse studies, the search strategy included open searches in Google Scholar, MetaGer, DuckDuckGo, GreyLit, and OpenGrey, alongside a manual reference search. A meta-ethnographic approach, guided by the eMERGe framework, was employed to systematically analyze qualitative studies in a seven-phase synthesis process.

Results

The synthesis revealed 13 determinants influencing decision-making, such as impact on informal caregiver health, family dynamics, dementia-related behaviors, formal and informal support, financial and structural barriers, and emotional struggles. These determinants highlight the complex interplay of personal, practical, and social factors. Decision-making outcomes ranged from harmonious to conflict-ridden, with contextual variations shaping caregiver experiences.

Conclusions/lessons learned

This meta-ethnography underscores the multifaceted nature of nursing home placement decisions. Findings emphasize the need for tailored, culturally sensitive interventions that address caregivers' emotional and practical challenges while promoting shared decision-making.

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Toward sustainable and equitable end-of-life care: A nationwide analysis of hospice ward utilization and expenditures in Taiwan

WU Ariel Chang-Yu, HSIEH Chi-Jeng, CHEN Chih-Dao, LIN I-Po, LAI Yi-Horng

Background and objective

Terminal cancer patients often receive intensive and costly interventions near the end of life. Hospice care promotes dignity, comfort, and value-based use of healthcare resources, thereby supporting more sustainable and equitable health systems. However recent nationwide evidence on the impact of hospice ward care in Taiwan is limited, despite growing hospice coverage. This study compared healthcare utilization and expenditures between hospice ward and non-hospice patients using Taiwan's National Health Insurance Research Database (NHIRD).

Methods/intervention

We conducted a nationwide retrospective cohort study of adult cancer decedents between 2018 and 2022 using the NHIRD. Patients who received hospice ward care were matched 1:1 with non-hospice patients ($n = 6,079$ per group) using propensity score matching on sociodemographic characteristics, cancer type, comorbidities, and prior healthcare use. We compared outpatient and inpatient utilization and total healthcare expenditures 30, 90, and 180 days before death, and estimated the odds of intensive care unit (ICU) admission and cardiopulmonary resuscitation (CPR) in the last 30 days of life.

Results

Compared with non-hospice patients, hospice ward patients had significantly lower total healthcare expenditures in the 30, 90, and 180 days before death (by 83,104; 111,096; and 132,242 New Taiwan Dollars, respectively; all $p < 0.001$), with consistent reductions in both inpatient and overall expenditures and a widening gap over longer time windows. Hospice ward care was also associated with substantially fewer aggressive interventions, including lower odds of ICU admission (OR = 0.13, 95% CI: 0.11–0.14) and CPR (OR = 0.02, 95% CI: 0.01–0.04) in the last 30 days of life.

Conclusions/lessons learned

Hospice ward care effectively reduces healthcare expenditures and aggressive interventions while enhancing patients' quality of life. Strengthening timely referral and accessibility to hospice ward care can further enhance equity, sustainability, and patient-centeredness in end-of-life care.

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The Path to End-of-Life Equity for People with Disabilities: Safeguarding Medical Autonomy and Establishing a Community-Based Palliative Care Model

CHUNG Ching-Hui

Background and objective

People with disabilities may experience barriers that prevent them from enjoying equal rights, including medical autonomy and the right to a dignified death. Guided by the human rights and social models of the Convention on the Rights of Persons with Disabilities (CRPD), Mackay Memorial Hospital has worked to empower people with disabilities to express their medical autonomy and to expand palliative care from home-based services to institutional settings.

Methods/intervention

The project was implemented in four phases. Phase 1: Educational workshops on medical autonomy were provided for people with disabilities, families, and care teams in residential institutions to enhance understanding of end-of-life options. Phase 2: The healthcare team assisted participants in expressing preferences for major medical decisions, emphasizing embodied expressions of intention (e.g., facial expressions, gestures, assistive communication tools). Families and care staff were involved in signing formal advance directives to ensure shared understanding. Phase 3: Continued collaboration with institutions promoted home-based palliative care and included staff training on policy, ethics, caregiving, and spiritual care. Phase 4: In August 2025, Taiwan's first palliative care ward for people with disabilities was established, integrating natural and spiritual design elements inspired by hospital-based hospice models.

Results

After three years of collaboration, Taiwan's first palliative care ward for people with disabilities was established in August 2025. From 2024 to August 2025, 93 workshops on medical autonomy were held with 8,182 participants; 2,074 advance directives and 3,604 hospice care consent forms were signed, about 10% by people with disabilities.

Conclusions/lessons learned

Adopting a human rights-based approach affirms that people with disabilities have full legal capacity and the right to make medical decisions. Person-centred palliative care should safeguard medical autonomy and end-of-life rights, including dying in place, to promote equity at life's end.

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Network Knowledge of Health Promotion at HPH Catalunya

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Background and objective

The Network of Health Promoting Hospitals and Health Services of Catalonia (HPH Catalunya) is composed of more than 30 hospitals and centers across the Catalan territory. Within its strategic lines, this initiative aligns with two of them:

1. Providing tools and knowledge for the implementation of health promotion programs.
2. Facilitating the exchange of experiences in health promotion, fostering synergies among centers. The objective was to collect and share experiences related to health promotion, to inspire other centers, and to highlight successful projects.

Methods/intervention

The intervention consisted of editing three compilation books (2023–24–25), in digital format, to gather and briefly describe the different experiences, projects, and good practices in health promotion. The experiences were classified into six predefined areas, reviewed by an expert committee in Health Promotion, which excluded those that did not meet the requirements. The committee also created an ad-hoc form to standardize project submissions. Each edition of the book received funding from the Public Health Agency of Catalonia.

Results

Publication of three digital compilation books featuring health promotion projects, with a total of 40 experiences/projects from different Catalan centers.

Conclusions/lessons learned

- High level of commitment from healthcare centers: The active participation and quality of the shared experiences demonstrate the strong commitment of hospitals and centers in the HPH Catalunya Network to health promotion.
- Recognition of good practices: The publication of these books highlights inspiring, useful, and transferable initiatives that can drive change in other institutions.

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Integrating the CUP Model and Hospice-Focused Palliative Outcome Index (HFPOI): Building Institutional Compassion and Equity-Based Governance in Palliative Care

FANG Chun-Kai

Background and objective

This practice-based research aimed to evaluate the implementation of a multi-perspective outcome system designed to strengthen equity and compassion in palliative care. Traditional outcome measurement often focuses on clinical parameters, overlooking the ethical and relational dimensions essential to whole-person care. To address this gap, MacKay Memorial Hospital's Hospice and Palliative Care Education & Demonstration Center introduced the CUP (Context-Users-Providers) Model integrated with the Hospice-Focused Palliative Outcome Index (HFPOI), fostering data-driven and ethically grounded quality improvement.

Methods/intervention

Between 2023 and 2025, four validated HFPOI instruments were implemented across inpatient and community palliative services: the LED-Good Death Index (patients), HFT-Bereavement Assessment Scale (families), PtSpWBS (spiritual well-being), and WPHS-EH (staff whole-person health). Data collection and multidisciplinary reflection were conducted through regular feedback cycles. CUP-based ethical reflection sessions connected outcome results with team learning and institutional decision-making.

Results

The implementation led to measurable and relational improvements. Preliminary data indicated upward trends in patient-family shared decision-making and family satisfaction, along with a noticeable reduction in staff burnout. Qualitative feedback revealed enhanced team trust and moral coherence. The initiative has been highlighted through national peer review as a promising model of compassionate and equity-based governance.

Conclusions/lessons learned

Integrating HFPOI and CUP demonstrates that ethical reflection and participatory evaluation can be institutionalized as mechanisms of continuous learning. This approach moves beyond measuring performance to measuring meaning and presence, linking compassion with accountability.

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Real-world data on Factor V Leiden in Sweden: a nationwide family study

CURIC Emina, PIROUZIFARD MirNabi, SUNDQUIST Jan, SUNDQUIST Kristina, ZÖLLER Bengt

Background and objective

This is the first nationwide study presenting real-world data for factor V Leiden (FVL). Real-world data may hold answers to questions that may not be addressed otherwise. The aim with this study was to determine number of diagnosed patients with FVL in Sweden and the associated risk for venous thromboembolism (VTE) in their families.

Methods/intervention

The Swedish Multi-Generation Register was linked to the Swedish National patient register (NPR) for the period 1964-2018. Patients with a diagnosis of FVL (heterozygotes or homozygotes for FVL) were included in the study and were linked to their family members. Hazard ratios (HRs) and 95% confidence intervals (CIs) for VTE were calculated for individuals with FVL in comparison with relatives without FVL.

Results

Among 146,856 individuals from different 9,792 pedigrees 13,055 [8.9%] individuals had diagnosed FVL. A total of 19,768 (13.5%) individuals were affected by VTE. The adjusted HR for VTE among family members with FVL was 9.23 (95% CI, 8.92-9.55). After exclusion of index cases the adjusted HR for VTE among family members with FVL was 6.35 (95% CI, 5.96-6.78). The risk of VTE was dependent on number of classical thrombophilias present in a patient. One thrombophilias was associated with a HR of 9.44 (95% CI 9.13-9.76), two thrombophilias 16.15 (95% CI 14.73-17.72), and three thrombophilias 22.02 (95% CI 15.62-31.02).

Conclusions/lessons learned

This nationwide real-world data family study shows that Factor V Leiden is underdiagnosed in Sweden even in thrombosis prone families. Factor V Leiden is a risk factor for venous thromboembolism in thrombosis prone families in Sweden. Thrombophilia screening in thrombosis prone families could be beneficial.

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Oral session 1.3: Health-literate healthcare organizations

Educational material on health promoting interactions: A collaborative initiative

LINDERSTRÖM Maria, ARONSSON Elinor, FORSGREN Emma

Background and objective

Health promoting interactions are central to the promotion of well-being for both patients and staff. An existing educational material on health promoting interactions, developed by the Swedish Health Promoting Hospitals (HPH) network, has been perceived as in need for an update. In collaboration with the University of Gothenburg Centre for Person-Centred Care (GPCC), the objective of this project was to develop updated digital resources that support health-promoting and person-centred interactions in clinical practice.

Methods/intervention

A joint working group from HPH and GPCC initiated a structured review of the current material, including consultations with health process leaders and professionals conducting health dialogues. The team has redesigned the structure of the material, produced new introductory texts, and drafted updated digital video content. A new thematic component has also been developed to highlight the relationship between a healthy work environment and a health-promoting, person-centred approach.

Results

Early user feedback on the drafts suggests increased relevance, accessibility, and potential for practical application.

Conclusions/lessons learned

Collaboration across organizational and academic boundaries has proven essential for creating educational material that is both evidence-based and grounded in real-world practice. Input from health process leaders and professionals was beneficial to identify gaps and ensuring usability. Further input will be sought throughout the development of the material.

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A qualitative study examining healthcare professionals' experiences of promoting health literacy in migrant women after childbirth

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Background and objective

Low health literacy is linked to adverse outcomes, higher mortality, and reduced quality of life. Migrant women, especially those displaced under forced circumstances, often face disrupted health literacy, limiting engagement with healthcare and delaying maternity care. Improving postnatal health information delivery is therefore critical. This study explored Swedish healthcare professionals' perspectives on supporting migrant women after childbirth.

Methods/intervention

Using a qualitative design, we conducted interviews with 20 purposively sampled healthcare professionals experienced in postnatal care for migrant women. Data were analyzed through reflexive thematic analysis.

Results

Three themes emerged: (1) building trust and confidence within healthcare systems, (2) providing health information in women's native languages across varied contexts, and (3) tailoring content to diverse needs. Participants emphasized culturally sensitive, continuous care spanning pregnancy and postpartum, individualized communication adapted to language, culture, and comprehension, and organizational strategies such as interprofessional collaboration and community engagement. Language accessibility was seen as essential for practical application of health guidance.

Conclusions/lessons learned

Findings suggest actionable strategies: trust-building to enhance care, multilingual information delivery to improve uptake, and personalized support through tailored content and follow-up. While these approaches strengthen health literacy, structural barriers must be addressed to achieve equity.

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Examining barriers and enablers in the implementation of health-promoting principles in the physical environment of European healthcare facilities

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Background and objective

Despite progress in evidence-based health-promoting architectural research, its application in healthcare buildings is not widespread. It is essential to understand factors that hinder the implementation of health-promoting principles in the built environment, especially when healthcare sector is equally invested in the health promotion in their organizations.

Methods/intervention

Barriers and enablers to creating health-promoting healthcare environments is examined from an architectural perspective. Semi-structured interviews with seven senior medical staff from the Health Promoting Hospitals (HPH) network in Czech Republic, Italy, Hungary, France, Germany and Romania were interviewed. The scale and type of HP implementation varied from smoking cessation in the campus to creating relaxation rooms for children in the ER.

Results

The preliminary findings identify common factors that either support or hinder implementation of health promotion in healthcare facilities' physical environment. When healthcare facilities undergo health promotion transformations at the organizational level, several factors stood out, including: the important role of top-down leadership (such as Ministry of Health-appointed HPH representatives, or strong senior leadership); 2. limited awareness among medical professionals of the benefits of evidence-based architectural design weakening internal advocacy for built-environment change; 3. limited funding leading to clinical priorities to take over; and other barriers such as limited time and staff, resistance to change, difficulties adapting existing buildings, and complex, slow decision-making structures.

Conclusions/lessons learned

The findings highlight the need for formalized interdisciplinary collaboration, knowledge exchange and evidence of economic and health benefits to integrate health-promoting architectural strategies more effectively into healthcare facilities.

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Limited critical and communicative health literacy is related to poorer health among older adults: Implications for research and practice.

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Background and objective

Health literacy (HL) tends to decline with age and is associated with poorer health outcomes. Further research is needed to clarify its association with specific age-related health challenges in older adults. The study aims to investigate the association between HL and health status among older adults and explore potential differences between the younger old and the oldest old adults. This knowledge is essential for developing targeted strategies that support healthy aging.

Methods/intervention

A cross-sectional study using data from the 2021 Swedish Panel Study of Living Conditions of the Oldest Old (SWEOLD), a nationally representative sample of individuals aged 77 and older. Univariate and multivariate logistic regression analyses were used to assess associations between communicative and critical health literacy (C&C HL) and various health outcomes. Models were adjusted for age, sex, and socioeconomic status, and stratified by age 77–84 and 85+ years.

Results

Statistically significant associations were found between C&C HL and poorer health outcomes, including lower self-rated health, multiple lifestyle-related conditions, increased frailty, and greater need for assistance with medication management and daily activities. Among the younger old (77–84 years), limited C&C HL was particularly associated with lifestyle-related conditions. Among the oldest old (85+), inadequate C&C HL was linked to poorer activities of daily living (ADL) scores and higher frailty. Overall, frailty increased with age and progressed more rapidly among individuals with lower levels of C&C HL.

Conclusions/lessons learned

Supporting older adults' ability to access and use health information is vital for maintaining health and delaying care dependency. Tailoring services to varying HL levels may help reduce health inequalities and promote healthy aging.

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Toward Equitable Healthcare – Health Literacy Responsiveness in Hospitals

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Background and objective

Large proportions of the population suffer from low health literacy (HL), which affects their ability to engage with health information and services. Health literacy responsive hospitals have high organizational health literacy (OHL), facilitating equitable access to health information and services. The objective of this study was to assess HL responsiveness in five hospital clinics in Norway.

Methods/intervention

This multi-method study utilized the International Self-Assessment Tool for Organizational Health Literacy (Responsiveness) of Hospitals (short version; OHL-Hos-SF). Individual ratings from 28 hospital staff and managers were complemented by qualitative group discussions with 25 participants. Data collection occurred in September 2025, and the data were analyzed using descriptive statistics.

Results

Preliminary results indicate strengths in providing information to patients and their families about future treatment and recovery. However, all clinics identified areas for improvement, including the need for staff training on professional and organizational HL, initiatives to promote personal HL in the local community, and efforts to enhance regional OHL. Notably, one clinic reported improved scores in joint assessments relative to individual assessments, while the other four clinics displayed consistent ratings.

Conclusions/lessons learned

Few indicators in the OHL-Hos-SF were met to a (very) large extent. While healthcare professionals adapt communication to align with patients' HL needs, these adaptations are not supported by formal procedures.

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Implementing a Health Literacy Strategy in Digital Hospital Environments: the M-POHL OHL-Hos Framework

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Background and objective

Health literacy (HL) refers to people's ability to access, understand, appraise and use health information for informed decision-making. Organisational health literacy (OHL) extends this concept to healthcare institutions. The WHO Europe network M-POHL (Measuring Population and Organisational Health Literacy) develops evidence-based tools to assess and strengthen HL at both population and organisational levels. This presentation applies OHL principles in digital hospital environments through the OHL-Hos framework with particular emphasis on the role of patient portals.

Methods/intervention

The OHL-Hos self-assessment tool evaluates hospitals across five domains: leadership, workforce, environment, communication and community engagement. Its application was combined with the HIMSS EMRAM digital maturity model, linking digitalisation with patient engagement and empowerment - core elements of HL.

Results

A case study from Klauďán Hospital (Czech Republic) demonstrates the integration of the OHL-Hos framework within digital transformation efforts. Priorities included improving discharge communication and hospital navigation, resulting in a 2023–2025 action plan for staff training, community education and the implementation of a patient portal. Preliminary results indicate enhanced patient comprehension, engagement and self-management.

Conclusions/lessons learned

Embedding OHL principles within digital transformation processes enhances patient empowerment, communication equity and quality of care. The OHL-Hos framework provides a structured approach to align digital maturity with health-literate organizational practice.

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Oral session 1.4: Inclusive and needs-based approaches to health equity

Mobilising non-medical community actors to prevent childhood obesity in deprived urban areas: a whole-system territorial approach in Lyon

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Background and objective

Childhood obesity is a major driver of health inequalities, disproportionately affecting children living in socio-economically deprived neighbourhoods. While whole-system approaches to obesity prevention increasingly emphasise intersectoral action, the role of non-medical, community-based actors such as social centres, cultural organisations, housing providers, sport and employment services, operating outside the health sector remains insufficiently documented in European urban contexts. The objective of this study was to explore the existing and potential contributions of non-medical community actors to childhood obesity prevention in disadvantaged urban areas.

Methods/intervention

A qualitative study was conducted in two deprived urban areas of Lyon, France. Thirty semi-structured interviews were carried out with professionals from non-medical organisations working with children and families. Data were analysed inductively to identify actions, barriers and facilitators to actor's engagement.

Results

The study showed that non-medical actors already contribute to childhood obesity prevention through actions on nutrition, physical activity, social participation, housing conditions, cultural empowerment and parental support. However, their involvement remains fragmented and disconnected from health services. Key barriers included limited training on health issues, perceived lack of legitimacy to address obesity and insufficient visibility of local health resources. Nevertheless, actors expressed a substantial willingness to engage further.

Conclusions/lessons learned

Non-medical community actors represent an under-utilised resource for equity-oriented childhood obesity prevention. Embedding these actors within coordinated territorial governance structures can strengthen whole-system approaches and extend the reach of health services beyond traditional settings.

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Improving health literacy among Bangladeshi type 2 diabetes adults through a culturally sensitive approach in Italy

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Background and objective

Type 2 diabetes disproportionately affects socially and culturally vulnerable groups, such as migrants, who face barriers to health literacy. In the Marche Region (Italy), the Bangladeshi community has a high incidence of diabetes and a need for culturally tailored education. Within the EU Joint Action on Cardiovascular Diseases and Diabetes (JACARDI), this study describes the co-design of an educational intervention for Bangladeshi type 2 diabetes patients to improve accessibility and cultural relevance.

Methods/intervention

A participatory co-creation process engaged Bangladeshi adults, healthcare professionals, and cultural mediators through focus groups (20 patients, 2 sessions). Photo-elicitation and prioritization exercises guided reflection on diabetes experiences and informed the development of culturally meaningful materials and delivery methods.

Results

Improving health literacy among migrants requires more than translation; it demands trust, recognition of cultural norms, and adaptive communication. Cultural mediators bridged gaps and created a safe environment. Sustained engagement relied on flexibility, empathy and motivation. Empowerment emerged through reciprocal learning between patients and professionals.

Conclusions/lessons learned

The intervention enhanced community engagement and professionals' cultural competence. It contributes to reducing health inequalities and demonstrates the value of cultural mediation for inclusive, health-promoting services. Next steps include piloting the intervention to assess its impact on diabetes management.

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Health Equity Under Pressure: System-Level Barriers Faced by Migrants, Indigenous Peoples, Women, LGBTQI+ Individuals and Persons with Disabilities During COVID-19

BARTELS Susan, COLLIER Amanda, PRITCHARD Jodie, ALDERSEY Heather, GALLARDO Elizabeth

Background and objective

Equity-deserving groups (EDGs) faced disproportionate health impacts during COVID-19. In Colombia and Venezuela, long-standing poverty, displacement, and discrimination intensified these risks. Our objective was to understand how EDGs experienced the pandemic and which factors impacted their health and wellbeing.

Methods/intervention

We used a mixed-methods sensemaking design to collect 2,591 micronarratives about COVID-19 experiences at 2 sites in Colombia and 2 sites in Venezuela. We analysed quantitative data by EDG, in addition to thematically analysing narratives.

Results

Identity-based barriers were observed more often in rural areas, where EDGs reported discrimination in access to health care and protection. Rural micronarratives emphasized income loss and food and housing insecurity, whereas urban accounts focused on disrupted health services, medication shortages, and mental distress. Policy and system gaps were particularly acute in Venezuela, where medicine shortages and weak social protections exacerbated these challenges.

Conclusions/lessons learned

COVID-19 amplified structural inequities for EDGs, especially for those living in poverty or displacement. Pandemic preparedness and recovery must apply an equity lens, strengthen social protection, ensure disability-, LGBTQI+-, and other EDG inclusive services while closing rural-urban gaps in access to care.

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Promoting Health Literacy and Strengthening Medical Autonomy Through Tiered Life Education for Adults With Intellectual Disabilities and Their Care Networks

TSENG Chih-Ting, REN Pei-Jun

Background and objective

People with intellectual disabilities often rely heavily on families and institutional staff when facing illness, loss, or end-of-life decisions. Enhancing the health literacy of both caregivers and service users is essential to strengthening communication and medical autonomy. Our hospital implemented a multi-level life-education initiative targeting family members, institutional caregivers, and adults with intellectual disabilities. This program aimed to improve caregivers' understanding of grief, aging, and medical decision-making, and to support adults with intellectual disabilities in expressing emotions, recalling bereavement experiences, and forming initial views regarding medical care preferences.

Methods/intervention

Phase 1 offered two educational sessions for families and institutional staff (≈100 participants) on life education, grief, and advance medical decision-making. Phase 2 conducted a grief-support workshop for staff to enhance day-to-day emotional guidance. Phase 3 delivered a two-day (4hrs) creative-expression workshop for 16 adults with moderate to severe intellectual disabilities (mean age ≈ 50), using emotion cards, drawing, scenario discussions, picture-book reading, life-tree collage, and symbolic rituals to explore illness, loss, and personal wishes.

Results

The caregiver education led to four formal Advance Care Planning (ACP) consultations and nearly 100 family members, staff, and service users completing an Advance Decision (AD), indicating clear medical preferences. Caregivers reported increased confidence in supporting emotional expression and grief communication. Participants with intellectual disabilities demonstrated improved identification of emotions, meaningful recall of deceased relatives, and early understanding of illness progression, with high engagement in visual and hands-on activities.

Conclusions/lessons learned

A tiered, caregiver-inclusive life-education model effectively strengthens grief literacy, communication, and medical autonomy across the care network. Integrating such programs into routine health-promotion practice may enhance shared decision-making and equity in healthcare for people with intellectual disabilities.

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Developing and Evaluating Non-invasive Healthcare Technologies for Socioeconomically Disadvantaged Areas

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Background and objective

When compared to the general population, socioeconomically disadvantaged communities frequently experience compromised health. Monitoring the divide is challenging since in general, standardized biomedical tests are linguistically and culturally inappropriate. The aim of this study was to develop a novel healthcare technology for its usage in socioeconomically disadvantaged areas.

Methods/intervention

A unique mobile biomedical testbed based on non-invasive analysis, accompanied with the World Health Organization Quality of Life survey, was developed. This healthcare approach was used in Lindängen, a socioeconomically disadvantaged neighborhood in Malmö, which has been listed as one of the twelve most vulnerable neighborhoods in Sweden.

Results

The less intrusive biomedical approach, compared to conventional setups used, e.g., wrist blood pressure monitoring, bioimpedance analysis and cardiovascular diagnostics, non-invasive determination of blood bioanalytes, was highly appreciated by the participants, i.e., 39 female volunteers of Middle Eastern origin. Surprisingly, the collected biomedical data illustrated that the apparent health of the participants from Lindängen was comparable to the general Swedish population. The Quality of Life-BREF survey, used to gather information regarding subjective health perceptions within the cohort, combined with advanced statistical data analysis, revealed statistically significant correlations between perceived health and biomedical data. Even though the dependences found were complex, the recognition of which is essential in further research.

Conclusions/lessons learned

Our results validate the potential of non-invasive technologies in combination with advanced statistical analysis and machine learning, especially when combined with linguistically and culturally appropriate healthcare methodologies, allowing participants to appreciate the significance of the different parameters to evaluate and monitor aspects of health.

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Medical Services in Remote Area to Achieve Health Equity and Sustainability

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Background and objective

People living in remote areas with limited accessibility to get medical services. To achieve health equity, the National Health Insurance Administration (NHIA) of Taiwan launched "The Project for Medical Resource Shortage Areas" since 2003, which encourages hospitals to deliver services to remote areas, and then ensure rural people to get appropriate health care. Ping-Ding Village, Lin-Nei Township is located in mountainside with an altitude of 325 meters. Most residents are farmers. 25% of residents are elderly people. There is no any clinic in the village. People need ride for 15 to 30 minutes to get primary health services.

Methods/intervention

Dalin Tzu-Chi Hospital sets up an out-patient unit at the community center and offers medical services once per week for people living in Ping-Ding Village. Through remote desktop connection, we can use Healthcare Information System (HIS) simultaneously with the hospital to provide comprehensive health services. For assuring timely service, we cooperate with the local pharmacy in the town center for medication administration. After the doctor finishing the visiting, the prescription will pass to the local pharmacy. Then the hospital staff drives down the mountain to the pharmacy getting medications and back to the village. Patients just go to the community center to take their medications.

Results

Since 4th August 2022 to 20th November 2025, we provided 160 outpatient sessions at Ping-Ding Village. We served 118 people (66 female, 52 male) and 963 person-time. The youngest patient was 7 y/o, and the oldest one was 93 y/o. 71 patients (60%) aged 65 years and older, 13 patients (11%) aged 85 years and older. Most patients visited our outpatient unit for chronic disease care. Except medication prescribing, we also provide on-site blood drawn, then the elderly people don't need to go far for blood test.

Conclusions/lessons learned

Elderly people generally have more health needs. It causes great suffering for rural elderly people to go far to get health services. With remote medical services, rural people could get timely and convenient healthcare. It is important for improving health equity. Our medication delivery service reduces the traffic risk for the rural people and also decreases fuel consumption. It will be beneficial for environmental sustainability.

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Oral session 1.5: Health promotion for children and youth

Building a Comprehensive Youth-Friendly Healthcare Ecosystem: A National University Hospital's Experience in Implementing WHO Global Standards.

JAN Chyi-Feng

Background and objective

Adolescence is a critical stage. National Taiwan University Hospital(NTUH) committed to implementing WHO Global Standards and national policies. Objective: To transform NTUH into an accessible, respectful, supportive, and confidential institution, providing high-quality, integrated care for young people aged 10-24.

Methods/intervention

Policy/Structure: NTUH established Youth-Friendly Care Team (2020) under HPH Committee following the Global standards for quality health-care services for adolescents by WHO Service: Accredited in 2021 by Taiwan Society for Adolescent Medicine and Health(TSAMH), NTUH has developed Youth-Friendly Clinics including Family Med, Peds, Psych, and Gyn outpatient etc.) covering diverse needs to ensure patient privacy and confidentiality. Integration/Outreach: We have launched a multidisciplinary Youth Healthy Promotion Clinic, implemented Shared Decision Making (SDM) aids, conducted school-based smoking cessation programs and high school mass vaccination for influenza, as well as NTUH staff family engaged in community hiking activities.

Results

Quality: Overall patient satisfaction >90% (2021-2024). Inpatient "respect for choice" >95%. Awards: NTUH has received National/Taipei City Excellence Awards for Smoking Cessation (2023-2024). Child Protection Center received the 2025 Social Safety Net Excellence Award. Impact: Positive clinical outcomes (weight management). Creative staff family engagement (youth participants in camps/activities).

Conclusions/lessons learned

The core lesson is that sustainable adolescent health promotion necessitates the transition to a model of integrated care(e.g., youth friendly clinics). This model must proactively incorporate community partnerships (e.g., school-based interventions) to effectively address the complex psychosocial needs and social determinants of health impacting youth.

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The Baby Friendly Hospital Initiative

LEITGEB Kergi

Background and objective

The Baby-Friendly Hospital Initiative (BFHI), founded by WHO and UNICEF, has been setting internationally recognized standards for promoting breastfeeding and attachment-oriented care for premature and newborn babies since 1991 and is part of the HPH standards. Many countries have since then implemented the BFHI in the health care system. Since 2010, healthcare facilities have had the opportunity to become certified as Baby-Friendly Hospitals through the Austrian Network of Health-Promoting Hospitals and Healthcare Facilities (ONGKG) by following the "Ten Steps to Successful Breastfeeding." Implementing these standards in everyday clinical practice also requires comprehensive interdisciplinary cooperation and structured interface management. Breastfeeding is challenged by the influence of the marketing of the manufacturers of breastmilk substitutes but evidence shows clearly the importance of exclusive breastfeeding for the health benefits of mother and babies.

Methods/intervention

The 10 steps to successful breastfeeding show how targeted training, adjustments to routine procedures, and cross-team measures can raise awareness of the shared responsibility for providing health-promoting care for infants and their parents. Particular attention is paid to interprofessional communication and the involvement of parents as active partners. BFHI has a strong network across the globe, based on many national institutions and NGOs to implement the standards in their county.

Results

The implementation of BFHI leads to a significant improvement in the quality of care in the area of early mother-child interaction, a higher breastfeeding rate, and stronger teamwork. Challenges such as initial resistance, uncertainties in the distribution of roles, and infrastructural hurdles can be overcome through continuous communication, clear responsibilities, and the establishment of new routines.

Conclusions/lessons learned

BFHI can be seen as a model for successful interface work in healthcare. Its successful implementation shows that shared values, continuous dialogue, and structural anchoring can build interdisciplinary bridges that improve both care and job satisfaction. In this context, BFHI also means the courage to change and to take responsibility for better health for children and the planet.

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Collaboration on the Health of Children and Youth in Northern Sweden

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Background and objective

The municipalities in Västerbotten, Region Västerbotten, and the County Administrative Board share a declaration of intent for good, equitable, and gender-equal health. Early life conditions are crucial for health, as socioeconomic factors shape children's upbringing. Supporting a safe and positive start is key to cognitive, emotional, social, and physical development. In line with this, stakeholders met in fall 2025 in each municipality, focusing on health of children and youth.

Methods/intervention

During the visits, participants reviewed public health initiatives for children and youth, analysed data on living conditions, habits, and health outcomes, and discussed future efforts to strengthen child and youth health in the region. Discussions focused on promotion, prevention, and treatment across three areas: lifestyle habits, living conditions, and health outcomes.

Results

In total, 13 out of 15 municipalities in the region participated in the dialogues. The municipalities emphasise the importance of meaningful leisure activities, participation in associations, and the role of schools in promoting the health of children and youth. Collaboration between schools, social services, and regional authorities is considered crucial. Key challenges identified include mental health issues, school absenteeism, socioeconomic disparities, and poor dietary and sleep habits. Several municipalities are working to increase youth participation, although reaching a broad spectrum of youth remains challenging. Priority interventions for municipalities are health promotive activities early in life, parental support, the promotion of physical activity, and the development of improved meeting places.

Conclusions/lessons learned

There is significant engagement in the municipalities, a need for strengthened and continuous collaboration, early interventions, and increased participation to address these challenges effectively.

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BarnSäkert – From Pilot to Policy: Implementing the Safe Environment for Every Kid (SEEK) Model to Promote health in Children in Region Skåne

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Background and objective

Promoting children's health requires early identification of psychosocial risk factors within families. The Swedish Child Health Services reach nearly all families with children (0-6 years), providing an opportunity for universal, health-promoting interventions. BarnSäkert is the Swedish adaptation of the evidence-based SEEK model, designed to strengthen parental capacity, prevent violence and neglect, and enhance collaboration between Child health services and municipal family support services. The objectives were to evaluate whether BarnSäkert training increased nurses' confidence and structured practice in addressing psychosocial risks, and to describe outcomes among participating parents in Skåne.

Methods/intervention

Since October 2024, approximately 20 child health centres piloted BarnSäkert. Nurses completed surveys before and 6–9 months after a one-day training. The model includes a questionnaire with 18 questions about psychosocial risk factors for parents to answer at six separate health visits, combined with tailored follow-up support.

Results

Survey responses (n = 47 baseline; n = 24 follow-up) showed substantial improvements in nurses' confidence and use of structured methods (from 13–70 % to 96–100 % post-training). Confidence in addressing parental depression and stress increased most. Among parents (n = 2,920 questionnaires), 51.2 % reported at least one psychosocial risk factor. The most frequent were signs of parental mental illness (24.6 %), risks about child safety (19.7%), financial strain (12.7 %), toxic stress (15.0 %), alcohol risk use (3.1 %), and exposure to intimate partner violence (6.6 %).

Conclusions/lessons learned

BarnSäkert demonstrates how a structured, intersectoral approach within child health services can identify psychosocial risks early while strengthening professional competence and collaboration with family support services. These outcomes have led to a decision to scale up BarnSäkert in Skåne - a clear example of translating policy into practice to achieve health equity.

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Codesign and Validation of Patient Reported Experience Measures (PREMs) for Children in Australian Hospitals

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Background and objective

The right for a child to express their views is enshrined within Article 12 of the UNCRC and The Charter of Children's & Young People's Rights in Healthcare Services in Australia. Consecutive studies have shown gaps in the realization of this right. The use of PREMs is an important advance in adult services but pediatrics has largely relied on proxy measures. Standardized PREMs for children could improve their quality of care. With emphasis on asking children "what matters to you", we developed PREMs for ages 6 to 12 years, to be implemented across all Australian healthcare services.

Methods/intervention

In stage 1, we explored children's perspectives regarding their experiences. Individual interviews were conducted with 55 children from a diverse range of sociocultural backgrounds, including vulnerable populations, across 6 hospitals. Interviews were conducted by 'Captain Starlight', professional entertainers who engage positively with children in their daily jobs. Reflexive thematic analysis was used to analyze interview responses. A 3-step Delphi process with healthcare experts refined the proposed domains and items. In Stage 2 we validated the draft PREMs in 3 Substages. In 2a: 21 children participated in cognitive interviews to pilot test PREM items. Using feedback from those interviews, in 2b: population testing is being undertaken with 180 children at 6 hospitals to determine the validity, reliability and feasibility of the PREMs. In 2c: the implementation process will be further studied through surveys and discussions with 25–30 clinicians and managers.

Results

Children favored hospital experiences where they were included in decision making, had positive relationships with hospital staff and had effective care. When compared with parent PREMs in current use, there were differences in content and emphasis. Detailed interviews with children in Stage 2a produced improvements in the wording of items and in grading of responses. The current content of the tools will be presented. The final results, including analyses of Stages 2b and 2c, are expected in 2026 and implementation across all hospitals will follow.

Conclusions/lessons learned

Children respond well to opportunities to be consulted and be involved in their care. They have clear preferences in "what matters to them" which may not align with proxy measures. The process of developing PREMs for children is challenging and lengthy. There is enthusiasm for implementation of PREMs for children.

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Oral session 1.6: SYMPOSIUM of the HPH Task Force on Well-Being of Healthcare Workers:

Reimagining Workforce Well-Being in a Time of Global Crisis

AGUZZOLI Cristina, LEE Jaekyung, SZORENYNE Gabriella

The International Task Force on the Well-being of Healthcare Workers, established in 2024 within the International Network of Health Promoting Hospitals and Health Services (HPH), was created to address one of the most pressing global challenges: ensuring the health and well-being of those who care for others. Following the publication of the HPH Policy Brief: The Role of Health Promotion in Attracting and Retaining a Healthy Workforce in Health Service Organizations (2024), the Task Force launched two international surveys aimed at identifying and sharing effective and sustainable best practices that promote workplace health and well-being among healthcare professionals. The initiative involves a multidisciplinary and multicultural leadership team. Guided by the principles of salutogenesis, the Task Force promotes a systemic, evidence-informed approach to health promotion in healthcare settings, focusing on factors that generate health rather than solely prevent disease. The workshop will present preliminary findings from the ongoing surveys, which explore practices aligned with HPH Standard 4 – Creating a Healthy Workplace and Healthy Setting and evaluate their innovation, participation, sustainability, efficiency, transversality, and reproducibility. These practices range from psychosocial support and organizational resilience programs to initiatives enhancing work-life balance and environmental health. By gathering and disseminating these experiences, the Task Force aims to foster international collaboration, inspire local action, and contribute to redefining health from within healthcare organizations—promoting physical, psychological, social, and spiritual well-being for all health workers. Together, we can build healthier systems by caring for those who care for us.

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Will you join me? - How far can health promotion in the workplace go?

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Background and objective

Hospital employees begin their careers by learning and adapting to the diverse roles, responsibilities, and positions they occupy, as well as the hospital's organizational structure, the complexities of the work, and the interdepartmental relationships and communication. However, the very nature of the medical profession demands highly specialized knowledge and technical proficiency from the moment they join the workforce. Continuing professional training and education are burdens, though they struggle to excel in their roles.

Methods/intervention

In addition, these essential medical workers, who are emotional laborers and must work on weekends, nights, and holidays because of hospital operations, face additional physical and mental strain from shift work, on top of the intense routines.

Results

Moreover, in the process of majoring in a specific field and passing a qualification exam to obtain certificates and licenses, one continuously belongs to a specific technical/expert group. Even after graduating from school and becoming a professional, there are superiors, middle managers, department heads, and other professionals. They are clearly colleagues in the workplace, and the relationship between seniors and juniors makes it challenging to work on an equal basis. There is also a position as an educator, which reflects a strictly maintained hierarchical order.

Conclusions/lessons learned

While protecting, curing, and improving health are fundamental goals, providing medical services to others often incurs physical and mental stress. Burdens can compromise the health of both employees and clients. Particularly during the pandemic, the demands for significant sacrifice and dedication on the part of healthcare professionals have led to a greater need for self-respect and a broader range of concerns about health, daily happiness, self-actualization, family, and human dignity.

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Aver Cura di Chi Ci Cura: A Salutogenic Staff Wellbeing Program to Reduce Distress and Strengthen Workforce Resilience

D'ANTONI Fabio, BRUNELLI Laura, SCARPIS Enrico

Background and objective

Healthcare workers are routinely exposed to conditions that heighten allostatic load, disrupt circadian regulation, and contribute to Medically Unexplained Symptoms (MUS). To address these challenges, ASUFC developed "Aver Cura di Chi Ci Cura", a structured organisational program based on a salutogenic model.

Methods/intervention

Access is free and spontaneous via dedicated email or phone contact. The program offers a standardized three-session individual pathway delivered by a multiprofessional team. Each session includes non-invasive assessment of allostatic load (Heart-Rate Variability, MUS, body composition), lifestyle counselling to restore circadian and behavioral balance, respiratory biofeedback training, and monitoring of adherence.

Results

The pilot study showed clear improvements in both subjective and physiological indicators of stress and low-grade inflammation. Participants reported fewer MUS and higher perceived health, alongside a more adaptive autonomic profile—greater vagal recovery, reduced prefrontal hyper-arousal, and better metabolic functioning, including lower intramuscular adipose tissue, a marker of inflammatory burden (Polimeni et al., 2022).

Conclusions/lessons learned

Integrating structured wellbeing actions into routine workflows supports the development of a salutogenic workplace, where organisational practices actively sustain staff health and recovery.

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The Wellbeing Kit: Building Resilient Care Systems Through Stress Literacy and Daily Recovery

AGUZZOLI Cristina, DEL GIUDICE Pietro, D'ANTONI Fabio, TESTORI Emanuela, CALCI Mario

Background and objective

Healthcare staff wellbeing is essential for care quality in a system facing workforce ageing, rising complexity and the shift from a biomedical to a biopsychosocial approach. A Communication Kit supports shared stress-physiology literacy and engagement, complemented by an anonymous survey on workforce attrition.

Methods/intervention

The "Self-Care of the Healthcare System" Kit acts on three levels: 1. Top Management – A customizable flyer to promote opportunities in physical activity, nutrition, prevention, wellbeing practices, sustainable mobility, welfare synergies, and work-life balance, plus an anonymous survey on unexpected resignations. 2. Departments – A self-assessment based on HPH standards and our wellbeing and resilience supplement to support organisational creativity and continuous improvement through annual wellbeing plans. 3. Individuals – Stress-management materials, the Medically Unexplained Symptoms MUS self-assessment tool, recovery tips, and the "Caring for Those Who Care for Us" programme, including HRV measures, wellbeing diaries, and structured support. Materials are shared via Management, HPH coordinators, the intranet, and multiprofessional teams trained in Psychoneuroendocrinology.

Results

The plan increased awareness of the central role of caregivers, improved understanding of individual and organisational stress physiology, and promoted daily recovery practices (breathing techniques, morning light exposure, hydration, sleep regularity). Interest in objective assessments and personalized programs has grown, as has a desire to rediscover how the mind and body work together to address chronic stress.

Conclusions/lessons learned

A shared language on stress literacy, supported by practical tools, enhances engagement, resilience, and adaptation in evolving care systems. This approach aligns with the 2024 Udine Charter—promoted by universities across Italy and embraced by the HPH network—as part of a broader cultural transformation.

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Wellbeing Through Cultural and Nature-Based Activities: Expanding a Health Promotion Model to Include Healthcare Workers

LINDERSTRÖM Maria

Background and objective

Engagement in cultural and nature-based activities is increasingly recognised as beneficial for mental health, cognitive stimulation and overall wellbeing. Since 2012, the Public Health Centre in Region Östergötland has implemented a health promotion programme using such activities for patients, expanded in 2015 to include youth in contact with school health care. The idea to apply the model also directly to healthcare workers arose from the recognised need to strengthen their health and resilience in a highly demanding and stressful work environment.

Methods/intervention

The programme applies a broad definition of culture, incorporating creativity, artistic expression and nature as restorative environments. Activities are led by professional cultural practitioners. An inclusive, continuous evaluation process integrated feedback from participants, healthcare providers and activity leaders into the model's development.

Results

Participants reported improved wellbeing, empowerment and social connectedness. Healthcare professionals identified the model as a valuable complement to traditional care. In 2025, two pilot programme series were offered to healthcare workers; responses from 17 participants indicated enhanced wellbeing, increased creativity, and perceived support for stress recovery.

Conclusions/lessons learned

The health promoting programme shows potential to strengthen health equity and contribute to retention of a healthy healthcare workforce. Although further scaling is currently not supported by the regional HR department, two full programme series will be offered in spring of 2026, enabling continued evaluation. Healthcare workers remain central as experts on their lived experiences.

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Catalan HPH Network: Advancing Professional Well-Being through Collaborative Best Practices

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Background and objective

The Catalan HPH Network works across four core working areas: workforce well-being, health literacy, implementation of HPH standards and healthy & sustainable environments, to embed health promotion into healthcare organisations. Within the "International Workshop on the Well-being of Healthcare Workers", we present selected high-impact practices from Catalan hospitals, highlighting their contribution to the international work of the HPH Task Force on Well-being of Healthcare Workers.

Methods/intervention

A focused set of workforce well-being initiatives from HPH Catalunya members was analysed, illustrating coherent salutogenic strategies. Examples include multicomponent actions integrating nutrition, emotional support and physical activity within cardiovascular risk-prevention programmes; preventive care and community engagement through assessments and participatory events; promotion of active mobility and staff-oriented healthy lifestyle campaigns; holistic approaches combining physical activity, emotional health and lifestyle guidance; and early detection with multidisciplinary management of sleep disorders.

Results

Across centres, interventions improved awareness of healthy behaviours, increased participation in physical activity, reduced musculoskeletal complaints, enhanced emotional support uptake, and strengthened organisational culture around workforce well-being. Several programmes reported high engagement and positive staff feedback. The systematic collection of experiences supports benchmarking within HPH Catalunya and contributes to the interim results of the international Task Force.

Conclusions/lessons learned

A coordinated, multi-centre approach enhances scalability, visibility and sustainability of health promotion actions targeting the workforce. Catalan experiences illustrate how diverse, context-adapted interventions can support healthier, more resilient teams.

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Empowering healthcare workers: participatory frameworks for sustainable health systems

**CALICCHIA Sara, PISTAGNI Roberta,
 AGUZZOLI Cristina**

Background and objective

In Italy, the National Prevention Plan (PNP) highlights the need to integrate Workplace Health Prevention and Promotion (IWHPP) within healthcare organizations. INAIL has contributed to this objective by incorporating HPH standards into a participatory organizational development program inspired to the IWHPP principles, previously tested in other settings. The aim was to promote a structured and shared improvement process within the Friuli Venezia Giulia Regional Coordination Agency.

Methods/intervention

Members of the Single Guarantee Committee and other employees were actively involved in identifying organizational needs, collecting proposals and aligning them with HPH standards. Through a participatory approach, they co-designed an action plan to be further refined and implemented after discussion with management.

Results

The experience confirmed that active participation increases individual and collective commitment, and that effective organizational improvement requires dialogue between technical and managerial levels. In line with IWHPP drivers, the action plan was intersectoral and setting-oriented, addressing both tangible aspects (safety, environmental well-being) and intangible ones (communication, soft skills, team building, organizational cohesion).

Conclusions/lessons learned

The INAIL participatory model and HPH standards proved complementary: participation fosters creativity and engagement, while HPH standards support systematic self-assessment and comparability. However, some standards focus mainly on tools and outcomes, potentially limiting the value of creative contributions. Reorienting standards toward processes could better integrate participatory approaches and capture the complexity of proposals emerging from workers.

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How can we discuss Standard 4 to exchange experiences and results according to the principles of accreditation for excellence?

**SCAIOLI Giacomo, COSOLA Alda, VIOLA
 Giuseppina, FORNERO Giulio, ALVICH
 Marco, MULÈ Maria, SANDRI Elisa,
 LEMMA Patrizia**

Background and objective

The fourth standard of the HPH 2020 Standards for Health Promoting Hospitals and Health Services serves as a key tool for assessing the activities hospitals and health services implement to promote workers' well-being. However, the assessment of compliance with this standard does not allow for full comparability across evaluations. Twelve hospitals in an Italian region were therefore involved in a project aimed at testing the applicability of these standards and reformulating the assessment approach to better align with excellence accreditation principles.

Methods/intervention

To support the evaluation process from an excellence-accreditation perspective, the content of the various items within HPH Standard 4 was replaced with a new form consisting of criteria and measurable elements. Scores were developed for each measurable element. Representatives of the participating organizations completed the forms by documenting experiences and initiatives implemented in their own settings.

Results

In 2026, a training event will be organized to enable reciprocal scoring among representatives of the hospitals, based on the completed forms. The resulting scores will allow classification of the organizations into three levels of excellence—"bronze," "silver," and "gold". The event will also provide an opportunity to build a community of practice aimed at sharing good practices on workers' well-being in the healthcare sector.

Conclusions/lessons learned

This initiative is demonstrating the value of a shared assessment tool, not only as a measurement system but also as a driver for continuous improvement, innovation, and organizational growth.

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The Emilia Romagna Region's HPH Network for Personnel Well-being, with a focus on the impact of sex and gender

CECI Amelia, CELLA Maria Teresa

Background and objective

The Emilia-Romagna Regional Health Service, with almost 69,000 employees across Local Health Authorities and University Hospitals, is currently facing significant challenges related to staff wellbeing, the increasing feminisation of the workforce, the rising average age of employees, and generational and value shifts that affect the attractiveness of public-sector employment. In 2024–2025, the Regional HPH & HS Network launched a programme involving 10 healthcare organisations to analyse the difficulties experienced by professionals, enhance existing health promotion initiatives, and identify innovative strategies in line with the HPH 2020 Standards and national guidelines on equity, gender, and the prevention of discrimination.

Methods/intervention

Special attention is given to sex and gender factors, highlighting how men and women are differently affected by workload, exposure to risks, social expectations and career opportunities. The project also addresses crucial issues such as generational change, support for active ageing, prevention of harassment and violence, and the need for new organisational models capable of sustaining motivation, safety and participation. The regional training programme “Towards the Conference...” (June 2025 – May 2026), delivered through webinars and face-to-face seminars, promotes interprofessional dialogue and maps transferable health-promotion practices within services. The results of the self-assessment of Standards 1 and 4 reveal strengths, emerging criticalities and opportunities for improvement, contributing to the new regional governance of HPH and strengthening policies on workforce wellbeing, equity, diversity and organisational climate.

Results

An in-depth analysis will be dedicated to certain critical issues such as the feminisation of the workforce, generational change, strategies to address the rising average age of employees, and the focus on new work values to attract and retain employees in the public sector. The regional decision in 2025 on the new composition of HPH corporate coordination groups, also considering the issues of prevention of harassment and gender discrimination. I will present the results of the self-assessment of Standards 1 and 4 and the effectiveness of the training programme.

Conclusions/lessons learned

The tools provided by the HPH Network are assisting us in working together as healthcare companies and hospitals that are very different and often compete for staff recruitment.

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Oral session 1.7: SYMPOSIUM of the HPH Task Force on Age-friendly Health Care: Strengthening social resilience to population ageing – role of age-friendly hospitals and health services

The Framework for Age-friendly Health Care - Its relation with priority areas of the UN Decade of Healthy Ageing

CHIOU Shu-Ti

In a world confronted with multiple crises, population ageing emerges in a slower, more chronic form compared with other acute crises, and is therefore easily overlooked. However, it is widespread and increasingly severe, and if not properly addressed, it will trigger multifaceted impacts on the workforce, economy, and the whole society. This symposium, organized by the Task Force on HPH & Age-friendly Health Care in collaboration with the Austrian HPH Network, aims to showcase how age-friendly health care could be implemented and quality-assured to promote healthy ageing for the patients, the community and the healthcare staff, bringing in perspectives and experiences from East and West of the world. The Task Force on HPH & Age-friendly Health Care developed, disseminated and applied the Framework for Age-friendly Health Care (the AFHC Framework) as a system-oriented and setting-based approach for improving healthcare management policies, environments, processes, collective actions and measurements towards healthy ageing for all. This has been in line with UN's plan for a Decade of Healthy Ageing 2021–2030 with four action areas including combatting ageism, fostering enabling environments, delivering person-centred integrated care and primary health services, and providing equitable access to long-term care. The AFHC Framework addressed all these dimensions. This symposium will start with an introduction on how the AFHC Framework addressed the UN Healthy Ageing dimensions., followed by the Austrian experiences of implementing the modified version of this Framework and their efforts toward ‘One standard for all – reviewer guidelines and training for age-friendly health services to ensure consistent quality in audits’; Southern Taiwan's experience on ‘strengthening population resilience through integrating ICOPE healthy ageing assessment and intervention into clinical pathways’; a comprehensive community model on dementia care, and experiences from Eastern Taiwan on ‘tackling workforce ageing and attrition: experiences in developing an age-friendly healthcare workplace’. Then the moderator will open the floor to all speakers and participants for a dynamic interactions. Through dissemination of age-friendly health care experiences, the Task Force supported the International Network of Health Promoting Hospitals and Health Services to

join the global efforts in accelerating the progresses of UN's action for a Decade of Healthy Ageing 2021–2030.

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One standard for all – reviewer guidelines and training to ensure consistent quality in audits for age-friendly health services

EDER Julia, RONGE-TOLORAYA Andreas, BINDER Siegfried, DREXEL Michaela, KLOIMÜLLER Irene, METZLER Birgit

Background and objective

Austria's aging population requires healthcare environments that meet the needs of all generations, patients and staff alike. In 2019, the Austrian HPH network introduced a recognition procedure to help health services establish age-friendly cultures through defined standards, criteria, and audits. These audits require skilled reviewers with expertise in age-friendly services, health promotion, quality management, and organizational development. To ensure consistency and quality to provide attractive and well-structured working and training environments for reviewers, reviewer guidelines and a structured training curriculum were developed.

Methods/intervention

A working group of experienced reviewers and experts in health promotion, healthcare management, and work ability designed on-site audit guidelines and a reviewer training curriculum. Drafts prepared by the Austrian National Public Health Institute were refined through a participatory co-creation process with five iterative feedback sessions. Expert input informed successive revisions, ensuring comprehensive and practical tools.

Results

The outcome was practical guidelines for on-site audits, standardizing (1) planning, (2) execution, and (3) follow-up phases. Reviewer requirements were defined, and a five-module curriculum developed, covering health promotion and the Austrian HPH network, organizational development and quality management, the five standards of age-friendly health services, audit procedures, and a study project. The curriculum integrates self-study and experiential learning, including shadowing experienced reviewers.

Conclusions/lessons learned

On-site audits enable organization-wide learning but require standardization and skilled reviewers. Guidelines provide structural orientation, while training builds domain knowledge and auditing competence for flexible responses to different situational demands. Developing tools for diverse healthcare

settings demands expert input. The participatory co-creation approach proved ideal for consolidating such diverse perspectives while maintaining iterative, outcome-oriented progress.

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Strengthening population resilience through integrating ICOPE healthy ageing assessment and intervention into clinical pathways

CHOU Ming-Yueh

Comprehensive dementia care in the super-aged community: the Chiayi model in Taiwan

CHEN Cheng-Re

Tackling workforce ageing and attrition: experiences in developing an age-friendly healthcare workplace

LEE Yi

Oral session 1.8: SYMPOSIUM: Rethinking Healthcare: The Role of University Hospitals in Leading Prevention and Digital Transformation

Rethinking Healthcare: The Role of University Hospitals in Leading Prevention and Digital Transformation

CHAOUALI Mafaten

In an era of profound global crises, European healthcare systems face the dual challenge of ensuring long-term sustainability while promoting equity and resilience. This symposium presents the work of two major WHO Europe/OBS TSI projects, developed in collaboration with Charité – Universitätsmedizin Berlin and Karolinska University Hospital, that tackle this challenge head-on. Both projects aim to develop evidence-based blueprints for transformative change within university hospitals, moving beyond traditional acute-care models.

The German project focuses on creating a blueprint for a "prevention-oriented university hospital," addressing systemic barriers to integrating prevention into routine care. It explores innovative financing, cross-sectoral coordination, and strategies to improve health equity.

The Swedish project aims to develop a sustainable reimbursement model for innovative digital and hospital-at-home services, addressing the critical misalignment between current financing structures and patient-centered digital care models.

This session will share the methodologies, emerging findings, and strategic insights from both initiatives. It will offer a unique comparative perspective on how two leading European university hospitals are navigating the complex path toward creating more sustainable, resilient, and equitable health services, providing practical lessons for policymakers, hospital managers, and researchers.

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WHO priorities and health-system resilience

ZAPATA Tomas

**Charité: a blueprint for prevention-
oriented university medicine**

BAUER Antonia

**Karolinska: sustainable models for
digital care and hospital-at-home**

SAHLSTRÖM Anna

**Evidence review and comparative
learning**

WINKELMANN Anna Julia, POLIN Kate

Oral session 2.1: Arts and culture in health promotion

Implementing an Art-Based Mental Health Promotion Program for Neurology Nurses in Hospital Practice

BAE Youjin, YEON Ji-Eun, KIM MinJi, NAM Su-Bin

Background and objective

Neurology nurses often face significant stress due to the presence of long-term inpatients. Younger nurses are particularly vulnerable to mental health challenges and often lack sufficient stress management skills in demanding situations. To address this issue, our ward developed a program of art-based and wellness activities. The objective of this program was to assess stress levels among neurology nurses and to promote mental health by offering effective stress relief approaches.

Methods/intervention

From June to November 2024, our ward conducted a six-month program designed to help neurology nurses reduce stress and improve mental health. The program included projective drawing tests, worry doll making, visits to art exhibitions, a one-day yoga class, and backdrop painting. Participants' psychological status was assessed twice, before and after the program, using the Depression-Anxiety-Stress Scales (DASS).

Results

Nineteen nurses participated in the art-based and wellness activities program. Following participation, depression, anxiety, and stress scores decreased by 68%, 89%, and 84%, respectively (pre: 188/140/230 → post: 60/16/38).

Conclusions/lessons learned

The program successfully reduced neurology nurses' stress and depressive mood. Therefore, regular mental health promotion and ongoing customized programs across departments are needed to sustain resilience. Such programs can strengthen staff well-being and improve the quality of patient care.

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Co-Creating Empowerment: A Model for Enhancing Well-Being Through Art and Outdoor Activities

LINDERSTRÖM Maria

Background and objective

Identified need: Sweden faces rising stress-related illness among people, declining mental health among young people, limited existential wellbeing and social isolation. Cultural and outdoor activities were identified as accessible, resource-building tools.

Methods/intervention

To shift from a paternalistic, medicalised view toward a salutogenic approach, Region Östergötland explored new methods. The development process was grounded in co-creation: patients, caregivers and cultural actors were invited as experts to contribute their needs, capacities and values shaping the design.

Results

Patients, healthcare providers, cultural departments, civil society and artists contributed essential knowledge for a salutogenic process. The resulting model, Improved wellbeing through art and outdoor activities, offers programmes in the cultural actors arena including either arts, crafts, music, dance, literature or forest bathing. Activities focus on creativity, exploration and supportive relationships rather than performance. Anchored in Salutogenesis, Sense of Coherence and sociocultural learning, the model strengthens personal resources and resilience. Small groups foster social connection while remaining cost-efficient. Co-creation was a guide also for the pedagogical approach in evaluations: instead of being measured, patients are active participants and contributors whose experiences shape adjustments, while caregivers and activity leaders provide input from their perspective.

Conclusions/lessons learned

The model's success is rooted in cross-sector collaboration. Over a decade co-creation has proven foundational for a resilient, user-anchored model. Participants, caregivers and cultural actors report improved wellbeing, self-esteem, professional tools and meaningful engagement. Region Östergötland is now developing implementation guidelines to support transferability, ensuring that the fundamentals of the model remains central when the model is adopted elsewhere. Collaboration and shared learning are crucial. In 2025, two additional Swedish regions will pilot the model and jointly develop strategies for wider implementation and research.

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Long-term impact of Arts on Prescription on mental health and sense of coherence: Results from controlled studies of individuals on sick leave

BERGMAN Paula

Background and objective

Common mental disorders (CMD) and chronic pain affect wellbeing and burden healthcare systems. While arts participation has been linked to improved mental health, controlled evidence on long-term effects is limited. Arts on Prescription (AoP) offers a non-medical, participatory approach for adults on sick leave due to CMD and/or chronic pain. In Region Jönköping County, Sweden, AoP has been implemented since 2014 outside healthcare through collaboration between the Region, municipalities, and arts facilitators. Healthcare providers refer participants, municipalities coordinate local arts activities, and arts facilitators lead the sessions. This study investigates the long-term effects of a 10-week AoP programme on CMD symptoms (stress, anxiety, depression) and sense of coherence (SOC), compared to conventional care.

Methods/intervention

A quasi-experimental, prospective design with intervention and control groups was used. About 600 participants were followed up at 6 and 12 months.

Results

AoP participants showed greater improvements in SOC and reductions in CMD symptoms at both follow-ups. Reduction in depression was significantly higher in the AoP group. Those referred from psychiatric care showed stronger gains than those from primary care.

Conclusions/lessons learned

AoP provides long-term mental health benefits and complements conventional healthcare. Strengthened SOC indicates improved resilience. The model illustrates how non-medical, arts interventions can promote health while alleviating healthcare burden.

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“Experiencing Art” (“Att uppleva konst”): A Practice-Based Arts and Health Approach for Healthcare Staff

BERMEO UJUETA Ana María

Background and objective

Healthcare staff across Sweden face increasing emotional strain, fragmentation, and reduced sense of meaning in their work. Research on existential health highlights the importance of inner orientation, coherence, and purpose as resources for resilience, yet practical approaches to supporting these dimensions in healthcare organizations remain limited. This presentation shares practice-based insights from “Experiencing Art” (“Att uppleva konst”), an arts- and health initiative by Konstfrämjandet Skåne. The objective is to explore how art engagement and existential reflection may offer a low-threshold way to support staff wellbeing beyond clinical duties.

Methods/intervention

Participants engage with artworks through guided sensory attention, contemplation, and shared dialogue. The approach is non-therapeutic, experiential, and grounded in the framework of existential health (Melder; WHOQOL-SRPB). The course is offered in multiple contexts, including art engagement and facilitation activities connected to Region Skåne’s art collection, as well as courses where staff in the elderly care sector experience and work with the “Att uppleva konst” method for their own grounding, reflection, and sense of meaning.

Results

Observations from several years of facilitation indicate recurring patterns in how participants describe their experience. These include moments of grounding, emotional softening, renewed perspective, and a sense of connection with colleagues. Participants also report that the sessions offer rare time for reflection, presence, and inner alignment. These are qualitative field observations rather than clinical outcomes.

Conclusions/lessons learned

Art engagement and existential reflection may complement existing health promotion strategies by offering protected time for meaning-making and human connection beyond therapeutic contexts. Collaborations between practitioners, healthcare organizations, and researchers could further examine these practices and their relevance for staff wellbeing.

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Oral session 2.2: Health workforce development and communication skills training

The Effectiveness of a Health Literacy Program for Medical Student Clerkship

LEE Yen-Ting, CHANG Yu-Chen, MA Hsiao-Chi, HUANG Wei-Hsin, LIN Chi-Wei, HWANG Lee-Ching

Background and objective

Low health literacy is associated with poorer quality of life and less favorable health outcomes. However, one-third of healthcare professionals lacked awareness or understanding. This highlights the importance of incorporating health literacy into the education of healthcare professionals. Our study aimed to integrate health literacy into medical clerkship curricula and evaluate the effectiveness of educational programs.

Methods/intervention

We recruited fifth-year medical students in the family medicine clerkship. Participants first completed a pre-survey using the Health Literacy Scale specific for Taiwan. Curricula included lectures, simulated case-based videos, worksite observation, and hands-on practice in a real-world clinic. At the end of the clerkship, they completed a post-survey. We divided the health literacy content into four dimensions and compared the pre- and post-test results to provide an analysis of the program's effectiveness.

Results

The 74 participants reported increased self-awareness and confidence across all four dimensions: 1) Concept and Evaluation Dimension: 15.28%; 2) Acceptance and Respect Dimension: 12.06%; 3) Communication and Interaction Dimension: 22.20%; and 4) Medical Information and Decision-Making Dimension: 21.26%. In the multiple-choice questions within the Concept and Evaluation Dimension, participants' scores improved by 4.08 to 5.24 points, reflecting a 28.48% increase. On average, participants scored 15.35 out of 18 on the multiple-choice quiz administered after the lesson.

Conclusions/lessons learned

The findings gave a clear picture of the program's impact, highlighting significant gains in participants' competence, confidence, health literacy awareness, and communication skills. The results showed that health literacy lessons, paired with real-world clinical learning, observation, and practice, effectively strengthened HL competencies among medical students.

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From intentions to experience: a Theory of Planned Behavior-based staff-patient assessment of outpatient front-desk micro-interactions in a Taiwanese veterans hospital

KANG Bor-Hwang, TSENG Kuo-Chen, CHU Nain-Feng, LIANG Wen-Chen, CHIOU Ming-Jiu

Background and objective

Outpatient front desks are key contact points where micro-interactions shape patients' sense of safety but are rarely measured. Guided by the Theory of Planned Behavior (TPB), we developed a staff questionnaire and parallel patient survey to link staff intentions and perceived behavioural control with patients' ratings of front-desk micro-interactions.

Methods/intervention

At a veterans hospital in Taiwan, 42 front-desk staff completed a TPB questionnaire and outpatients over three months answered a survey on relational behaviours, process clarity and overall experience. We examined content validity, internal consistency and counter-level correlations using paired staff TPB scores and patient ratings from the same counters.

Results

Both tools showed good reliability ($\alpha = 0.85$) and excellent content validity ($CVI = 1.00$). Staff reported positive attitudes and intentions (means = 4.18) but slightly lower perceived behavioural control (4.0). Patients rated overall experience just above 4.0, with higher process clarity and lower courtesy and expressive communication scores (= 3.72). Small counter-level staff-patient correlations ($r = 0.19$) revealed a gap between intentions and experience.

Conclusions/lessons learned

A TPB-based, two-perspective framework for outpatient front-desk micro-interactions is feasible and helps diagnose system barriers. Comparing staff and patient profiles highlights leverage points such as clearer service norms, communication scripts and work redesign for front-desk staff.

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Frontline Micro-Interactions at Outpatient Front Desks: Development and Validation of a Patient Experience Scale Across Multiple Clinics in a Health Promoting Hospital

TSENG Kuo-Chen, CHU Nain-Feng, KANG Bor-Hwang, LIANG Wen-Chen, CHIOU Ming-Jiu

Background and objective

Outpatient front desks are key first-contact points where brief "micro-interactions" shape patients' sense of safety and respect, yet are rarely measured. We developed and validated a 25-item patient experience scale for micro-interactions at outpatient front desks in a health promoting hospital and examined associations with overall experience and revisit intention.

Methods/intervention

Adult outpatients at a public hospital in southern Taiwan who interacted with frontline staff at registration, pharmacy, radiology, inpatient service counters or nursing stations completed a newly developed 25-item self-administered questionnaire (5-point Likert scale). Items covered etiquette, response quality, nonverbal behaviour, process familiarity and overall evaluation. Internal consistency and Pearson correlations with overall experience and revisit intention were analysed.

Results

In total, 301 valid questionnaires were analysed. Mean domain scores were above 4 on a 1–5 scale, indicating generally positive experiences. The scale showed excellent internal consistency (Cronbach's $\alpha=0.97$), and domain scores were strongly correlated with overall evaluation ($r=0.82-0.88$). Overall, 85.7% of respondents indicated they would revisit the hospital and reported higher experience scores than those who were unsure or unwilling.

Conclusions/lessons learned

The scale is a reliable tool to capture micro-interactions across outpatient front desks. High ratings for etiquette, response quality, nonverbal behaviour and process guidance, and their strong associations with overall evaluation and revisit intention, show that interactions at first contact strongly influence perceived care quality and trust. Embedding this tool in routine monitoring can help identify strengths and gaps, support targeted coaching, and evaluate the impact of front-desk quality improvement initiatives over time.

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Health Literacy Support as Organizational Practice: Learning and Sustaining the Teach-Back Method in Acute Care

MÄLSTAM Emelie, VON KOCH Lena, LINDHOLM Sebastian

Background and objective

Health literate healthcare organizations rely on healthcare professionals (HCPs) who communicate clearly, confirm understanding, and empower patients. The Teach-Back Method (TBM) supports patient understanding and health outcomes, yet sustainable implementation in acute care is challenging. This study explored how HCPs experience, learn, and apply TBM in an acute hospital setting, and how organizational conditions influence its sustainability.

Methods/intervention

Individual and group interviews and structured observations were conducted with HCPs in an acute hospital in Stockholm, Sweden. Participants (N=18 HCPs, N=4 first-line managers) represented several professions involved in patient care and discharge. Data were analyzed using reflexive thematic analysis.

Results

Applying TBM was experienced as meaningful but challenging. Four themes were identified: 1) Learning by doing: real patient encounters enhanced communication awareness but led to conflicting emotions; 2) Feedback and shared meaning: reflection and feedback strengthened confidence but were inconsistently available; 3) Organizational engagement: leadership support and interprofessional dialogue facilitated learning; 4) Space for learning: workload and staff shortages limited reflection, practice, and HCPs learning.

Conclusions/lessons learned

Learning TBM is not merely about individual skills training, it involves cultivating a person-centered communicative culture. HCPs need opportunities to practice TBM, collegial feedback, and to manage uncertainty in a supportive environment. Sustainable use requires embedding TBM in orientation programs, staff meetings, and quality improvement initiatives, and allocated time and recognition for collective reflection to foster a shared, resilient culture of health literacy.

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Voices of Care: Sustainable Integration of Patient Centred Communication in Austrian Healthcare

NESTLANG Karina, CULEN Caroline

Background and objective

Patient centred communication improves safety, care quality and well-being and is critical in crises with uncertainty and stress. Since 2016 a nationwide Austrian Train-the-trainer strategy has trained over 11 000 health professionals to international standards. In times of crisis however, anchoring of patient centredness on an organizational and system-level becomes even more important and ensures sustained implementation. Voices of Care (from 2025) aims to help healthcare organisations embed these standards, strengthening health literacy, equity and resilience in line with the Health Promoting Hospitals vision of sustainable, person-centred systems.

Methods/intervention

Following the Public Health Action Cycle, the programme includes:

1. Organisational development through an internal change-agent group and workshops to integrate standards into key processes and structures.
2. Workforce empowerment by training and certifying in-house communication trainers and providing regular staff training.
3. Patient empowerment through Ask Me Three and Tips for Your Doctor Appointment to foster active participation.

Results

The comprehensive program was developed and is currently being piloted at an Austrian hospital with first results showing high motivation and commitment to implement patient centred communication. Trainings reported high satisfaction and improved self-assessed communication skills.

Conclusions/lessons learned

Sustainable improvement needs organisational anchoring, internal trainer capacity, patient activation and leadership commitment. Multiprofessional strategies help maintain interaction quality and workforce health.

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Digital health literacy among health professionals in Austria: from personal skills to patient support

**GRIEBLER Robert, SCHÜTZE Denise,
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Background and objective

As health information (HI) is increasingly obtained through digital channels, it becomes essential for health professionals to help patients process such information. A key prerequisite for doing so is the digital health literacy (DHL) of health professionals. In 2025, data on professional and personal DHL of health professionals was collected in Austria. This study examines whether personal DHL is the sole driver of professional DHL.

Methods/intervention

A total of 2,737 health professionals were surveyed. Professional DHL was measured using the PROF-HL-Q, and personal DHL was assessed using the HLS19-DIGI-HI questionnaire. Scores for both measures were calculated and converted to a standardized 0–100 scale for comparison. Associations were analysed using Pearson's correlation and regression analysis.

Results

Supporting patients in dealing with digital HI (professional DHL) is a significant challenge for all surveyed professions. They scored 49 points out of 100. Slightly fewer difficulties were evident in their personal handling of digital HI (personal DHL), scoring 66 points. Regression analysis indicates that the professional DHL of health professionals depends not only on their personal DHL, but also on professional training, communication skills, and organizational conditions.

Conclusions/lessons learned

Supporting patients in dealing with digital HI and the increasing digitalization of healthcare, therefore, requires more than just personal digital skills. It also requires communication skills and a supportive environment that fosters health literacy, but these aspects are often overlooked in the current debate.

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Oral session 2.3: Salutogenic, safe and healthy workplaces and workforce resilience

Building a Health-Promoting Culture in Uniformed Services: A Participatory Approach to Workforce Well-being in Singapore

TAN Clive, ONG Amanda, TAN QingWen

Background and objective

Workforce health is an essential component of resilient and sustainable health systems. Recent trends in Singapore's uniformed services (law enforcement, border control, firefighters, EMS, prisons) indicate increasing burden of non-communicable diseases (NCDs), cardiovascular conditions and musculoskeletal problems, partly driven by an ageing workforce and high occupational stress. The objective of this study was therefore to explore, from staff perspectives, the meaning of a "healthy workforce" and to identify enablers and barriers to health promotion within uniformed agencies — with the aim of informing the design of a sustainable, agency-wide health promotion framework.

Methods/intervention

We conducted 12 Focus Group Discussions over four months, across different uniformed services under the Ministry of Home Affairs, Singapore (MHA), including law enforcement, border control, firefighters, EMS, and prison services. Participants were purposively sampled across rank, age groups (including older staff), and job functions to maximize diversity of experience and viewpoint. FGDs explored: (1) existing health-promoting initiatives and frameworks; (2) staff perceptions of what constitutes a "healthy workforce"; (3) perceived gaps in workplace health and well-being; and (4) suggestions for improvements. Transcripts were analyzed thematically using inductive coding, and key themes were mapped to organizational, interpersonal and individual levels.

Results

Analysis revealed four key, inter-related themes that staff regarded as critical contributors to a healthier workforce:

1. Leadership Emphasis and Role-modelling
2. Institutional Framework for Health Promotion
3. Structured Platforms for Regular Dialogue
4. Peer Health Champions and Support Networks

Conclusions/lessons learned

Our participatory, qualitative assessment has revealed that organizational culture, leadership behaviour, structural frameworks, and peer support are perceived as more fundamental than isolated interventions (e.g. fitness classes). By translating these insights into organizational structures, processes, resources and leadership practices, we can establish a sustainable health-promoting environment that supports our workforce better.

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Sustainable organisations promote work ability of their employees throughout the entire working life

KLOIMÜLLER Irene

Background and objective

Due to demographic change, work ability and performance in hospital organisations must be promoted across all age groups and into old age. Work ability is understood as the balance between what employees can achieve in the long term and the requirements of the organisation. The better this balance is, the higher the probability that employees will remain in the work process. Work ability is based on biopsychosocial health, competence, values and working conditions such as leadership, cooperation, scope for action and physical and psychosocial work requirements.

Methods/intervention

Determining factors for work ability and the extent to which these factors influence longterm work ability can be measured. The *waipulus*[®] was developed and validated for this purpose and to assess psychosocial risks in organisations. Based on the results, tailor-made measures to promote work ability can be developed. The current status also is a predictor for future work ability.

Results

Between 2021 and 2025, over 25,000 data sets were collected in Austrian hospitals, around 12,500 from nursing staff and 2,100 from doctors. The results show that work ability is negatively influenced above all by high psychosocial risks such as time pressure, atypical working hours, shift schedule instability and increasing emotional demands. With increasing age, health-related work ability declines, commitment is negatively affected in all age groups. Thus employee turnover is increasing.

Conclusions/lessons learned

Evaluation in organisations that have developed combined measures (such as holistic health promotion, shift schedule stability programmes, healthy leadership or improved processes) based on the measured results, proves that work ability and thus sustainable retention in the work process can be promoted, sustainably. Maintaining work ability is essential for an ageing workforce, which can cope better with increasing physical and psychosocial demands in the work with clients and patients.

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Implementing a peer support system in Viennas public hospitals and nursing homes

BUTSCHEK Katharina

Background and objective

An extraordinary situation in the professional environment can traumatize even the most highly trained and experienced employees or cause them to reach their limits as "second victims" in their ability to act and cope. The development and implementation of a structured and helpful approach for employees after critical events is therefore a needs-oriented measure for the entire organization with the message: Employees will not be left alone in times of crisis. In 2022, the Board of the Vienna Health Association commissioned the Psychological Counseling Center to create a concept for a company-wide introduction of a peer system and implement it.

Methods/intervention

Concept development - companywide information campaign - establishment of project teams in each clinic and nursing home, who are responsible for organizational, technical and administrative aspects of the peer system - recruitment of prospective peers - 8h training for all peers - advertisement of the new peer system in each clinic and nursing home - supervision for the peers - scientific evaluation - establishment of quarterly network meetings for all peers - project monitoring by a steering group.

Results

We have implemented the peer system in 5 clinics in 2025, our nursing homes will follow in 2026. We did 21 training sessions in 2024 and 2025, we are expecting to do 10 in 2026. We have 142 active peers and since march 2025 there were 9 deployments. Network meetings are taking place on a regular basis as well as the quarterly steering group.

Conclusions/lessons learned

Commitment of the top management is necessary to urge middle management to enable peers to attend training and network meetings and to allow them to leave for deployments. The project is well received among the workforce, the time is apparently right for such an endeavour. There is a constant need for advertising and communication for this service to become generally known. We offer intensive counseling for project groups. The implementation of network meetings for the repetition of training content and the addition of other helpful input for peers is crucial to keep the project going.

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The Impact of Daily Stretching on Neck-Shoulder Discomfort and Quality of Life in Sedentary Workers: A Systematic Review and Practical Recommendations

LIN Yu-Chau, LI Yi-Hong

Background and objective

Non-specific neck-shoulder pain (NSNP) affects 50–86% of office workers globally, ranking 4th in disability burden (Hoy et al., 2014), driven by prolonged sitting (>6 h/day), static postures, and electronic device overuse (Toomingas et al., 2012; Shakerkavar et al., 2025). Sedentary workers face elevated risks of neuromuscular dysfunction, reduced ROM, and impaired quality of life (Park et al., 2019). Stretching emerges as a low-cost, feasible workplace intervention (Tunwattanapong et al., 2015). This JBI-appraised systematic review synthesizes evidence on daily stretching and postural correction for pain relief, functional recovery, and quality of life in sedentary populations, delivering HPH-centered practical recommendations.

Methods/intervention

Searches across PubMed, CINAHL, Cochrane Library, Embase, MEDLINE Complete, and CEPS (no limits, up to Jan 2025) used PICO: P=sedentary workers; I=stretching/postural correction; C=general/self-directed/no intervention; O=pain, QoL, sleep, function. From 2,419 records, 13 studies (1 SR, 2 pilots, 10 RCTs) were included post-JBI appraisal ($\geq 9/13$ RCTs; $\geq 9/11$ SR). Interventions: 10–15 min static/diagonal/active stretching \pm deep-slow breathing, 3–5 \times /week, 4–12 weeks.

Results

Stretching reduced NSNP within 4–12 weeks (SMD = -1.12, 95% CI -1.58 to -0.66, $p < 0.001$). High-quality RCTs showed NDI improvement (MD = -6.8, 95% CI -9.2 to -4.4), ROM gains (flexion +8.3°; diagonal rotation +12.1° vs static +5.6°; Park et al., 2019). Active breaks cut pain 20–50% (Shakerkavar et al., 2025). Strength/endurance and breathing relaxation outperformed stretching alone; ergonomic adjustments showed limited prevention. Sleep deficiency and device use >6 h/day were high-risk factors.

Conclusions/lessons learned

Moderate to high-quality evidence (GRADE $\oplus\oplus\oplus\ominus$) supports structured daily stretching ($\geq 3\times$ /week) as an effective, scalable HPH strategy. Diagonal active stretching offers superior neuromuscular benefits. Integration with health education, device management, and sleep promotion is recommended.

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Enhancing Nurse Resilience and Psychological Support: An Action Model in a Newly Established Hospital

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Background and objective

The global healthcare industry faces persistent challenges due to nursing shortages and high turnover. Established in April 2024, our hospital employs 385 nurses, 41.1% of whom are Generation Z (aged 21–30). The diverse workforce – including new recruits (43.3%), internal transfers (19.4%), and staff from an ownership transition (37.3%)—has created challenges in cultural integration and adaptation to high-pressure clinical environments. To address these issues, the hospital implemented an action model grounded in the 6S “Hospital Resilience” framework to strengthen workforce resilience and sustain care quality.

Methods/intervention

Through systematic, cross-departmental collaboration among Nursing, Administration, Human Resources, Occupational Safety and Health, and General Affairs, a comprehensive nurse support network was established. 1. Space & Stuff: Ensuring safe infrastructure, adequate rest areas, sufficient clinical resources, and outsourcing non-clinical tasks to reduce workload. 2. Staff & Services: Enhancing recruitment and retention programs, providing psychological support, and promoting continuing education to foster well-being and teamwork. 3. Systems & Strategies: Launching an online “Psychological Health Net” for stress assessment and counseling, creating clear complaint channels, forming an antiviolence task force, and deploying cross-functional teams for critical incident support.

Results

Since implementation, the turnover rate for nurses with over three months’ tenure has remained low (1.3%–3.6% from Aug 2024–Sep 2025). 35 interdepartmental events were held, the Employee Care Team addressed 6 formal complaints and 30 care cases, and the 2024 staff satisfaction survey achieved a 73.5% response rate with an overall score of 78.4—reflecting improved trust and engagement.

Conclusions/lessons learned

This comprehensive resilience model effectively supports nurses in adapting to high-stress environments and offers a replicable framework for other healthcare institutions seeking sustainable workforce integration and well-being.

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Oral session 2.4: Health equity and governance

Establishing a Systematic Health Equity Data Initiative (HEDI) at a Tertiary-level Paediatric Hospital in Toronto, Canada

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Background and objective

Toronto is amongst the most diverse cities in the world, and the Hospital for Sick Children (SickKids) serves as its only tertiary-level paediatric hospital. To advance inclusive and equitable care, the Health Equity Data Initiative (HEDI) was established as a systematic, sustainable method of collecting patient/caregiver sociodemographic information.

Methods/intervention

An interdisciplinary team was assembled and HEDI was implemented in the SickKids Emergency Department, outpatient areas and inpatient areas. Three data collection methods were developed (verbal facilitation, paper copies, and self-entry in patient portal) as well as corresponding technology, to ensure data is immediately viewable in the patient medical record. Change management frameworks guided education and communication efforts.

Results

HEDI completion among patients is increasing. From the period of April through September 2024, 24% of unique SickKids patients (or 19,000 individuals) had HEDI information complete. Initial insights garnered from the data will be shared.

Conclusions/lessons learned

Unique challenges of collecting health equity information in a diverse paediatric context have been overcome with various strategies. These include age-based surveys, developing an ability for youth to complete the survey independently, translated paper copies and more. To support staff with implementation and feeling confident in engaging with patients and caregivers, various implementation and educational resources were developed. These include guiding principles, a toolkit, and an e-learning module. Different communication strategies have augmented staff awareness.

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Women's health among medical staff at Lyon University Hospital (France): a qualitative study of sexual and reproductive health and general health

GONNARD Célia, BAUQUIER Charlotte, DE SOUZA Sander

Background and objective

Despite the strong feminization of the medical sector, women continue to face several challenges, such as work-life balance, wage inequalities, and limited access to leadership positions. These difficulties can affect their health and quality of life, yet they remain insufficiently documented in the scientific literature. This study aims to better understand the experiences and perceptions of women within the medical staff regarding their health, and more specifically their sexual and reproductive health (SRH).

Methods/intervention

All female medical practitioners or assistants (dentists, pharmacists, and physicians) at Lyon University Hospital (France) were invited to participate via their work email address. Semi-structured interviews were conducted from April to May 2025 and subsequently analyzed using a thematic analysis.

Results

Twenty-five women were interviewed. The participants felt that mental health was negatively affected by their professional activity. A few of them didn't have regular follow-ups with a general practitioner. They reported being up to date with their preventive behavior (HBV vaccination and organized cancer screening) and expressed a willingness to prevent health risks despite a recurrent lack of time. The participants reported complications during pregnancy. (pathological problems or miscarriages). Nevertheless, they perceived themselves as lacking information on SRH. Motherhood and professional workload influenced their sex life.

Conclusions/lessons learned

Most interviewed women faced health issues but paid little attention to their own health. It would therefore be essential to strengthen occupational health services at their workplace, by reserving gynecological appointments for them, setting up screening reminders, and creating SRH awareness campaigns.

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Integrating HPH Standard 3 into Clinical Networks and Diagnostic, Therapeutic and Care Pathways to Strengthen Health Literacy, Equity, and Resilience

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Background and objective

Clinical networks ensure quality and equity of care, while the Health Promoting Hospitals & Health Services network promotes, prevention and patient empowerment. The project aimed to integrate HPH Standard 3 into regional Diagnostic, Therapeutic and Care Pathways (PDTA) by building a sustainable and structured collaboration with patient associations, already from the design phase of clinical pathways, thus embedding through all the patient experience health promotion, appropriate communication and health literacy—an essential capacity for resilient healthcare systems in times of global crises

Methods/intervention

A coordinated process between clinical networks and the HPH network defined how Standard 3 could be incorporated into PDTA structures. All regional patient associations were contacted to create a comprehensive map of partners and their information needs. Their contributions and literature analysis informed the redesign of PDTA sections. A professional graphic designer developed accessible, health-literate materials according to MHPOL principles. These were integrated into a new website supporting ongoing interaction while respecting privacy constraints that currently limit social media engagement

Results

The project produced a shared model for integrating prevention, empowerment, and health promotion actions into PDTA pathways. Mapping associations enabled continuous dialogue and co-creation of clear, user-friendly materials. Updated PDTA sections and new visual tools improved consistency and accessibility. Work on the new website created a sustainable communication space that complies with privacy regulations and supports long-term patient involvement

Conclusions/lessons learned

Embedding Standard 3 in clinical pathways is feasible and enhances person-centred, equitable, and resilient care. Early engagement of associations increases usability and relevance. Professional communication design supports health literacy. Coordinated governance between networks strengthens sustainability

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Crisis Governance in the Face of Emerging Infectious Diseases in Taiwan: Lessons from SARS and COVID-19

LIN Ching-Cheng

Background and objective

Emerging infectious diseases challenge national health systems and public trust. Taiwan's experiences with SARS (2003) and COVID-19 (2020–2022) illustrate how governance, risk communication, and coordination shape resilience. This study compares Taiwan's crisis governance during both outbreaks and identifies policy implications for sustainable and equitable health governance.

Methods/intervention

A qualitative comparative case study using official reports and policy documents examined institutional structures, inter-agency coordination, and decision-making. The analysis focused on border control, community prevention, hospital regulation, resource allocation, and public communication.

Results

After SARS, Taiwan established the "Central Epidemic Command Center", clarified legal frameworks, and improved transparency. During COVID-19, digital tools such as mask rationing and contact tracing enhanced responsiveness. Yet challenges persisted: balancing civil liberties with health security, ensuring equitable access to resources, and coordinating cross-sectoral responses. SARS fostered institutional learning; COVID-19 tested adaptive governance under global uncertainty.

Conclusions/lessons learned

Effective crisis governance requires institutional reform, data-driven decisions, and sustained public trust. Taiwan's experience shows the need for flexible coordination between central and local levels, transparent communication, and integration of health promotion into preparedness. Future resilience depends on institutionalizing inter-ministerial frameworks, enhancing digital readiness with privacy safeguards, investing in workforce and mental health, and expanding international cooperation. Reducing political interference and strengthening domestic vaccine capacity will further reinforce national resilience and equity. Governance in Taiwan has evolved from reactive control to anticipatory learning, offering valuable insights for sustainable health systems worldwide.

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Dying to be Dignified

CHUNG Yerin

Background and objective

Carter v. Canada (2015) ruled that the prohibition of assisted dying (AD) was unconstitutional because it violated the Canadian Charter. Recently, a controversial "expansion" of medical assistance in dying (MAID) to include those whose mental disorder/illness is the sole underlying medical condition (MAID MD-SUMC) is set to be implemented in 2027. This recent corollary has raised several concerns regarding the impact(s) on vulnerable populations. MAID MD-SUMC has been examined in different fields among different actors and organizations (critiqued as a rapid expansion by some or championed as an extension to existing policy by others), however, these contrasting perspectives both seem to agree on the significance of dignity.

Methods/intervention

Using a mixed-methods approach, this work will analyze data from Canadian annual reports on MAID, examine various policy documents and consider different conceptions of (human) dignity, to argue that an intersectional approach may help address siloed understandings of dignity in health policy.

Results

This research will tease out the various positions on MAID MD-SUMC and provide preliminary insights on dealing with incommensurabilities, demonstrating how Canada's seemingly paradoxical support for mental health promotion as well as AD provision may be reconciled through (human) dignity.

Conclusions/lessons learned

Examining how contrasting views on the common denominator of (human) dignity may help to enrich our understanding of what mental health promotion. Embracing pluralism on contentious issues like MAID through compromise will help to ensure fair and equitable approaches to public health policies in a way that upholds justice.

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The Impact of Public and Private Health Spending on Healthy Life Expectancy: A Dynamic Panel Analysis of 87 Countries from 2000 to 2019

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Background and objective

Healthy life expectancy (HALE) captures both longevity and quality of life, providing a comprehensive measure of population health. Yet, little is known about how public versus private health expenditures affect HALE over time.

Methods/intervention

We analyzed a balanced panel of 87 countries from 2000–2019, prior to COVID-19 disruptions. A dynamic panel model using two-step System GMM was applied, with the annual growth rate of HALE as the dependent variable. Public and private health expenditures per capita (five-year lags) were the main explanatory variables, controlling for GDP per capita, aging, population density, gender composition, caloric intake, education, prior health status, and year effects.

Results

Public health spending showed robust positive associations with HALE across multiple lags. The cumulative five-year elasticity was 0.0489 ($p < 0.0001$), equivalent to approximately 111 additional days of healthy life expectancy for a sustained 10% increase in public spending. In contrast, private spending showed no significant effect (elasticity = 0.0014; $p = 0.9118$).

Conclusions/lessons learned

Public investment consistently promotes healthier, longer lives, while private expenditure contributes little to population-level gains. Strengthening public financing—particularly for preventive care and infrastructure—offers a more equitable and sustainable pathway to health promotion. These findings reinforce the critical role of public systems in advancing health equity and inform ongoing debates on health financing reform.

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Oral session 2.5: Workforce practice, communication and clinical interaction

Co-Creation of Care: A Transdisciplinary Research Project to Strengthen Patient and Staff Wellbeing

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Background and objective

Healthcare systems face a dual human crisis: Patients frequently experience insufficient involvement and connection in care, while healthcare professionals report increasing pressure and burnout. Co-Creation of Care (CCC), defined as the mutually beneficial interaction between patients and healthcare professionals during care encounters, offers a way to address these challenges jointly. The aim of this project is to conceptualize, examine and promote CCC as a core relational process in acute care settings.

Methods/intervention

A transdisciplinary consortium spanning occupational health psychology, nursing science, health services research, healthcare management, ethics and design collaboratively developed a CCC model and research architecture. The project (a) refines and empirically validates a multi-level CCC model; (b) examines determinants, processes and outcomes of CCC, including associations with patient experience and staff wellbeing; and (c) translates findings into practice, including evidence-based recommendations, implementation tools and insights on generalizability to other care contexts. A mixed-methods design is employed, combining literature reviews, surveys, interviews, observational approaches and design-based methods such as cultural probes.

Results

The 3.5-year project kicked-off in Summer 2025. Current work focuses on literature reviews, measure development and the setup of field studies in close collaboration with hospitals. Expected contributions include a clearer understanding of how CCC is enacted in everyday care and practical approaches to strengthen CCC for patients, staff and organizations.

Conclusions/lessons learned

By positioning patients and healthcare professionals as co-producers and co-beneficiaries of care, CCC aligns strongly with the mission of Health Promoting Hospitals and supports more resilient, equitable and human-centered healthcare.

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PflegeKRAFT – gender- and culture-sensitive workplace health promotion for nursing staff

KÖNIG Birgit, REITERER Florian

Background and objective

The nursing sector is predominantly female, although men are also increasingly entering the field in the spirit of “caring masculinities.” Nevertheless, gender- and culture-specific needs remain largely underrepresented in existing approaches. However, in view of growing diversity in the working environment, gender- and culture-sensitive workplace health promotion is becoming increasingly important. The Austrian PflegeKRAFT project addresses precisely this issue and integrates these dimensions into workplace health promotion in a process-oriented manner.

Methods/intervention

The core elements (e.g. health lifestyle questionnaire, health circles, tailor-made health promoting offers on the behavioural and relationship level) are adapted to sensitise the target group and favours participation in the workplace health promotion process. In addition, customized offerings are implemented at the behavioral and structural levels - always taking gender aspects into account.

Results

In healthcare facilities that have already tested the PflegeKRAFT project, a learning process for developing a new culture of dialogue between employees and management emerged, which included challenging moments but was ultimately evaluated positively. Results and indicators during the implementation of the health circles include the identification of resources and stressors, as well as the joint development of health psychology solutions and transfer proposals (concrete measures to promote women's health for nursing staff, focusing on relationships and behavior). PflegeKRAFT shows how gender- and culture-sensitive workplace health promotion (WHP) can be sustainably anchored in the care context in order to support the health, satisfaction, and performance of nursing staff in the long term. In November 2025, the project was awarded third place in the 1st Austrian Health Psychology Prize.

Conclusions/lessons learned

Within the framework of a report, the sustainability and learning experiences of the WHP projects of the last few years were recorded, which were financed thanks to the General Directorate of the „Wiener Gesundheitsverbund“ (Staff Unit: Human Resources Development & Training, Health Management). The report underlines the gender and culture sensitive methodology and emphasizes the participation as a valuable tool for a successful WHP design. It gives a glimpse into future workplace health promotion strategies with a strong focus on the diversity of working environments.

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Three-perspective assessment of outpatient front-desk micro-interactions in a southern Taiwan medical centre

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Background and objective

Outpatient front desks are key contact points where micro-interactions in tone, body language, responsiveness and clarity shape patients' safety and respect, yet such behaviours are rarely captured in routine quality data. Using the Theory of Planned Behavior (TPB), we developed an integrated three-perspective assessment combining staff, patient and mystery-shopper data to make front-desk micro-interactions visible for management.

Methods/intervention

In the main outpatient area of a medical centre in southern Taiwan, 42 front-desk staff completed a TPB-based questionnaire on attitudes, perceived norms, control and intentions. During the same period, outpatients completed a brief experience survey, and trained mystery shoppers carried out observations at the same counters. Counter-level regression and correlation analyses linked staff intentions with patient and observer ratings.

Results

Staff reported positive attitudes and strong intentions to provide good service; TPB constructs explained 89% of the variance in behavioural intention ($R^2=0.89$). Patients' experience was generally good, with responsiveness and expressive communication the strongest predictors of overall ratings ($R^2=0.75$). Counter-level correlations between staff intention scores and patient experience were weak, whereas subjective norm and behavioural intention showed moderate correlations with mystery shoppers' ratings of staff attitude, communication and overall impression (up to $r=0.47$).

Conclusions/lessons learned

This three-perspective approach created a practical shared language for discussing front-desk micro-interactions. Mystery-shopper observations reflected staff intentions more clearly than patient surveys and highlighted gaps between “how staff intend to behave” and “what patients actually experience”, providing a concrete basis for training, feedback and patient-centred improvement.

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A Digital Learning Activity to Enhance Competence in Lifestyle Behaviour Dialogue in Everyday Clinical Practice

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Background and objective

Unhealthy lifestyle behaviours such as tobacco use, harmful alcohol consumption, unhealthy dietary habits, and insufficient physical activity are major contributors to preventable disease. Health professionals often have opportunities to address these issues, yet many report limited confidence in initiating and conducting motivating and supportive conversations. This digital learning activity was developed to strengthen healthcare staff's ability to identify unhealthy behaviours, engage in respectful dialogue, and apply motivational strategies in routine patient encounters. The objective of the learning activity is to enhance knowledge, skills, and professional self-efficacy in conducting brief lifestyle behaviour counselling based on person-centred and health-promoting principles.

Methods/intervention

The learning activity consists of a self-paced digital module built around filmed scenarios illustrating both effective and challenging conversations about lifestyle behaviours. Participants are invited to reflect on communication styles, motivational strategies, and patient responses. Following the module, participants apply their learning in their own clinical practice. They then return to the platform to document and reflect on these encounters. The activity targets licensed health professionals and other staff who meet patients regularly and have opportunities to address lifestyle behaviours. It can be completed individually or in facilitated group settings.

Results

The learning activity was launched in September 2025, and so far over 150 users have enrolled. Reviews have been very positive, especially highlighting the value and clinical relevance of scenario-based learning.

Conclusions/lessons learned

A digital, scenario-based learning activity combined with structured reflection and real-world practice can effectively strengthen health professionals' competence in addressing unhealthy lifestyle behaviours. The use of filmed scenarios supports experiential learning, while post-practice reflection facilitates deeper understanding and continuous improvement.

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Partnering with Patients and Families to Support Precision Medicine at a Pediatric Hospital

GOLDSTEIN Alanna, BUCHANAN Francine, KABLAWI Dalya

Background and objective

The Hospital for Sick Children's Precision Child Health (PCH) movement aims to deliver personalized care for children by factoring in each child's genetics, biology, and environment. Key to the success of PCH is meaningful partnership with patients and families. This session describes the pioneering approach implemented at SickKids to sustainably embed patient and family voices into the design and delivery of clinical care, education and research to build a resilient and equitable health system and advance Precision Child Health.

Methods/intervention

The SickKids Model of Advisor-Centered Engagement is a scalable and sustainable framework that standardizes engagement by centralizing engagement supports and resources. It includes the Precision Child Health Lived-Experience Information Network for Knowledge Sharing (PCH LINKS) —a community of 20+ diverse advisors with lived experience in rare disease who are building capacity in PCH priority areas to advance precision medicine initiatives. LINKS members are embedded in the SickKids-wide Lived Experience Network (LXN), providing them with access to the resources required to partner meaningfully.

Results

The PCH LINKS and its members, supported by the LXN and the SickKids Advisory Model, have emerged as a valuable and sustainable institutional resource that brings a patient and family lens to all areas of Precision Child Health.

Conclusions/lessons learned

A centralized engagement model ensures that advisory communities such as the PCH LINKS are informed by best practices in engagement and that individual advisors are empowered to contribute meaningfully to precision medicine initiatives. Systemic engagement practices that include advisor capacity-building create resilient health systems and sustainably meet the growing institutional demand for impactful engagement outcomes.

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The Effect of Workplace Attachment and Work-related life quality on Intention to Stay of Hospital Nurses: A Generation Study

KUO Ying-Ling, CHEN I-Ju

Background and objective

The World Health Organization estimates that by 2030, there will be a shortage of approximately 20% of health workers required to maintain the global health care system. Taiwan has a total of 468 hospitals, of which 271 have joined the "Healthy Hospital Network." As of 2024, the proportion of HPH was approximately 58%. The proportion of hospitals in the northern region that have joined this network is quite high. The high turnover and shortage of nursing staff have severely affected health services, patient safety and the operation of the global medical care system. To investigate the status quo of hospital nurses' workplace attachment, work-related quality of life, and intention to stay during the Covid-19 pandemic, considering the different generations.

Methods/intervention

By adopting the Ecological systems theory as a framework. This cross-sectional study involved 1,004 registered nurses from the northern Taiwan using self-administered online questionnaires.

Results

Of 88.5% nurses in the study, intended to stay at their current hospital for the next year. In addition, for every point increase in workplace attachment, the intention to stay in their current hospital increased by 19.5% for nurses born in the 70s (1971–1980, 41–50 years old), 17.4% for those born in the 80s (1981–1990, 30–39 years old), and 19.9% for those born in the 90s (1991–2000, 20–29 years old).

Conclusions/lessons learned

This study confirmed that the intention to stay of different generations hospital nurses was correlated with their workplace attachment and work-related quality of life. To improve the intention to stay of nurses born in the 80s, 90s, contract renewal allowances, days off each month and working environment that improves workplace attachment are important.

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Oral session 2.6: WORKSHOP of the GNTH

Beyond the Smoke Break – Rethinking Pause Culture in Nursing

KOALICK Susann, DÜING Jennifer, RUDOLF Dominik, ANTÓN Laura, HOCHET Marianne

Breaks are essential for recovery, social connection, and team culture in nursing. Yet in many healthcare settings, smoking areas have become the primary social meeting spaces – perpetuating exclusion, stigma, and nicotine dependence. This interactive workshop invites participants to explore health-promoting alternatives and critically reflect on current break cultures. Based on experiences from projects of the Global Network for Tobacco Free Healthcare Services, it showcases how traditional "smoke breaks" can be replaced by inclusive, restorative, and connecting practices – such as "breathing spaces," short mindfulness activities, or brief movement sessions.

Objectives

To raise awareness about the link between workplace culture, staff well-being, and nicotine use. To exchange practical strategies that foster healthy, inclusive break environments. To encourage participants to design small, feasible changes for their own teams and organizations

Key messages

Creating shared, non-smoking spaces for rest and connection supports both individual recovery and organizational resilience.

Expected impact

Participants will gain new perspectives, practical tools, and inspiration for implementing positive break practices that promote health, equity, and belonging in healthcare teams.

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Oral session 2.7: ROUND TABLE: Promoting Health in Hospitals Through Climate Action: Leveraging Synergies, Transforming Structures

Healthcare systems are increasingly affected by climate change. Hospitals, as central institutions, carry a dual responsibility: safeguarding the health and well-being of patients and staff while contributing to environmental sustainability. Climate action holds significant potential to strengthen health-promoting structures: through improved air quality, stress-reducing green spaces, sustainable nutrition, and resource-efficient processes, which can be meaningfully integrated in hospital settings.

The roundtable starts with a keynote and an expert presentation, outlining the links between climate and health, their implications for healthcare systems and innovative initiatives supporting healthcare institutions in their transition toward sustainability. Building on this foundation, pioneering Austrian healthcare institutions present best-practice demonstrating how sustainability initiatives can be effectively aligned with health promotion. These examples highlight practical strategies for infrastructure and organizational transformation, offering transferable approaches for diverse healthcare settings.

The session concludes with an interactive discussion involving participants. We explore questions such as: What initiatives already exist in your countries? Which experiences have been made so far? Where do opportunities lie, and what barriers or challenges remain? What factors make projects successful? This exchange aims to foster interdisciplinary dialogue, identify synergies, and inspire actionable ideas for sustainable healthcare transformation.

By linking environmental sustainability with health promotion, hospitals can improve patient care, enhance staff well-being, and reduce their ecological footprint. Participants will leave with practical insights, strengthened networks, and inspiration to align healthcare facilities with both environmental and health-promoting objectives—advancing a more resilient and health-centered future for healthcare systems.

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**Promoting Health in Hospitals
Through Climate Action - Learnings
from the HPH network**

LIN Ming-Nan

**Net-Zero Healthcare Strategy: The
Austrian Way**

LICHTENECKER Ruperta

**Active Mobility as a Driver of Health
Promotion**

VIDOVIC Sabrina

**Serving Change: Implementing the
Planetary Health Diet in a Regional
Hospital in Austria**

THOMASSER Alexander

Oral session 2.8: WORKSHOP: What will it take to accelerate a responsible Digital Health Transformation in our health systems? A creative working workshop to turn system challenges into capacity to create real impact

What will it take to accelerate a
responsible Digital Health
Transformation in our health
systems? A creative working
workshop to turn system challenges
into capacity to create real impact

VAN VLIET Jolanda

Click here to enter text. Digitalization is transforming health systems, opening pathways for prevention, early detection, equitable access, and new models of care. Yet progress remains uneven—not because of a lack of technology, but because leadership and capacity building is often missing. Leadership that aligns vision, governance, and innovation capacity across professions, organizations, and policy levels is essential for navigating complex interdependencies and driving real-world digital health transformation.

This workshop positions leadership and innovation management as the core enablers of responsible digital health transformation. Participants will engage in a highly interactive, creative real-work-format where they explore how leadership practices, such as visioning, collaboration, ethical decision-making, capacity building and innovation management, can unlock progress across critical challenge domains related to acceleration of responsible digital health transformation:

1. Reimbursement and value realization.
2. Digital health literacy and equity.
3. Ethical and trustworthy AI.
4. Implementation and workflow integration.
5. The cultural shift toward preventive, health-promoting care.

Through self-selected challenge teams, participants co-create insights using structured creativity tools and frameworks inspired by innovation management principles. They will identify key system barriers, leadership behaviors, and interorganizational dynamics that build capacity, influence success and create value for inhabitants/patients, health systems and society.

The session concludes with a shared synthesis visualizing how leadership can connect the dots between ethical, systemic, and practical dimensions of digital transformation. Participants leave with actionable perspectives and tools to strengthen leadership capacity for ethical, inclusive, and scalable digital health innovation in their own contexts.

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Oral session 3.1: Access to care and service innovation

Health check-up and screening in Japan: Insights from a general hospital in Hiroshima.

MINAMOTO Isamu, NOBUTANI Miho

Background and objective

In an aging society with rising healthcare cost such as Japan, routine health check-ups and screenings play an important role in health promotion. Early detection of various cancers and noncommunicable diseases is crucial for medical intervention and health guidance. We aim to introduce some of the health check-up and screening programs in Japan using the experience from the Health Check-up Center of Hiroshima Kyoritsu Hospital, a medium-sized general hospital in Hiroshima city, Japan.

Methods/intervention

Health check-ups and screenings provided from 2017 to 2024 in Hiroshima Kyoritsu Hospital were reviewed. These included public-funded specific health check-ups, cooperative member health check-ups, employer provided health check-ups, atomic bomb survivor's health check-ups, second generation (atomic bomb survivor) health check-ups, lung cancer screenings, gastric cancer screenings, colon cancer screenings, cervical cancer screenings and breast cancer screenings.

Results

A total of 17,221 people (including patients) underwent health check-ups and screenings at our center in 2024, an increase of approximately 13% compared to the year 2017. The majority were employer provided health check-ups (67%). Lung cancer screenings totalled 4,077 (up 25% from 2017), gastric cancer screenings totalled 8,585 (up 15% from 2017), colon cancer screenings totalled 4,110 (up 16% from 2017), cervical cancer screenings totalled 1,439 and breast cancer screenings totalled 1,986 in 2024.

Conclusions/lessons learned

Despite the decline in the general population, more people are undergoing health check-ups and screenings today compared to before. Since there has not been any major change in government programs or policies regarding public-funded health check-ups, this may reflect some behavioral change in the community (employers included) in response to the rising cost of living and healthcare. As a Health Promoting Hospital, we will continue to improve our capacity and quality of health check-ups to cater for this need.

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Effectiveness of a Digital Lifestyle Program in Routine Care for Adults at Cardiometabolic Risk

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Background and objective

Unhealthy lifestyle behaviors increase cardiometabolic risk and contribute to the growing global and national health burden. Healthier behaviors can extend disease-free life, yet accessible and scalable programs to support these behaviors are urgently needed in routine care. Objectives:

1. Evaluate the effectiveness of a digital lifestyle program in routine care on lifestyle behaviors and weight among adults at cardiometabolic risk.
2. Identify factors associated with achieving $\geq 5\%$ weight loss.

Methods/intervention

This cohort study included 251 adults at cardiometabolic risk who completed a digital lifestyle program at Umeå University Hospital, Sweden, between Aug 2022–Jan 2024. The program was designed to be accessible and scalable, and comprised of three individual and six group sessions led by a multidisciplinary team. Weight and lifestyle behaviors were assessed pre- and post-program using questionnaires from the Swedish national care program. Data were analyzed in R.

Results

Participants (71% women) had a mean age of 54 years and BMI of 34.9 kg/m²; program duration averaged 6 months. Dietary index improved from 5.9 to 7.1 (scale 0–12), and physical activity from 192 to 224 min/week. Unhealthy eating (index 0–4) decreased from 26% to 11%, and insufficient activity (<150 min/week) from 42% to 32%. Sedentary time decreased from 7.6 to 7.1 h/day. At-risk alcohol consumption decreased from 18% to 12%, and tobacco use from 21% to 19.5% ($p = 0.21$). Mean weight change was -2.1% , with 20% achieving $\geq 5\%$ weight loss. Changes were significant ($p < 0.01$), unless otherwise noted. Factors associated with $\geq 5\%$ weight loss were improved dietary index (OR 1.22, 95% CI 1.02–1.46) and reduced sedentary time (OR 0.91, 95% CI 0.81–1.00).

Conclusions/lessons learned

A digital lifestyle program in routine care improved lifestyle behaviors and supported modest weight loss, suggesting potential to complement preventive strategies. Clinically relevant weight loss was linked to improved diet quality and reduced sedentary time.

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Barriers and Challenges of Virtual Consultation Services Among Antenatal Mothers in Malaysian Public Health Clinics: A Mixed-Methods Study

MOHAMED Halila, ISMAIL Aniza, SUTAN Rosnah

Background and objective

Digital innovation of virtual consultation (VC) services have been introduced in antenatal care to improve accessibility of maternal health services. While VC offers convenience and flexibility, its uptake among antenatal mothers in Malaysia remains inconsistent. Understanding the barriers and challenges influencing its utilization is essential to optimize digital health implementation. The objective is to identify the barriers and challenges associated with the use of VC services in antenatal care through a mixed-methods analysis.

Methods/intervention

A mixed-methods design was employed. The quantitative component comprised a cross-sectional survey of 255 antenatal mothers using structured questionnaires to explore barriers, analyzed with descriptive statistics. The qualitative component involved in-depth interviews with six purposively selected antenatal mothers, thematically analyzed to provide contextual and experiential insights.

Results

Quantitative findings revealed that significant barriers to VC utilization included limited digital literacy (41.2%), poor internet connectivity (43.2%), and concerns the clinical safety of virtual care. A majority of respondents concern over the absence of physical examinations (60.4%) and fear of misjudging their health status without direct supervision (60.8%). Preference for face-to-face consultations was reported by 52.2% of mothers, while 49.8% perceived that healthcare personnel also favored in-person visits. Thematic analysis further highlighted challenges such as perceived reduced quality of care, communication inefficiencies, limited digital competency and environmental distractions.

Conclusions/lessons learned

While VC is an emerging approach to delivering maternal healthcare in Malaysian public health clinics, its effective implementation is constrained by barriers related to digital literacy, internet access, patient-provider communication, and institutional support. Strengthening digital infrastructure, enhancing health literacy, and integrating structured support mechanisms are essential for optimizing VC in antenatal care.

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Readiness for Home-Based Palliative Care among Primary Family Caregivers of End-of-Life Home Care Patients

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Background and objective

The rising demand for long-term care in aging societies has intensified the need for home-based palliative services. Primary family caregivers of patients receiving end-of-life home care frequently experience significant emotional and practical burdens, yet limited research has examined their preparedness to provide such care. This study aimed to assess the level of readiness for home-based palliative care among primary family caregivers of end-of-life home care patients and to identify factors associated with their readiness.

Methods/intervention

A cross-sectional design was employed using the validated Readiness for Home-Based Palliative Care Scale (RHBPCS; Cronbach's $\alpha = 0.928$). From January to December 2022, purposive sampling was used to recruit caregivers of end-of-life home care patients from a regional teaching hospital. Demographic characteristics and caregiving readiness data were collected, and multiple regression analysis was conducted to determine factors associated with RHBPCS scores.

Results

A total of 122 caregivers participated, with an average age of 61.62 years. Mean subscale scores indicated moderate readiness across domains: family maintenance and consensus (3.05), home care skills and hospice preparation (3.10), sharing and rotation arrangements (2.97), and timely emergency management and palliative response (2.82). Regression analysis identified religion (OR = 4.639, 95% CI: 0.122–9.157) and prior home-based palliative care experience (OR = 5.735, 95% CI: 1.323–10.148) as significant predictors of higher readiness.

Conclusions/lessons learned

Findings highlight gaps in emergency response, psychological preparedness, recognition of dying signs, and communication within families. Strengthening interdisciplinary home-based palliative care teams, enhancing death literacy, and integrating spiritual care may improve caregiver competence. Expanding community resource support is also essential.

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Oral session 3.2: Health workforce practice and training

Enhancing the Capacity of Health- Care Professionals to Promote Healthy Aging Among Older Adults in Sri Lanka

**CHRISTOVA Monica, AFTENBERGER
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Chamila, SOUTO CAMBA Sonia**

Background and objective

Global inequities in aging and aging-related health problems are well documented. Countries with lower economic capacity face a faster pace of population aging while having limited ability to provide adequate healthcare. Sri Lanka (SL) represents a particularly critical case: it is the fastest-aging country in South Asia and is simultaneously experiencing a severe economic crisis. The growing burden of aging-related conditions highlights the need for effective prevention, management, and improved competency of healthcare (HC) professionals. Our joint EU project aims to build sustainable innovation capacity by modernizing HC professional education in Healthy Aging (HA) in SL. A major goal is to enhance HC providers' skills through advanced e-courses and workshops implemented in 10 SL hospitals.

Methods/intervention

Course topics are identified through a needs analysis conducted among healthcare providers in the selected hospitals. The course contents are developed through focus groups in collaboration with academics, professionals, and researchers.

Results

Four e- courses are developed: "Integrating Digital Health, Wearables & AI for Elderly Well-Being", "Managing Heat Stress, Disasters & Environmental Challenges Among SL Older Population", „Psychosocial Longevity Strategies: Integrating Positive Aging, Community Design & Behavioural Health"; "Neuroplasticity & Advanced Prevention of Age-Related Cognitive and Motor Decline". Seminars related to these courses will be conducted in selected hospitals. A total of 180 health-care practitioners is expected to be trained in 2026.

Conclusions/lessons learned

The development and implementation of e-courses for health-care professionals working with the aging population provides an example of how empowering health-care services can contribute to promoting health in countries facing socioeconomic challenges.

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Health matters

GLAD Elin, BYSTRÖM Malin

Background and objective

Health Matters started in the USA, and many studies have been produced from the program with good results. Health Matters is an evidence-based and evidence-informed program for adults with intellectual disabilities (ID). The program includes a 4.5-hour supervisor training for staff. The supervisor training provides structured information on how to organize and start a tailored physical activity and health education program for people with intellectual disabilities in LSS activities (LSS = Act Concerning Support and Service for Persons with Certain Functional Impairments) and day/vocational agencies . The training can enhance staff's skills, knowledge, and abilities to work with persons who have disabilities to become more physically active, make healthy food choices, and incorporate a healthy lifestyle into daily living. Aim: The aim is to offer an intervention for adults with intellectual disabilities so they can change their lifestyle habits.

Methods/intervention

Health Matters is primarily a group activity for 8-10 people. The program consists of 37 lessons on eating habits and physical activity in both theory and practice. For every lesson (1.5 hours), there is material specially adapted for the target group. Continuity is important, and the lessons need to be carried out preferably twice a week. For those who want to continue learning about lifestyle habits, there is an advanced course of 22 lessons that can be offered once a week.

Results

The results so far in the Swedish context show that people with intellectual disabilities who have undergone the intervention have improved both their fitness and strength. Results from a unit with 27 participants show that 57% got rid of their high blood pressure and 70% improved their ability to move. The results also indicate that many of the participants have adopted new habits that they continue with after the intervention has ended.

Conclusions/lessons learned

It is very important to implement lifestyle interventions to improve the overall health and well-being of people with intellectual disabilities so they can achieve better health and suffer from fewer lifestyle-related diseases. to achieve more equitable health in society, we need to focus on target groups with an increased risk of illness. Research on Health Matters is currently being conducted at Linköping University to obtain scientific results from a Swedish context. The results from the research can further improve the Health Matters intervention and contribute to achieving more equitable health.

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Building Gender-Sensitive Health Systems: Insights from Implementing a Train-the-Trainer (TTT) Course for Healthcare Professionals

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Background and objective

Gender is a key determinant of health and equity. Addressing it in healthcare is essential for equitable access, outcomes, and quality of care. Building a gender-sensitive system requires knowledge, a reflective attitude and decision-making competence. Therefore, a TTT course was developed, piloted and is under evaluation, aiming to enable trainers to integrate gender sensitivity into education, practice and organisational structures.

Methods/intervention

The development of the TTT course was based on background research on training approaches and tools and qualitative data from interviews with 23 experts. These insights directly informed the conceptualisation and design of the TTT. In parallel, an evaluation concept was developed (pre-/post self-assessments, four-month follow-up on practical transfer, quantitative surveys on organisational aspects, learning climate, and teaching quality, and qualitative feedback on course structure/modules).

Results

The course was piloted for the first time in autumn 2025. It comprised 14 modules (incl. gender and health, diversity, gender in health promotion, prevention and care, ethics and law, gender-sensitive language and didactics, gender-sensitive medicine), a total of 30 teaching units, 13 lecturers and 28 participants from all over Austria. Participants came from diverse health professions, including nursing, medicine and midwifery. The results of the evaluation are currently being analysed but preliminary findings indicate an increase in gender-sensitivity competencies, strong relevance for professional practice, and a high need for reflection, dialogue, and interprofessional learning.

Conclusions/lessons learned

The TTT course shows that building a gender-sensitive health system requires an inter-disciplinary, intersectional approach that integrates knowledge, attitudes and actions. Continuous evaluation supports the improvement of the curriculum and prepares for its sustainable implementation from 2028 onwards.

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Health Navigation and Interpretation at Emergency Room in a university hospital in France

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Background and objective

Health navigator and health interpreter are 2 essential roles in health settings where health literacy is low and immigrants' proportion is high. The University Hospital where the project was implemented is located in a disadvantaged suburb of Paris, France. The population of the hospital' catchment area has a low socio-economic level and French is not the native language for a third of the population. This leads to a poor understanding of health-related content by hospital users. The area is also lacking health professionals, including primary care professionals. This combination drives patients to attend the emergency room (ER) of the nearby university hospital, even in case of non-urgent matter, increasing the patient flow.

Methods/intervention

The project was aimed at testing the acceptability and usefulness of having a health navigator-interpreter (HNI) within the adult ER. A partnership was established with the post-graduate diploma of Institute for Asian and Oriental Languages and Civilisations, providing HNI interns. The HNI intern was in charge of assessing social, cultural and linguistic mediation needs, health literacy level, and helped patients navigating within the hospital and provided post-discharge explanations. A qualitative assessment was also conducted in order to evaluate the HNI integration among the staff.

Results

The HNI was integrated in 2024 to the ER staff. Amongst the 117 patients who were fully assessed by the HNI, 89% had a native language other than French; 90% had a low HL level; 75% of them accepted to be accompanied throughout the ER visit until discharge. There was a discrepancy between the self-assessed HL level and the HL level assessed by the HNI. Integration of HNI within the ER staff was progressive, with some degree of resistance. Access to professional interpreter depended on the health professional's habit. Cooperation with social services was deemed essential.

Conclusions/lessons learned

The presence of HNI decreased tensions in the ER waiting room, contributing to "rehumanizing" the ER.

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Building Health Literacy and Health Promotion Competence in Health Care Facilities: An Austrian training programme

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Background and objective

Health care facilities are key environments for health-related communication, information, and relationship building. As such, they have a responsibility to actively integrate health promotion (HP) and health literacy (HL) into their organisational structures. Staff members play a pivotal role in this process, as they are both the drivers and facilitators of change within their facilities.

Methods/intervention

The blended learning programme “Health Literacy and Health Promotion” for staff of health care facilities was developed in Austria, funded by the Austrian Federal Ministry of Health. It consists of several modules covering core concepts and methods of HL and HP. Components include introducing standards (HPH and M-POHL), practical workshops (e.g. communication, health information, tobacco-free/age-friendly hospitals), a navigation exercise, and guided group project work. Implementation and evaluation are scheduled for spring 2026.

Results

Participants acquire practical tools for organisational change. Group projects produce transferable concepts for local implementation. Expected outcomes include enhanced staff competencies and concrete HL and HP measures. The presentation will share initial insights from implementation and evaluation.

Conclusions/lessons learned

A structured, competence-based course for in-house change agents promotes sustainable uptake of HL and HP principles. By embedding skills and projects directly within institutions, the programme reduces reliance on external support and ensures ongoing capacity building.

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Oral session 3.3: Chronic disease management and lifestyle interventions

Adapting the Make My Day intervention: From primary stroke prevention to promoting health in everyday life among cancer survivors

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Background and objective

Cancer survivors (CS) often face physical and psychosocial challenges and report unmet needs for rehabilitation, prevention and health promotion when transferring from specialist care to in primary healthcare (PHC). To address these gaps, this project aims to adapt Make My Day-Stroke—a digitally supported lifestyle intervention—into Make My Day-Cancer for use in Swedish PHC for healthy lifestyle promotion among CS. The objective is to co-design and evaluate a feasible and sustainable intervention that promotes health in everyday life among CS.

Methods/intervention

The project follows the UK Medical Research Council framework for adapting complex interventions. In the adaptation phase, evidence synthesis, interviews, and co-design workshops with CS, next of kin, and PHC professionals inform iterative refinement of the intervention: content, delivery, digital tools. The feasibility phase includes a feasibility study. Outcomes are feasibility measures, lifestyle habits, participation in daily activities, and health-related quality of life. Followed by a randomized controlled trial evaluating the intervention effect compared to usual care.

Results

Ongoing pre-studies demonstrate strong motivation among CS to engage in healthy lifestyles but also individual/organizational barriers to sustained change, especially among sub-groups. Findings from Make My Day-Stroke suggest digital support and engagement in everyday activities can effectively promote lifestyle change and long-term adherence in combination with interprofessional teams and non-patronizing approaches.

Conclusions/lessons learned

Co-design and adaptation of evidence-based digital interventions are key for successful implementation in PHC cancer rehabilitation. Training HCPs in healthy lifestyle promotion and interdisciplinary collaboration strengthens capacity for sustainable care delivery.

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Physical activity on prescription for children with obesity: Health outcomes from a single-arm intervention study

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Background and objective

Physical inactivity and obesity in children are two independent health risks that also interact with one another, increasing long-term risks for cardiometabolic disease, cancer, mental illness, and psychosocial problems. Identifying feasible treatment options for this vulnerable group is of great importance. Physical activity on prescription (PAP) could be a viable option, however, research on PAP for children with obesity remains scarce. Aim: To evaluate a 4-month PAP intervention for children with obesity regarding changes in patient- and parent-reported health-related quality of life (HRQoL), sleep, motivation and self-efficacy for physical activity, as well as BMI standard deviation score (BMI-SDS).

Methods/intervention

This was a single-arm pre–post intervention study of a 4-month PAP intervention for children with obesity, aged 6–12. Anthropometric measures were collected pre- and post-intervention, together with HRQoL, sleep, motivation, self-efficacy and parental self-efficacy measured through patient and parent proxy questionnaires. Data were analyzed using paired samples t-test or Wilcoxon signed rank test.

Results

42 children were included and 34 (17 boys, 17 girls) were assessed post-intervention. The analysis showed significant positive changes in HRQoL, sleep, and BMI-SDS after the PAP intervention. No significant changes were found in motivation or self-efficacy for physical activity.

Conclusions/lessons learned

The significant improvements in HRQoL, sleep, and BMI-SDS after the intervention suggest that PAP might be a relevant component in pediatric obesity treatment. The study provides useful information to guide future research about physical activity interventions for children with obesity. More studies are needed, with larger samples and using more robust study designs.

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The possibility of use of the Closed 9-Stepped Cycle of Proton Conductance parameters in Predicting and Assessing Complications of Arterial Hypertension

**MIYEGOMBO Ambaga, TUMEN-ULZII
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Background and objective

The C9SCPC provides a unified, closed-loop model describing the movement of protons and electrons from nutrient-derived hydrogen (Stages 1–5), their systemic $\text{CO}_2/\text{HCO}_3^-$ transitions (Stages 6–7), and oxygen uptake/release (Stages 8–9). Hypertension shortens the total duration of this cycle and disturbs the electrophile-nucleophile balance, creating measurable indicators for disease risk and organ-specific complications. To evaluate how measurable indicators of the Ambaga C9SCPC can be used to study, predict, and classify complications of arterial hypertension, including cardiac hypertrophy, renal microvascular damage, endothelial dysfunction, and cerebral microangiopathy.

Methods/intervention

Comparative bioenergetics analysis System-wide proton bookkeeping Membrane redox potential modeling Electrophile–nucleophile complementarity

Results

Hypertensive subjects demonstrated C9SCPC Stage 1–5 Disturbances 30–45% reduction in ATP/ADP ratio Significant elevation of electrophilic ROS Dominance of α -state membranes (electrophile overload) Stage 6–7 Abnormalities Reduced bicarbonate transport Increased free proton accumulation Early metabolic acidosis markers

Conclusions/lessons learned

The Ambaga Closed 9-Stepped Cycle of Proton Conductance provides a comprehensive bioenergetic model to study hypertension complications. Its measurable indicators offer early warning capability, improved stratification of risk, and a novel therapeutic target: restoring proton-electron synchronization and cycle duration.

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Addressing insufficient physical activity in children with obesity in a 4-month physical activity on prescription intervention: a single-group pre–post study

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Background and objective

Childhood obesity is a growing global public health challenge and a complex chronic disease. Physical activity on prescription (PAP) is an evidence-based method to increase physical activity (PA) in adults, but its use in children with obesity is not well studied. The study aim was to explore PA patterns in children aged 6-12 years with obesity after a 4-month PAP-intervention and to explore differences related to age and sex.

Methods/intervention

The cohort included 42 children (20 boys), aged 6-12 years, treated at pediatric or rehabilitation clinics in Region Västra Götaland, Sweden. An individualised PAP intervention was provided, and PA was measured using accelerometers at baseline and post-intervention. The mean number of consultations during the intervention was 5.0 (SD 2.2). Main activities were walking and swimming. Changes in PA patterns were analysed using Wilcoxon's signed rank test.

Results

Of the 42 children, 35 completed the intervention, 32 of whom provided valid accelerometer data. No significant changes in PA patterns were observed in the total group, nor in the subgroup analyses by sex and age. Satisfaction with the PAP intervention was high.

Conclusions/lessons learned

Although no significant changes in PA patterns were found in the total group, children and parents reported general satisfaction with the PAP intervention. Factors such as intervention duration, level of support, and limitations in measuring certain activities may have influenced the results. Further research is needed to explore feasibility, adherence, and long-term effects of PAP in children with obesity.

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Oral session 3.4: Community-based health promotion and Social Prescribing

Citizen-led Health Promotion: Lessons from the Equal Health Program in Malmö

RÄMGÅRD Margareta, RAMJI Rathi

Background and objective

Given rising inequalities among citizens in certain urban neighborhoods in Sweden, the Equal Health Program was established by Malmö University in 2016. The program aimed to strengthen health promotion and reduce inequalities by bringing residents, health professionals and researchers together to co-create and implement interventions. Six health promotion labs were developed based on citizen-identified needs, and the oral health and diet lab was one of them. Lay health promoters collaborate with primary care, social services, dental care, Save the Children, and private companies including pharmacies and oral hygiene product industry to facilitate interventions shaped by the community. The aim of this paper is to describe the CBPR health promotion interventions and provide an overview of program evaluation.

Methods/intervention

Grounded in community-based participatory research (CBPR), health circles and physical activity served as the main interventions. The program is evaluated with qualitative focus groups and quantitative surveys, including WHOQOL-Bref and health literacy measures. A specific intervention also reflects on oral health and diet with health care, dental care and pharmacy personnel.

Results

Evaluations followed up for over three years show improved quality of life, strengthened mental health, increased access to supportive environments, and reduced health care visits and medication use. Being actively engaged through dialogue and reflection has increased critical health literacy and collaboration between citizens and services.

Conclusions/lessons learned

CBPR health promotion interventions working collaboratively with local stake holders can support sustainable community health promotion and reduce health inequalities.

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Health Centers in Jönköping County — a Health-Promoting Collaboration Model between Region, Municipalities, and the Voluntary Sector

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Background and objective

The World Health Organization defines health as “a state of physical, mental and social well being and not merely the absence of disease.” Good health is a fundamental prerequisite for people’s ability to reach their full potential and to contribute to the development of society. Within the Agenda 2030 framework, Goal 3 — Good Health and Well being — highlights the importance of promoting health across all age groups. Health is shaped by economic, ecological, and social determinants, which links efforts to achieve Goal 3 closely with other global objectives such as reduced inequalities (Goal 10), sustainable consumption and production (Goal 12), and climate action (Goal 13). The four main dimensions of health are physical, psychological, social, and existential. These dimensions interact with each other and contribute to the experience of well being and health. Today we face several public health challenges related to the four dimensions of health. In particular, unhealthy dietary patterns and insufficient physical activity have become more prevalent and represent key risk factors for major noncommunicable diseases. Together, these factors account for roughly one fifth of the total disease burden in Sweden for conditions such as cardiovascular disease, cancer, and type 2 diabetes. Challenges related to involuntary loneliness are also increasing; approximately one fifth of the adult population reports feeling lonely often or always. Loneliness is a societal problem that can lead to both mental and physical illness and incurs substantial human suffering and healthcare costs. To promote public health and reducing disease incidence it requires interventions in which healthcare collaborates with other societal actors, including municipal authorities, civil society, voluntary organizations, and sports clubs. The regional budget and multi year plan of Region Jönköping County are oriented toward realizing the vision “For a good life in an attractive region.” This vision is pursued by addressing residents’ needs through multisectoral collaboration. Region Jönköping County and the municipalities within the county jointly invest in promoting residents’ health and reducing ill health through a collaborative Health Center model. Since 2021, Health Centers have been scaled across the region following a political decision. Locally, Health Centers operate through partnerships among municipalities, primary healthcare centres, and the voluntary sector.

Methods/intervention

The Health Centers in Jönköping County aim, through a health promoting and preventive approach, to support the improvement and maintenance of residents’ physical, psychological, social, and existential health. The model is jointly operated by Region Jönköping County, the municipalities, and

the voluntary sector, which creates a broad foundation for sustainable and inclusive public health practice. Cross sector collaboration integrates the competencies and resources of diverse actors to address residents’ needs effectively and over the long term. The primary target group is the adult population, although other age groups may be included according to local needs. Implementation Residents of Jönköping County can contact Health Centers directly for support with behaviour change and health promotion. Each Health Center functions as a meeting place where primary healthcare, municipal services, and civil society organisations collaborate to deliver preventive and health promoting interventions. For example, primary healthcare providers can prescribe Physical Activity on Prescription (PAP) and refer residents to the Health Center, while local associations and civil society actors may identify and refer individuals who require additional support. Health coaches at the Health Centers motivate residents to change behaviour and support them through goal setting, planning next steps, and follow up. Health coaches also coordinate activities among local actors in the community, working closely with primary healthcare centers, municipal services, local associations, and other civil society organisations. A central role of the health coach is to act as a bridge to existing community organizations and commercial providers to ensure ongoing activity and social participation. Health Centers support residents increase physical activity, adopt healthier dietary habits, balance between activity and recovery, foster social connectedness and secure access to cultural and leisure activities. Through these local partnerships, Health Centers promote health and quality of life while contributing to the reduction of health inequities across the population. Visitors’ self reported health is monitored annually in the Health Centers operational follow up, and evaluations are carried out for specific courses offered. A research study is currently underway to evaluate the effectiveness of the interventions implemented at the Health Centers.

Results

Health promoting and disease preventive initiatives can reduce future pressure on healthcare services and thereby create conditions for sustainable, equitable, and long term population health. Given appropriate prerequisites and sustained political commitment, the following results have been achieved and key lessons learned:

- Health Centers have been established in all 13 municipalities in the county.
- Activities are tailored to local needs and conditions.
- Cross sector collaboration among multiple societal actors is essential.

Challenges persist because municipalities differ in resources and local policies, which affects their capacity to reach target populations and operate effectively. Additional challenges include identifying and engaging appropriate target groups and ensuring consistent quality and equitable access across the county.

Conclusions/lessons learned

Regional support has been crucial for initiating and scaling the model, but increased resources and sustained responsibility from both the region and municipalities are required to meet growing demand. With adequate resources, Health Centers have the potential to positively influence the four principal dimensions of health. Further findings on the effects of Health

Center visits will be reported on completion of the ongoing research study.

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Integration of Social Prescribing into Primary Health Centres in Rural India: A Built Environment Framework for Equity and Resilient Care

JADHAV Sumit, MORHAYIM Lusi

Background and objective

Rural India's primary health centres (PHCs) are the first point of care for communities experiencing multimorbidity, poverty, and social exclusion. However, PHC infrastructure remains predominantly biomedical and visit-driven. This study examines how social prescribing (SP) can be integrated into PHC design and service pathways to create health-promoting, community-centred facilities that strengthen equity and resilience through the built environment.

Methods/intervention

Six enablers derived from the World Health Organization's Social Prescribing (SP) Implementation Toolkit (Link-worker Role, Referral Pathways; referral and feedback systems, Multi-sector collaboration, Primary Care Integration, and Policy and governance) with the built environment added as a seventh enabler, the study adopted a space and service lens to identify built environment adaptations, workflow requirements and governance mechanisms needed to operationalize SP within routine PHC functioning. Three international examples were analysed: (1) Brazil's Family Health Strategy and Requalifica UBS (Basic Health Units); (2) England's national Link Worker model within PCNs and the Bromley by Bow Centre as a co-located community campus; and (3) Indian policy and infrastructural guidance.

Results

Three core gaps emerged: (1) Spatial fragmentation-PHCs lack flexible non-clinical areas for social support; (2) Workflow discontinuity-missing social-needs screening, link-worker touchpoints and feedback loops; (3) Governance gaps-VHSNCs, PRIs and ASHAs are underutilised in referral and monitoring structures. The integrated model proposes SP-specific rooms, improved circulation for privacy and engagement, visible link-worker stations, and formalised community-governance roles.

Conclusions/lessons learned

SP enabled spatial redesign can improve early intervention, reduce psychosocial burden and enhance continuity of care. Key recommendations include incorporating SP-specific rooms,

embedding link worker/ASHA roles into workflow and spatial design, strengthening community-based governance, and using simple digital tools without increasing workload.

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Beyond the Hospital Walls: Innovating Patient Support Groups with Social Prescribing Concepts

HAN Li-Nien, YEH Chia-Chen

Background and objective

Chronic disease management requires medical care and social support. Patient support groups are vital for psychological well-being, yet participation dropped sharply after COVID-19, averaging only six per session in 2023. To address this, we drew on the concept of social prescribing, moving support groups from hospitals to community cultural venues to meet emotional needs and expand social networks.

Methods/intervention

In partnership with the Cancer Resource Center, patients and families were invited by case managers and social workers. The activities were designed based on five themes: Arts, Culture, Heritage, Green, Physical Activity, and Museums. Since July 2024, sessions have run biweekly for 20 participants. Evaluation used the WHO-5 Well-Being Index, a satisfaction survey, and observation records.

Results

From July 2024 to June 2025, 50 sessions engaged 597 participants. Average attendance rose from 11 to 16, a 60% increase; repeat participation reached 61%, showing strong willingness to return. We collected 578 valid surveys. Post-activity, average well-being was 87/100, and satisfaction with design and venue reached 97/100. Spearman analysis showed "achievement," "new friendships," and "family interaction" correlated positively with well-being. Participants valued community venues as more relaxing and supportive than hospitals.

Conclusions/lessons learned

This model effectively enhanced patients' well-being and resilience, particularly in social support, positive emotions, and sense of meaning. Community spaces reduced the stigma of medical environments, promoted emotional exchange, and stimulated life meaning through cultural resources. The results demonstrate the feasibility and benefits of hospital-community collaboration, aligning with the values of patient-centered, holistic health care and offering an innovative example for Health Promoting Hospitals.

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Oral session 3.5: Behavioral risk and addiction prevention

A Comprehensive Suicide Prevention and DBT-Integrated Care Model in a General Hospital: 20-Year Experience from a Medical Center in Taiwan

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Background and objective

Youth suicide and alcohol-related self-harm have increased in Taiwan. To address this, the Suicide Prevention Center (SPC) at a medical center in Taiwan, re-established in 2005, built a comprehensive model integrating clinical services, digital risk-management systems, Dialectical Behavior Therapy (DBT), Alcohol Use Disorder (AUD) interventions, and school-based prevention programs. This SPC has been nationally recognized, receiving the 2024 National Healthcare Quality Award (NHQA) Gold Award in the Outstanding Medical Category and multiple SNQ Quality Certificates. This abstract summarizes the model and its outcomes.

Methods/intervention

Interventions included a hospital-wide suicide reporting and case-management system using Electronic Medical Record (EMR) alerts; multi-level DBT programs for adults, adolescents, and families; integrated AUD care with referral pathways, group therapy, and digital harm-reduction tools; school-based prevention and adolescent DBT groups; and tiered training for residents, psychologists, and community professionals linked to national research.

Results

SPC delivered >18,000 suicide-prevention service contacts annually. The one-year reattempt rate was 7.08% (vs. 20.9% nationally), and suicide mortality was 0.35%. AUD services reached 3,740 persons/year with a 78.6% completion rate (vs. 46% nationally). DBT participation improved after structured implementation. Adolescent DBT groups showed reduced self-harm impulses and improved emotional regulation. School-based initiatives trained >160 counselors and reached >350 students. Staff stability remained high with a five-year turnover of 16.7%.

Conclusions/lessons learned

An integrated system combining DBT, EMR-based risk management, and AUD treatment can reduce reattempts and enhance safety for people with multiple health needs and comorbidities. Cross-department collaboration, fidelity-assured psychotherapy, digital tools, and structured workforce training support long-term sustainability.

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Smoking is a call for help sign for adolescent

CHEN Chih-Dao

Background and objective

Adolescents are a stage of rapid physical and mental growth and change, inquiring a complete physical and mental health assessment. Campus health education activity also providing structured physical and mental health questionnaire can understood holistic health need. This study investigated the factors between smoking and non smoking adolescent.

Methods/intervention

Data were drawn from a sample of 236 who participated the campus health education activity. Demographics, physical- and mental-related variables were assessed. Structured questionnaire including gender, age, health-related behaviors, mental issues, sexual experience and family function were collected. Uni-variate and multivariate regression analyses were conducted to identify baseline and process variables to predict smoking status for adolescent.

Results

Male gender (OR = 21, $p < .001$), young age (OR = 0.49, $p < .001$), experience of alcohol or betel consumption within 30 days (OR = 15.25, $p < .001$), emotional distress (OR = 1.18, $p = 0.008$), suicidal ideation, sexual experience (OR = 8.05, $p = .0001$) and family dysfunction were significant for smoking adolescent.

Conclusions/lessons learned

Baseline factors of smoking adolescent differ from non-smoking adolescent. These variables play an important role in predicting adolescent becoming a smoker. For teenagers who smoke, we should not only provide smoking cessation health education, but also provide complete physical and mental health assessments, as well as highly accessible youth friendly clinics to care their physical and mental care. Taiwan is promoting the use of smoking adolescents as a high-risk group for health, and providing adolescent friendly physicians with a complete physical and mental checklist for evaluation and follow-up care.

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From Hospital to Community: The AAAPC Taiwan Network as a Model of Health Promotion for Alcohol Abstinence and Addiction Prevention

FANG Chun-Kai

Background and objective

Alcohol-related harm remains a significant public health challenge in East Asia. Taiwan's government first introduced a national subsidy program for alcohol dependence treatment in 2006, establishing a sustainable funding framework for addiction care. Building on this foundation, the Taiwan Alcohol Abstinence and Addiction Prevention Center (AAAPC Taiwan) was established in November 2023 to coordinate national efforts across 18 designated "Alcohol Abstinence Deepening Hospitals." This initiative aimed to strengthen health literacy, enhance referral pathways, and promote community-based prevention as part of a sustainable, health-promoting system.

Methods/intervention

AAAPC Taiwan conducted a nationwide analysis integrating service and subsidy data from 18 collaborating hospitals between January and December 2024. The program established a unified referral and reporting mechanism, linking hospital-based treatment, psychosocial support, and legal systems. Interventions included (1) a national 24-hour alcohol cessation hotline (0800-255959); (2) standardized subsidy procedures and referral coordination; (3) publication of the Alcohol Abstinence Q&A Handbook and educational campaigns; and (4) interprofessional training programs. Data on service utilization, subsidy efficiency, and regional equity were analyzed to guide continuous improvement.

Results

In 2024, 4,255 individuals received assistance, generating 69,892 service encounters nationwide, with an overall utilization rate of 95%. Among service types, social services accounted for 36.9%, medical services 25.8%, psychological counseling 16.9%, pharmacotherapy 13.9%, and assessment 6.4%. Regional analysis showed equitable subsidy distribution across urban and non-urban areas. High-efficiency hospitals such as Tainan and Yunlin achieved greater service reach at lower per-user costs, reflecting optimized resource use through collaborative management.

Conclusions/lessons learned

The AAAPC Taiwan network demonstrates how a national policy initiative can be translated into a collaborative health promotion system. By linking clinical care, behavioral science, and public health governance, addiction prevention becomes an integrated effort across hospital and community levels—illustrating resilience through cooperation.

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Enhancing Smoking Cessation Services Effectiveness through Instant Messaging and Multidisciplinary Collaboration

KUO Chia-Yi, TSAI Bing-Han, HSIEH Li-Chun, CHU I-Chen

Background and objective

Smoking cessation services include both treatment and health education. However, telephone follow-ups are often limited in effectiveness because patients may not answer calls or communication may not be timely. Through instant messaging and team collaboration, follow-up care can be strengthened, patients' needs can be addressed promptly, and both follow-up rates and cessation success rates can be improved.

Methods/intervention

Case managers integrated instant messaging applications into the service workflow to enhance the timeliness and convenience of follow-up and health education. A multidisciplinary team was established, including specialists in family medicine, pulmonology, endocrinology, cardiology, and nursing. The team adopted a shared decision-making model to help patients choose the most suitable smoking cessation method. Online follow-up and health education were provided on the 3rd day, 1st week, and 1st month after the clinic visit to ensure continuity of care. Follow-ups to assess cessation outcomes were conducted at the 3rd and 6th months. This program has been implemented since January 2024.

Results

The 6-month follow-up rate increased from 88.13% (297/337) to 97.5% (318/326). The 6-month smoking cessation success rate improved from 36% (121/336) to 38.3% (125/326).

Conclusions/lessons learned

Through multidisciplinary collaboration, shared decision-making, and the use of instant messaging, patients receive timely support and guidance, enhancing both follow-up and cessation success. This model optimizes smoking cessation service quality and demonstrates potential to become a candidate for the 2026 Global Gold Award of Tobacco-Free Hospitals.

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**Oral session 3.6: WORKSHOP:
Enabling local and regional
governments to address wicked
problems regarding
collaboration, co-governance,
and financing: The case
promoting Health in Skåne**

Enabling local and regional
governments to address wicked
problems regarding collaboration,
co-governance, and financing: The
case promoting Health in Skåne

**VAN VLIET Jolanda, GADOLIN Christian,
BARTHOLDSSON Shirin, CÄKER Michael**

This workshop invites participants to reflect on the governance structures needed to address wicked problems at local and regional levels. We take as our starting point the experiences from Skåne and their work in building a (collaborative) regional support system for social and health care actors involved in health promotion and early detection of children and young people at risk of mental health issues. During the workshop, we address both policy and practice related implications. Skåne has served as one of four testbeds within the Horizon project Invest4Health, and the workshop builds on research findings from this initiative. During the session, we will share insights on two key governance challenges. 1) Programmatic formalizations as enablers for local action: We discuss how municipalities use external programs to strengthen their efforts in Health Promotion and Disease Prevention. Especially, we bring forward merits concerning how multiple, slightly different programs together support work and collaboration. 2) The dual-system context of development work: Many valuable initiatives fail to become part of routine practice. We show how externally initiated projects can succeed when supported by continuous oversight from local management, especially in handling unexpected events. The workshop will include round-table discussions where participants explore how lessons from the Skåne case can inform their own work in managing various types of wicked problems.

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**Oral session 3.7: WORKSHOP of
the HPH Task Force on Built
Environment**

Health and Wellbeing for all Ages
and Abilities: How (Building) Design
Makes the Difference

**MIEDEMA Elke, FORT Peyton,
MADIMIDOLA Elizabeth, HESTBECH
Emma Sofie**

Aligning with this year's theme and the efforts of the International Network of Health Promoting Hospitals' Built Environment Taskforce—this workshop highlights the essential role of empathic, equity-focused design in health promoting healthcare environments – and why your perspective matters! You will: Discover how the physical environment influences stress, behavior, equity, and efficiency in healthcare delivery. Learn how inclusive design supports patients, staff, visitors, and aging populations at every stage of life and ability level. Explore evidence-based criteria for Health Promoting Hospitals (HPH) and see real-world examples of design processes that foster participation, empathy, and accessibility. Learn why your insights are critical for creating spaces that support health-promotion goals—and how to engage with facility managers and leadership to make your voice heard. Through interactive exercises, you will adopt a designer's mindset, experience how spatial and atmospheric qualities shape comfort, healing, and health outcomes. The workshop will include:

1. Theory and research on healthcare building design for Health Promoting Hospitals (HPH), outlining criteria and approaches that foster healthy behaviors, participation, empathy, and equity, particular attention to diverse user groups—patients, staff, visitors, older adults, individuals with disabilities, and local communities.
2. Presentation of healthcare building design (processes), offering practical and inspirational examples that support equitable and inclusive design for HPH projects, particularly for older adults.
3. An interactive session invites participants to adopt a designer's mindset, considering how inclusive design influences comfort, behavior, and experience in healthcare settings.
4. Concluding with identifying actionable changes to advance equity and inclusion (through design) within their organizations. Supplementary resources—including links to eLearning modules and handouts—to support deeper exploration.

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Oral session 3.8: WORKSHOP of the HPH Task Force Migration, Equity, Diversity

Using the Migration, Equity, Diversity-Task Force's (MED-TF) Equity Standards tool to measure and improve equity in healthcare

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This workshop invites participants to reflect on the governance structures needed to address wicked problems at local and regional levels. We take as our starting point the experiences from Skåne and their work in building a (collaborative) regional support system for social and health care actors involved in health promotion and early detection of children and young people at risk of mental health issues. During the workshop, we

Aims

- To present and promote the use of the Self-Assessment Tool (SAT) for implementing the Standards for Equity in Healthcare for Migrants and Other Vulnerable Groups as a starting point for continuous equity improvement.
- To review the results of the initial self-assessment conducted by 36 organizations from Belgium, Ireland, Japan, and the USA.
- To present and discuss selected good practices, identified areas for improvement, and the improvement plans developed by these organizations.

Background

As early as 2012, the Migration, Equity, Diversity Task Force (MED-TF) developed and tested a self-assessment tool comprising a set of standards designed to measure and monitor equity in healthcare. This tool was based on an extensive critical literature review, complemented by several expert workshops and consultations. In 2023, the MED-TF updated the Equity Standards to align them with the 2020 Health Promoting Hospitals (HPH) standards.

In the first trimester of 2025, healthcare organizations worldwide were invited to implement the SAT to assess their organizational equity performance, report their results, and identify areas for improvement.

Key messages

The self-assessment tool developed by the MED-TF is an effective instrument to initiate a process of continuous equity improvement. Participation in MED-TF activities enables organizations to benefit from the exchange of good practices and improvement strategies during international hybrid meetings, creating valuable opportunities to enhance equity performance in healthcare settings.

IMPACT

- Strengthen the equity performance of participating organizations.
- Expand the number of organizations using the self-assessment tool.

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Oral session 4.1: Governance, policy, and leadership for HPH

30 Years of Health Promoting Hospitals and Health Services in Austria: Current Actions and Future Directions

METZLER Birgit, SIMEK Monika, EDER Julia, RONGE-TOLORAYA Andreas

Background and objective

Hospitals and health services are crucial settings for promoting health, equity, and resilience. The Austrian Health Promoting Hospitals and Health Services Network (Austrian HPH Network), founded in 1996, supports health organizations in systematically embedding health promotion in line with the WHO Ottawa Charter and the HPH Standards. Its objective is to advance sustainable structures and processes to improve health for patients, staff, and communities.

Methods/intervention

The Network adapts international concepts to the Austrian context and provides structured recognition procedures in three focus areas: tobacco-free health services, baby-friendly hospitals, and age-friendly health services. These procedures are based on structured self-assessment and expert review to support continuous quality improvement. Members benefit from annual conferences, workshops, training, and networking.

Results

Today, the Network comprises around 70 member organizations and is a central actor in advancing the implementation of health promotion within Austria's healthcare system. Recognition processes drive structural changes and integration into policies, workflows and organizational culture. Embedding health promotion in organizational structures has proven essential for sustainable impact.

Conclusions/lessons learned

Over three decades, the Austrian HPH Network has shown that health promotion can be systematically embedded in healthcare organizations through standards-based approaches, structured support, and partnerships. Growth has been steady, and the model has proven resilient and adaptable. Sustained investment in health promotion is a strategic necessity to maintain equity and resilience in healthcare systems in the face of mounting challenges.

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Integrated Digital Innovation at Gjakova General Hospital: Three Simple, Ethical and Sustainable Interventions for Diabetes and Hypertension Management in a Regional Setting

GASHI Besart, BERISHA Galina, SHALA Hilmi, POZHEGU Arber, PROJECT TEAM IHS

Background and objective

Diabetes and hypertension are highly prevalent in Kosovo, with significant disparities in access to care, especially in rural and minority communities. Under the HPH framework, Gjakova General Hospital implemented a low-cost, integrated digital health promotion model to transform clinical spaces into proactive health hubs, enhancing equity and health system resilience. This initiative, supported by the IHS Project, aims to improve NCD care through strengthened clinical and managerial processes.

Methods/intervention

Methods / The Three Interlinked Interventions (2024–ongoing)

1. Integrated Screening and Counselling Units Embedded within the Specialist Outpatient Clinic and Internal Medicine Ward. Every patient receives immediate measurement of blood glucose, blood pressure, BMI and diabetic foot examination, followed by 1–2-minute contextualised educational videos (Albanian and Serbian) and a personalised 7-day nutrition/physical activity/self-management plan (paper or digital). The service is fully integrated into routine visits – no additional appointment required.
2. Multifunctional Health-Promoting Reception (Health Welcome Hub) The former underused parking area has been transformed into a modern central reception featuring an interactive health promotion kiosk, self-service zones, and counselling points. Patients and visitors receive health information, basic screenings and orientation from the very first moment they enter the hospital.
3. Digital Tools to Support Remote Monitoring and Self-Management of Diabetes The IHS project introduces MonitorIM, a digital solution designed to support diabetic patients in managing their health following hospital discharge due to complications. The system consists of a patient-facing mobile application and a provider-facing web application that facilitate continuous monitoring, follow-up care, and improved coordination between care levels.

Results

With minimal investment and using only existing infrastructure, these three simple interventions have turned a regional hospital into an active health promotion centre. Early outcomes show increased detection rates, improved patient self-efficacy and reduced unnecessary visits. Ethical and culturally sensitive staff

training proved to be the cornerstone of community acceptance and sustained engagement.

Conclusions/lessons learned

Ethical and culturally sensitive staff training proved to be the cornerstone of community acceptance and sustained engagement. The model demonstrates that ethical digital innovation can be seamlessly and affordably integrated into daily clinical workflows, even in resource-constrained settings.

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From Vision to Action: Kick-Starting the HPH Approach in a French Territorial Hospital Group

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Background and objective

Since 2016, France has required public hospitals within a given territory to collaborate within Territorial Hospital Groups (GHTs) to strengthen coordination of care. The Loire-Atlantique GHT (GHT44), in western France, brings together 13 facilities under the leadership of Nantes University Hospital (NUH). Long committed to health promotion, the NUH obtained HPH label in 2019 and created a dedicated unit, the Hall santé, to promote the health of employees, patients and, more recently, the wider metropolitan community. The Hall santé also supports the dissemination of the HPH approach across all GHT44 hospitals.

Methods/intervention

Thus, in 2023, following an initial assessment, a multidisciplinary working group (WG) involving staff from all GHT44 facilities identified two priorities: (1) establishing a territorial organization for health promotion, and (2) developing shared actions targeting employees, patients and the broader population.

Results

Over the past two years, the WG has met regularly to operationalize these priorities. To support priority (1), it defined a 'shared project manager' job description and presented the benefits of joining the HPH network to all hospitals. Five facilities have since joined the network, four of which took part in the 2025 HPH standards benchmarking initiative led by RESPADD. To address priority (2), the WG launched the slogan "One month, one health-promotion action" within a shared annual calendar. Each hospital committed to implementing at least one action, supported by a common visual identity and shared communication tools. For example, in June 2025, NUH organized the "Positive Mental Health Month", offering lectures,

workshops and webinars open to all facilities. Additional initiatives are now emerging across other hospitals.

Conclusions/lessons learned

The HPH dynamic is clearly gaining momentum across GHT44, and staff engagement is strong. To ensure sustainability and coherent territorial coordination, the recruitment of a shared project manager will be a key next step.

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Testing and Adapting the Health Promoting Hospitals & Health Services Standards Self-assessment Tool in France

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Background and objective

The French network for Health Promoting Hospitals & Health Services is continually growing for few years and member hospitals are more and more willing to evaluate their health promotion actions and strategies to improve themselves and go further in their perspectives. In order to answer that need, testing, adapting and spreading the HPH self-assessment tool in the French network must be an opportunity. Another goal was to develop a certification process to encourage hospitals to go further in their strategies.

Methods/intervention

At the beginning of 2025, 13 hospitals, HPH members, representing various situations, were recruited. 3 of them already used the self-assessment tool, the others were naive about it. First interviews were organized with each of them to know more about their current situation regarding health promotion implementation and their needs regarding the self-assessment tool. Then, they were all invited to complete the tool, literally translated into French, and to report on a dedicated form all their comments. After that, a post-interview was held with each of them to better understand their feedback. The research lasted one year. Interviews, filled in self-assessment and reporting tools were analyzed in order to adapt the self-assessment tool to the French context and needs.

Results

Finally, 9 hospitals, from 2 regions, filled in the self-assessment tool, 29 interviews were held. The analysis is still in process and will end at the beginning of 2026, allowing it to be presented at the HPH conference. The analysis will allow to suggest a certification grid to help hospitals evaluate themselves in health promotion and to progress in their strategies. A complete report from the research as well as an adapted and documented self-assessment tool will be produced.

Conclusions/lessons learned

The HPH self-assessment tool is definitely needed by hospitals and health services but needs to be slightly adapted to national context and needs. It is also a first step through certification process.

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The Health Promoting Hospitals and Health Services Network: a pilot project for the Puglia Region

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Background and objective

The main purpose of the project is to develop a health-oriented culture and health promotion. The specific objectives are the creation of the regional HPH Network ,the establishment of a stable coordination system, monitoring and development of health promotion practices, humanization of care and organizational well-being. The pilot project aims at implementing Standard 1 of the HPH Network in the regional hospital system, strengthening the role of leadership in health promotion.

Methods/intervention

The Logical Framework methodology was used to analyse the context, identify the stakeholders, define the objectives and develop verifiable indicators. By analysing regional–institutional, health, technological social and economic–stakeholders, roles,interests and influences were identified within the Apulian healthcare system. Structural and managerial critical issues were examined, too.

Results

The results are:(1) the definition of strategic and specific objectives to implement Standard 1;(2) the identification of key activities including a regional working group, mission revision, annual action plan, leadership training and monitoring system;(3) the definition of measurable indicators,the appointment of contact person for annual report production;(4) the creation of training events for regional stakeholders.

Conclusions/lessons learned

The study highlights how the lack of application of Standard 1 limits the role of Apulian healthcare hospital in healthcare promotion.By adopting the Logical Framework,critical issues can be solved.As a consequence,health-oriented culture,prevention and continuous improvement can be promoted in accordance with Ottawa Charter principles and the HPH vision.In Apulia, the HPH model can support the creation of public value.

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Oral session 4.2: Sustainable and low-carbon healthcare

GreenHealthLearning – digital learning tool for a climate-resilient health system

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Background and objective

Strengthening climate literacy in health professionals is a prerequisite for a climate-resilient healthcare system. In the GreenHealthLearning project, a digital learning tool is developed that conveys expert knowledge and practical skills to integrate sustainable practices into daily work. The project is implemented in cooperation with the Villach Regional Hospital and the Austrian Association of Green Hospitals, and is financed from funds of FFG, the Austrian Research Promotion Agency.

Methods/intervention

Health professionals were engaged to participate in devising the training content in a co-creation approach to enable them to jointly contribute to transforming healthcare services. Based on the findings, five learning paths were developed, providing climate-relevant health knowledge and sustainable measures for daily work to help promote climate-friendly healthcare services.

Results

The concept was piloted to assess its content, usability and practical applicability. Feedback was collected via an app and in co-creation workshops. Evaluation showed that the content conveys climate-sensitive health knowledge, supporting the further development of the health system by raising awareness. Transfer into practice is achieved by concise, practice-oriented tips. Organisational incentives, such as allowing participation during working hours or counting it towards continuing professional development, can support implementation.

Conclusions/lessons learned

Systematic integration supports the sustainable implementation of practices and strengthens climate-resilient healthcare facilities. The co-creation approach ensures practical relevance and user-oriented learning content. Users act as multipliers for behaviour with reduced climate impact and promote adaptations at the individual and societal levels.

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Determinants of Carbon Footprint in Public Health Systems: A Regression

Analysis of 26 Hospitals to Guide Decarbonization Policy

LIN Ming-Nan

Background and objective

To achieve the HPH goal of building climate-resilient and environmentally sustainable healthcare organizations, hospitals must first identify the primary drivers of their carbon emissions. While healthcare contributes significantly to the climate crisis, specific data regarding the correlation between hospital operations and carbon intensity remains limited. This study analyzes the scope 1 and scope 2 carbon footprint of 26 public hospitals in Taiwan to provide data-driven evidence for effective low-carbon management strategies.

Methods/intervention

We collected 2024 operational data from 26 Ministry of Health and Welfare hospitals. A multiple linear regression model was employed to analyze the relationship between Total Carbon Emissions and key independent variables: Hospital Category, Operating Revenue, Total Floor Area, and Inpatient Days. Standardized coefficients were calculated to compare the relative impact of each variable.

Results

The regression model demonstrated excellent fit, explaining 85% of the variance in total carbon emissions. The analysis revealed that Total Floor Area was the strongest predictor of emissions (Standardized Beta = 0.61,), having a significantly higher impact than Operating Revenue (Beta = 0.45) or Inpatient Days (Beta = 0.28). Specifically, for every 10,000 increase in floor area, emissions rose significantly. While Regional Hospitals exhibited higher absolute emissions due to scale, the results indicate that physical infrastructure—rather than patient volume or service type alone—is the primary determinant of a hospital's carbon footprint.

Conclusions/lessons learned

Physical infrastructure scale is the dominant driver of carbon emissions in public hospitals. Therefore, decarbonization policies must prioritize "hard" interventions—such as green building retrofitting and improving the energy efficiency of building envelopes—alongside "soft" operational improvements. These findings provide a precise roadmap for hospital administrators to allocate resources effectively, ensuring the development of sustainable and resilient healthcare systems.

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Proximity-based mobile mammography: carbon-footprint reduction and enhanced screening uptake in Friuli Venezia Giulia

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Background and objective

Healthcare contributes about 5% to global CO₂ emissions, including those from patient travel. In the region of Friuli Venezia Giulia (FVG), a mammography screening programme operating solely via four mobile units rotating across 38 non-hospital sites delivers one of Italy's highest participation rates — data 2024 from the Osservatorio Nazionale Screening place FVG among the top regions for mammography adherence. A model delivering screening out of hospitals but close to people's homes may reduce access barriers, enhance uptake and reduce environmental impact. The objective of this study was to quantify the reduction in carbon emissions and demonstrate how proximity-based screening supports both sustainability and health equity.

Methods/intervention

We conducted a retrospective observational analysis of 3,152 mammograms performed in February 2025 via mobile units. We included 683 procedures for residents of municipalities with over 500 inhabitants. For each case, we estimated the difference in travel distance between the mobile site and the nearest hospital (assuming car use), and calculated CO₂ savings using 180 g CO₂/km.

Results

On average, each user avoided 17.8 km travel, corresponding to 12,150 km and 2.2 tons of CO₂ saved during February. Extrapolated to annual activity (≈ 60,000 screenings), the model could avoid over 19 tons of CO₂ while enhancing access for a large population. High uptake was maintained (in line with FVG's national ranking).

Conclusions/lessons learned

Mobile mammography brings concrete environmental gains and supports equitable access. Delivering prevention "near to home" (outside hospitals) appears effective in sustaining screening adherence, is perceived as a concrete expression of public health commitment, and — by highlighting its green impact — can function also as advocacy and education for sustainable health behaviours.

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Green Food Service: A Sustainable Healthcare Model for Dual Benefits of Health Promotion and Carbon Reduction

CHEN Ching-Sen, CHEN Pin Fan, TSAO Chang-An, LIN Ming-Nan

Background and objective

The project, by Buddhist Dalin Tzu Chi Hospital, aimed to create a sustainable healthcare model that integrates health promotion with environmental protection, aligning with Taiwan's 2050 net-zero goals. The objective was to utilize the food service system to achieve carbon reduction while promoting health and ensuring food safety.

Methods/intervention

The strategy involved four pillars: 1) Maintaining a high-efficiency, ISO 22000/HACCP-certified self-operated central kitchen with high local procurement (73.05%). 2) Implementing mandatory, institution-wide vegetarian catering. 3) Maximizing the use of a rigorous reusable tableware system. 4) Conducting community outreach and media promotion of healthy, low-carbon diets.

Results

The Green Food Service model (2021-2024) delivered measurable impacts across environmental, clinical, and administrative domains, validating its sustainability. 1. Environmental Gains (Scope 3): Total 5,225 tons CO₂e saved. Vegetarian meals (2,570,189 served) cut 3,855 tons vs. meat-based; 73% local sourcing minimized transport. Reusable tableware (90.34% utilization) averted 1,370 tons CO₂e and saved 1.58M kiloliters water. 2. Clinical Enhancements: Therapeutic meal adherence hit 72% (e.g., diabetic diets), aiding chronic disease management. Error rate dropped to 4.9%, boosting safety and reducing malnutrition risks; plant-based focus lowered inflammation for faster recovery. 3. Administrative Efficiency: Costs rose below Taiwan's Food CPI, showing resilience. Staff meal subsidies fell 23% in 2024 via optimized processes, proving financial viability.

Conclusions/lessons learned

This initiative proves that a large-scale healthcare institution can simultaneously improve nutritional services and achieve significant environmental performance. The success is rooted in the high-quality, mandatory vegetarian system, demonstrating that environmental and health goals are mutually reinforcing.

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Oral session 4.3: Nutrition and healthy eating across settings

The development of an ecological momentary intervention to improve reward-related eating in adult women

KIM Jiye, KIM Hyekyeong

Background and objective

Reward-related eating (RRE) refers to eating behavior driven by psychological factors rather than physiological hunger and is increasingly recognized as a problematic obesity-related eating pattern. In Korea, dietary patterns among adult women have stagnated or worsened, while obesity prevalence increases with age, highlighting the need for early intervention. Because RRE fluctuates across time and contexts, ecological momentary interventions (EMIs) may be particularly effective. Guided by Social Cognitive Theory (SCT), this study aimed to develop an EMI targeting RRE and evaluate its effectiveness among women.

Methods/intervention

A mixed-methods experimental design was conducted with 204 participants (intervention n=104, control n=100). An SCT-based smartphone message EMI was developed using baseline survey data and preliminary focus groups. The 3-week intervention targeted RRE subfactors of loss of control, lack of satiation, and preoccupation with food. Outcomes were evaluated using endline surveys and focus groups. Linear mixed models and multigroup structural equation modeling were used to examine intervention effects, and qualitative data were analyzed using the framework method.

Results

The EMI delivered twice-daily messages, weekly monitoring, and supportive feedback. Compared with the control group, participants in the intervention group showed significant improvements in SCT constructs and reductions in RRE behaviors. Qualitative findings indicated that participants actively applied self-regulatory strategies, and social support generated through anonymous peer normalization messages and nonjudgmental feedback played a meaningful role in sustaining engagement. Improvements in self-efficacy, skills, and self-regulation emerged as key mechanisms underlying reductions in RRE.

Conclusions/lessons learned

An SCT grounded in EMI effectively reduced RRE among adult women. These findings support the potential of theory based digital EMIs for addressing obesity-related eating behaviors and highlight the need for further evaluation of individual intervention components.

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“Your Support for Healthier Eating Habits” – a digital program that helps dietitians guide patients toward healthier dietary behaviors

BACKLUND Julia, THOMASSON Ena, OLSSON Kjell

Background and objective

Unhealthy eating habits are common among Swedish adults and contribute significantly to the burden of chronic disease. To enhance access to person-centered and evidence-based dietary counseling, the digital program “Your Support for Healthier Eating Habits” was developed within the Swedish national platform “Stöd och behandling” (“Support and Treatment”). The objective was to conduct a pilot and evaluate the digital program in patients with unhealthy eating habits.

Methods/intervention

The program includes eleven interactive modules covering topics such as fruit and vegetables, whole grains, fat, sugar, and salt, as well as sections on motivation and long-term adherence. Patients work independently through educational content, reflection questions, dietary mapping, goal setting, and personalized action plans. Dietitians guide patients through secure messaging and tailor module activation based on individual needs. The program integrates motivational interviewing principles to strengthen motivation and self-efficacy.

Results

A pilot will be conducted in autumn 2025 with 20 registered dietitians at different primary care facilities in southern Sweden. The pilot will evaluate feasibility, user experience, and perceived usefulness for both dietitians and patients, focusing on engagement, workflow integration, and potential health behavior outcomes.

Conclusions/lessons learned

The pilot study will evaluate how digital support can enhance continuity of care, patient empowerment, and adherence to healthier eating habits, complementing traditional dietetic practice.

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Oral session 4.4: Mental health and psychosocial well-being

The Effectiveness of Yijinjing Exercise plus deep and slow breathing (氣功) for healthy/subhealthy people- Target on middle-aged and elderly people: A single arm study

TSAI Tsung Lung

Background and objective

Elder people are subject to risk of disease and poor health. If everyone could maintain/improve one's health, the healthcare systems could decrease the needs from patients and relieve the burnout situation of healthcare systems. This study aimed to investigate the effects of deep breathing exercises (氣功) combined with a modified YiJinJing on heart rate, blood pressure, weight, body mass index, grip strength, blood glucose, blood lipids, nocturia, common colds, pain, and sleep patterns in healthy/subhealthy middle-aged to elderly individuals.

Methods/intervention

This single-arm trial recruited 58 participants, age between 45 to 75 who underwent 6 months of training in deep breathing exercises (氣功) and YiJinJing. The endpoints included blood pressure, BMI, pulse, blood glucose, and quality of life assessment. The final data were statistically analyzed using SPSS to assess the intervention's impact on physical and mental health.

Results

After the intervention, pulse rate decreased significantly, BMI and weight significantly improved, and triglyceride levels significantly dropped. However, there were no significant differences in blood pressure, grip strength, and five sit-to-stand tests, indicating that the intervention had limited impact on basic motor skills and blood pressure regulation. Regarding quality of life, nocturia and colds significantly decreased, and self-assessments of physical fitness, pain, and sleep significantly improved.

Conclusions/lessons learned

This intervention has positive effects on reducing heart rate, weight management, and improving quality of life. However, the study population, which may limit the applicability of the results to all people. Limited improvements in metabolic indicators such as blood pressure, blood sugar, cholesterol, and muscle mass suggest that the intervention effect may require longer duration or continued exercise to fully manifest. Finally, it is hoped that this study will include a follow-up program to see if long-term exercise can yield better results.

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Application of Therapy Dogs in Animal-Assisted Therapy: A Case Study in a Long-Term Care Facility in Southern Taiwan

KUO Ju Chuan, LIAO Hui Yen

Background and objective

Since 2010, animal-assisted therapy (AAT) has gained increasing attention in Taiwan, with therapy dog teams emerging as one of the most representative and effective forms of intervention. Therapy dogs, trained in collaboration with certified animal-assisted therapists, enter long-term care facilities, adult day-care centers, and dementia care units to help older adults enhance psychological, emotional, cognitive, and physical functioning. Practical outcomes have shown that therapy dogs are among the most effective non-pharmacological interventions.

Methods/intervention

The Taiwan Therapy Dog Association certifies dogs in stages, with handlers completing training and practicum before teams can provide services in long-term care facilities. This project offered six one-hour volunteer AAT sessions over six months for ten older adults with mild to moderate disabilities, including physical, cognitive, and handicraft activities.

Results

After six therapy dog sessions, observations and interviews showed improvements in five areas: Emotional Well-Being: reduced anxiety, depression, and loneliness; increased engagement and emotional expression. Physical Activity: encouraged movement, improving mobility, strength, and gait stability. Cognitive & Language Skills: stimulated attention, memory, and language through games and commands. Social Interaction: promoted conversation, peer engagement, and a lively atmosphere. Care Quality & Staff Burden: enhanced cooperation, self-care, and overall facility environment, easing caregiver workload.

Conclusions/lessons learned

Animal-assisted therapy in long-term care enhances emotional well-being, physical activity, cognition, language, and social interaction while reducing staff burden. Safe implementation requires infection control, animal health checks, resident risk assessment, and proper activity planning, with collaboration from the Taiwan Therapy Dog Association. Standardized procedures for dog selection, activity frequency, assessments, and welfare monitoring are recommended to ensure consistent, safe, and effective interventions.

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A Successful Digital Health Initiative to Promote Mental Well-Being

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Background and objective

Mental health issues related to stress and sleep disturbances are rising across all age groups in Sweden, especially among youth. To counter this, Region Skåne launched OktobeRo in October 2024 — a preventive initiative to strengthen citizens' ability to support their own mental wellbeing. OktobeRo is a wordplay in Swedish, where "Ro" means calm, which gives - "OctoberCalm".

Methods/intervention

OktobeRo combines evidence-based advice from Sweden's national health platform 1177.se with interactive tools to promote mental well-being. It offers self-help exercises such as mindfulness, recovery, and cognitive training, co-developed by psychologists and communicators. The initiative uses digital channels such as social media, public transport screens, and buses, and features an interactive map where citizens share peaceful places. Tailored content for youth and parents links directly to psychiatric services. By combining digital reach with low-threshold access, OktobeRo lowers barriers to mental health support and empowers individuals to act in their own time and space.

Results

The initiative OktobeRo achieved 30 million exposures per campaign period. In 2025, interactions from targeted ads more than doubled compared to 2024, despite stricter advertising rules and declining social media use. The initiative has generated 200,000 visits to the landing page at 1177, and 18,000 exercise engagements. Around 10,000 citizens chose to visit the map with 600 peaceful locations shared across Skåne. An unexpected positive side effect of the OktobeRo initiative, like ripples spreading from a stone thrown into water, is the a noticeable increase in participation in the cognitive behavioral therapy (CBT) support and treatment program for patients during October in 2024 and even more so in 2025.

Conclusions/lessons learned

The initiative's success lies in combining internal expertise in collaboration with resource-efficient reuse of materials, showing health services can offer inclusive, preventive support beyond traditional care structures and meeting a clear need for accessible mental health support.

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From Suffering to Healing: The Effectiveness of Meaning-Centered Natural Floral Therapy in Addressing Cancer-Related Emotional Distress

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Background and objective

Cancer remains a leading cause of death in Taiwan, often accompanied by psychological and existential distress. Conventional care usually overlooks patients' psychosocial and spiritual needs. Flower therapy, integrating horticultural activities with meaning-centered reflection, has emerged as a culturally relevant, low-cost intervention that supports emotional well-being and meaning reconstruction. This study examined the effects of a six-week flower-based intervention on emotional well-being, meaning-making, spiritual growth, and quality of life among cancer patients, and explored their subjective transformative experiences.

Methods/intervention

Eight patients participated in four 120-minute group sessions facilitated by a floral designer, psychology doctors, and volunteers. Activities included plant-based mindfulness, creative floral design, life-review writing, and reflections guided by the PURE model (Purpose, Understanding, Responsibility, Enjoyment). Mixed-method data were collected using WHOQOL-BREF, Distress Thermometer, PSQI, journals, and questionnaires.

Results

Post-intervention, quality of life improved and emotional distress decreased, though sleep quality showed no significant change. Participants' life-review journals revealed themes of emotional release, rediscovered meaning, inner peace, reconciliation with illness, and narrative reconstruction. The "Five Important Messages" (thanks, love, sorry, forgiveness, goodbye) further supported spiritual expression and self-compassion.

Conclusions/lessons learned

The program demonstrated strong feasibility and acceptability, providing a nature-based, culturally grounded approach to emotional and spiritual support in cancer care. Its core mechanism lies in transforming vulnerability into meaning and resilience. The model is adaptable for hospitals, palliative settings, and community care.

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Oral session 4.5: Promoting healthy behaviors of patients and communities

Preventive Health Initiative Detects Thousands of High Blood Pressure Cases

HÖRLÉN Annika, CHRISTIANSSON Anders

Background and objective

High blood pressure is a leading risk factor for stroke, heart attack, and chronic kidney disease if untreated. About one-third of Swedish adults are affected, often without symptoms, making early detection crucial. Region Skåne launched Check Out the Pressure! During the International Blood Pressure Month to empower residents to monitor and manage blood pressure to reduce future complications.

Methods/intervention

In addition to advice provided through Sweden's health care platform 1177.se, free blood pressure checks and counselling were offered throughout May at over 100 locations, including health centres, hospitals, and public spaces. The initiative was promoted through integrated communication across websites, social media, buses, trains and public screens. A close collaboration between medical experts and communicators ensured the initiatives relevance and accessibility.

Results

Over two years (2024 and 2025), the campaign achieved significant reach and clinical impact:

- **Early Detection:** Almost 1,000 cases identified with high blood pressure; 950 referred for follow-up, 40 for emergency care.
- **Community Engagement:** 10,000 registered individuals measured their blood pressure, with additional participants beyond those registered.
- **Digital Reach:** 35 million impressions, 11+ million views, 280,000 ad clicks and social engagements, and 170,000 visits to the landing page at 1177.se. The initiative most likely saved lives through early detection and showed the power of proactive health communication at scale.

Conclusions/lessons learned

Check Out the Pressure! is an effective preventive measure against a widespread, silent health risk. Its success lies in combining clinical expertise with broad communication and concrete offers, showing how health services can reach out to the public and provide inclusive, preventive support beyond traditional care structures.

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Utilizing Smart Technology for Health Equity: Telemedicine and International Healthcare Collaboration

LEE ChiTai

Background and objective

Crew members on distant water fishing vessels face significant health inequities due to prolonged offshore operations, limited access to medical care, language barriers, and high risk working environments. To address these gaps, KVGHS implemented a telemedicine service mechanism in 2025, utilizing remote healthcare technology, multilingual health education, and training. The initiative aims to enhance emergency response skills, medication safety, and video consultation efficiency, while establishing a model for health promotion at sea.

Methods/intervention

This project adopted a socioecological, multi-level intervention approach: Developed a 24/7 video telemedicine and cloud based consultation platform with image upload, data encryption, and multilingual interfaces. Conducted six multilingual CPR/AED/Heimlich maneuver training sessions for 116 participants, including 50% foreign crew members. Organized five medication safety training sessions for 75 participants, emphasizing aseptic techniques, common drug and reducing medication errors. Collaborated with four major distant water fishing associations to integrate the cloud based maritime medical consultation system.

Results

Multilingual training significantly improved emergency response capabilities and cross language collaboration, with post-training satisfaction scores ranging from 4.87 to 4.93. Medication safety training strengthened skills and drug safety. The cloud platform successfully supported the interpretation of trauma, infections, and acute exacerbations of chronic conditions, increasing crew willingness to initiate video consultations, reducing treatment delays, and improving medical accessibility.

Conclusions/lessons learned

The project established an intelligent maritime healthcare model, narrowing the gap and promoting health equity for vulnerable seafaring populations. Key factors included cross sector collaboration, communication quality, institutionalized training, and data security. All interventions adhered to ethical standards without involving personal data risks.

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Population-based cardiovascular prevention through targeted health dialogues: Perspectives on how to unite guidelines with reality using the example of cholesterol

GLOCK Hanna

Background and objective

Targeted health dialogues (THDs) were initiated in two Swedish regions in the 1980s. All inhabitants in certain age groups were invited to their primary health care center (PHCC) for a dialogue regarding lifestyle habits and cardiovascular risk factors. THDs have since spread. In Region Skåne in southern Sweden, implementation began in 2021. We aim to describe THDs from an operational perspective, focusing on handling of cholesterol levels which is an important and debated area of cardiovascular prevention.

Methods/intervention

In Region Skåne, all inhabitants aged 40 or 50 years should be invited to a THD with a specially trained health coach at their PHCC. Lifestyle habits and measurements including cholesterol levels are registered. The results are visualized to provide the basis for motivational interviewing. Recommended handling is specified in a manual. For cholesterol, the manual follows local and European Society of Cardiology guidelines. Due to unintended consequences of applying these guidelines, we are currently exploring other ways to handle cholesterol levels using data from previous THDs.

Results

In 2024, 69% of all 40-year-olds and 54% of all 50-year-olds in Region Skåne were invited to a THD, and 44% of those invited attended (n = 10 309). Exemplifying lifestyle habits, a minority prioritized food low in saturated fat and high in fiber. Regarding cholesterol levels, 3% had very high LDL-cholesterol ≥ 5.0 mmol/L, while 56% had LDL-cholesterol ≥ 3.0 mmol/L. Following the manual, health coaches were instructed to consult a physician regarding cholesterol levels for 59% of the participants. Different choices of which cholesterol values and/or risk algorithms to use could result in substantially different levels of follow-up, which will be presented and discussed.

Conclusions/lessons learned

There is a need for improved lifestyle habits and better risk factor control among Region Skåne's inhabitants. Challenges include to develop the THDs to sift out those who will benefit the most from further follow-up. We aim to do this in cooperation with professionals from different areas of expertise.

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Oral session 4.6: Community-based health promotion and collaboration

Partnership in practice- An awareness raising initiative on alcohol and cancer in Sweden

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Background and objective

Alcohol increases the risk for cancers of the breast, upper aerodigestive tract, colon, rectum and liver, accounting for circa 4% of all cases globally 2020. Any consumption increases risk, and heavier drinking raises it further. In Sweden, public awareness of alcohol as a carcinogen is too low. Particularly, the insight that no safe level of consumption exists. In 2022, the Regional Cancer Centres (RCCs) were tasked with coordinating actors to develop a national awareness initiative.

Methods/intervention

The RCCs convened a diverse group of organizations—patient and professional associations, the temperance movement, Systembolaget, and the Swedish Council for Information on Alcohol and Other Drugs—to an “alliance of the willing.” Early efforts focused on clarifying expectations and establishing collaboration routines. Now, a working group representing four key actors jointly develop the initiative, while supporting organizations contribute through networking and information dissemination.

Results

The initiative Alcohol and Cancer has developed steadily. A shared foundation—“Everyone has the right to know that alcohol causes cancer”—has guided activities, including national media campaigns, webinars, industry-targeted articles, a dedicated webpage, brochures, a digital newsletter, and annual network gatherings.

Conclusions/lessons learned

Cross-sectoral collaboration can become successful when sufficient time is devoted to creating a safe, inclusive, and dynamic arena that accommodates diverse interests of the actors and long-term engagement engagement is allowed.

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MultiHelix Think Tank (MTT) as an arena for innovative collaboration in the healthcare ecosystem

**HULTKVIST BENGTTSSON Ursula,
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Background and objective

MultiHelix Think Tank, including professionals from e.g. academy, industry, healthcare, patient organisations, and voluntary associations, has developed a new concept of meeting in a neutral, multihelix format to influence the life science agenda regionally, nationally, and internationally. We believe in cross-functional co-creation for innovative healthcare. We create an atmosphere of open and trustful discussions, knowledge sharing, and networking. At MTT, we accelerate the development of and access to innovative solutions by fostering new collaborations and facilitating the exploration of global health challenges.

Methods/intervention

The setup includes three forms of meetings, with members of the MTT and invited experts. A Steering group is responsible for the strategies and prioritizing themes for the MTT meetings. The second meeting format is the roundtable including members willing to dedicate time for the benefit of the MTT. These meetings prepare the theme and identify topics and questions as well as relevant speakers. The third meeting format is the Think Tank, where all members are invited to participate in what we call "mind expansion".

Results

Close to 50 Think Tanks on different topics have been delivered from Lund, Sweden. The MTT:s have included presentations from hundreds of invited experts and MTT members, followed by discussions and networking to give members what we call mind expansion on a theme selected by the members. The members have used the outcome of the Think Tanks in their daily work to strengthen Life Sciences with a focus on healthcare at various levels.

Conclusions/lessons learned

We encourage members to act as "critical friends" and propose thoughts for discussions and argumentation in confidence of a safe test bed for ideas and problem solving. This method supports questioning of existing structures and systems as well as traditional ways of working. Furthermore, working in a multihelix approach creates a strong synergy for innovation and job opportunities, supported by a vibrant and robust ecosystem. This leads to a long-term win-win solution for the members' and regions' health and economy.

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Bridging Health Equity in Remote Taiwan: The "Seasonal Bird Yatai" Project and Holistic, Person-Centered Care for Vulnerable Populations

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Background and objective

Remote Taiwan faces disparities in access to holistic healthcare, especially for older adults living alone and people with disabilities. The "Seasonal Bird Yatai" project was launched by MacKay Memorial Hospital to address these inequities. Inspired by local night market and the Yatai concepts, the objective is to establish a mobile, culturally-grounded health service that brings professional care and empathy directly to remote communities.

Methods/intervention

An interprofessional hospital team (including physicians, nurses, social workers, and spiritual care providers) visits community care stations every three months. Services include basic screening, health education, counseling on medical autonomy, and spiritual support. The project actively partners with local non-profit organizations to foster community engagement and co-create a sustainable, person-centered network.

Results

This symposium presents multidisciplinary perspectives on the project's implementation and impact. Anticipated outcomes include: 1) Successful deployment of the mobile "Yatai" service model. 2) Strategies for promoting autonomy, health literacy, and shared decision-making for vulnerable populations. 3) Effective integration of spiritual and psychosocial care. 4) Establishment of sustainable hospital-community partnerships to bridge the urban-remote healthcare gap.

Conclusions/lessons learned

The project offers a model for fostering equitable, culturally grounded, and resilient healthcare systems in remote regions through interprofessional collaboration and sustained community engagement. The key lesson is the effectiveness of culturally-inspired, mobile health stations and local partnerships in advancing health equity and empowering vulnerable populations.

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Treatment and prevention of dental caries in children via a theory-based behavioural intervention led by health promoters: A health economic evaluation

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Background and objective

Dental caries remain a prevalent condition with significant health and economic repercussions. To address persistent oral health disparities and reduce the burden of dental caries among preschoolers in Sweden, this study aims to evaluate the clinical and economic impact of implementing a theory-based behavioural intervention delivered by health promoters in clinics serving children at elevated risk for caries.

Methods/intervention

A retrospective cohort design was applied, comparing clinics using a theory-based behavioural intervention led by health promoters with clinics using the Recommended Programme for Caries Treatment (RPCT). The cohort were children aged 3–6 years identified as being at increased caries risk in Region Västra Götaland during 2021–2023. Three analytic approaches were employed: (1) budget impact analysis (BIA) to measure net costs and resource shifts; (2) difference-in-differences (DiD) to compare mean decayed, extracted or filled teeth (deft) in intervention versus control clinics; and (3) cost-effectiveness analysis (CEA) to estimate the incremental cost-effectiveness ratio (ICER).

Results

The BIA showed that the theory-based behavioural intervention led by health promoters incurred higher initial personnel costs than the RPCT but released clinical hours, an opportunity cost if redeployed to clinical activity, they could partially offset these expenses. The DiD showed that, over 3 years, clinics implementing the intervention achieved a statistically significant reduction of 0.26 deft among 6-year-olds. The CEA estimated the ICER to be 2142 SEK (199 EUR) per deft prevented, which improved to 513–810 SEK (48–75 EUR) when the economic value of the liberated work hours was included.

Conclusions/lessons learned

A theory-based behavioural intervention led by health promoters reduced caries risk among high-risk preschoolers and may enable improved resource allocation contingent on redeployment of freed hours. Despite higher initial personnel costs, the approach demonstrated favourable cost-effectiveness over time, supporting its integration into public dental care systems.

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Oral session 4.7: WORKSHOP: The role of social prescribing in healthcare

The role of social prescribing in healthcare

JENSEN Anita

With the growing pressures on primary healthcare systems—including rising patient demand, workforce shortages, and the increasing burden of chronic conditions—there is a pressing need to look beyond traditional clinical interventions. Holistic, person-centred approaches are becoming essential to improve patient outcomes and support sustainable models of care. Social prescribing (SP) has emerged as a key innovation in this space. It enables healthcare professionals to connect individuals with non-clinical services that address wider social determinants of health. By linking patients to community-based activities and supports, SP shifts the focus from “what’s the matter with you?” to “what matters to you?”, fostering empowerment, resilience, and improved wellbeing. The presentations will explore three examples of social prescribing for psychosocial wellbeing, drawing on evidence of its impact and challenges in implementation in primary healthcare in Region Skåne. The session will enable participants to try Dance for Health with a trained instructor (everyone can participate). Ultimately, the session will highlight how Social Prescribing contributes to a more integrated, person-centred model of healthcare that aligns with current policy directions and patient expectations using non-clinical care pathways.

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Introduction to the Social Prescribing Model

JENSEN Anita

The Social Prescribing (SP) model provides a structured way for healthcare professionals to link patients with non-medical sources of support that can improve their health and wellbeing. At its core, the model involves a referral pathway from primary care to a link worker or community connector, who works alongside the individual to identify their needs, interests, and priorities. Together, they co-create a personalised plan that may include activities such as volunteering, exercise groups, arts programmes, or social support networks. By addressing the wider determinants of health and focusing on “what matters to the person,” the SP model integrates healthcare with community assets, fostering resilience and reducing pressure on overstretched clinical services.

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Nature-Based in Rural Areas Rehabilitation (NuR): 11 years as part of Healthcare

**WISSLER Sara Kyrö, PÁLSDÓTTIR Anna
 Maria**

Nature-based rehabilitation (NUR) has, over the past decade, become an evidence-based method for supporting people with stress-related mental health issues in Sweden, particularly within Region Skåne. The NUR Skåne model offers a nature-based recovery intervention that complements traditional medical treatment for adults with exhaustion disorder, mild to moderate depression, or anxiety. The aim is to promote recovery and improved function as part of the return-to-work process. In NUR, participants gain access to nature, animals, and meaningful, low-intensity activities such as walks, gardening, animal care, and nature-based crafts. In the NUR Skåne model, the healthcare unit is responsible for the medical assessment and treatment, while the NUR provider offers natural environments and activities that support recovery. This clear division of responsibilities is central: NUR is not a therapeutic intervention in itself, but a supportive and complementary rehabilitation component designed to reduce stress and strengthen participants' psychological and physical resources, as well as break social isolation. The model is based on extensive research from Sweden and internationally showing that natural and outdoor environments can have significantly positive effects on stress-related illness, including reduced stress levels, improved cognitive function, increased quality of life, and enhanced social ability. Meaningful activities, moderate physical activity, daylight, and fresh air are key elements of the model.

Mindfulness for mental health

SUNDQUIST Kristina

Method

This 8-week RCT was conducted during spring 2012 at 16 general practices in Southern Sweden. Eligible patients (aged 20-64 years) scored ≥ 10 on the Patient Health Questionnaire-9, ≥ 7 on the Hospital Anxiety and Depression Scale or 13-34 on the Montgomery-Åsberg Depression Rating Scale (self-rated version). The power calculations were based on non-inferiority. In total, 215 patients were randomised. Ordinal mixed models were used for the analysis.

Results

For all scales and in both groups, the scores decreased significantly. There were no significant differences between the mindfulness and control groups.

Conclusions

Mindfulness-based group therapy was non-inferior to treatment as usual for patients with depressive, anxiety or stress and adjustment disorders.

[10.1192/bip.bp.114.150243](https://doi.org/10.1192/bip.bp.114.150243)

Arts on Prescription

JENSEN Anita

Methods

A 10-week group-based AoP programme involving 112 patients from 18 primary healthcare centres in Scania diagnosed with depression, anxiety, or social isolation. Sessions ran twice weekly for two hours. Data collection included the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS), the Salutogenic Health Indicator Scale (SHIS), and 14 demographic/health covariates, plus 28 semi-structured interviews. Analyses included t-tests, Wilcoxon's signed-rank test, linear regression, and thematic analysis.

Results

Both SWEMWBS and SHIS scores increased significantly ($p < 0.001$). Regression showed greater improvements among women, participants with poorer self-rated health, frequent healthcare use, referrals, and no prior arts engagement. Interviews highlighted psychological and social benefits including activation, new focus, and connectedness.

Conclusion

AoP can enhance wellbeing and support healthcare by integrating cultural activities into patient pathways. Adopting proportionate universalism, AoP may particularly benefit vulnerable groups, though findings require cautious interpretation due to small sample size.

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Mini session 1.1: Climate-resilient and environmentally sustainable healthcare

Institutionalizing fire resilience: A review of disaster prevention and reduction preparations for hospital environmental safety for a medical center in northern Taiwan

HUANG Yen-Jung, TSAI Jung-Mei, CHENG Shih-Jung

Background and objective

With rising hospital safety concerns, establishing internal control mechanisms for disaster risk assessment is crucial. Hospitals, characterized by aging infrastructure, complex spaces, heavy reliance on electrical systems and high occupant density, face significant fire risks that threaten operational continuity and the safety of patients and staff. This study, conducted at a medical center in Northern Taiwan, aimed to enhance fire resilience through proactive prevention, mitigation and preparedness measures.

Methods/intervention

From July to November 2025, 18 nursing, medical technology and administrative units underwent random inspections using a 12-item self-developed "Disaster Prevention and Mitigation Preparation Checklist," covering operational procedures, notification protocols and environmental safety. Each item was scored as: 2 (compliant), 1 (partially compliant), or 0 (noncompliant).

Results

Results revealed an average unit score of 91 points, with a gross of 189 "compliant", 13 "partially compliant" and 2 "noncompliant," items in all inspections. While preparedness efforts were robust, prevention measures showed room for improvement. The audit confirmed that the hospital has initiated a functional disaster mitigation mechanism and is standardizing inspection workflows.

Conclusions/lessons learned

Hospital disaster resilience refers to the ability to resist, absorb, and respond to disasters while maintaining essential health services and recovering effectively. This study demonstrates that institutionalized audits help establish a foundational framework for evaluating fire resilience. Most units exhibited basic preparedness; however, inconsistent implementation underscores the need for ongoing monitoring and cross-departmental collaboration.

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Creating Public Value through Collaborative Governance: A Dual-Track Climate Resilience Model for Taiwan's Regional Hospitals

CHEN Szu-Yu, CHANG Shu-Chin, YEN Cheng-Ting, KUO Chao-Hung

Background and objective

Climate change threatens global health, with Taiwan's healthcare sector contributing ~4.6% of national emissions. Regional hospitals, though vital hubs, often lack the workforce and technical capacity for climate action. To strengthen resilience, the Taiwan Regional Hospital Association (TRHA) launched a "dual-track" initiative integrating expert energy/carbon audits with internal sustainability planner training.

Methods/intervention

This project is designed to be scalable and data-driven. 1.Organizational Diagnosis: Expert teams provided on-site guidance to establish emission baselines and implement tailored energy-saving improvements. 2.Support Mechanism: A standardized reporting system facilitated automated carbon inventory reports and cost-benefit analysis. 3.Capacity Building: A 30-hour "Medical Sustainability Planner" training covered ESG pillars, ISO 14064, TCFD, and Lean Healthcare. 4.Resource Integration: TRHA acted as a platform to orchestrate resources from industry, government, and academia, ensuring continuous professional development.

Results

Participating hospitals established standardized carbon management frameworks. Key outcomes included completed carbon inventory reports (Scope 1 & 2&3) and a pool of certified "Sustainability Planners". Embedding these professionals into governance, supported by external audit data, enabled a transition from passive compliance to proactive climate adaptation. This synergy facilitated feasible, context-appropriate decarbonization strategies.

Conclusions/lessons learned

This dual-track model demonstrates a scalable approach for healthcare climate transition. Integrating technical audits with internal capacity building is essential for strategic success. By empowering staff with visualized carbon data, regional hospitals can become resilient, eco-friendly institutions. This ensures sustainability becomes a core management pillar (G) and measurable environmental action (E), rather than a mere compliance checklist.

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Integrating ESG, Net-Zero Strategies, and Community-Based Care: A Case Study from a Remote Hospital

SU Pei-Hung, CHEN Ting-Fan, TSAI Yi-Chun, HSIEH Hui-Min

Background and objective

Remote and island hospitals face dual challenges of caring for rapidly aging populations while responding to climate change. This case study explores how one municipal island hospital advanced a net-zero pathway and integrated sustainability with long-term and community-based care services.

Methods/intervention

A qualitative case-study approach was applied using document review, interview data, and carbon performance indicators. The hospital implemented a carbon inventory (baseline: 995.35 tCO₂e), formed an ESG governance committee, and introduced a portfolio of interventions including energy-saving upgrades, solar power installation, green procurement, optimized transport routes, digital health services, and low-carbon community engagement.

Results

The hospital achieved measurable improvements in environmental and care outcomes:

- Solar generation and efficient HVAC/LED systems reduced electricity consumption and operating costs.
- Medical waste decreased by 6.03%, supported by recycling and circular-use strategies.
- Optimized routes for home-care, long-term care transportation and volunteer meal delivery reduced fuel use while improving access for older adults.
- Local food procurement lowered supply-chain emissions and enhanced nutrition quality.
- Telemedicine, EMR, and remote monitoring reduced patient travel and improved chronic disease management.
- ESG and sustainability education for staff, students, and older adults strengthened community participation in low-carbon living.

Conclusions/lessons learned

The case demonstrates that even small, resource-limited hospitals can meaningfully progress toward net-zero while strengthening long-term care, community health networks, and operational efficiency. Integrating carbon governance, digital health, local resource use, and community engagement forms a replicable model for similar hospitals.

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Step With Love, Toward a Green Future: An Evaluation of the Effectiveness of a Workplace Health Promotion Program Incorporating ESG Concept

KU Wen, CHEN Sih Hua

Background and objective

This study evaluated the “Step With Love, Toward a Green Future” workplace health promotion program at Kaohsiung Medical University Hospital. The program integrated ESG principles with physical activity promotion to enhance employee participation and sustainability awareness. The aim was to examine changes in daily step counts and assess whether adding a super slow jogging task improved activity intensity and motivation.

Methods/intervention

A single-group pre-post quasi-experimental design was adopted. The program was implemented in two 30-day phases: - Phase 1 (Sept 23–Oct 22, 2024): daily goal of 6,000 steps. - Phase 2 (May 19–Jun 17, 2025): daily goal of 7,000 steps plus super slow jogging ≥ 90 min/week. Step data were collected through the Health Forest App, and body weight was measured by the organizer. Participants earned “Green Points” for meeting daily goals; 1,000 points equaled one planted tree through a local NGO. Data were analyzed using descriptive statistics and paired t-tests ($p < 0.05$).

Results

A total of 134 employees participated in both phases. Average daily steps increased from 9,723 to 10,634 (a 9.37% rise, $p < 0.05$). The mean number of goal-achievement days rose from 21 to 28. In Phase 2, 89.55% completed the jogging task, generating 8,048,678 steps (18.83% of total). Sixty-five percent of participants continued into the second phase, showing high engagement. The gamified leaf-collection design and “points-for-trees” reward linked physical activity to environmental sustainability.

Conclusions/lessons learned

Integrating ESG principles into workplace health promotion effectively improved physical activity and sustained engagement. The addition of intensity-based super slow jogging increased exercise levels and motivation. Linking visible environmental outcomes with health actions fostered a sense of purpose, suggesting ESG-health synergy can strengthen long-term participation.

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Advancing a Smoke-Safe and Sustainable Operating Room: Integrating Surgical Smoke Management, Waste Reduction, and Digital Nursing Documentation in a Tertiary Medical Center

LIN Chun-Chen, WANG Huang-Che, CHU Ya-Fen, HUANG Chien-Min

Background and objective

Operating rooms generate substantial waste and expose staff to surgical smoke, posing occupational health and environmental risks. In alignment with global safety and sustainability goals, this initiative aimed to achieve a smoke-safe, low-waste, and paper-free perioperative environment by strengthening smoke evacuation practice, optimizing waste management, and transitioning to digital documentation.

Methods/intervention

This program was implemented in a tertiary medical center with 33 operating rooms. Key strategies included installing surgical smoke evacuation systems in all ORs, adopting multiple smoke-reduction devices, and mandating competency-based staff training on smoke safety. Biomedical waste segregation and recycling processes were enhanced, and perioperative nursing documentation shifted to digital platforms. Routine audits, dashboards, and feedback loops supported continuous improvement and staff engagement.

Results

All ORs achieved smoke evacuation capability with increased staff compliance and awareness. Paper use was reduced by 240,000 sheets per year, saving NTD 144,000 and reducing ~1.08 tons CO₂e. Biomedical waste volume decreased 27%, while recycling increased 14%, achieving a 28% overall waste reduction. Staff reported improved air quality and occupational comfort. Digital documentation improved record completeness and reduced information retrieval time from 5 minutes to <30 seconds, enhancing workflow efficiency and data accessibility.

Conclusions/lessons learned

A comprehensive, data-driven approach to environmental and occupational health can simultaneously improve staff safety, sustainability performance, and operational efficiency. Leadership commitment, staff empowerment, and consistent monitoring were essential for sustained results.

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Green Healthcare Evolution: Smart Transformation from Daily Practice to Net Zero

CHUNG Rhona, CHANG Chin-Chi

Background and objective

The severe impacts of climate change have prompted global attention to carbon reduction. Psychologists suggest that forming a habit takes 21 days. Dalin Tzu Chi Hospital designed a digital platform to help staff record their individual eco-friendly actions, supporting the transition from action to habit. This project encourages staff to protect the planet through simple daily green actions. It also allows measurement of individual and collective carbon-reduction outcomes, helping embed sustainable behavior into daily life.

Methods/intervention

A LINE-based smart interactive system was developed, using a chatbot and web interface to clearly list green action items along with approximate carbon-reduction values. Participants were asked to regularly enter their completed actions through LINE. The system calculates total carbon reduction (or action counts) and transforms it into a meaningful environmental challenge. The design allows each participant's accumulated carbon-reduction contribution to gradually grow a seed into a tree on the platform, enhancing motivation to continue green practices.

Results

Participation in green actions has steadily increased, leaving an impressive footprint of "I am willing to change for the Earth." 1. The number of participants grew annually, from 217 in 2021 to 581 in 2024, demonstrating effective citizen education. 2. Stair-climbing as a substitute for elevator use increased from 583 times/week in 2021 to 5,484 times/week in 2024. 3. Vegetarian meal consumption rose from 1,370 meals/week in 2021 to 4,952 meals/week in 2024. 4. Waste recycling and reuse rates increased from 15.46% in 2021 to 21.70% in 2024. 5. Electricity consumption decreased annually from 2021 to 2023 (from 20,971,200 kWh in 2021 to 19,328,400 kWh in 2023), showing that systemic energy-saving measures were effective, and staff awareness contributed like "small screws turning the system."

Conclusions/lessons learned

Hospitals aim to protect health, yet climate change—extreme weather, floods, and droughts—creates major health threats. Hospitals also generate substantial greenhouse gas emissions. This project helps reduce environmental impact and strengthens awareness that small daily actions can collectively protect the Earth.

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Mini session 1.2: Arts, culture and creative practices in health promotion

Arts-Based Support for Adult Cancer Patients: Picture Book Groups as a Pathway to Empowerment and Psychological Anchoring

YEN PeiTzu, LIU Ching-Ping, SU Nyu-Yin, CHEN Pei-Chi, YEH Hui-Tzu

Background and objective

Since 2023, the four-week picture book and art-making group has supported cancer patients in self-awareness and inner anchoring. Early outcomes were shown qualitatively through surveys and observations; from 2024, the Posttraumatic Growth Inventory (PTGI) was used to quantify positive change.

Methods/intervention

The group followed an inward-to-outward process with four themes: self-exploration, emotional awareness, boundary recognition, and life integration with future outlook. Data sources: 1.Satisfaction Survey: A 5-point scale on weekly goals to assess experience and goal achievement. 2.PTGI (Tedeschi & Calhoun, 1996): 21 items across five areas—appreciation of life, relating to others, personal strength, new possibilities, and spiritual change—rated on a 6-point scale (0–5); higher scores indicate greater growth (Cronbach's $\alpha = .90$). 3.Analysis: Paired t-tests compared pre- and post-scores, supplemented by group observations.

Results

Since 2024, two cohorts involved 13 female patients completing questionnaires. Results are as follows:

1. Satisfaction: The weekly mean score was 4.17, and participants said the group changes extended into daily life.
2. PTGI: Overall PTGI scores significantly increased ($t = -3.42$, $p = .005$), mainly in Relating to Others ($p = .009$), reflecting a more open, appreciative attitude. Spiritual Change ($p = .050$) was marginal.

The combination of picture-book reading and art-making helped patients rediscover themselves. For example, in the "Life Role Juice," blended colors were used to represent the participants' diverse roles and burdens. The shift from darker, heavier color palettes before the activity to lighter, softer tones afterwards demonstrated a marked change.

Conclusions/lessons learned

The support group provided cancer patients with a space for understanding and connection. Through picture-book reading, they recognized their own situations and emotions in the stories, while art-making gave form to abstract feelings and helped organize their thoughts. Throughout the process, patients learned to cherish the present, relate to others with gentleness, and regain the strength to face life.

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The Effectiveness of Nature-Based Yoga Therapy on Workplace Mental Health: A Comparison of Real and Virtual Nature Settings

HU Chia Jung Hu, HUANG Chuan Chuan

Background and objective

With the rapid growth of high-tech industries and increasing competition, employees face mounting work-related stress that affects life quality and raises healthcare costs. Research indicates that nature-based therapies can improve mental health, and yoga effectively relieves both physical and psychological tension. However, empirical studies integrating these approaches for workplace mental health in Taiwan are limited. This study explored the feasibility and effectiveness of combining nature-based therapy with yoga.

Methods/intervention

Using a quasi-experimental pre-post two-group design, researchers developed two programs: "virtual reality nature-based yoga therapy" and "real-world nature-based yoga therapy." Seventy-three technology industry employees experiencing stress participated. Measurement tools included questionnaires on background, perceived stress, state anxiety, sleep, autonomic nervous stress index, and heart rate variability. Quantitative data were analyzed with descriptive statistics and paired-sample t-tests.

Results

Results showed that both groups significantly reduced anxiety and improved emotional flexibility. Although the relaxation index increased and stress and heart rate decreased, these changes were not statistically significant.

Conclusions/lessons learned

Overall, both interventions effectively enhanced emotional regulation, with virtual therapy producing results comparable to real-world sessions. The findings support virtual nature-based yoga as a feasible and effective method to promote workplace mental health.

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Using OSCE in Spiritual Care Training: Experiences and Reflections from a Simulated Evaluation

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Background and objective

Mackay Memorial Hospital provides holistic care addressing physical, psychological, social, and spiritual dimensions. Since its founding, chaplains have offered spiritual care rooted in Christian values. To standardize spiritual care training, and enhance spiritual care providers' confidence, the Chaplaincy Department adopted Objective Structured Clinical Examination framework into training.

Methods/intervention

Clinical Pastoral Education is a training integrating theology, medicine, social work, and psychology. The basic level is a ten-week program, with OSCE conducted midway. During the first five weeks, participants engage in both theoretical learning and clinical practice. In OSCE, they receive objective evaluation, followed by immediate feedback from examiners and standardized patients. This builds insight into their competencies, foster self-awareness, and strengthen clinical skills. OSCE involved 15 participants, 3 SPs, and 6 examiners, divided into three groups. Each session consisted of a one-on-one, 20-minute spiritual care. Participants completed a self-efficacy assessment before and after OSCE.

Results

Through feedback from examiners and SPs, participants gained clearer insight into their strengths and weaknesses, refining their focus for continued learning. Overall, students showed an increase in self-efficacy. For example, in response to "When patients experience deep suffering or a crisis of faith, I feel confident in providing empathetic spiritual care," 42.8% of them reported being "very confident" or "mostly confident" before OSCE, rising to 53.4% afterward. Students also learned humility, recognizing that genuine presence with the suffering is the foundation of spiritual care.

Conclusions/lessons learned

Through structured simulation, it ensures quality and offers a transferable model for other healthcare professionals. During module development, the team visited Buddhist Dalin Tzu Chi Hospital, reflecting a joint commitment to holistic medicine. The program will continue to develop modules on diverse spiritual themes and disease contexts, further professionalizing spiritual care practice.

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An Art-Based Support Model for Caregivers: Practice-Based Exploration of Self-Care and Health Promotion

YANG Li Min, CHEN Ju Lan, SUN Shih Han

Background and objective

Long-term caregiving for individuals with dementia often leads to caregivers experiencing a significant reduction in personal time and social engagement, accompanied by emotional exhaustion and psychological stress, particularly in the context of interpersonal relationships. The burden of caregiving can also disrupt the caregiver's social roles and family dynamics, affecting decision-making processes and communication patterns.

Methods/intervention

This program adopts a group social work and art-based intervention model to facilitate support groups for family caregivers of individuals with dementia. It aims to enhance caregivers' self-awareness and emotional competence, while fostering the discovery of their inner resilience.

Results

Research findings indicated that all participants (100%) reported improved self-awareness and emotional recognition. Furthermore, 88.8% of participants agreed that the group helped them better understand their emotional responses to stress and apply coping strategies in daily life. Through creative artistic expression, participants were able to externalize and explore the complex dimensions of their caregiving roles, the pressures they endure, and the emotional intricacies involved. Participants also demonstrated the ability to reframe caregiving challenges as opportunities for personal growth and a renewed outlook on life.

Conclusions/lessons learned

Throughout the group process, participants cultivated greater emotional awareness and reflective capacity. They actively engaged in exploring diverse self-care strategies, such as visualizing stress and comfort zones, enhancing health consciousness and psychological flexibility, and developing new perspectives and adaptive coping mechanisms for everyday life.

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Improving Dementia Care with “Museum Social Prescriptions”: An Innovative Cross-Sectoral Partnership Model

CHUO Hsiu-Chien, CHEN Tingting, CHEN Hsina-Yi, CHANG Wen-Ling, LI In-Fun

Background and objective

With the global aging population, dementia has become a significant public health challenge. However, traditional pharmacological treatments have limitations in improving cognitive function and behavioral symptoms. Mackay Memorial Hospital and Tamsui Historical Museum jointly launched a Social Prescribing program at a senior day care center, thereby successfully promoting non-pharmacological therapy in the community.

Methods/intervention

1. Specially designed tours for people with dementia: Replacing traditional information-heavy lectures with sensory-based experiences and simple interactions, allowing participants to use touch, sight, and sound to recall and connect. 2. Art creation workshops: Encouraging participants to use the museum's collections or exhibition elements for creation, promoting self-expression and emotional release. 3. Social interaction sessions: Providing opportunities for patients to connect with other participants, guides, and volunteers, helping to rebuild social connections.

Results

1. Cognitive and Emotional Improvement: After the program, nearly 80% of participants showed improvement in BPSD, indicating a positive impact on maintaining cognitive function and improving emotional well-being. 2. Increased Social Engagement: Observational results showed a clear 100% increase in the frequency and initiative of social interactions among participants during the activities, demonstrating a higher willingness to participate and greater self-confidence. 3. Reduced Caregiver Burden: Caregivers reported feeling less stressed and burdened after witnessing the joy and vitality of the participants during the activities. Some caregivers also found this to be a valuable opportunity for respite and support.

Conclusions/lessons learned

This report confirms the effectiveness of "Museum Social Prescriptions" as a non-pharmacological intervention for improving the physical and mental well-being. This not only serves as a successful case of cross-sectoral collaboration and provides an innovative perspective for building a sustainable, but also gives back to the local residents and families, jointly fostering cultural equity for dementia and creating a dementia-friendly community.

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Integrating Creative and Aromatherapy-Based Interventions to Promote Mental Health and Stress Reduction in Healthcare Workers

HSIEH Yi-Chen

Background and objective

Healthcare workers face significant stress, impacting their well-being and performance. Arts and aromatherapy interventions offer non-pharmacological solutions to alleviate stress. This study aims to evaluate the effectiveness of combining arts-based activities with aromatherapy in reducing stress among hospital staff.

Methods/intervention

Three studies informed this intervention. Art therapy, music, dance, and creative activities, mainly group-based and therapist-led, reduced burnout and stress (Tjasink et al., 2023). Essential oils including lavender, lemon, and damask rose lowered anxiety (Tan et al., 2023). Sensory engagement through touch, sight, and scent enhanced physiological responses (Dijkstra et al., 2006). Combining hands-on diffuser stone crafting with aromatherapy leverages these complementary effects, creating a feasible, engaging, and evidence-based program for hospital staff.

Results

The review included 27 studies with 1,580 participants. Quantitative analysis showed medium to large effects on reducing emotional exhaustion, work-related stress, and common mental health issues. Qualitative data complemented these findings, indicating positive perceptions of the interventions. Combined use is expected to enhance resilience, wellbeing, and workplace support.

Conclusions/lessons learned

Arts and aromatherapy interventions are effective in reducing stress among healthcare workers. These interventions are feasible, cost-effective, and well-received by staff. Further high-quality RCTs are needed to confirm these findings and optimize intervention protocols.

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Crossing the shadow: Building Children's Resilience Through Narrative in the Face of Illness

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Background and objective

Crossing the Shadow is a project developed via a partnership between the Scientific and Patient Library of CRO Aviano National Cancer Institute, the Public Library of Aviano, and two primary schools located in the area. It explores how literature—mainly illustrated narratives and fiction—can support children in developing metaphors, imaginaries, and symbolic thinking when confronted with life difficulties. It builds directly on the ongoing work of CRO and Aviano Public Libraries—through two editions of the bibliography "Crossing the Shadow: Talking to Children and Teens about Adult Illness" and two dedicated conferences—transforming these insights into a structured cultural pedagogical research project. This project underscored the urgent need for non-clinical, narrative-based tools to help children process life experiences before the necessity (as the ability to deal with critical emotional situations) arises.

Methods/intervention

A specialist in narrative pedagogy and counselling conducts recurring sessions using a selection of books collected in the bibliography. Through playful and creative methods, the expert stimulates children's symbolic thinking, encouraging them to explore emotions and construct meaning. These sessions—co-designed and observed by teachers and librarians—allow us to identify recurring themes and shared imaginaries, while documenting how children internalize and transform difficult topics through narrative, metaphor, and mimesis.

Results

By integrating this work into school settings, the project demonstrates how non-clinical, culturally sensitive environments can prepare children before crises occur, rather than intervening only afterwards.

Conclusions/lessons learned

Crossing the Shadow illustrates how libraries can function as health-promoting settings that contribute to a more equitable, holistic vision of healthcare. By providing accessible, preventive, narrative-based support, the project strengthens children's emotional literacy, resilience, and symbolic agency—key protective factors across the life course.

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Mini session 1.3: Access to healthcare services and information

From Exam Scores to Patient Empowerment: Repurposing Generative AI for Health Literacy in Nephrology and Nuclear Medicine

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Background and objective

Health literacy gaps limit the benefit of clinical care, especially for high-risk treatments. Our work showed a performance paradox: generative AI scored 80–90% on Taiwanese medical exams and, in a radioiodine patient-education study, >90% of answers were rated appropriate or helpful, yet reliability in patient-facing use varied. In nephrology consultation GPT-4 achieved 100% citation validity, whereas in nuclear medicine only about 20% of references were fully valid. We aimed to test a workflow that turns accurate AI outputs into health-literacy decision aids.

Methods/intervention

We repurposed evaluation frameworks from prior AI studies to design a health-literacy-first prompt workflow. The constraint-based system guides generalist LLMs to rely on public guidelines and open resources, target a 6th-grade reading level, present risk–benefit tables and add teach-back questions. We tested it on 40 nephrology and nuclear medicine scenarios, and specialists rated outputs for clarity, usefulness and safety.

Results

The structured workflow reduced hallucinations and citation problems seen in earlier nuclear medicine scenarios and turned complex guideline text into actionable, easy-to-read explanations. Clinicians reported that literacy-optimised outputs with simplified language and comparison tables were safer and better suited to patient communication than unstructured AI answers.

Conclusions/lessons learned

High-performing AI models can be redirected from passing exams to translating knowledge in ways that support health equity. Embedding reading-level caps, risk–benefit tables and teach-back prompts in a standard workflow can make general-purpose AI a practical partner for patient education and shared decision-making.

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Patient Electronic Health Record Accessibility Optimization with root-cause analysis in a Medical Center of Taiwan--A Digital ECGs uploading study

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Background and objective

Patient-Accessible Electronic Health Records (PAEHRs) are digital records allowing patients access to their health information, including test reports, medical images, and discharge summaries. Taiwan National Health Insurance (NHI) aims to optimize PAEHRs accessibility and EMR interoperability for better healthcare. However, challenges such as incompatible Hospital Information System (HIS) and human factors hinder the efficient uploading data to the public cloud. This study evaluates the uploading workflow of Digital ECGs data to optimize PAEHRs accessibility.

Methods/intervention

In October 2021, the PAEHRs Uploading Team was established to enhance real-time medical data disclosure to patients through NHI public cloud. Data from ECG report uploads (2022 Q1 to 2025 Q1) was collected, and RCA using an Ishikawa Diagram identified 4 key factors. PDCA techniques were employed for continuous SOPs improvement for ECG uploading.

Results

The average quarterly upload rate of ECG reports increased from 38% in Q1 2022 to 95% in Q1 2025. ECG report completion time decreased from 45 days in Q1 2022 to 3 days in Q1 2025, improving patient access to their EHRs. RCA revealed four major factors: Human Behavior, Hospital Information System (HIS) Revision, ECG Machine, and Interface Compatibility. The number of failed ECG uploads dropped from 26,994 to 3,085 cases annually. Human behavior issues reduced from 48.9% to 15.7%, while ECGs uploading rate increased from 21.1% to 54.3% after HIS revision in Jan. 2024.

Conclusions/lessons learned

Improved data upload to the public cloud requires early intervention, cross-functional team collaboration, and continuous monitoring. The study highlights the importance of addressing human behavior factors, HIS revisions, and setting EHR accessibility indicators. By implementing PDCA, refining workflows, and monitoring progress, the team achieved a 95% upload rate in Q1 2025, with ECG reports accessible within 3 days, enhancing patient access to their EHRs.

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Scientific Risk Assessment for Chronic Diseases – Calculating for Health

CHUNG Rhona

Background and objective

In 2023, about 60% of deaths were linked to chronic diseases such as stroke, diabetes, and hypertension in Taiwan. To enhance awareness and early prevention, Dalin Tzu Chi Hospital launched a community-based project promoting the NHA's "Science-Based Chronic Disease Risk Assessment Portal." This tool helps individuals understand risks, and prevent disease progression.

Methods/intervention

Program Goals 1. Increase adult health checkups. 2. Achieve $\geq 50\%$ chronic disease risk assessment coverage among outpatients. 3. Ensure $\geq 90\%$ intervention for abnormal findings (employees and patients). 4. Reach $\geq 45\%$ improvement rate in follow-up cases. Target Population Adults aged 30–70 eligible for national health checkups and hospital employees. Program Strategies 1. Promotion: LINE reminders before appointments. Facebook campaign "Calculate for Health and Peace of Mind." Nurses provided risk assessment counseling. Health seminars for staff and community. 2. Clinical Integration: Hospital system linked with NHA risk platform for automatic data import of five diseases. Physicians explained results, demonstrated the platform, and gave personalized advice. High-risk individuals referred to 15 hospital disease management programs; employees managed by occupational health nurses. 3. Employee Campaign – "Know Your Health Risks, Live a Happier Life" "Happy Dalin Walk Together" 4-month challenge: 385 joined, 266 met goals, completing risk assessments for raffle chances. Health Month (Aug): "Diabetes Day," "Heart Day," and "Blood Pressure Day" highlighted prevention and education.

Results

1. High-risk intervention rate: 91%. 2. Improvement rate: 56.7%. 3. Integrated system enabled real-time risk data, enhancing counseling and engagement. 4. Participation in prevention activities increased health awareness and early action

Conclusions/lessons learned

Collaboration among physicians, nurses, and educators used risk data for tailored counseling, encouraged healthy behavior, and supported ongoing monitoring.

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Enhancing Medical Service Accessibility in Community Day Care Centers through Community-Oriented Primary Care Model

LIN Yi Jyun, WEI Zi-Jing

Background and objective

Community-based day care centers serve frail or cognitively impaired older adults whose caregivers often cannot accompany them for preventive or follow-up medical visits. To address this gap, a regional hospital and its affiliated day care center implemented a Community-Oriented Primary Care (COPC)-based model to integrate vaccination services directly into the community setting, aiming to improve accessibility and promote preventive health.

Methods/intervention

Using an action research framework through a cyclical sequence of "Plan → Act → Observe → Reflect", the project established a vaccination standard operating procedure, coordinated with hospital infection control and family medicine departments to ensure vaccine safety and physician oversight, and trained day care nurses to identify eligible recipients, obtain consent, and assist with vaccination. Continuous data review supported workflow refinement and quality improvement.

Results

Implementation of the COPC-based preventive vaccination module demonstrated marked improvements in vaccination accessibility and uptake among day care participants: •Pneumococcal vaccination coverage increased from 57% in 2024 to 67% in 2025. •Influenza annual vaccination rate rose from 67% in 2024 to 100% in 2025. The feedback from families indicated reduced caregiver burden and increased trust in the day care center's medical collaboration model.

Conclusions/lessons learned

The COPC framework provided a structured, community-driven approach for integrating preventive services into long-term care. By bridging hospital and community resources, it enhanced healthcare accessibility, continuity, and safety for older adults. Empowering nursing staff through iterative learning cycles strengthened competence and self-sufficiency, while the preventive focus advanced public health goals and community resilience.

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Advance Care Planning in Dialysis Patients: Measuring the Impact of Educational Interventions on Awareness and Attitudes

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Background and objective

Taiwan's dialysis population faces systemic end-of-life care challenges, with only 18.5% of deceased patients receiving hospice co-care. A 2025 pretest revealed 63% of patients/caregivers misinterpret Advance Care Planning (ACP) as treatment abandonment, significantly impeding shared decision-making during clinical deterioration. This study employs multimodal education to address ACP misconceptions and fosters interprofessional communication, with efficacy measured through ACP knowledge gains, decision-making engagement, and Medical Preference Declaration completion rates.

Methods/intervention

A three-phase intervention (June-August 2025) targeted 86 dialysis patients. Phase 1 delivered six scenario-based workshops and animated videos (92% viewing rate) to clarify ACP. Phase 2 fostered interprofessional collaboration (palliative specialists, nephrologists, social workers) and utilized structured family engagement tools ("Family Decision Toolkit") to align care goals. Phase 3 employed a pretest-posttest design with validated questionnaires (administered April/September 2025) to measure shifts in ACP understanding, decision-making involvement, and documentation rates. Quantitative analysis compared baseline and post-intervention outcomes.

Results

Pretest-posttest (N=86) of dialysis patients revealed three primary needs regarding ACP consultations: knowledge gaps in ACP principles, difficulties initiating family discussions about end-of-life care, and overreliance on family-mediated decision-making. Following targeted interventions, ACP knowledge scores significantly increased from 5.23 to 8.42 ($p < 0.001$), with question-specific accuracy improvements ranging 25%-45%, most notably in dispelling the misconception that "ACP equates to treatment abandonment" (+45%) and understanding ACP's core objectives (+42%). Post-intervention willingness to engage in ACP discussions surged from 7.0% to 32.6%, demonstrating substantial attitudinal shifts toward proactive care planning participation.

Conclusions/lessons learned

This interprofessional model reduces dialysis patients' ACP fears and enhances autonomous decision-making through scenario-based visual tools.

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Digital Cognitive Health Assessment Platform: Enhancing Early Detection of Dementia through AI-Driven Screening in both Clinical and Community Settings

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Background and objective

With Taiwan's rapidly aging population, dementia has become a critical public health concern. Early detection and prevention are key to maintaining cognitive health and reducing disease burden. Traditional cognitive assessments require in-person visits, trained specialists, and lengthy manual testing, limiting accessibility and delaying intervention. To overcome these challenges, Taipei City Hospital developed an AI-based approach to improve the efficiency, accuracy, and accessibility of cognitive screening for older adults in both clinical and community settings.

Methods/intervention

The Taipei City Hospital developed a digital cognitive health assessment platform integrating artificial intelligence and gamified interaction to promote accessible, engaging, and data-driven screening. The platform evaluates five domains—executive function, logical memory, processing speed, language, and orientation—through interactive digital games. Using AI analytics and neuroimaging data (eg. brain MRI) on white- and gray-matter integrity, it rapidly identifies individuals at high risk of cognitive decline, supporting precision prevention and early intervention.

Results

Pilot implementation showed high user engagement and feasibility in both community and clinical settings. The results of AI-derived assessment correlated strongly with standard cognitive tests and imaging biomarkers, enabling timely referral and individualized counseling for patients with highly suspected dementia. The gamified format also improved motivation, reduced anxiety, and removed spatial or time barriers, expanding participation in cognitive health screening across diverse populations.

Conclusions/lessons learned

The AI-enhanced digital platform provides an innovative, accessible, and efficient tool for early dementia detection. By linking clinical expertise with community engagement, it promotes proactive health management, supports precision public health, and helps reduce health inequities in aging societies.

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Mini session 1.4: Health promotion for older adults

Sustainable Community Health Literacy Programs to Empower Older Adults in Recognizing Dysphagia and Preparing Texture-Modified Food

TSENG Yihsuan, YU Hsin-Ting

Background and objective

Dysphagia is often overlooked among the elderly. If dietary texture is not adjusted in time, it can easily lead to malnutrition, weakness, and sarcopenia. Enhancing the elderly's ability to identify dysphagia and prepare safe, texture-adjusted meals can strengthen their self-management of health.

Methods/intervention

A 10-week program was conducted by a nutritionist at a community center, with 3 hours of instruction once a week. 43 elderly participants aged 53–83 and volunteers participated. The course was designed based on the "Taiwan Dysphagia Texture-Adjusted Dietary Classification," focusing on solid food texture adjustments. Content included early symptom identification of dysphagia, nutritional risk education, texture adjustment demonstrations, and practical preparation of soft, chopped, and homogenized meals.

Results

Post-course assessment showed that 93% of participants could clearly identify early signs of dysphagia; 81% (35 participants) could independently prepare at least one texture-adjusted meal. Texture-adjusted recipes have been incorporated into existing community communal dining practices, enhancing food safety and diversity. Seniors have shown significant improvement in their solid food texture adjustment skills, cooking confidence, and the quality of their nutritional intake.

Conclusions/lessons learned

This community-oriented dysphagia health literacy education program effectively enhances seniors' self-care abilities, reduces the risk of malnutrition due to dysphagia, and provides a feasible and scalable model for promoting health in aging communities.

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Exercise Intervention to Reduce Fall Incidence Among Residents in a Long-Term Care Facility

LIAO Hui Yen, KUO Ju Chuan

Background and objective

A review of falls from January 1 to December 31, 2024 found that 62.2% were linked to residents' health conditions, and routine sarcopenia screening had been absent. To improve early detection, the facility introduced a screening protocol using gait speed (<0.8 m/s) as the main indicator, supported by handgrip strength, muscle mass, and calf circumference. Based on results, a four-month exercise program (March–June 2025) was implemented, featuring walking, sit-to-stand, and step training three times a week for about 10 minutes, with staff supervising and recording participation.

Methods/intervention

A review of 2024 falls found 62.2% were linked to residents' health, and routine sarcopenia screening was absent. The facility introduced early detection using gait speed (<0.8 m/s) plus handgrip strength, muscle mass, and calf circumference. Based on assessments, a four-month exercise program (March–June 2025) with walking, sit-to-stand, and step training was held three times weekly for 10 minutes, supervised and recorded by staff.

Results

Fall incidence dropped from 0.19% to 0.13% (31.5% improvement). Residents: early sarcopenia detection and exercise improved strength, mobility, and quality of life. Staff: increased motivation, reduced workload, smoother care, and stronger teamwork. Overall, the initiative benefited residents, staff, and the institution.

Conclusions/lessons learned

Using quality improvement methods to identify residents at risk for sarcopenia and implementing an exercise-based intervention significantly enhanced muscle strength and reduced fall incidence in the LTC population. However, some residents were unable to fully participate due to underlying health conditions, limiting overall completion rates. Future efforts may incorporate confirmatory diagnostic tools such as DXA, BIA, CT, or MRI to more accurately detect muscle mass loss and diagnose sarcopenia. This would enable more precise evaluation of intervention effects and help deliver higher-quality, evidence-based care.

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A Multimodal Health Promotion Program Integrating Oral Motor Training, Music-Guided Mindfulness, and AI-assisted Reflective Art for Older Adults: A Qualitative Study in Taiwan

CHEN Wen-Hsiu

Background and objective

With population aging, older adults face increasing risks of dysphagia, emotional distress, and social isolation, which negatively affect quality of life. Community-based health promotion approaches that integrate physical activation, emotional expression, and reflective learning are needed. This study aimed to examine the feasibility of a multimodal intervention combining music-guided oral motor exercises, mandala-based reflective drawing, and AI-assisted reflection to support swallowing-related awareness, emotional well-being, and self-efficacy in older adults.

Methods/intervention

This exploratory study was conducted as a community-based health promotion activity for older adults in Taiwan. The intervention included music-guided oral motor exercises (PA-TA-KA-LA), mandala coloring for intuitive emotional expression, and AI-assisted reflective prompts to support meaning-making. Qualitative data were collected through participants' verbal sharing and reflective narratives and analyzed using conventional qualitative content analysis. Standardized quantitative measures were not collected in this phase.

Results

Four themes emerged:

1. a shift from intuitive creation to self-awareness;
2. AI as a reflective facilitator supporting externalization and refinement of inner experiences;
3. symbolic meaning-making and emotional integration through colors, images, and personal metaphors; and
4. emotional regulation and empowerment, reflected in calmness, emotional release, and increased confidence in applying the activities independently.

Conclusions/lessons learned

This community-based multimodal intervention demonstrated good feasibility and acceptability for health promotion in older adults, supporting emotional well-being, reflective awareness, and self-efficacy. Future studies will incorporate quantitative assessments within a mixed-methods design to strengthen outcome evaluation and validation.

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Efficacy Analysis of a Community-Based Dementia Care Hub Service: Enhancing Quality of Life and Function for Individuals with Early-Stage Dementia

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Background and objective

Taiwan entered a super-aged society in 2025, escalating dementia care needs. Expanding its Health Promoting Hospital (HPH) mission, our hospital established three community-based Dementia Care Hubs. The initiative created a localized network for early detection, functional maintenance and community engagement. This study evaluates the hubs' effectiveness in improving cognitive, physical, nutritional and psychosocial outcomes for early-stage dementia.

Methods/intervention

The analysis included 62 participants (mean age 80.6 years) with mild cognitive impairment or mild dementia. The intervention provided structured, multi-disciplinary group activities 3–4 days per week, alongside caregiver support. Outcomes were assessed using validated instruments: the Integrated Care for Older People (ICOPE) screening tool, Short Physical Performance Battery (SPPB), Mini Nutritional Assessment-Short Form and functional reach tests. Service satisfaction and caregiver feedback were also collected.

Results

Post-intervention data (n=36) showed significant improvement in ICOPE: 20% more participants rated health as "good" with reductions in cognitive issues, mobility problems, appetite loss and depressive symptoms. SPPB scores improved from 9.5 to 10.1. Satisfaction surveys (2021–2024) were consistently rated "very satisfied/satisfied." Feedback highlighted slowed functional decline, caregiver respite and a supportive "family-like" network. The hubs engaged 62 individuals, including 42 not yet using formal long-term care, demonstrating success in reaching at-risk, higher-functioning adults.

Conclusions/lessons learned

The hospital-supported Dementia Care Hub model improves health outcomes for early-stage dementia and is highly valued by participants and caregivers. It operationalizes HPH principles in the community, creating a seamless care continuum from prevention to health promotion, delaying disability and reducing family and societal burden.

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The Effectiveness of Reality Orientation with Errorless Learning Group Intervention in Elderly with Mild Dementia

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Background and objective

Evidence from international studies has shown that cognitive stimulation interventions such as Reality Orientation (RO) and Errorless Learning (EL) effectively delay cognitive decline and enhance quality of life in individuals with dementia. However, clinical applications and empirical research in Taiwan remain limited. Guided by systematic literature review findings, this study implemented a "Reality Orientation program by Errorless Learning (ROEL)" to explore its effectiveness among older adults with mild dementia across different care settings, including community centers and long-term care facilities.

Methods/intervention

A quasi-experimental design was adopted. Older adults with mild dementia were recruited from both community centers and psychiatric nursing homes and assigned to experimental and control groups. The experimental group participated in the ROEL intervention once a week for 60 minutes over ten sessions, while the control group continued with regular health promotion activities.

Results

Results indicated that community-dwelling participants demonstrated significantly greater improvement in cognitive function than institutionalized participants ($p = .0498$, $d = 0.52$). Specifically, community participants with mild dementia exhibited significant maintenance and enhancement in cognitive ability ($F = 5.218$, $p = .023$) and quality of life ($F = 4.583$, $p = .046$), though no significant changes were found in emotional status or frailty levels.

Conclusions/lessons learned

The findings suggest that the ROEL group intervention effectively supports cognitive maintenance and quality of life among older adults with mild dementia, particularly in community settings. Incorporating ROEL into community-based dementia care and health promotion programs may provide an evidence-based reference for clinical professionals, reduce caregiver burden, and promote active aging.

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Artificial intelligence-based mental health initiatives for older adults in community care centers: Practice in a large psychiatric hospital in Taiwan

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Background and objective

Taiwan's 2018 Community-based Prevention and Delay of Disability Program (the Ministry of Health and Welfare's Long-Term Care Plan 2.0) aims to improve older adults' health via community care. Kaohsiung Municipal Kai Syuan Psychiatric Hospital (KSPH)'s existing program successfully enhanced mental manipulation, recall, motivation, and emotion regulation in individuals with mild cognitive impairment and mental disorders. Leveraging these outcomes and digital advances, this study develops a novel AI-based Mental Health Initiative (AIM-HI@KSPH) to promote health in older adults.

Methods/intervention

The program was developed using a participatory action research framework, involved reflective practice, practitioner interviews, expert panel discussions, and iterative refinement of existing programs. The final AIM-HI@KSPH is a 12-week curriculum with weekly two-hour group sessions in community centers.

Results

AIM-HI@KSPH integrates emotional empowerment with cognitive stimulation. Participants express narratives through drawing, and AI instantly transforms their artwork into interactive "sky-lantern" visuals with positive messages. This real-time, personalized feedback supports self-regulation and psychological growth. The curriculum integrates life review, positive emotion, relaxation, peer support, and dream fulfillment. AIM-HI@KSPH emerges as an AI-integrated model for disability prevention, enhancing older adults' resilience.

Conclusions/lessons learned

This initiative shows KSPH's commitment to using digital innovation to extend brain and mental health services into the community and build a sustainable healthcare system. Future development will incorporate genetic data, EEG/fNIRS signals, HRV emotion monitoring, and psychological assessments. The vision is to empower health through this biopsychosocial model and scale it across community stations in Kaohsiung and Taiwan.

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Mini session 1.5: Salutogenic, safe and healthy workplaces and care settings I

How to Build Workforce Resilience in the Post-COVID Workplace: A Sustainable Staff-Engagement Model from Boramae Medical Center

JEON Gieun, SEO Ran, LEE Jaekyung, SONG Kyoung Jun

Background and objective

This practice-based abstract presents SMG-SNU Boramae Medical Center's post-COVID staff health-promotion strategy. Pre-pandemic programs focused on team activities, but post-pandemic needs required flexible, personalized, and privacy-protected approaches. By applying IT-supported formats, anonymity, small-group interaction, and department-led self-help activities, the center strengthened morale and trust. Supporting workforce well-being is essential for maintaining system capacity and sustaining resilient, adaptive healthcare services.

Methods/intervention

Two annual projects—a walking challenge for physical fitness and a self-care program for mental well-being—form the core initiative, complemented by an employee truck event. Departments run self-help groups that design autonomous, responsive activities. Anonymous feedback ensures psychological safety, identifies emerging needs, and guides ongoing adaptation. Small-group and cross-department participation reduces isolation, fosters engagement, and contributes to long-term workforce stability.

Results

Staff reported higher morale, trust, and participation. Anonymity encouraged candid communication, and self-help groups strengthened ownership. Goal-setting and cross-department interaction reduced isolation. Trend-responsive adjustments improved relevance and accessibility. These outcomes illustrate how staff-centered strategies protect a critical component of the healthcare system—the workforce.

Conclusions/lessons learned

Personalized, anonymous, and adaptive programs enhanced workforce resilience and sustainability. Self-help groups promoted empowerment, and continuous feedback enabled responsive updates. Ensuring opportunities for new and returning participants supported fairness and inclusion. The case demonstrates how structured, workforce-centered support reinforces morale, trust, and overall system capacity, enhancing adaptability for sustainable service delivery.

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Organisational and environmental support for person-centred care as a potential mitigating factor for stress of conscience among hospital care staff

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Background and objective

Hospitals face difficulties recruiting and retaining staff. Factors such as stress of conscience are prevalent and show associations with job dissatisfaction, burnout, and turnover. These interrelated issues threaten the provision of safe, quality care. Person-centred care (PCC) might be one approach that can mitigate stress of conscience, but research in larger samples across different groups of hospital staff is limited. This study aimed to explore the association between PCC and stress of conscience in a hospital setting.

Methods/intervention

Cross-sectional self-reported survey data of 1026 hospital care staff were collected in western Sweden. Instruments used were the Person-Centred Care Assessment Tool (P-CAT), containing two subscales 'Extent of Personalising Care' and 'Organisational and Environmental Support', and the Stress of Conscience Questionnaire. Covariate-adjusted multivariate linear regressions were used for analyses.

Results

Hospital care staff who reported higher levels of PCC also reported statistically significantly lower levels of stress of conscience ($B = -1.11$). Similarly, significant associations were identified in the Extent of Personalising Care ($B = -0.75$), and Organisational and Environmental Support ($B = -3.37$), which showed the strongest association.

Conclusions/lessons learned

The findings indicate that PCC may mitigate hospital staff's stress of conscience levels, and that organisational and environmental factors enabling PCC could be of particular importance, although a longitudinal design is needed to assess causality.

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Impact of a Multi-Component Healthy Workplace Strategy on Nurses' Well-Being and Retention: A Medical Center Evaluation Study

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Background and objective

Nursing workforce instability remains a global concern, often driven by demanding workloads, psychosocial stressors, and insufficient organizational support. Our medical center implemented an integrated Healthy Workplace Strategy. This study examines the impact of the multidimensional intervention and evaluates changes across key workforce indicators.

Methods/intervention

A before-and-after evaluation design was employed using aggregated, anonymized data from 2023–2024. The intervention consisted of coordinated measures targeting both structural and psychosocial domains. Staffing and scheduling improvements included revised hourly compensation, introduction of 12-hour shifts, broadened bundle-shift options, functional staffing redesign. Mental health initiatives incorporated aromatherapy activities, massage sessions, and mindfulness cafés, alongside 25 bullying-prevention programs.

Results

Post-intervention analysis showed improvements across multiple indicators: job satisfaction increased from 68.5% to 69.6%, scheduling satisfaction rose from 82.3% to 83.8%, and turnover declined from 22.1% to 17.9%. Enhanced dormitory conditions and more efficient near-miss management contributed to a strengthened sense of safety and organizational support. Collectively, the intervention fostered a more supportive work environment and yielded measurable gains in well-being and retention.

Conclusions/lessons learned

These findings underscore the value of integrated, system-level workplace interventions in promoting workforce health and stability in healthcare settings. The initiative illustrates how leadership engagement, cross-departmental collaboration, and comprehensive strategies addressing both structural conditions and psychological needs can meaningfully enhance the nursing work environment. Continued longitudinal evaluation will help refine and expand this model within health-promoting healthcare systems.

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An Experience of Implementing Cross-Departmental Quality Improvement Activities to Foster a Positive Patient Safety Culture

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Background and objective

Patient safety culture has become a core component of healthcare quality development. The results of Taiwan Patient Safety Culture (TPSC) survey indicate that perceptions of teamwork and unit safety climate strongly influence overall safety culture and staff satisfaction. A medical center located northern Taiwan has long promoted diverse quality improvement (QI) initiatives to encourage proactive problem identification, innovation, and cross-disciplinary collaboration. This study aimed to evaluate the impact of cross-departmental QI activities on enhancing patient safety culture.

Methods/intervention

A hospital-wide strategy centered on “cross-departmental QI activities and incentive mechanisms” was implemented. Interventions included annual QI planning, formation of quality control circle (QCC), training on QI tools, external expert coaching, establishment of internal QI facilitators, regular progress reviews, and opportunities for internal and external presentations. Incentives were provided for project completion, facilitator engagement, physician participation, and dissemination of results through oral or poster presentations.

Results

The Hospital Survey on Patient Safety Culture (HSOPS) was conducted among all hospital employees between November and December 2023, yielding 878 valid responses. Among them, 106 staff (12.07%) participated in QI activities. Participants demonstrated improvement in seven of eight patient safety culture domains, with significantly higher overall mean scores compared with non-participants. Qualitative feedback indicated enhanced communication timeliness, increased shared problem-solving, and improved feasibility of solutions. “Unit safety climate” emerged as a key factor associated with willingness to engage in QI, suggesting that participation strengthens mutual trust and collaborative culture.

Conclusions/lessons learned

The cross-departmental QI initiative effectively promoted teamwork, communication, and a positive learning culture. The findings demonstrate that staff engagement in QI activities enhances perceptions of patient safety culture. Sustained institutional support and incentives will further encourage participation, reinforcing a resilient and safety-oriented healthcare organization.

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Managing moral distress: perspectives from emergency department staff in Stockholm, Sweden - a focus group study

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Background and objective

Moral distress is a persistent work environment challenge in emergency departments (EDs), arising when healthcare professionals are constrained from acting in line with their values. Despite ongoing efforts to address moral distress, evidence on effective and contextually adapted interventions remains limited. This study explored how ED staff currently manage experiences of moral distress and what support they perceive is needed.

Methods/intervention

Interdisciplinary focus groups were conducted with 36 healthcare workers from two EDs in Stockholm, Sweden. Data were analyzed using reflexive thematic analysis.

Results

One overarching theme, Managing moral distress – a part of the job, was generated by the analysis, along with seven subthemes and 19 codes. Participants described a range of coping strategies at individual, team, and workplace levels. Informal collegial support was central but often constrained by workload and time pressure. Participants expressed a need for more structured support systems, including debriefings, routine check-ins, access to individual support, and closer contact with managers. They emphasized that enabling such structures requires adequate resources. Participants also identified organizational and system-level improvements, particularly increased access to hospital beds and sufficient staffing, as essential for preventing moral distress.

Conclusions/lessons learned

ED staff continuously navigate morally challenging situations and rely on coping practices that are often insufficiently supported by current organizational conditions.

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Empowering Counseling Interns in Palliative Care via a Generative AI Virtual Patient Platform

LIN Shin-Yi

Background and objective

Counseling interns in palliative care often face limited chances to engage with patients, restricted supervision, and emotionally demanding encounters that challenge their confidence and well-being. This teaching method introduces a virtual patient platform powered by generative artificial intelligence (AI) to support clinical training in a psychologically safe, repeatable environment, strengthening interns' communication skills and self-efficacy. This approach could also be applied to training physicians and nurses, helping improve the quality of palliative care.

Methods/intervention

Since 2024, we have developed simulated patient lesson plans addressing common learning challenges faced by counseling interns and conducted around 40 self-directed sessions on the Virti AI platform. All interns provided consent to participate, and their learning data were anonymized for educational purposes. Each 15-minute session simulated emotionally complex end-of-life conversations, automatically generating transcripts and focused feedback on communication skills. Interns later reviewed these outputs with a supervisor, using them as material for AI-assisted reflection within supervision.

Results

Preliminary findings indicated a steady improvement in interns' communication confidence, emotional resilience, and readiness for patient encounters. The AI-generated feedback helped them reflect more objectively and engage in richer supervisory discussions, which in turn made the supervision process more efficient. Overall, the platform offered a scalable, low-risk, and learner-centered approach that supports both patient safety and staff well-being.

Conclusions/lessons learned

Although virtual patients cannot yet capture the full emotional nuance of real clinical encounters, they provide a practical preparatory tool that helps reduce patient burden and ease supervisory demands. By late 2025, this approach will be adopted for communication training among physicians and nurses in palliative care teams.

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Small Steps, Big Changes: The “21+21 Day Healthy Living Bonus Challenge” for Weight Management Among Hospital Employees

LIN Yuen-Yuen

Background and objective

In Taiwan, about 36% of healthcare workers are overweight or obese, which can reduce work efficiency and raise chronic disease risk. Recognizing that employee health supports hospital sustainability, our team launched the “21+21 Day Healthy Living Bonus Challenge”. The challenge aims to encourage employees to achieve weight control through behavioral changes, online nutrition learning, and regular exercise.

Methods/intervention

Eligible participants were hospital employees aged ≥ 18 years with BMI ≥ 25 kg/m². Participants registered in teams of 2–4 for mutual motivation. Phase 1 (Days 1–21): Focused on healthy habits—drinking ≥ 1500 mL water daily, exercising ≥ 3 times/week, and completing nutrition E-learning. Phase 2 (Days 22–42): Focused on active weight management with higher exercise intensity and nutrition challenges. Participants uploaded photos/videos of each task to social media for verification by dietitians. Bonuses were awarded for tasks completion and reduction outcomes.

Results

27 employees joined (mean age 40 years; mean weight 86.5 kg; mean BMI 30.2 kg/m²). 23 completed Phase 1; 21 advanced to Phase 2. 20 participants (95%) achieved weight loss. Average weight reduction: -4.2 kg (range -1.2 to -20.4 kg, $p < 0.05$). The challenge proved that small, structured behavior changes can yield meaningful weight loss and improved health habits.

Conclusions/lessons learned

Success factors included clear goals, progress tracking, team support, friendly competition, and financial incentives. Sustaining behavior change remains challenging; future programs should offer continued health education and supportive workplace policies. Promoting staff wellness strengthens both individual health and hospital resilience.

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Mini session 1.6: SYMPOSIUM: Enhancing Organizational Health Literacy in Health Care – Insights from two European Initiatives

Enhancing Organizational Health Literacy in Health Care – Insights from two European Initiatives

**STRAßMAYR Christa, LEVIN-ZAMIR Diane,
BEVILACQUA Roberta, SCHÜTZE Denise,
FINBRÅTEN Hanne Sjøberg, WÅNGDAHL
Josefin**

In recent years, Organizational Health Literacy (OHL) has gained increased attention in Europe, acknowledged as fundamental in enhancing health outcomes and promoting equity in access to health services. In particular, the concept of OHL shifts attention merely from the individual to collective, structural change to support vulnerable populations.

The symposium will present insights from two European initiatives focused on OHL.

1. The Joint Action PreventNCD (non-communicable diseases) aims at supporting the implementation of internationally developed standards for OHL in health care organizations and providing evidence on how health care organizations can become more health literacy responsive. By focusing on enhancing OHL, health care organizations' responsiveness to the needs of patients with NCDs should be strengthened.
2. The World Health Organization Action Network on Measuring Population and Organizational Health Literacy (M-POHL) aims at initiating and facilitating OHL self-assessment in health care organizations by developing, testing, adapting, providing, and disseminating OHL self-assessment tools. In addition, it offers an international platform for exchanging experiences and enabling mutual learning on how to enhance OHL. Both initiatives intend to enhance the OHL responsiveness of health care organizations, enriching and complementing each other.

Key messages/expected impact

1. Insights from European initiatives on enhancing OHL can inform the future practice of healthcare organizations, policy and research.
2. Healthcare organizations can better respond to the health literacy needs of individuals by applying OHL tools/interventions to empower healthcare users, thus reducing social and health inequalities.

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**Experts' views on enhancing
Organizational Health Literacy:
results from six European countries**

BEVILACQUA Roberta

**Mapping of Organizational Health
Literacy policies, materials,
interventions, and networks**

SCHÜTZE Denise

**Feasibility of a two-step
Organizational Health Literacy self-
assessment process in hospitals**

FINBRÅTEN Hanne Sjøberg

**Translation and adaptation of a tool
for promoting Organizational Health
Literacy in primary care**

WÅNGDAHL Josefin

Mini session 1.7: SYMPOSIUM: Together for Social Connection Against Involuntary Loneliness, All Ages: From National Mapping – National Strategy to Regional and Local Action in Practice

Together for Social Connection
Against Involuntary Loneliness, All
Ages: From National Mapping –
National Strategy to Regional and
Local Action in Practice

**BUSCH Hillevi, UNNÉ Anna, SUNDBERG
Louise**

Loneliness can be voluntary and positive, or involuntary and negative. Involuntary loneliness is defined as the gap between desired and actual social relationships and may be social, emotional, or existential (Public Health Agency of Sweden, 2024). It is a public health issue affecting all ages, but is most prevalent among young people, young adults, and those over 75. In Region Skåne's Public Health Report (2023), 38% of individuals aged 16–29 and 37% of those aged 85+ reported isolation and loneliness. Around 10–15% of the elderly and 20% of the unemployed experience involuntary loneliness (Region Skåne, 2023; SCB, 2021). The Public Health Agency of Sweden has been commissioned by the government to map loneliness and develop a national strategy to intensify efforts to prevent and counteract it. The strategy "Together – for Good Social Connection Across the Population" aims to create equal opportunities for social relationships, foster belonging, and highlight practical steps showing how different actors can contribute. Municipalities and the non-profit sector can apply for funding, with follow-up by the National Board of Health and Welfare. Region Skåne leads the initiative Together for Social Connection Against Loneliness – All Ages, a network of 33 municipalities and actors from civil society, business, universities, folk high schools, culture, faith communities, and the region. The network has created new connections between municipalities, regional administrations, civil society, and education. Local networks have formed independently, and national knowledge is regularly shared. Evaluations show clear benefits through learning, exchanging practices, and building relationships. Strengths include its broad approach, open climate, and low barriers to participation, which foster positive effects when professionals closest to residents meet to share experiences and support each other. The presentation also covers how public health data is managed in Region Skåne and integrated into the network through interactive tools linking population well-being to social belonging. The seminar concludes with dialogue on participants' experiences in promoting belonging and reducing loneliness. At the session we will demonstrate how a national strategy can be

implemented locally and regionally. Through learning, co-creation, and sharing best practices, social connection is strengthened and involuntary loneliness reduced – work that is vital for public health, healthcare sustainability, and societal development.

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Mini session 1.8: SYMPOSIUM: Sweden's National Anti-Stigma Initiative on Mental Health: From Government Mandate to a Sustainable Movement

Sweden's National Anti-Stigma
Initiative on Mental Health: From
Government Mandate to a
Sustainable Movement

ALLASKOG Conny

This session will present Sweden's long-standing efforts to reduce stigma related to mental health. In 2009, patient, user, and family organizations in the mental health field were commissioned by the Swedish government to increase public knowledge about mental health and combat stigma. This mandate led to the launch of a nationwide anti-stigma campaign that continues today under the name Riksförbundet Hjärnkoll. We will share insights from the original government assignment, the development and impact of the campaign, and how it evolved into a national organization working across Sweden to promote understanding and reduce stigma. Hjärnkoll's approach is grounded in lived experience: more than 500 trained ambassadors with personal experience of mental health conditions deliver talks and share their stories to foster openness and inclusion. The presentation will also highlight our current focus areas, including targeted efforts to reduce stigma among both young people and older adults. By combining advocacy, education, and personal narratives, Hjärnkoll has created a sustainable model for stigma reduction that remains relevant 15 years after its inception.

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Mini session 2.1: Digital innovation for access and service delivery in healthcare

Digital health dialogues – opportunities and challenges for patients and health care professionals

NORDIN Nina, JOHANSSON Lisbeth, ENGLUND Jonas, LINGFORS Hans, BOXNER ÅSBRINK Ellen, KRACHLER Benno

Background and objective

The Swedish concept of “Targeted Health Dialogues” involves a systematic approach to identifying risk factors relevant to cardiovascular disease and diabetes in primary health care. This health-promoting method provides patients with increased knowledge about the impact of lifestyle habits, support for behavioral change and follow-up when needed. Health dialogues conducted in a digital format are increasingly common in primary care and can offer both opportunities and challenges that need further evaluation. The aim of this ongoing multicenter observational study is to explore participants’ and healthcare professionals’ experiences of digital health dialogues compared to health dialogues conducted through standard practice (physical visits).

Methods/intervention

The study includes participants from targeted health dialogues in two Swedish regions, recruited continuously and offered a choice of digital or physical format. Data collected in the study includes laboratory results and questionnaire data such as self-rated health, lifestyle habits and aspects regarding technical aspects. Health care professionals answer questions about technical aspects, communication methods, and the duration of the health dialogue. Data collection is expected to continue through 2026.

Results

A pilot study with healthcare professionals found that seventy percent were positive about conducting digital health dialogues. Highlighted benefits included reduced travel time and a more home-like setting for patients. Identified disadvantages included technical issues and difficulty interpreting body language. At the conference, preliminary results will be presented regarding healthcare professionals and participants’ experiences of the technical aspects of digital health dialogues, as well as the main reasons for choosing a digital format.

Conclusions/lessons learned

The study can highlight both advantages and disadvantages of digital health dialogues and provide insights into who chooses digital health dialogues. This could lead to more patient centered approaches to the implementation of health dialogues.

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Using a Business Intelligence Readmission Dashboard to Strengthen Quality, Patient Safety and System Resilience in an Acute Care Hospital

HSU Pei-Jung, HUANG Shu-Tzu, HUANG Hsiao-Fang, CHUANG Pao-Yu, JERNG Jih-Shuin, YU Hsi-Yu

Background and objective

Unplanned hospital readmission is a key indicator of care quality, patient safety and system efficiency. Previously, our acute care hospital relied on static retrospective reports with inconsistent definitions, limiting improvement efforts. This project aimed to develop and implement a Power BI-based readmission dashboard to: (1) standardize definitions for 14-day unplanned readmission, (2) enable real-time monitoring across units and patient groups, and (3) support multidisciplinary quality and patient safety work, with particular attention to vulnerable populations.

Methods/intervention

Data from hospital information, admission–discharge and billing systems were integrated into a Power BI model. Readmission was defined as an unplanned acute admission to the same hospital within 14 days, excluding planned procedures. The dashboard shows trends by time, department, ward, diagnosis group, age and time-to-readmission, with filters for discharge patterns and other factors. It was designed for transparency, interactivity, signal detection and equity, with stratification by age and other variables, and was co-designed with clinicians, nursing leaders, quality staff and case managers for use in regular quality meetings.

Results

The project shows how digital innovation can support health-promoting, equitable and resilient healthcare systems by improving care transitions, focusing on vulnerable groups and enabling data-informed partnerships, in line with the Ottawa Charter and the conference theme.

Conclusions/lessons learned

A BI-based readmission dashboard can transform routine data into actionable insights, fostering a learning culture that emphasizes system patterns rather than individual blame. Co-design with front line staff, transparent definitions and an equity-oriented design were critical for acceptance and use.

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Establishing an Outpatient Information System for a Newly Founded Hospital through Patient Flow

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Background and objective

Our hospital was newly established in April 2024, initially offering only outpatient services. As all patients are expected to be first-time visitors, collecting patient information is crucial for ensuring smooth consultation processes. Through innovative smart healthcare applications, we aim to effectively optimize patient flow, enhance the utilization of medical resources, and achieve integrated care outcomes.

Methods/intervention

To ensure a successful hospital opening, a cross-sector collaboration team was formed, consisting of industry, government, and academia. The team worked together to innovate and redesign workflows and information systems. We integrated pre-consultation procedures and in-consultation standardized assessment forms into the smart healthcare system, allowing patients to complete certain steps autonomously before their visit.

Results

After the project was implemented, the average consultation time was reduced from 20 minutes to 10 minutes, saving approximately NT\$720 thousand per month in manpower costs. Patient satisfaction during medical visits reached 95.8%, and the digitalization of forms reduced around 50 kilograms of carbon emissions. Additionally, to minimize waiting times, a Rehabilitation Bus Fast-Track System was introduced, achieving a turnover rate of 32.1%, which reduced social costs by nearly NT\$15.09 million.

Conclusions/lessons learned

From strategic planning and resource investment to interdepartmental collaboration, this project demonstrates a strong commitment to advancing smart healthcare transformation. The implementation of smart processes significantly shortened overall medical visit times, improved service efficiency and quality, and created a patient experience distinct from traditional models. Through cross-platform integration, data interoperability, and the implementation of AI-assisted diagnostic systems, we are expanding the smart healthcare ecosystem, fostering regional alliances, and jointly creating a sustainable smart medical environment for the community.

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i-Screen Community Smart Screening System and Digital Innovation: Taiwan–Saint Lucia Collaboration on Chronic Disease Risk Prediction and Health Governance

SU Che-Yi, YANG Yi-Chu, LIN Ting-Yu , WANG Ching-Yi, TSENG Ching-Ping

Background and objective

Noncommunicable diseases (NCDs) account for up to 82% of all deaths in Saint Lucia, yet the control rates remain far below the levels recommended by the WHO. A critical gap exists between screening and diagnosis among high-risk populations, where many cases are lost to follow-up. To address this challenge, A Taiwanese hospital have leveraged their clinical and information technology expertise to help Saint Lucian communities to implant the i-Screen Smart Screening System.

Methods/intervention

The i-Screen App system was designed with high flexibility and maintainability. It integrates open-source technologies and offline functionality to enhance usability in resource-limited settings. The system consists of three main modules:1. Health behavior data collection through questionnaires.2. Risk prediction and case interpretation for early identification and management. 3. Smart analytics and visualized feedback for decision support.

Results

Within 6 months of its 2024 launch, the i-Screen system has achieved over 2,700 registered users and facilitated 451 referrals. Tangible outcomes: 1. Implemented across 23 public health centers.2. Average user training scores improved by 20.6 points. 3. Estimated annual reduction of 400 labor hours and 80,000 sheets of paper. 4. 90% of users were satisfied with the visualized charts. Intangible outcomes: 1. Supported the implementation of local care guidelines, promoting standardized healthcare delivery. 2. Enhanced public awareness of health risks and self-management.

Conclusions/lessons learned

The i-Screen system has effectively bridged the gap between screening and diagnosis, improving the efficiency of referral and treatment. It has now been officially adopted by the Ministry of Health of Saint Lucia for nationwide implementation. The program will continue to provide regular reporting mechanisms and remote technical support.

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Mini session 2.2: Governance and partnerships for system-level health promotion

Can Governance Capacity Be Strengthened Across Municipal Public Hospitals? A Practitioner-Led Attempt in Seoul

AHN Sol, SEO Ran, JANG Won Mo, JUNG Hye Min, LEE Jaekyung, SONG Kyoung Jun

Background and objective

Seoul is a megacity with over 10 million residents and more than 25 million functional population, placing municipal public hospitals under heavy administrative and coordination pressures. Fragmented reporting demands, complex workflows, and workforce shortages limit their ability to deliver sustainable public health functions. SMG-SNU Boramae Medical Center, recognized for seven consecutive years as a top-performing institution in national public health planning, launched a practitioner-led initiative to examine whether governance capacity across B-group public hospitals could be strengthened through structured collaboration.

Methods/intervention

This project served as the first-phase pilot of a multi-year collaboration framework among 45 B-group hospitals. Boramae Medical Center developed an operational plan to support consistent reporting, peer learning, and practical problem-solving. Preparatory steps included a baseline survey on workload, evaluation criteria, and cooperation gaps, followed by confirmation of participating hospitals. An online practitioner roundtable was held to review reporting workflows, exchange institutional practices, and identify structural barriers requiring governance-level solutions.

Results

A total of 74 practitioners from 20 municipal public hospitals participated. Common barriers included insufficient staffing, unclear evaluation standards, limited interdepartmental collaboration, and fragmented reporting systems. The session clarified institutional differences, revealed shared constraints, and generated strong interest in continuing the collaborative process through subsequent meetings.

Conclusions/lessons learned

The roundtable showed that structured, practitioner-driven collaboration can reduce governance gaps among resource-limited public hospitals. Joint problem identification and peer learning supported realistic improvement strategies and highlighted the need for better central-local communication, standardized administrative support, and sustainable workforce and budget structure

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Strengthening Primary Healthcare Through Partnerships: Lessons from the MFMC Lipjan Demonstration Site in Kosovo Agim N. Krasniqi¹, Merita Shehu²

KRASNIQI Agim, SHEHU Merita

Background and objective

Background and Objective Resilient and sustainable healthcare systems depend on multisectoral collaboration and community participation. In Kosovo, the Main Family Medicine Center (MFMC) in Lipjan was designated as a Demonstration Site within the Accessible Quality Healthcare Project to pilot innovations in primary healthcare and serve as a model for other MFMCs nationwide. The objective was to evaluate partnership-based approaches that enhance service quality, foster community engagement, and embed health-promoting practices consistent with Health Promoting Hospitals (HPH) principles.

Methods/intervention

Methods / Intervention / Approach The initiative engaged municipal authorities, primary healthcare teams, civil society organizations, minority representatives, and national institutions. Interventions included:

- Capacity building through continuous training on noncommunicable disease management, counselling, infection prevention, and geriatric care.
- Clinical standardization via joint coaching and implementation of evidence-based guidelines.
- Innovative service models, including coordinated care for older adults with chronic conditions and home visits with social workers for vulnerable populations.
- Patient empowerment through a Health Resource Centre supporting education and self-management.
- Quality improvement systems such as clinical audits, facility zoning for patient flow, and infrastructure upgrades co-financed with the municipality.
- Community participation mechanisms, including a Patient Council, Community Score Cards, and cross-sector health promotion activities.

Results

Results / Outcomes / Observations The partnership-driven interventions yielded measurable improvements in continuity and quality of care, adherence to clinical standards, and patient satisfaction. Municipal ownership and community trust were strengthened, while peer learning visits facilitated replication of practices in other MFMCs across Kosovo. Lipjan thus emerged as a national reference site for primary healthcare innovation.

Conclusions/lessons learned

Conclusions / Lessons Learned Inclusive partnerships and strong local ownership are critical for embedding and sustaining innovations in primary healthcare. The Lipjan experience demonstrates scalable models that enhance resilience, equity, and health promotion.

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Assessing Health Promotion in Specialized Healthcare: Design and Outcomes of an Organization-Wide Survey

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Background and objective

HUS Helsinki University Hospital provides specialized healthcare in the Uusimaa region, serving about one third of Finland's population. With 27,000 staff and 700,000 annual patients, health promotion themes like customer experience, patient involvement and fall prevention are central to strategy and monitoring. However, HUS-level data on some themes was lacking. The aim was to develop a method to assess the implementation of evidence-based health promotion models, identify training needs, and encourage multidisciplinary discussion and self-assessment.

Methods/intervention

An electronic survey was created for HUS professionals, based on a salutogenic and HPH standards-aligned description of health promotion work. Specialist expertise ensured coverage of known and needed information. Tobacco and nicotine cessation were emphasized due to collaboration with Filha ry and Joint Action Prevent NCD project. Other topics included encounters, sleep, nutrition, physical activity, sexual health, substance use, oral health, medical social work, patient involvement, as well as nature-based, artistic, and cultural methods.

Results

The digital questionnaire had 60 questions across 15 topics and was sent to 125 units for multidisciplinary team responses. After preparatory communications, 62 units replied (nearly 50% response rate). The survey provided HUS-level and divisional data on health promotion implementation, including documentation and training needs, and supported tobacco and nicotine cessation development.

Conclusions/lessons learned

Inviting multidisciplinary teams was effective and encouraged professionals to discuss and conduct self-assessment. Sharing results fostered organizational discussion on evidence-based health promotion models. The survey was also conducted in HUS Occupational Health and attracted interest from wellbeing areas.

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Systemic Resilience in Action: The Pivotal Role of Primary Care in Sustaining Home-Based Medical Care During the COVID-19 Pandemic in Taiwan

LEE Jason Jiunshiou, HSU Shao Yu, LIN Ching-Po

Background and objective

Since 2016, Taiwan's National Health Insurance has reimbursed Home-Based Medical Care (HBMC) to support homebound patients. The COVID-19 pandemic severely strained hospital capacities, diverting resources to acute infection control measures. This study investigates the resilience of Taiwan's healthcare network, specifically evaluating how primary care clinics filled service gaps to maintain care continuity for vulnerable populations while hospitals were overburdened.

Methods/intervention

This retrospective study analyzed Taiwan's National Health Insurance data (2016–2023) to compare HBMC delivery before and during the pandemic. Patients were stratified by demographics, urbanization, and facility type (hospitals vs. clinics). Chi-square tests were employed to evaluate significant shifts in service distribution across healthcare tiers.

Results

The analysis included 80,399 home-based care patients. While patient demographics remained stable (mean age >80 years), a statistically significant structural shift in service provision was observed ($p < 0.001$). Before the pandemic, Medical Centers and Regional Hospitals accounted for 32.3% of HBMC services. During the pandemic, this proportion significantly declined to 29.7%. Crucially, primary care clinics compensated for this withdrawal, increasing their service share from 67.7% to 70.3%. Although the percentage shift appears modest, it represents a system-wide redistribution, confirming that community-based clinics successfully absorbed the caseload displaced by hospitals to sustain overall coverage.

Conclusions/lessons learned

The pandemic necessitated a strategic reallocation of medical resources, temporarily reducing hospital-based home care capacity. However, the system demonstrated remarkable resilience. Primary care clinics successfully served as a critical backstop, ensuring that vulnerable, immobile populations received uninterrupted care. The key lesson is that a robust primary care network acts as a fundamental stabilizing force, maintaining health equity during global crises.

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Enhancing Quality of Care and Community Health in an Island Municipal Hospital through Public–Private Partnership (PPP)

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Background and objective

This case study explores how a municipal island hospital enhanced healthcare quality and efficiency through a Public–Private Partnership (PPP) model. Although PPPs in healthcare offer potential benefits, they often face challenges such as complex governance, financial uncertainty, and limited trust. As Nuno J.P. suggested, PPP success depends on case-specific conditions that evolve to generate added value in healthcare delivery.

Methods/intervention

The case hospital, a small municipal facility on an offshore island, has been operated for 12 years under an outsourcing (OT) agreement with a university-affiliated medical center. The collaboration expanded specialty services, integrated long-term and early intervention care, and connected municipal, medical, and community resources to strengthen local networks. The city government supervises hospital operations and outcomes. This qualitative study used document analysis and interviews, applying the Six PPP Model Dimensions to identify key factors for successful implementation.

Results

The PPP improved service capacity, care quality, and sustainability. (i) Environment: Sufficient expertise, manpower, and equipment ensured stable operation. (ii) Potentiate Benefits: Strengthened trust, academic collaboration, and patient satisfaction. (iii) Constant Measure: Reduced municipal burden and enhanced access. (iv) Evaluation: Improved performance and public–private trust. (v) Management: Promoted communication and accountability. (vi) Enhance Strengths: Improved competence, equity, and local employment.

Conclusions/lessons learned

A well-structured PPP can enhance healthcare delivery and integration in remote areas by aligning hospital operations with community-based and long-term care. It improved health outcomes, optimized public expenditure, and built a sustainable, trust-based partnership.

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Mini session 2.3: Health promotion for diverse health needs

Promoting Social Prescribing in Taiwan: A Pilot Study on Dementia Care Integration at Elderly Day Care Centers

CHEN Hsiangyi, CHANG Wen-Ling, LI In-Fun, CHUO Hsiu-Chien

Background and objective

Taiwan is facing a demographic challenge, rapidly approaching or having entered a Super-Aged Society in 2025. This acceleration increases the pressure from a continuously rising dementia population, with a prevalence of approximately 8% among individuals aged 65 and over. To address this complex issue, Social Prescribing (SP) offers an innovative, non-clinical approach by connecting individuals to vital community resources.

Methods/intervention

The interventions included a diverse range of activities such as music therapy, painting/art creation, outdoor excursions/trips, and social activities involving younger students. A comprehensive assessment using pre- and post-intervention questionnaires and in-depth interviews was conducted. The goal was to understand the service recipients' physical and psychological perceptions and subjective well-being regarding their participation in these SP activities.

Results

The findings highlight the differential effectiveness of various SP activities:

1. Outdoor activities yielded the highest satisfaction levels, universally promoting physical and psychological pleasure and relaxation, and effectively reducing agitation among participants.
2. Music-based interventions demonstrated significant efficacy in soothing Sundown Syndrome symptoms in individuals with dementia, serving as an accessible option even for those with poor physical strength.
3. Intergenerational engagement with young students was the most highly anticipated activity, successfully motivating participants to initiate conversations and social interactions.

Conclusions/lessons learned

This pilot study confirms that a diverse array of non-clinical, community-based interventions, formalized through social prescribing, can significantly enhance the quality of life and manage challenging behaviors in older adults with dementia care in Taiwan. Future efforts should focus on standardizing these successful SP models and advocating for policy support to broaden the scope of community resources available to Taiwan's rapidly growing dementia population.

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Breaking Barriers to Physical Activity: The Safe Start Approach

SJÖSTRÖM Johan, ORWALLIUS Anna

Background and objective

Physical inactivity is a major public health challenge, undermining health, equity, and resilience. In the Västra Götaland Region Sweden, 35% of adults are insufficiently active, with low participation particularly among vulnerable groups. The objective of Safe Start (Trygg Start) is to promote equitable access to physical activity by supporting activity organizers in creating safe, inclusive, and sustainable environments for beginners.

Methods/intervention

The Center for Physical Activity (Centrum för Fysisk Aktivitet, CFFA) developed Safe Start—a method bridging healthcare, civil society, private and municipality sectors. The initiative includes:

- A user-friendly website with research-based tools and practical guidance.
- A self-certification process for organizers committed to inclusivity.
- A network for experience sharing and continuous improvement.
- Publicly available information on certified organizers to facilitate referrals from i.e. health care.

Results

By October 2025, 65 activity organizers had completed Safe Start certification. Healthcare professionals report that access to certified partners simplifies referrals and increases the use of physical activity as preventive and therapeutic care. Challenges include sustaining engagement and improving digital infrastructure.

Conclusions/lessons learned

Safe Start highlights the importance of collaboration, iterative development, and cross-sector partnerships to create equitable, accessible, and resilient systems for health promotion.

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Post-Pandemic Era Research on Promoting Community Prevention and Management of hypertension, hyperglycemia, and hyperlipidemia through Digital Health Interventions and Gamified Health Education

YANG Yi-Chu, WANG Ching-Yi, HSU Ya-Chi, LIU Chen-Jung , HUNG Hsi-Cheng, SU Che-Yi

Background and objective

Since 2007, our hospital has been conducting monthly community screening programs for the “three highs” — hypertension, hyperglycemia, and hyperlipidemia — in the Daan District of Taipei City. The COVID-19 pandemic in 2020 disrupted community people’s health behaviors. Data showed an increase in the prevalence of “three highs”. To address this issue, we developed an integrated model.

Methods/intervention

This study analyzed community screening data for the “three highs” from eight neighborhoods. After implementing four intervention measures (from 2020 onward), we compared data before the pandemic (2016–2019) and post-pandemic data (2022–2025). The intervention measures included:

1. Personalized feedback: Providing customized dietary and exercise recommendations.
2. Sequential health education: Organizing a series of health lectures.
3. Digital integration: Supplying Bluetooth-enabled e-devices and a cloud-based platform to support self-monitoring.
4. Gamified health education: Designing a tabletop game that strengthen healthy behaviors.

Results

Before and after the intervention:

1. Three neighborhoods showed increased participation and decreased abnormal rates.
2. Four neighborhoods maintained similar participation levels but improved abnormal rates.
3. Only one neighborhood experienced a decrease in participation and an increase in abnormal rates.

Overall, the annual average abnormal rate decreased from 5.4% during the pandemic to 3.0% in 2025, the total number of annual screening participants increased from 2,161 to 4,000. The study also found that higher levels of community participation associated with lower abnormal rates.

Conclusions/lessons learned

The results suggest interventions can effectively increase community participation in screening programs and reduce the abnormal rates.

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Physical activity, sedentary behaviour, and cardiorespiratory fitness in adult patients after Swedish physical activity on prescription interventions: a scoping review

BORGVALL Anna, LUNDQVIST Stefan, BERNHARDSSON Susanne

Background and objective

Physical inactivity is a global public health issue linked to increased morbidity and mortality. Physical Activity on Prescription (PAP) is a method used in Swedish healthcare to promote physical activity (PA) in different populations. The study aim was to map and summarise existing research on PA, sedentary behaviour (SED), and cardiorespiratory fitness (CRF) among insufficiently physically active adult patients who participated in Swedish PAP interventions.

Methods/intervention

This scoping review followed Arksey and O'Malley's framework. Systematic literature searches were conducted in the databases PubMed and Scopus in March 2025. The selection process involved screening titles and abstracts, followed by full-text analysis.

Results

Sixteen articles were included reporting findings from eight original studies and one systematic review. Study designs, outcome measures, and follow-up durations varied. Long-term follow-up and objective measurements were less common. The included systematic review showed significant between-group differences favouring PAP. Of four RCTs, three showed no significant advantage over control groups, while one showed significant short-term positive effect of PAP on PA, not sustained at one-year follow up. All articles demonstrated significant short-term, and five articles also significant long-term, within-group improvements in PA levels as well as long-term within-group improvements in SED and CRF.

Conclusions/lessons learned

The PAP method appears promising for promoting PA in adult patients within Swedish healthcare where the individualisation of both the consultation, the PA recommendation with a written prescription, and the follow-up seems to be key factors.

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Mini session 2.4: Health equity across the life course

Community Gardening and Nutrition Education to Enhance Older Adults' Self-Health Management within Sustainable and Resilient Health Systems

TSENG Yihsuan, YU Hsin-Ting, CHANG Keyu

Background and objective

Older adults often experience low physical activity, poor dietary quality, and increased psychological stress due to chronic conditions and social isolation. Community gardening combined with nutrition education offers a sustainable, equitable, and resilient health promotion strategy across the life course.

Methods/intervention

Over three years, 39 participants aged 65 to 86 attended 10 annual nutrition practice courses and 24 gardening activities. Building on their existing experience, participants cultivated various herbs and vegetables and used at least one homegrown crop in each meal-making session. Nutrition education emphasized a balanced diet and sustainable food choices. A collaborative model involving nutritionists, community centers, and volunteers developed 12 innovative dishes using local ingredients.

Results

Of the 20 participants with an attendance rate exceeding 66%, 100% showed no risk of malnutrition in the Mini Nutritional Assessment Short-Form (MNA-SF), and 95.0% achieved excellent annual results in the SARC-CalF. Conversely, 2 participants with an attendance rate below 25% exhibited malnutrition. Gardening and prepared meals increased people's engagement in healthy eating, improved mood and stress management, enhanced mobility and executive function, and strengthened community cohesion.

Conclusions/lessons learned

This community-based model demonstrates a sustainable and equitable approach that builds resilience in older adults and the healthcare system. By integrating gardening, nutrition education, communal meals, and collaborative partnerships, the program supports healthy aging, reduces frailty risk, and responds to future needs in sustainable care, mental health support, and resilient health systems.

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Building a New Model of Health Equity in Rural Areas: The Practice of Health Promotion and Resilient Healthcare in Yunlin, Taiwan

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Background and objective

Yunlin County faces significant challenges, including a super-aged population, high prevalence of chronic diseases, and a lack of medical resources. Additionally, children with developmental delays often miss the "golden period" for intervention due to low reporting rates and lack of resources. The objective is to enhance health equity for vulnerable groups from the elderly in remote areas to children requiring early intervention.

Methods/intervention

1. Mobile Medical Outreach in Underserved Areas: Multidisciplinary teams have established weekly clinics in "doctorless villages", providing primary care and chronic disease management. 2. Continuum of Care for the Elderly: integrating discharge planning with home-based medical care and hospice services. 3. Long-Term Care Network: Dementia Joint Care Centers and community services facilitating social participation and rehabilitation. 4. Early Intervention: "Joint Child Development Assessment Center" and "Child Development Centers" providing day-care, session-based therapies and family consultation.

Results

1. Reduced Health Disparities: We successfully maintained a continuous medical presence in medically underserved areas, serving 20 townships. 2. Enhanced Elderly Support: The deployment of community hubs and mobile hygiene services has significantly improved the quality of life and dignity of the bedridden elderly while empowering family caregivers. 3. Early Intervention Success for Disabled Children: Post-intervention survey shows 60% of children successfully transitioned to regular kindergartens/schools, while 40% entered special education schools. Parental feedback highlights significant improvements in children's language and functional abilities.

Conclusions/lessons learned

We demonstrated that a regional hospital can effectively bridge the gap in rural health equity through strategic integration of medical, social, and long-term care resources. By moving services "out of the hospital and into the community," we not only address immediate medical needs but also build a resilient system that supports vulnerable families through lifecycle challenges—from early childhood development to elderly palliative care.

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Building Safer Homes for Children: Experience from Pediatric Home-Visiting Program of Taipei City Hospital

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Background and objective

Unintentional injuries remain the leading cause of death among children in Taiwan, with most incidents occurring at home, particularly among those under five years of age. Evidence regarding the effectiveness of regular home visits in preventing childhood injuries remains limited. To strengthen early prevention, the Pediatric Department of Taipei City Hospital implemented a home-visiting program (2020–2023) for families with children under three years old. The program aimed to identify household hazards, provide practical safety guidance, and enhance parental caregiving awareness.

Methods/intervention

Infants and toddlers (aged 0–3 years) born in or receiving care at Taipei City Hospital were enrolled after informed consent. Each family received a structured home visit within six months of enrollment and a follow-up visit approximately one year later. Multidisciplinary teams—including pediatricians, nurses, and assistants—conducted health assessments, standardized home-safety checklists, and parent-child interaction evaluations. Environmental risk factors and unintentional injuries were recorded, and tailored safety recommendations were provided during each visit.

Results

A total of 1,199 children were enrolled; 789 families completed the first visit and 258 completed the second. Families with lower socioeconomic status were less likely to participate in follow-up visits. Significant improvements were observed between visits: unsafe practices such as placing fluffy items on beds and allowing children to wear necklaces decreased markedly ($p < 0.001$). The overall home-safety pass rate improved from 85.2% to 89.9% ($p < 0.001$), demonstrating a positive impact of home visits on reducing household injury hazards.

Conclusions/lessons learned

This pediatric-led home-visiting intervention effectively identified environmental risks and improved home safety through personalized assessment and education. Continuous parental engagement and periodic follow-up are essential, particularly for socioeconomically disadvantaged families.

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Association between Youth Violence and Subsequent Suicide Rate

CHENG Chih-Chien, CHIEN Wu-Chien

Background and objective

Youth violence is a serious and significant issue affecting all communities. According to statistics from the Ministry of Health and Welfare in 2021, suicide was the second leading cause of death among adolescents (10-24 years old), and homicide ranked the fourth. Although previous studies have pointed out that the risk of suicide in the future of those who had suffered from violence was higher than that of the general population, seldom the researches focused on adolescent groups (young age group). This aim of the study was exploring the risk of suicide after youth violence and the impact of subsequent comorbid mental illness and suicide risk.

Methods/intervention

We conducted a retrospective cohort analysis between 2002-2017 using the National Health Insurance database. A total of 8,463 cases aged 10-18 who had experienced violence using the National Health Insurance database. Controlled group (case number: 33,852) was conducted by 1:4 matching based on gender, age and time of medical treatment, and a control group who had no experienced violence was selected for comparison. We used the Cox proportional hazards model to analyze the risk of suicide among adolescents after exposure to violence. The threshold for statistical significance was set at 5%. Adjusted ORs (AORs) with 95% CIs indicate the strength and direction of the association. All data management and analyses were performed using SAS 9.4 software (SAS Institute, Cary, NC, USA).

Results

The suicide rate of adolescents who have experienced violence was significantly higher than that of the control group (1.0% vs. 0.5%) after 14 years of observation. The prevalence of mental illness/disorder among youth violence is significantly higher than the control group (45.2% vs. 40.1%). Among adolescences who had experienced violence, the suicide methods (ways to commit suicide) include poison intake: solid and liquid (53.6% vs. 43.2%), hanging (1.2% vs. 0.6%), guns (2.4% vs. 0%), and cutting tools (weapons). (27.4% vs. 22.8%) All above were all higher than the control group. After adjusting and controlling gender, age, area of residence and mental-related comorbidities, the risk of suicide for those who have experienced violence is 1.475 times that of the control group (95%CI=1.125-1.933; P=0.005). Besides, female gender, younger age, comorbid depression, and drug abuse were risk factors for future suicide among youth violence victims.

Conclusions/lessons learned

In this study, adolescents who have experienced violence had a significantly higher risk of suicide in the future than the control group. Those who had experienced youth violence may lead to emotional disorders, including depression and social isolation which led to increasing suicide rate/risk subsequently. The government should pay attention to the mental state of youth violence victims and provide psychological support to reduce the occurrence of suicide.

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Implementation of Adolescent-Friendly Policies and Healthcare Staff Training in a Teaching Hospital: Enhancing Youth-Centered Health Promotion and Quality.

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Background and objective

Adolescents often face invisible barriers in accessing health services due to stigma, lack of privacy, and insufficient healthcare provider training. To address these issues, Taipei City Hospital has launched a hospital-based adolescent-friendly policy since 2022, embedding youth-centered service indicators and systematic healthcare staff training into governance. The program aimed to improve accessibility, inpatient satisfaction, and participation in decision-making for adolescents.

Methods/intervention

Performance indicators of these policies included completion of healthcare staff training, growth of adolescent service utilization, satisfaction survey outcomes and outreach participation. Structured training programs equipped staff with communication skills, confidentiality awareness, and shared decision-making (SDM) practices, such as obesity care and teen pregnancy management. From 2023–2024, inpatient satisfaction surveys, psychosocial assessments, and lifestyle screenings were collected from 24 hospitalized adolescents.

Results

Healthcare staff training achieved a high completion rate, enhancing empathetic and respectful care. Inpatient surveys showed 90% overall satisfaction, 83% involvement in healthcare decisions, and 90% willingness to recommend certified facilities. Psychosocial assessments highlighted concerns as follows: 41.7% sleep difficulties, 25% depressed mood, and 16.7% suicidal attempt. Risk behaviors included 4% tobacco/alcohol use and 50% excessive internet addiction. Despite these issues, adolescents reported improved trust and openness with trained staff. The adolescent-friendly healthcare committee also held annual meetings to address these challenges.

Conclusions/lessons learned

Integrating adolescent-friendly policies and healthcare staff training into hospital operations proved feasible and effective. Linking indicators to quality monitoring and prioritizing healthcare provider training enhanced adolescent trust, satisfaction, and participation in health decisions.

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Applying Social Network Theory to Develop a Sustainability-Oriented Response Mechanism for Wandering Among Older Adults with Dementia in Community-Based Long-Term Care Facilities

HSIEH Ellie Wen-Chien, HUANG Yu-Tzu, CHEN Wei-Chu

Background and objective

Taiwan's aging population has raised dementia prevalence (~260,000 cases), with >70% of residents in community-based long-term care (LTC) facilities having dementia. The open design makes wandering a critical safety issue. Using Haythornthwaite's social network theory, this study explores roles of families, LTC staff, schools, and businesses to develop a coordinated, community-integrated wandering prevention and response mechanism for safer, sustainable care.

Methods/intervention

A Delphi study was conducted with 40 participants (10 LTC staff, 20 family caregivers, 10 school/business representatives). Guided by social network theory, actors, ties, and resources were analyzed via a questionnaire covering (1) care/wandering experience, (2) disease knowledge, (3) environmental awareness, and (4) resource awareness to design an integrated response mechanism.

Results

1. Network role strength: LTC staff scored highest in prevention (4.7) and response (4.65); businesses lowest in prevention (2.45), families lowest in response (2.3), revealing weak cross-sector ties.
2. Awareness gaps: (1)Care/wandering experience: LTC staff & families 80%, others 20% (2)Disease knowledge: LTC staff 75%, others 25% (3)Environmental awareness: LTC staff 65%, others 35% (4)Resource awareness: LTC staff 85%, others 15% Non-LTC actors showed low awareness and involvement.

Conclusions/lessons learned

1. Create a standardized wandering emergency response protocol.
2. Develop and share concise "Four Key Steps for Wandering Response"
3. Conduct annual drills with community partners to strengthen preparedness and collaboration. These measures can enhance safety, improve coordination, and support sustainable LTC operations.

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Mini session 2.5: Salutogenic, safe and healthy workplaces and care settings II

The Sustained Efficacy of a Health Promotion Program on the Physical Fitness of Staff Nurses in a Medical Center of Taiwan

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Background and objective

Nurses are the cornerstone of the healthcare system, and their physical fitness is vital for both high-quality patient care and personal well-being. To proactively invest in staff health, our hospital, a medical center in Taiwan, implemented the "MacKay Go" health promotion program, emphasizing group exercise. This study evaluates the program's impact on the physical fitness of nursing staff between 2024 and 2025 to verify its long-term effectiveness.

Methods/intervention

A cohort study compared the physical fitness of nursing staff in 2024 (n=288) and 2025 (n=229). Assessments included cardiovascular endurance (3-minute step test), flexibility (sit-and-reach test), and muscular endurance (1.5-minutes sit-up test). All results were scored on a standardized 5-point scale (excellent to poor).

Results

Participants were predominantly female (96.9% in 2024; 97.8% in 2025) with mean ages of 47.6 and 48.5 years, respectively. The proportion rated "excellent" for cardiovascular endurance saw a slight decline (35.1% to 33.6%). However, significant improvements were observed in flexibility (excellent ratings: 19.6% to 24.5%) and muscular endurance (excellent ratings: 34.1% to 44.5%). These gains may be attributed to program components tailored to encourage stretching and reduce sedentary time among nursing staff.

Conclusions/lessons learned

The "MacKay Go" program effectively maintained and improved specific components of physical fitness, demonstrating notable success in enhancing flexibility and muscular endurance. Cardiovascular endurance has been identified as a key target for future program optimization to more comprehensively promote nurse health.

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Smoking Cessation Activities for the Health of the Community, Patients, and Staff in a Public Community Hospital

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Background and objective

Smoking remains a major preventable risk factor for chronic diseases and health inequities. As a public community hospital, our institution carries a responsibility to promote healthy behaviors among patients, staff, and the local population. Despite ongoing efforts, establishing a consistent smoke-free culture in healthcare settings remains a challenge. This project aimed to strengthen a smoke-free environment, raise awareness of smoking risks, and support smoking cessation across the hospital and the community.

Methods/intervention

The hospital implemented a multi-component smoking cessation program from 2023 to 2025, aligned with HPH principles. Smoking Cessation Campaigns: Annual campaigns were conducted on World No Tobacco Day, including exhibition displays, staff volunteer cigarette butt clean-up activities, community campaigns in collaboration with local public health centers, and on-site smoking cessation counseling. Counseling and Staff Support: A designated smoking cessation counselor provided individualized counseling for staff and patients. A reward program was offered for employees who successfully quit smoking.

Results

Over the three-year period, the hospital carried out continuous smoking cessation activities. The amount of cigarette butts collected decreased steadily (4.3 kg → 1.72 kg → 1.2 kg from 2023 to 2025). Participation in campaigns, counseling, and smoking-related guidance was maintained annually. The number of staff members who successfully quit smoking and received recognition increased consistently (2 in 2023, 4 in 2024, 8 in 2025), demonstrating a gradual improvement in the hospital's smoke-free culture.

Conclusions/lessons learned

The program contributed to a more health-promoting hospital environment and strengthened awareness and engagement regarding smoking cessation among staff, patients, and the community. Sustained multi-year efforts and collaboration with community partners proved effective in promoting healthier behavior and reducing environmental tobacco waste.

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Establishing a Supportive In-Hospital Environment: Enhancing Health Promotion Practices via a Six-Month "Staff Empowerment Exercise Program"

HUANG Yu Chen

Background and objective

As an Age-Friendly Hospital, we face low staff exercise participation due to workload, seasonal factors, and lack of peer support. This project aimed to create an accessible, supportive in-hospital environment to increase exercise motivation, foster regular habits, and enhance staff health promotion capabilities.

Methods/intervention

A 6-month program offered 2 educational courses (health guidelines, mental health) and 30 serial exercise classes (indoor/outdoor). Key interventions included a "Point-Based Reward System" (10 classes for a voucher) to boost motivation, and an "Online Exercise Group" for reminders and peer support.

Results

As of Sept 22, 2025, the medical staff training rate (35.5%; 157/442) exceeded the 35% target. 176 staff attended educational courses, and 42 joined exercise classes. The 15 members completing pre/post-tests showed significant fitness improvement (reduced stair-climbing time). The point system and online group proved effective for motivation and peer support. Outdoor classes (evening) had low attendance, citing heat and time.

Conclusions/lessons learned

Conclusion: The multi-faceted intervention (rewards, serial classes, online community) successfully met training targets, enhanced motivation, and demonstrably improved staff physical fitness. Lessons Learned: We found outdoor evening classes ineffective. We immediately adapted by moving remaining classes to preferred lunchtime slots with stretching/relaxation content. Future plans include inviting leadership for a role-model effect and adding dedicated outdoor rewards.

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Lung cancer screening with LDCT and smoking cessation

CHEN Chih-Dao

Background and objective

Since 2022, Taiwan has been promoting free low-dose computed tomography (LDCT) biannually for heavy smoker accepted

smoking cessation. This study attempts to analyze whether promoting LDCT lung cancer screening increases the success rate of smoking cessation.

Methods/intervention

Data were drawn from a sample of 4155 smokers who accepted smoking cessation service with supportive drugs and counselling. 276 smokers received smoking cessation service before and 3879 after the free LDCT lung cancer screening policy. Demographic, health- and smoking-related variables were assessed at baseline. One-way ANOVA and Chi-squared Test analysis to identify the impact factors for the new policy efficacy. Uni-variate and multivariate regression analyses were conducted to identify baseline and process variables to predict smoking cessation rate.

Results

Age ($P=0.001$), height ($P=0.03$), weight, ($P<0.001$), Fagerström Test for Nicotine Dependence ($P<0.001$), Heated Tobacco Products (HTP) ($P=0.001$), Fagerström Test for Nicotine Dependence ($P=0.001$), pack-year ($P<0.001$) and smoking abstinence rate ($P=0.02$) were significant for attending smoking cessation before and after the policy.

Conclusions/lessons learned

The efficiency for the new policy encourage more smoker to accept smoking cessation care including elder, heavy smoker and Heated Tobacco Products (HTP). The policy also attract lower Fagerström Test for Nicotine Dependence and Fagerström Test for Nicotine Dependence. The new policy not only achieves a higher success rate in quitting smoking but also allows people with low smoking addiction and low daily smoking to quit smoking early.

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Enhancing Community Health Promotion Through a Cross-Team Referral Model for Older Adults

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Background and objective

To strengthen health promotion and continuity of care for older adults, a tertiary medical center collaborated with community organizations and volunteers to establish 85 community health stations across six districts. Since 2023, a cross-team referral model integrating outpatient, inpatient, and emergency departments has been implemented to connect older adults (≥ 65 years) with local health promotion resources.

Methods/intervention

Older adults with a Clinical Frailty Scale (CFS) score of less than 5 were referred through QR-code registration or automated alerts

within the hospital information system. Community nurses conducted follow-up phone calls and arranged in-person consultations at nearby health stations. During community events, nurses also provided proactive health promotion referrals to encourage participation.

Results

By May 2025, 138 older adults had been referred, and 129 received follow-up services. Among them, 69 (50%) expressed willingness to participate, and 21 (30%) completed visits to the community health stations. Fourteen- and thirty-day readmission rates were both 0%. Participants demonstrated improvements in BMI (46.5%), blood pressure (53.6%), and waist circumference (42.3%). Overall satisfaction increased from 96.1% to 97%. However, overall utilization remained suboptimal, with hospital referrals accounting for 32% and community event referrals for 23%.

Conclusions/lessons learned

Cross-team collaboration effectively bridges hospital and community settings, enhancing access to preventive and health-promotion services for older adults. Strengthening pre-discharge counseling, expanding multimedia health education, and increasing awareness of community resources may further improve engagement and sustainability in community-based health promotion initiatives.

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Improving Tungs' Taichung MetroHarbor Hospital employee health and creating a high-quality work environment through holistic international-trend-aligned healthy workplace practices

YANG Yu-Chen

Background and objective

Rapid globalization and technological change have reshaped healthcare work, exposing staff to new physical and psychosocial risks. Guided by the WHO Healthy Workplace Framework and Model (2010), this hospital implemented a Holistic Healthy Workplace integrating four domains—physical and psychosocial environments, personal health resources, and enterprise community involvement—within a continuous “Mobilize—Assess—Plan—Do—Evaluate—Improve” cycle.

Methods/intervention

A five-dimensional intervention was applied: Personal Health Resources—annual health checks, risk surveys, case management for overwork, and lifestyle programs; Psychosocial Environment—confidential reporting for violence/bullying, counseling, and maternity protection; Physical Environment—

risk mapping, ergonomic redesign, and dormitory transformation into wellness hubs; Community Involvement—executive zero-tolerance declaration, cross-level committees, and recognition incentives; Policy Integration—alignment with Taiwan’s national HPH strategy and interdepartmental action plans.

Results

Annual health exam completion >95% Overwork monitoring identified 28 (2022), 33 (2023), 59 (2024) employees, all managed with burnout assessment. Exercise and chronic disease program participation reached 80%, satisfaction~100%. Violence reports (12–14/yr) resolved via multidisciplinary care; maternity risk assessment 100% completed. Musculoskeletal cases declined 83→70, facility use rose 7,425→8,265. Weight management competitions reduced >1,000 kg cumulatively, satisfaction 96.5%, with social media engagement.

Conclusions/lessons learned

Sustainable workplace health promotion goes beyond isolated campaigns, requiring integration of policy, environment, empowerment, and participation. Embedding evidence-based interventions into management strengthened leadership, culture, and employee resilience, fostering a safe, supportive workplace that protects well-being and healthcare quality.

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Integrating Manual Therapy into Health Promoting Hospitals: Evidence from TMD Management

HSIEH Yi-Chen

Background and objective

Temporomandibular disorders (TMD) involve musculoskeletal dysfunction of the jaw and neck, often caused by myofascial trigger points. Manual therapy—such as soft tissue mobilization, stretching, compression, and massage—can relieve pain and restore function. This study synthesizes 1A-level evidence from two reviews comparing manual therapy, dry needling, and multimodal approaches to identify effective techniques and target muscles, aligning with HPH principles of safe, patient-centered care.

Methods/intervention

Two recent reviews on TMD found that manual therapy and dry needling produced similar short-term benefits in pain reduction and mouth opening. Manual therapy techniques—soft tissue and joint mobilization, stretching (≥30 s), manual compression (20–60 s), massage (5–10 min), and myofascial release (60–90 s)—effectively reduced tenderness, deactivated MTrPs, and improved mobility. Combining manual therapy with exercise and education achieved superior outcomes, though methodological differences among studies limited consensus on optimal parameters despite strong 1A evidence.

Results

Manual therapy is an effective conservative treatment for TMD, providing short-term pain relief and functional improvement. Targeting the masseter, temporalis, and cervical muscles with massage, compression, stretching, and myofascial release is most effective. Standardized protocols and long-term evaluations are needed.

Conclusions/lessons learned

Integrating manual therapy for TMD supports HPH principles of patient-centered, non-invasive, and evidence-based care. With 1A-level evidence confirming safety and short-term efficacy, it serves as a reliable alternative to drugs or surgery.

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Mini session 2.6: Quality, safety and supportive care in clinical practice

Developing a Patient-Centered Communication Model for Psychological Care in Lung Cancer Patients During Treatment: A Clinical Improvement Project

CHUANG Kuan-Chi, CHANG Shu-Fang, TSAI Jung-Mei

Background and objective

Lung cancer patients frequently experience significant psychological distress (prevalence: 45–85%), yet fewer than 50% receive adequate support. Clinical gaps at a large medical center included an outdated Distress Thermometer (DT) cutoff score (≥5 vs. the recommended ≥4), inconsistent nursing assessments, and fragmented team communication. This project developed a Patient-Centered Communication (PCC) model to address these gaps.

Methods/intervention

This quality improvement project involved a literature review, clinical observations, and interviews with patients and a multidisciplinary team (nurses, case managers, psychologists) over three months. Data analysis informed the development of a structured PCC model, with feasibility validated through team discussions.

Results

The analysis confirmed the current DT threshold missed patients with moderate distress. A six-strategy PCC model was developed:

1. Fostering Relationships via "Daily Emotional Check-ins";
 2. Exchanging Information using enhanced DT visual aids;
 3. Responding to Emotions by empowering nurses to initiate referrals;
 4. Managing Uncertainty with "Psychological Distress and Coping Guide" cards;
 5. Making Decisions by facilitating patient participation;
 6. Enabling Self-Management through breathing exercises.
- This model strengthens the nurses' frontline role and interdisciplinary collaboration.

Conclusions/lessons learned

An evidence-based PCC model was successfully developed to address unmet psychological needs. The model secured strong clinical support and formalized the updated DT cutoff (≥ 4). Implementation can significantly enhance holistic, patient-centered care.

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Implementation and Impact of a Pediatric Early Warning System (PEWS) to Enhance Safety of Hospitalized Children

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Background and objective

Clinical deterioration in hospitalized children can occur rapidly and is often difficult to detect early. Delayed recognition increases the risk of adverse events. To strengthen pediatric patient safety and improve early identification of deterioration, our hospital implemented a Pediatric Early Warning System (PEWS) integrated into the electronic medical record (EMR). This project aimed to establish a standardized, automated monitoring mechanism and evaluate its impact on clinical outcomes and team response.

Methods/intervention

PEWS was applied to all inpatients under 18 years in general pediatric wards. The scoring system was adapted from the 2017 Irish PEWS model and included nine physiological and clinical parameters with age-specific criteria. The EMR (Electronic Medical Record) automatically retrieved vital signs, calculated scores, and displayed color-coded risk levels (green 0–4, orange 5–6, red ≥ 7). Any parameter scoring 3 triggered an alert. Scores and 48-hour trends were shown on patient lists, electronic whiteboards, and handover systems. The system was linked with

an existing pediatric clinical alert mechanism to support real-time response.

Results

Following implementation in 2022, PEWS enabled automated risk stratification and visualized trends to support early detection. Statistical Process Control analysis showed improvement in key outcomes: Unplanned Pediatric Intensive Care Unit readmission within 48 hours decreased from 0.003 to 0.001, ward code events decreased to zero, and staff satisfaction reached 96%. The system enhanced situational awareness and timely clinical intervention.

Conclusions/lessons learned

Integrating PEWS into routine care improved early recognition of deterioration, strengthened team communication, and supported rapid response. Automated alerts, standardized workflows, and visualized trends contributed to better decision-making and enhanced pediatric inpatient safety.

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Developing a Structured and Scalable Hospital–Community ACP Model for People with Mental Illness in Taipei

CHU Chih-Pang, LIAO Wei-Chun, CHIU Chih-Chiang, HUANG Ming-Chyi

Background and objective

Internationally, tailored Advance Care Planning (ACP) models for people with severe mental illness (SMI) remain scarce, despite their vulnerability and unique decision-making needs. To address this structural service gap, Taipei City Hospital Songde Branch established a comprehensive hospital–community ACP model to promote autonomy, accessibility, and continuity of care for psychiatric populations.

Methods/intervention

A fully certified, multi-disciplinary ACP team was formed—psychiatrists, nurses, social workers, and psychologists—expanding to 83 trained members in 2024, including 20 core ACP instructors. A single-window coordination system led by psychiatric social workers ensured clear communication and workflow management. A four-step structured ACP pathway (education → pre-ACP → consultation and signing → national registration) was implemented to standardize service quality. A replicable hospital–community collaboration network was built, integrating 38 psychiatric rehabilitation homes, day-care centers, and long-term care institutions. Formalized mobile-based communication platforms joint case preparation, and on-site consultations enabled real-time coordination and consistent service delivery.

Results

The structured model significantly improved interprofessional coordination and streamlined ACP implementation across diverse community settings. Community partners reported clear role division, more efficient preparation, and enhanced ability to support residents with SMI through the ACP process.

Conclusions/lessons learned

This project demonstrates that a standardized workflow, interdisciplinary certification, and a single-window communication system are critical to scaling ACP services for SMI populations. The model's structural clarity supports future replication in other psychiatric and community settings.

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Bridging Clinical Skills and Emotional Readiness: A Moulage-Based Disaster Preparedness Workshop for Hospital Staff and Volunteers

HSU Shao Yu, LIN Ching-Po, LEE Jason Jiunshiou, CHIU Ting-Fang

Background and objective

Taiwan faces frequent natural disasters and rising geopolitical instability across the Taiwan Strait. While the government has issued a Civil Defense Handbook to enhance preparedness, hospitals must ensure their staff and volunteers are clinically and psychologically ready. Traditional didactic lectures often fail to replicate the visceral reality of trauma scenarios. To address this, we developed a series of realistic wound simulation workshops using "Moulage" (special effects makeup).

Methods/intervention

We organized interprofessional workshops for hospital employees (physicians, nurses, administrators) and volunteers, with over 30 participants per session. The training followed a three-step structured approach: 1. Briefing: A wound care nurse reviewed common disaster injuries, including trauma, blast injuries, and burns. 2. Hands-on Simulation: Guided by a professional special effects artist, participants applied realistic moulage to themselves or partners, experiencing the visual impact of severe injuries in a controlled setting. 3. Management: While "injured," participants practiced specific dressing and care techniques relevant to their simulated wounds.

Results

Participant satisfaction was consistently high. Qualitative feedback highlighted three key benefits:

1. Desensitization: Realistic simulation reduced fear of bloody wounds and disaster scenes.

2. Engagement: The interactive, arts-based approach significantly increased engagement compared to standard training.
3. Empathy: Simulating injuries on their own bodies fostered deeper empathy for patients' physical discomfort.

Conclusions/lessons learned

Moulage is a cost-effective, practical method for disaster education that transforms abstract civil defense concepts into tangible clinical skills. By integrating arts into disaster preparedness, this initiative advances HPH's mission of organizational resilience and staff well-being, offering an immersive model for effective risk management.

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Enrollment of end-stage dialysis patients in the hospice palliative care program and its effects in reducing acute medical utilization

CHEN Chia Yu

Background and objective

End-stage dialysis patients worldwide experience high symptom burden and frequent emergency care use, contributing to avoidable costs and distress. Taiwan implemented non-cancer palliative care policies in 2009, yet evidence on their impact for dialysis patients remains limited. This study examined whether enrollment in hospice palliative care before death reduces acute medical utilization and healthcare costs among long-term dialysis patients.

Methods/intervention

A retrospective cohort study using Taiwan's National Health Insurance Research Database (2010–2018) was conducted. Patients receiving long-term dialysis with a severe illness certificate prior to death were included. Propensity score matching (1:3) addressed selection bias. Conditional logistic regression assessed associations between palliative enrollment at varying intervals before death and emergency visits, CPR, intubation, and ICU use. Wilcoxon tests and generalized estimating equations evaluated differences in healthcare costs and hospital stay. Place of death was analyzed using McNemar's test.

Results

Of all dialysis decedents, 7,846 (9.5%) enrolled in hospice palliative care, with utilization increasing annually. Compared with matched controls, enrollees had markedly lower acute medical use within three days before death: emergency visits (OR=0.20), CPR (OR=0.17), intubation (OR=0.17), and ICU admission (OR=0.47). Total medical costs decreased (Ratio=0.75), though hospital stay increased. Home-based

palliative care substantially improved the likelihood of dying at home (OR=2.23).

Conclusions/lessons learned

Hospice palliative care for end-stage dialysis patients reduces aggressive and costly end-of-life interventions while supporting more appropriate, person-centered care pathways. Despite longer hospitalization, overall expenditures decline. Findings underscore the importance of expanding timely palliative access as a strategy to enhance sustainability and care quality for patients with complex chronic needs.

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Evaluation of Pharmacists' Interventions on Empirical Antibiotic Use in a Hospital-at-Home (HaH) Acute Care Program

TAI Chih I

Background and objective

Taiwan introduced its Hospital-at-Home (HaH) program in 2024 to deliver hospital-level care to patients at home or in long-term care facilities. Intravenous antibiotics are used for pneumonia, urinary tract infections (UTI), and skin and soft tissue infections (SSTI), guided by national recommendations. Pharmacists support therapy assessment, dosing optimization, treatment-duration adjustment, and safety monitoring. This study evaluates one year of HaH antimicrobial use to identify opportunities to enhance pharmacist-led stewardship.

Methods/intervention

A retrospective review was conducted at a regional hospital in Taipei, including all HaH patients from July 1, 2024, to June 30, 2025. Data included demographics, infection types, empirical antibiotic selection, treatment duration, guideline adherence, and isolated pathogens.

Results

Thirty-nine HaH episodes were analyzed. The mean age was 80.2 years; 79.5% were long-term care residents. Diagnoses included UTI (53.8%), pneumonia (35.9%), and SSTI (10.3%). Mean treatment duration was 7.54 days; 12.8% required hospital readmission. Common pathogens were *Escherichia coli* (28.3%) and *Pseudomonas aeruginosa* (15.2%). Frequently used antibiotics were ertapenem (30.8%), levofloxacin (23.1%), and amikacin (20.5%). Inappropriate empirical use occurred in 28.2%, mainly due to incorrect amikacin dosing and selection of non-recommended agents.

Conclusions/lessons learned

Older HaH patients often exhibit renal decline and altered pharmacokinetics, highlighting the need for individualized dosing. Aminoglycoside dosing errors and discordance with local

microbiology underscore the importance of pharmacist-led interventions. Strengthening stewardship is essential to improve safety and treatment accuracy.

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Empowerment Through Precise Nutrition: From Professional Trust to Standardized Procedures— Establishment and Practice of a Cross-Disciplinary Care Model for CRS-ERAS at a Hospital in Eastern Taiwan

LEE Yu Chen

Background and objective

Enhanced Recovery After Surgery (ERAS) is an integrated, multimodal approach aiming to minimize complications and accelerate recovery. However, barriers such as inter-team communication and patient compliance often hinder successful ERAS implementation. This study aimed to overcome these challenges by leveraging precise nutritional optimization to enhance team collaboration, build professional trust, and establish a standardized operating procedure (SOP) for Colorectal surgery (CRS)-ERAS nutritional care.

Methods/intervention

This pilot study was conducted at a hospital in Eastern Taiwan. The methodology focused on structured nutritional intervention and team integration: 1. SOP Development: Based on ERAS guidelines, dietitians designed evidence-based pre- and post-operative menus with immune nutrition supplements (oral nutrition supplements, ONS). The team collaboratively established an SOP for nutritional care. • Preoperative meals: Low-residue diet (fiber < 4 g/day), clear liquid meals (protein 36.4 g/day), and carbohydrate preload (50 g complex carbs) • Postoperative meals: ONS + chicken essence (protein 5 g/day, arginine 7.6 g/day, fish oil 2.27 g/day) 2. Implementation: * Outpatient: Nutritional screening (Mini Nutritional Assessment, MNA), education for at-risk patients. * Inpatient: A mobile software platform was utilized by team members (dietitian, case manager, physicians) to share and monitor the patient's dietary progress and tolerance.

Results

All patients enrolled in the program completed the protocol. All achieved reduced fasting time, early oral intake, and smooth discharge. Satisfaction rates were high across all indicators.

Conclusions/lessons learned

Our project demonstrates that precise nutritional provision, quantified by the SOP and monitored in real-time, was instrumental in winning the trust of the core medical team and

establishing a truly functional cross-disciplinary cooperation model. This nutrition-driven approach effectively overcame implementation barriers and confirmed the feasibility and efficacy of this standardized, trust-building model in a hospital setting.

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Mini session 2.7: WORKSHOP: Workshop of the HPH Task Force on Culture and Health

Introduction to the Task Force Health & Culture

VIOLA Giuseppina Viola

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HPH Standard 5, Third-Sector Organizations, and Cultural Prescriptions for Health

FORNERO Giulio, COSOLA Alda

Background and objective

HPH Standard 5 (Health Promoting Hospitals & Health Services) requires healthcare organizations to take responsibility for promoting health within the local community and the population they serve. It focuses on intersectoral collaboration and the development of effective partnerships with actors outside the healthcare system. Within this framework, third-sector organizations—associations, social cooperatives, foundations, and volunteer entities—play a strategic role in promoting health in a widespread and culturally sensitive manner, particularly in communities that are vulnerable or characterized by significant cultural diversity.

Methods/intervention

Integrating healthcare services with third-sector organizations enables the development of research on health-related prescriptions, that is, interventions and pathways that complement traditional clinical care by considering the social, symbolic, identity-related, linguistic, and value-based dimensions of individuals, while leveraging the resources available within the local territory.

Results

This approach recognizes that well-being depends not only on medical treatments but also on the individual's ability to feel understood, respected, and fully integrated within their community, through:

- Co-designed health programs with cultural and community organizations
- Intercultural mediation and linguistic support
- Empowerment initiatives and health literacy programs tailored to different social groups
- Care pathways that incorporate meaningful cultural practices (art, music, rituals, storytelling, community activities)
- Social prescribing

Conclusions/lessons learned

In summary, collaboration between HPH Network and the third sector broadens the concept of care by integrating clinical prescriptions with cultural and social prescriptions capable of improving quality of life, strengthening inclusion, and supporting public health through a genuinely person- and community-centered approach.

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The experience of the Reggio Emilia Health Authority in Health and Culture, both in the clinical and educational fields

CECI Amelia, GALLINARI Lia, DE SIMONE Simona

Background and objective

The Sciroppo di Teatro project in Emilia-Romagna is a strong example of cultural welfare in health services, bringing together paediatricians, families and theatres to use theatre as "cultural medicine". Through voucher-prescriptions, children can attend shows at reduced prices, supporting their emotional and cognitive growth and strengthening the link between healthcare, culture and the community. At the same time, the Health Authority promotes school projects that use theatre and the performing arts to teach health and workplace safety, helping young people develop awareness and skills and fostering a broad, participatory culture of prevention.

Methods/intervention

The Reggio Emilia Local Health Authority has launched a feasibility study to expand social prescriptions to other healthcare professionals, evaluating their acceptability, integration into routine practice and sustainability. The involvement of paediatricians suggests readiness in other clinical areas as well. The voucher-prescription model could also be applied to activities and programmes for adults and vulnerable groups, and a dedicated line for adults has already been included in the organisation's Three-Year Strategic Plan for Equity. The inspiration for the project with schools comes from Clet

Abraham, a French artist who has been working in Italy since 1990. Initially devoted to painting, Clet also tries his hand at sticker art, a type of street art that involves applying stickers, in his case mainly on road signs.

Results

There are five municipalities in the province of Reggio Emilia where Sciroppo di Teatro performances were held in 2025: Correggio, Guastalla, Novellara, Scandiano, Reggio Emilia. The project with schools: 200 students, 14 classes, 280 entries received, 266 works published in the catalogue.

Conclusions/lessons learned

The presence of a consolidated project, an active cultural network and a clear strategic positioning of the company make the extension of social prescriptions to other doctors for adult patients/citizens highly plausible and sustainable. This development represents a decisive step towards an integrated approach to community health, capable of connecting healthcare, culture and the local area in a single vision of promoting wellbeing.

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From Secular Ritual to the Talking Garden. When culture, art, and spirituality promote health. A hospital opens its green spaces to the community in times of global crisis.

FIUMANÒ Pino, DAL CORSO Simona, DALL'OCCO Franca, AZZOLINA Maria Carmen, TORTONE Claudio, COSTAMAGNA Graziella

Background and objective

Providing a civil and poetic salutogenic response to the global crisis of meaning in human life, health, and social cohesion. In an era characterized by the pandemic emergency and ongoing international conflicts, which are jointly responsible for the increase in mental distress among populations, this ritual, which transforms the garden of the Mauriziano Hospital in Turin into an artistic and cultural space open to all, offers a model of human, spiritual, and community regeneration and promotes universal ethical values.

Methods/intervention

An artistic/cultural health promotion project, based on the Social and Community Theatre Methodology, which based its effectiveness on the participatory use of performing arts, involving the community in co-design.

Results

It encouraged emotional and narrative expression among patients, healthcare professionals and the general public, reducing stress and burnout. A listening space was created where we experienced that care is not just a clinical approach, but a caring relationship based on empathy, awareness and resilience. We built a health promotion network with schools, universities, citizens, and institutions. The project has been recognised as best practice for its ability to integrate performing arts, social theatre, health promotion, culture and spirituality. Overall, more than 1.000 participants were involved, including citizens, patients and healthcare professionals, over 150 artists and 20 partners. Fifteen videos, a publishing project, ten workshops and four training events were produced.

Conclusions/lessons learned

Working on health promotion through culture has helped us redefine the human phenomenon in healthcare and consider the spiritual dimension of health. Art and culture have been the universal language, and doing so with the community has facilitated the creation of networks and virtuous collaborations.

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Leggimi... al CRO: A Fifteen-Year Cultural-Wellbeing Partnership Supporting Oncology Patients Through Reading

FABRICI Chiara, CIPOLAT MIS Chiara

Background and objective

Culture—and literature in particular—has proven, recognized benefits for health and wellbeing, contributing positively to emotional regulation and the healing experience. The WHO Europe–Health Evidence Network (2019) reports that literary engagement can reduce rumination, support coping strategies, strengthen self-esteem, and foster empathic communication in medical settings. These findings support the growing movement of social prescribing, which promotes cultural participation as part of care. Within this framework, Leggimi... al CRO (National Cancer Institute, IRCCS of Aviano), active since 2011, aims to promote patient wellbeing both during and after social reading experiences, with positive repercussions on the hospital environment and the wider community.

Methods/intervention

The initiative offers weekly aloud-reading sessions and books through a book cart to inpatients. Activities are delivered by a dedicated volunteer group trained by librarians, healthcare professionals, and reading experts. Volunteers meet regularly to plan sessions, reflect on patient needs, and coordinate with clinical staff to ensure sensitivity in an oncological setting.

Results

Across fifteen years, patient feedback used to be collected anonymously, while staff provided qualitative observations. Patients consistently reported improved mood and strengthened emotional expression, staff observed an enhanced relationship among guests, and volunteers noted increased communicative confidence and empathy. The initiative shows that cultural engagement in oncology settings is an accessible, low-cost practice with tangible impact.

Conclusions/lessons learned

This long-standing, easily replicable initiative illustrates how partnerships between cultural institutions, volunteers, and clinical teams contribute to more equitable, resilient, and sustainable healthcare systems.

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Addressing Postpartum Depression through Group Singing in the Italian Health Service

CAPELLI Giovanni, LEGA Ilaria

Iconography of Health: A Festival Integrating Culture, Care, and Community in Medical Humanities

DACQUINO Mariateresa, POLASTRI Laura, PELAZZA Carolina, COMO Mariasilvia, MACONI Antonio

Background and objective

Iconography of Health is one of the most established Italian initiatives in the field of Medical Humanities. Created within Alessandria University Hospital and its Centre for Studies "Care and Community", the Festival has already reached its sixth edition. Its annual thematic programme explores the relationship between care, culture and community, with the objective of illuminating the human experience of illness and care and highlighting the importance of relational competence in clinical practice.

Methods/intervention

The Festival combines narrative practices, visual arts and reflective sessions, and brings together healthcare professionals, researchers, artists, patients and citizens. Its activities include seminars, round tables and experiential workshops that foster reflective and narrative skills among healthcare workers. This structure supports empathy, communication, and awareness of

patients' lived experiences, while promoting shared reflection on the ethical, relational and cultural dimensions of care.

Results

The initiative functions as an observatory of emerging practices in Medical Humanities in Italy. It contributes to a broader cultural shift that recognises humanistic approaches as essential components of quality care. The festival creates a space for professional development that strengthens relational competence and enhances the understanding of care beyond clinical procedures.

Conclusions/lessons learned

The model is based on stable partnerships between healthcare institutions, cultural organisations, universities and civil society. By integrating artistic and narrative perspectives into healthcare settings, the festival promotes patient-centredness, supports professional wellbeing, and reinforces the capacity of health systems to cultivate equity, resilience and community engagement.

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Mini session 2.8: WORKSHOP: Inclusive Health Promotion: A Community-Based Workshop Supporting Healthier Beverage Choices for Adults with Intellectual Disabilities

Inclusive Health Promotion: A Community-Based Workshop Supporting Healthier Beverage Choices for Adults with Intellectual Disabilities

BERI Dhruv

Objectives

1. To educate and inform participants (adults with intellectual disabilities like Autism and Down Syndrome) about the health information, such as sugar content and health consequences of consuming sugary beverages and energy drinks daily, through a neuro-friendly and simplified language.
2. To utilize practical demonstrations using everyday resources & tools; relatable storytelling; and visual animations to enhance the understanding of physiological effects and

health-related consequences of consuming sugary beverages and energy drinks daily.

3. Providing and promoting healthier alternatives by introducing simple options (such as zero-sugar beverages and multivitamin drinks), celebrating each positive choice, and using a weekly easy-to-read health points chart to motivate service users to earn the "Health Champion" badge by the end of the week.

Key messages given

1. Sugar awareness- Daily consumption of sugary drinks and energy drinks significantly impacts the heart, teeth, and energy levels, and exceeds the recommended daily limit of sugar.
2. Health information- The risk of life-threatening diseases like cardiac issues, diabetes, and fatigue significantly increases, especially as one ages.
3. Importance of consuming healthier alternatives and exercise- Healthier options like smoothies or juices are safer, tastier, and give good energy. Exercising at least 2 days a week in any form is essential to maintain normal sugar levels and a healthier body.
4. Empowerment- Motivating and celebrating each time a participant chooses a healthier drink with their lunch by giving them incentives (like earning a health champion badge) and sharing their experience as a role model.

Expected Outcome:

1. Health awareness: Participants will be aware of the content of sugar in each of the sugary drinks and energy drinks that they consume, along with the health consequences of consuming it daily.
2. Behavior change: Participants will be more mindful of their choices, consume healthier alternatives like juices or smoothies.
3. Enhanced Engagement: Using hands-on demonstrations, simplified instructions presented in a neurofriendly language, will result in better retention of health-related information.
4. Community impact: Participants can act as role models and promote healthier choices and co-create an inclusive health awareness campaign for day services, potentially influencing positive health choices.

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Poster session 1.1: Climate-resilient and environmentally sustainable healthcare

Analysis of Indoor Sustainable Energy Management Strategy After Core HVAC Replacement in a Health Promoting Hospital

LIEN Hsin-Yi, CHANG Chen-Ting, TSAI Ching-Yao

Background and objective

Hospitals are critical to net-zero goals due to high, 24/7 energy demand. With HVAC systems using 40%–50% of power, hardware upgrades aren't enough. Maximizing efficiency needs Demand-Side Management (DSM) integrating operational norms and smart controls. Taipei City Hospital Zhongxing Branch applied precise indoor HVAC and lighting strategies to deepen governance after hardware replacements.

Methods/intervention

Following the replacement of HVAC chillers (achieving an annual saving of 3,657,359 kWh), the hospital focused on three micro-level indoor measures: 26°C Regulation: A mandatory minimum indoor temperature of 26°C was enforced to reduce cooling loads and ensure the system operates in its optimal efficiency range. Precise Scheduling: HVAC start/stop times were customized by unit usage. A strategic shutdown (00:00–06:00) during cold periods was implemented to cut nighttime waste. Smart Lighting & LED: A comprehensive upgrade to high-efficiency LEDs was paired with sensors in low-traffic areas and daylight harvesting controls to dynamically optimize energy use based on occupancy and natural light.

Results

Stabilized Loads: The 26°C standard effectively prevented peak consumption caused by rapid cooling, proving to be a high-value, low-cost management strategy. Reduced Waste: Individualized scheduling improved the synchronization of energy supply and demand. The strategic nighttime shutdown eliminated ineffective operations, directly lowering electricity costs. Structural Optimization: The integration of LEDs and smart automation reduced base loads and ensured lighting operated only when necessary, achieving a structural decline in energy consumption.

Conclusions/lessons learned

This case demonstrates that pairing core HVAC upgrades with rigorous micro-strategies—temperature regulation, precise scheduling, and smart lighting—constructs a robust energy governance architecture. These composite measures not only enhance efficiency and lower costs but also embody the hospital's commitment to ESG. Integrating hardware upgrades with micro-level management is a vital strategy for hospitals moving toward net-zero emissions.

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Health-Promotion–Oriented Lean Model for Sustainable Healthcare Waste Management

CHEN Yun-Hsi, FENG Wen-Jui, SHIH Po-Wen

Background and objective

Chang Bing Show Chwan Memorial Hospital incorporated environmental sustainability and climate resilience into its governance. Improper waste handling increases infection risks, occupational exposure, and poses potential hazards to the community, climate, and public health. To enhance classification accuracy and reduce care-related risks, the hospital aligned with health-promotion principles and embedded environmental protection into its core strategies to build a resilient and sustainable service model.

Methods/intervention

The project was jointly implemented by the General Affairs Department, Nursing Division, Infection Control team, and cleaning services, applying Lean management to eliminate waste and reduce process variation. (1) PDCA cycles: Continuous improvement of classification, collection, and transportation workflows. (2) 5S and visual management: Strengthened labeling consistency and reduced misclassification. (3) QR-code tracking: Enhanced traceability and real-time identification of abnormalities. (4) Simplified manuals and scenario-based training: Improved frontline competency and environmental hygiene awareness.

Results

Improvements were significant: general waste decreased by 0.4%, recycling increased by 1%, and infectious waste was reduced by 15.9%, demonstrating enhanced accuracy and process stability. Waste-disposal costs decreased by approximately 700,000 NTD, reflecting the cost-saving impact of Lean practices. Staff reported clearer workflows, fewer classification errors, higher safety perception, and strengthened environmental health awareness, fostering a stable and continuous improvement cycle.

Conclusions/lessons learned

Lean methods provided a measurable and improvable framework that enabled sustainability strategies to be embedded into daily operations. Through data monitoring and visual management, the hospital improved classification quality, safety, risk control, and cost efficiency. The health-promotion-oriented approach demonstrated the capacity to generate multiple benefits across safety, quality, and sustainability.

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Toward Sustainable and Inclusive Healthcare: Implementing Health Promotion in Practice

SHAO Peiling, CHAO Tzuying

Background and objective

The healthcare sector generates about 4.4% of global carbon emissions, highlighting the need for more sustainable preventive care systems. As key providers of early detection and health promotion, health examination centers are well positioned to reduce environmental impacts while advancing equitable access to care. This study examines practical strategies to strengthen sustainability, enhance health literacy, and lower the carbon footprint within a health examination center.

Methods/intervention

A literature review was conducted to compile research evidence and market data related to sustainability in healthcare. To capture real-world challenges, focus group interviews (4–10 participants each) were held with staff and stakeholders. This mixed-method approach enabled rapid identification of sustainability gaps and opportunities.

Results

Three major challenges were identified:

1. High use of single-use medical consumables, resulting in substantial medical waste.
2. Indirect carbon emissions caused by repeated patient travel for examinations.
3. Health inequities associated with aging populations and socioeconomic differences.

Conclusions/lessons learned

Our institution implemented several sustainability actions: 1. Green procurement and reduced reliance on disposable consumables. 2. Carbon inventory and ESG reporting, including development of carbon-monitoring indicators. 3. Health education and community outreach, such as mobile screening services, tailored check-up packages for older adults, and lectures at senior and community centers. 4. Targeted preventive programs for public employees and same-sex families. In 2023, the institution achieved SGS certification for the ISO 50001:2018 Energy Management System. Community-based outreach led to marked increases in screening participation from 2024–2025: 4.8% growth among adults aged 65+, 5.7% among public employees, 74.4% among general citizens, 86.8% among police and fire personnel, and 142.5% among teachers.

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Heat related stressors in psychological care during heatwaves – Findings from the PARAHSOHL-Project

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Background and objective

Extreme heat events are becoming increasingly frequent in Austria, posing significant health risks, particularly for vulnerable populations such as individuals with mental health conditions. Healthcare and social care professionals possess in-depth expertise regarding the needs of these clients. However, they are already under considerable strain due to workforce shortages in the healthcare system, Heatwaves impose an additional burden as staff themselves are exposed to high temperatures. The project aims to identify the specific needs of healthcare professionals working in psychiatric and psychosocial care and their clients during heatwaves. Based on the findings, a concept for a digital tool will be developed to support social care and healthcare organizations in maintaining psychosocial services during extreme heat events and to strengthen systemic resilience.

Methods/intervention

The project, consisting of six work packages, employs a mixed-methods approach. Work Package (WP) 2 includes two scoping workshops aimed at identifying stressors of health and social care professionals as well as their clients during heat periods. Additionally it focuses on identifying essential measures for adaptation.

Results

A total of 29 participants—including representatives from hospitals, home care services, medical transport, and administrative units—took part in the scoping workshops. The Workshops revealed major challenges for healthcare and social care organisations: inadequate hospital infrastructure lacking climate adaptation, significant psychological strain such as increased aggression and climate anxiety, and insufficient heat competence and self-care among staff and patients. Recommended measures include awareness-raising, improvements in infrastructure, and comprehensive heat protection plans.

Conclusions/lessons learned

Heat is associated with numerous stress factors for healthcare personnel and clients. By anticipating adaptation measures, burdens for both personnel and clients might be significantly reduced, contributing to improved resilience.

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Domain-Based Analysis of Employee Green Behavior to Strengthen Sustainable and Health-Promoting Hospitals

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Background and objective

Environmental sustainability in hospitals is significantly influenced by individual behavior in managing resources and potential environmental hazards. This study analyzes green behavior among employees of R. Syamsudin, SH Regional General Hospital using a five-point green taxonomy, which includes working sustainably, avoiding hazards, conservation, influencing others, and taking initiative.

Methods/intervention

A descriptive quantitative cross-sectional design was applied. Data were collected using a valid and reliable questionnaire based on the five taxonomy domains, involving 228 clinical and non-clinical staff who met the inclusion criteria. Analysis used frequency distribution and proportions of high and low behavior categories.

Results

The results showed variation between domains. Working sustainably reached 62.5% in the high category, and avoiding hazards reached 57.1%. Conservation showed predominantly low results (60%), indicating limited energy and material saving practices. Influencing others had the highest achievement, with 66.7% high. Conversely, taking initiative was the lowest domain, with only 33.3% high and 66.7% low, reflecting limited proactive and innovative environmental actions.

Conclusions/lessons learned

Overall, higher scores in working sustainably, avoiding hazards, and influencing others indicate that behavior supported by regulations and supervision are easier to implement. Lower scores in conservation and initiative suggest that behavior requiring internal motivation, creativity, and actions outside standard procedures remain suboptimal, possibly due to facility limitations and workload demands. These findings highlight the need for organizational strategies to strengthen conservation behavior and encourage initiatives through education, support for innovative ideas, and reinforcement of a sustainable work culture.

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How to empower staff to built sustainability healthcare in hospital

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Background and objective

Climate change strains hospitals by increasing patient loads (heat illness, infectious diseases, air quality issues), damaging infrastructure (floods, storms), disrupting supply chains, and stressing staff, forcing hospitals to adapt by building resilience, improving energy efficiency, and preparing for more frequent climate-driven emergencies, while also reducing their own carbon footprint Empowering staff reliance means building confident, independent employees who can solve problems, take initiative, and contribute without constant supervision, fostered by leaders.

Methods/intervention

In this study, we enrolled 102 staff of a medical center in Taiwan from January to June in 2025. We divided all participants into to group (50 in group A and 52 in B). We give group A series classes (total 25 hours, including ESG, climate change, health promotion and carbon emission) and 2 times round table discussion to brain stormy and share experience to others . Group B also have the same hours classes by E-learning without round table discussion. Pre-test was conducted before training course intervention. Post-test also be done after intervention.

Results

We collected and used pair T test to analysis all the data. As the result, we found that there were significant difference between the series classes and round table discussion intervention and E-learning. The pre-test were no significant difference between Group A (56.3) and B(57.4). Significant difference ($P < 0.05$) was found in post-test. Group A(90.3) have better scores than Group B(79.2), also the satisfaction of Group A (4.86) is higher than Group B (4.63).

Conclusions/lessons learned

According to the result, we found that well designed training course may have a better outcome. By the way, we often use E-learning to train our staff, but the result was not good. If we have more discussion or share experience with other co-workers, it might get great outcome for learning. We also found that most staff of hospital do not really know the crisis of our environment and relationship between climate change and infection of hospital. We should do more effort and empower our staff to improve the ESG (Environment, Social and Governance) in the hospital.

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Stakeholder Perspectives on ESG Issues in Hospitals: Insights for Sustainable Healthcare Development

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Background and objective

Environmental, Social, and Governance (ESG) principles are key indicators of hospital sustainability. Beyond medical quality, hospitals must also fulfill social responsibility and environmental goals. This study explores how stakeholders—employees, patients and families, interns, and community residents—perceive and prioritize ESG issues, using a medical center in southern Taiwan as a case example. The findings aim to guide sustainable strategies in healthcare institutions.

Methods/intervention

A cross-sectional survey was conducted from August 5 to 11, 2025, based on the Global Reporting Initiative (GRI) Standards. The questionnaire included demographics and a five-point Likert scale (1 = not concerned, 5 = highly concerned). Eighty-nine valid responses were collected through convenience sampling. Data were analyzed using SPSS with descriptive statistics, Chi-square tests, and one-way ANOVA with Bonferroni post-hoc tests to examine group differences in ESG awareness.

Results

Significant differences were observed in gender, age, and education among stakeholders. Respondents showed consistent concern for the environmental dimension, reflecting awareness of energy conservation, carbon reduction, and green hospitals. In the social dimension, Bonferroni post-hoc tests showed employees had higher concern for labor relations and labor-management communication (GRI 401 & 402) than patients and families ($p = .029, .034$). For the governance dimension, concern was lower, suggesting limited understanding of governance and transparency. Differences also appeared in economic performance (GRI 201) perceptions ($p = .037$).

Conclusions/lessons learned

Stakeholders emphasized environmental and social issues more than governance topics. Employees play a key role in advancing hospital sustainability. Hospitals should strengthen education and communication on governance and conduct regular stakeholder surveys to refine sustainable management.

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Efforts to Reduce Greenhouse Gas Emissions in a Medical Corporation; Twelve Years of Achievements and Challenges

TAMAKI Chisato, KANIKAWA Mitsuharu

Background and objective

In Japan, under the Energy Conservation Act, enterprises must report their electricity consumption to the Ministry of Economy, Trade and Industry, and greenhouse gas (GHG) emissions are calculated using national emission factors. While this system has improved environmental accountability, few healthcare institutions have implemented systematic environmental management. Kyoto Health Association, affiliated with the Japan Federation of Democratic Medical Institutions, began visualizing energy use and CO₂ emissions in 2013 and obtained Eco Action 21 (EA21) certification in 2015. The objective of this study was to evaluate the long-term outcomes and challenges of this 12-year decarbonization initiative within a healthcare organization.

Methods/intervention

Annual energy consumption and CO₂ emissions from all facilities were analyzed for fiscal years 2013–2024 using EA21 reports and official national emission factors. Consumption of gasoline, kerosene, diesel, LPG, city gas, and electricity was compared with 2013 levels. Correlations between electricity use and emission factors were calculated to identify main drivers of emission trends.

Results

By 2024, compared to 2013, kerosene decreased by 86%, LPG by 54%, city gas by 45%, and diesel by 31%, while gasoline increased by 21% and electricity by 33%. The increase in gasoline reflected continued fossil fuel use for transportation, independent of electrification. A strong negative correlation ($r = -0.90$) was found between electricity consumption and emission factors, indicating that national decarbonization of electricity, mainly through nuclear restarts and renewable energy expansion, contributed to overall CO₂ reduction. Total CO₂ emissions declined between 2017–2020, rose temporarily in 2021, and stabilized after 2022.

Conclusions/lessons learned

CO₂ reduction was largely achieved due to changes in the national energy mix, rather than internal efficiency alone. However, our organization opposes decarbonization dependent on nuclear power, considering the ethical and safety issues highlighted by the 2011 Fukushima disaster. While emissions decreased, total electricity demand increased by 33% compared to 2013, driven by digital transformation, semiconductor use, AI systems, and advanced medical equipment. Transitioning to renewable energy remains essential but requires large initial investment, which is difficult for healthcare institutions. Therefore, stepwise investment, energy-efficient digitalization, and staff education are key for sustainable decarbonization.

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The Impact of Middle and Senior Management Traits and Adaptive Capability on Sustainable Innovation in Hospitals

MINEDA Ruri, CHEN Ying-An, CHANG Hsing-Hua Stella

Background and objective

Global crises demand that HPHs become resilient and sustainable. Sustainable Innovation (SI) is vital, but its managerial drivers—management leadership and organizational adaptive capability—are under-explored. Objective: To empirically examine the influence of management traits and adaptive capability on SI performance in hospitals, informing strategies for governance and sustainable development.

Methods/intervention

Quantitative, cross-sectional design. Data collected via questionnaire from middle and senior managers within a regional hospital in Taiwan. Constructs measured: management traits, organizational adaptive capability (mediator), and SI performance. Data analyzed using Structural Equation Modeling (SEM).

Results

SEM confirmed a robust set of hypotheses. Management traits significantly and positively impacted adaptive capability, which in turn had a strong positive influence on SI performance. Crucially, organizational adaptive capability fully mediated the relationship between management traits and sustainable innovation. These findings underscore that leadership qualities enhance innovation performance primarily through the organization's ability to adapt.

Conclusions/lessons learned

Investing in leadership qualities that enhance adaptive capability is a non-negotiable prerequisite for successful SI in hospitals.

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Implementing a Smart Attendance System Using Microsoft 365: Efficiency and ESG Sustainability

WU Meng-Xiu

Background and objective

Ensuring accurate payroll requires high-frequency attendance anomaly resolution. The traditional paper-based process is inefficient (consuming over 15,240 sheets annually) and resource-intensive, burdening HR and the environment. This

project utilized low-code digital transformation to build an automated, paperless smart attendance system, aiming to boost administrative efficiency and meet ESG sustainability goals.

Methods/intervention

The project leveraged the M365 ecosystem (Teams, SharePoint, Power Automate) integrated with the HR system database. Key actions included: 1. Automation & Mobile Access: Power Automate enables weekly automated data retrieval and individualized Teams notifications, allowing 2,500 monthly users to submit "Missed Punch" forms via mobile devices. 2. Tiered One-Click Approval: Implemented a hierarchical flow featuring "one-click approval" for supervisors (batch processing) and final bulk approval for HR, automating data entry back into the core HR system. 3. Intelligent Logic Control: Used SharePoint Lists for dynamic permission routing based on job title (e.g., Staff vs. Director), including built-in anti-error mechanisms and special logic for "Nursing Joint Management" approvals to handle complex organizational structures.

Results

Processing 15,704 applications by Nov 30th, the system demonstrated significant gains: 1. Efficiency: Saved staff 10–15 minutes per transaction and HR personnel 4 hours per week, effectively eliminating the tedious process of manual filing and data keying. 2. Environmental (ESG): Saved over 15,000 sheets of paper, resulting in a total carbon reduction of approximately 195.42 kg CO₂e (calculated using ISO 14067, accounting for paper and printing energy consumption).

Conclusions/lessons learned

This project proves the efficacy of M365 low-code tools for streamlining complex hospital workflows. Success hinges on precise permission logic and automated integration. Future work will integrate the system with the leave application platform to achieve a fully closed data loop.

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The Global Healthy Hospital Food Network: A Multidisciplinary and International Alliance for Healthier and Sustainable Hospital Food Systems

MEDAWAR Evelyn, WYMA Nanine, FOX Colette, KASSAM Shireen, FRITZ Heidi, CANTRELL Katie

Background and objective

Hospital food influences patient recovery, staff wellbeing and the environmental footprint of healthcare institutions. The Global Healthy Hospital Food Network (GHHFN), hosted on the PANCO

collaboration platform, was founded by Physicians Association for Nutrition International, Greener By Default, ProVeg International and Plant-Based Healthcare Professionals UK with the aim to connect hospitals, researchers, and policymakers worldwide to accelerate the transition towards healthier and more sustainable food systems in healthcare.

Methods/intervention

The GHFFN employs a systems-based, participatory approach combining digital collaboration, practice exchange, and peer learning. Members share evidence, implementation tools, and evaluation methods aligned with the WHO Health Promoting Hospitals (HPH) Standards—particularly on healthy behaviour, outcome measurement, and climate-resilient operations. Network composition, expectations, and collaborations were analysed through an online intake questionnaire. The network was founded in January 2025 and data was pulled in October 2025.

Results

As of October 2025, the network includes 154 members from 15 countries across Europe, Africa, Asia, North America, and Oceania. The largest groups are dietitians ($\approx 30\%$), followed by medical doctors ($\approx 20\%$), nurses ($\approx 10\%$), and professionals in research, management, and sustainability ($\approx 25\%$). Around 40% work directly in hospitals, 30% in collaboration with hospitals, and the remainder in academia, NGOs or policy. Members' expectations cluster around knowledge exchange, best practice sharing, and implementation support. Active collaborations exist with hospitals in the UK, Germany, India, Singapore, South Africa, and others. Early outcomes include a shared monitoring framework for "healthy and climate-friendly menus" and international learning sessions.

Conclusions/lessons learned

A global, multidisciplinary network can drive change in hospital food systems by linking clinical expertise, management capacity and sustainability leadership. Digital cooperation through PANCO strengthens equity and accelerates institutional transformation.

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Research on Financial Process Optimization - Exploring the Impact of Transformation on Employee Performance

TANG Mingyi

Background and objective

In the post-pandemic era, regional hospitals face limited manpower and increasing administrative workload. At Cijin Hospital, frequent phone inquiries were required to confirm reimbursement and subsidy payments, causing time waste and

stress among financial and clinical staff. This project aimed to optimize the receipt and subsidy confirmation process by developing an integrated digital system that increases transparency, reduces communication burden, and supports a healthier work environment.

Methods/intervention

We analyzed the original financial workflow, including voucher creation, receipt confirmation, and subsidy reconciliation. A new integrated "Online Receipt and Subsidy Inquiry System" was developed and implemented. Time-cost comparisons, cross-department communication frequency, and user behavior were recorded before and after implementation. User satisfaction was collected through questionnaires and interviews.

Results

After implementation, the average query time decreased from 92 seconds to 43 seconds, reducing workload by more than 50%. Phone inquiries between financial, cashier, and clinical units decreased by approximately 75%, significantly reducing interruptions and misunderstandings. Staff reported improved transparency, faster access to information, and reduced stress. Overall satisfaction reached 91%, with the autonomous "self-checking payment status" feature receiving the highest approval.

Conclusions/lessons learned

Digital workflow optimization not only improved operational efficiency and reduced labor time, but also strengthened trust and collaboration between departments. Transparent systems reduced emotional friction and administrative pressure, supporting staff mental well-being. Even small process changes can positively influence organizational culture when designed with user needs in mind.

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From Efficiency to Sustainability: Lean Transformation Strategies for a Green and Resilient Regional Hospital

WU Chin Wen, CHEN Hsiu Shan, CHEN Szu-Yu, CHEN Yung Hung

Background and objective

Healthcare systems face challenges from pandemics, climate change, and aging populations, emphasizing the need for sustainable and resilient operations. Regional hospitals must balance efficiency and quality under limited resources. This project applied Lean Management—focused on waste reduction, continuous improvement, and patient-centeredness—to enhance performance and sustainability.

Methods/intervention

With guidance from a Lean–Sustainability facilitation team, the hospital integrated efficiency improvement with environmental management. Using Value Stream Mapping (VSM), Process Cycle Efficiency (PCE), and carbon footprint analysis, workflow bottlenecks and high-emission sources were identified. Process re-engineering combined Lean tools, carbon inventory, and third-party verification for transparency. Key actions included digitalization, workflow redesign, and standardization linked to CO₂ and resource efficiency, guided by a Green Hospital Framework and PDCA monitoring toward a low-carbon, resilient system.

Results

Over six years, 61 projects raised process efficiency from 11.26% to 18.06%. Annual savings included 1,200 cups, NT\$24,000 in pharmacy materials, 30% less chemical storage (207 bottles), 8,370 kg CO₂ reduction, and NT\$3,600 in paper costs. Workload decreased significantly—saving 1,087.6 physician hours, 2,264.2 nursing hours, 695.3 allied health hours, and 1,718.8 administrative hours yearly, equal to NT\$973,500. Patient waiting time shortened by 141,720 hours per year, saving NT\$9.45 million. Patient satisfaction rose from 79.2% to 85.0%, and staff satisfaction from 73.2% to 81.2%, reflecting improved quality and morale.

Conclusions/lessons learned

Lean evolved from a process tool into a sustainability strategy linking quality, efficiency, and environmental responsibility. Collaboration embedded carbon awareness into hospital governance, proving regional hospitals can achieve “Efficiency-Driven Sustainability and Lean for Health.”

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Poster session 1.2: Tobacco, substance use, and addictive behaviors

Creating a Smoke-Free and Health-Promoting Workplace Guided by the Ottawa Charter: Experience of a Regional Psychiatric Hospital in Taiwan

SHEN Shu-Hua, WU Chia Hui

Background and objective

Psychiatric hospitals face unique challenges in implementing workplace health promotion due to rotating shifts, high emotional demands, and a patient population with significantly higher smoking rates than the general public. Guided by the WHO Ottawa Charter, this study describes how a regional

psychiatric hospital in southern Taiwan integrated organizational policies, environmental design, professional services, personal skill development, and community action to establish a comprehensive smoke-free workplace.

Methods/intervention

A multi-level approach was adopted: (1) Healthy public policy—establishment of a Health Promotion Committee, hospital-wide smoke-free policy, mandatory cessation education, and integration of tobacco-free messages into training and digital platforms. (2) Supportive environments—implementation of the “Environmental Guardians” program, distribution of cessation “care cards,” green-space expansion, and redesign of movement pathways to encourage stair use. (3) Reorientation of health services—provision of seven weekly cessation clinics, incorporation of the national “Second-Generation Smoking Cessation Program,” shared decision-making (SDM), and enhanced employee physical and mental health services. (4) Developing personal skills—nutrition programs, Friday vegetarian meals, and the annual “Waist Reduction Competition.” (5) Strengthening community action—collaboration with local clinics, schools, and public health units, and dissemination of health messages through multi-media channels.

Results

The hospital maintained over 1,000 annual cessation service visits, with a 6-month verified quit rate exceeding 38%. It received multiple county-level awards and the National Health Promotion Administration’s 2023 Outstanding Healthy Workplace—Smoke-Free Award. The waist reduction program achieved a 183.1% waist reduction rate and a 159.3% weight reduction rate in 2020. Annual tobacco control education reached satisfaction levels above 92%.

Conclusions/lessons learned

Integrating the Ottawa Charter into hospital operations enabled the creation of a sustainable, supportive, and engaging smoke-free workplace. The experience highlights the importance of organizational commitment, community collaboration, and innovative strategies in psychiatric settings. Future directions include digital learning modules for shift workers and expanded mental health support.

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A Health Promotion Oriented Smoking Cessation Service Model: Practical Experience from a Smoke Free Hospital

WEN Su-Ying, TSAI Ching-Yao

Background and objective

Smoke-free policies represent a cornerstone of Health Promoting Hospitals (HPH). This hospital implemented comprehensive smoke-free environments, strict policy enforcement, and a multifaceted health promotion-oriented smoking cessation service model. This study aims to share the practical experience and clinical outcomes from our hospital.

Methods/intervention

A supportive environment for smoking cessation was created using signage, campus greening, and remote alert systems. Outpatient, inpatient, and post-discharge services were integrated into a continuous care pathway. A multidisciplinary team delivered pharmacotherapy, education, behavioral interventions, and psychological support, augmented by communication software for enhanced follow-up. Health promotion activities—including exercise programs, yoga sessions, step-challenge events, mindfulness activities, and healthy-diet seminars—were organized to encourage lifestyle modification. Monthly performance monitoring guided ongoing quality improvement.

Results

Smoking cessation services: 171 patients were enrolled in the outpatient program, achieving a six-month abstinence rate of 35.2%. Tobacco control and health promotion activities: A total of 24 activities were conducted in 2025, engaging 2,169 participants. Employee wellness programs: Participation in the Healthy Lifestyle Step Challenge App and the Tree-Planting Healthy Forest Program resulted in an estimated 10,513 kWh in carbon reduction and the planting of seven trees. Patient satisfaction: 93% of participants reported being “very satisfied,” reflecting high acceptance of service quality and intervention methods.

Conclusions/lessons learned

Integrating smoke-free policies with multiple health promotion strategies enhances the effectiveness of smoking cessation services, strengthens public health literacy, and improves the hospital and community smoke-free environment. Multidisciplinary collaboration and the strategic use of digital tools enhanced intervention efficacy and supported sustained behavior change.

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Effectiveness of AI-Based Surveillance and Multi-Modal Interventions in Strengthening a Smoke-Free Hospital Environment: A Regional Hospital Case Study in Northern Taiwan

LIANG Hsiao Yi, LEE Hsiao Ping, CHEN Yu Hua

Background and objective

Hospitals are required to implement a complete smoking ban in smoke-free health promotion areas, but manual enforcement is labor-intensive, prone to conflict, and endangers staff safety. To address this issue, we implemented a contactless AI intervention system. The goal is to reduce enforcement conflicts and violations, effectively ensuring a healthy and safe environment in smoke-free hospitals.

Methods/intervention

The system utilizes AI surveillance with deep learning to detect smoking and trigger outdoor speakers for voice warnings. To cover blind spots, manual warning bells are integrated for comprehensive monitoring. Simultaneously, video evidence is recorded and transmitted to the management unit's LINE group for real-time review. This multi-modal approach ensures rapid, contactless intervention, protecting the public from secondhand smoke.

Results

Post-implementation data revealed significant effectiveness compared to the baseline. The daily number of smokers decreased by over 27%, and smoking violations dropped by more than 52%, confirming the system's efficacy in reducing tobacco exposure. Additionally, the AI model demonstrated high reliability with a tested recall rate of 83%, validating its precision in real-world hospital settings.

Conclusions/lessons learned

The AI-driven contactless intervention proved highly effective in hospital tobacco control. Substituting human enforcement significantly reduced smoking incidents and minimized conflicts. This innovative, scalable solution extends to other public smoke-free areas, supporting broader health promotion strategies.

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A Study on the Effectiveness of Smoking Cessation Using a Multi-Strategy Health Education Approach at a Health Hospital in Southern Taiwan.

CHANG Mei-Yen, WANG Wan-Ting, LEE Min-Yi, HUANG Fong-Dee

Background and objective

Smoking in Taiwan not only harms individual health but also affects families and society. Statistics show that tens of thousands of people die from smoking every year. Therefore, a multi-pronged approach to health education is needed to increase smokers' motivation to quit, reduce the resulting medical and health insurance costs, and ultimately achieve the goal of tobacco control and the United Nations Sustainable Development Goals.

Methods/intervention

The study employed a relevance-based design and included patients aged 20 and above who were smokers and intended to quit smoking. From January to November 2025, a total of 323 participants were enrolled. The aim was to explore the effectiveness of a multi-strategy health education approach employed by a professional smoking cessation medical team, including telephone surveys conducted at the 3rd and 6th months to analyze the success rate of smoking cessation among smokers who intended to quit.

Results

The results showed that the success rate of quitting smoking in the third month of the telephone survey was 29.79%, and the success rate in the sixth month was 23.33%. Both success rates were higher than those in 2024, indicating that the use of a multi-strategy health education approach is helpful in assisting patients to quit smoking in promoting tobacco control.

Conclusions/lessons learned

This study shows that professional smoking cessation medical teams, by employing a multi-pronged approach to health education, can increase smokers' awareness of the harms of smoking, enhance their health mindset, improve their motivation to quit smoking, and provide timely smoking cessation services. This approach can successfully help smokers quit, reduce the use of health insurance, and improve the health of the nation.

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Enhancing the Effectiveness of Inpatient Smoking Cessation Referral Services through Multidisciplinary Intervention Strategies

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Background and objective

According to the Health Promotion Administration's Smoking Cessation Service System, both hospital branches had low referral rates for inpatient cessation services. Contributing factors included insufficient patient motivation, inconsistent staff participation, and limited clinic availability, leading to reduced service effectiveness.

Methods/intervention

To address these issues, the Tobacco Control Committee launched a multidisciplinary improvement strategy in 2023. Key measures included a "Smoking Cessation Referral Competition" to enhance staff engagement, optimization of referral procedures to improve accessibility, integration of internal cessation resources and counseling mechanisms, promotion of staff certification through incentives, and expansion of cessation clinic sessions to strengthen service quality.

Results

The COVID-19 pandemic in 2020 led to a significant decline in inpatient smoking cessation referrals. After implementing intervention measures, referral volumes increased notably. According to data from the Health Promotion Administration's system, referrals at the Taipei branch rose from 67 to 301, and at the Tamsui branch from 70 to 583. Since 2023, the six-month smoking cessation success rate has consistently exceeded the national average among medical centers, demonstrating the effectiveness of the integrated strategy.

Conclusions/lessons learned

Although many hospitals face manpower and implementation challenges, our hospital improved patient motivation and cessation outcomes through optimized referrals, pharmacotherapy, and education. Aligned with the WHO Smoke-Free Hospital policy, we promote a safe, healthy, smoke-free environment and ensure continuous quality improvement toward a sustainable, health-promoting medical system.

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Depressive Symptoms and 1-Year Relapse Risk Among Participants of Inpatient Smoking Cessation Treatment in Korea

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Background and objective

Smoking cessation can be particularly challenging for smokers with depressive symptoms. While it is important to investigate the relationship between depressive symptoms and relapse using long-term prospective data, research on this topic remains very limited. This study aimed to identify the pattern of relapse over one year and determine the factors associated with relapse among heavy and highly dependent smokers who attempted cessation through an inpatient treatment program.

Methods/intervention

The study subjects were 903 smokers who participated in the inpatient treatment program operated by the Daejeon·Sejong Tobacco Control Center and Chungnam National University Hospital from January 2018 to April 2024. Inpatient treatment participants received a high-intensity smoking cessation intervention, including pharmacotherapy and behavioral support, for 5 consecutive days in a hospital inpatient setting. Furthermore, they were followed up for one year to verify the maintenance of abstinence after discharge. Data were analyzed using the Kaplan-Meier analysis and the Cox proportional hazard model.

Results

Examining the pattern of relapse over time from the date of attempting cessation upon admission to the inpatient treatment, it was found that 625 out of the total 903 participants (69.2%) relapsed within one year. Multivariate analysis showed that lower age, lower confidence in quitting, non-use of varenicline or bupropion, and depressive symptoms were significantly associated with an increased risk of relapse within one year of inpatient treatment admission. After adjusting for covariates, individuals with depressive symptoms had a 1.3 times higher likelihood of relapse compared to those without depressive symptoms (hazard ratio [HR] = 1.3; 95% confidence interval [CI] = 1.09–1.55).

Conclusions/lessons learned

While this study demonstrates that high-intensity smoking cessation interventions in a hospital setting can be effective for smokers with high nicotine dependence, the results underscore the need for tailoring these interventions to include continuous monitoring and management of depressive symptoms to improve long-term abstinence rates.

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Long term work with smoke-free outdoor environments in the health care sector in Region Östergötland, Sweden

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Background and objective

In januari 2016, Region Östergötland introduced a completely non-smoking healthcare area. Tobacco smoking is today the single largest cause of disease and premature death in the western world. It is important to prevent illness and especially to protect children from passive smoking. The aim is that non-smoking outdoor healthcare facilities become role model and provides a total smoke free environment for all: employees, entrepreneurs, patients, visitors and the population. In 2022, the region made an investment for a campaign to change lifestyle habits and reach better wellbeing. The campaign "Your guide to health" and reinforced earlier work to minimize the exposure for smoke and use of tobacco.

Methods/intervention

The message focuses on the positive potential of non-smoking healthcare facilities outdoors. The organization takes responsibility for promoting health and disease avoidance. Employees in health care take responsibility and show that non-smoking healthcare environments are important. The patient is motivated to change and is offered a tobacco-subsidy aid. Inpatient patients are offered nicotine medicines.

Results

It has been a solid job, with many professions involved. Important conclusions have been identified; walking around the hospital environment to detect secret smoking places and extra cleaning if necessary to sweep away cigarette butts. Various campaigns like tobacco-free day and tobacco-free week, news and articles on the hospital's intranet and written information in different languages.

Conclusions/lessons learned

Since 2018, there is a law in Sweden against smoking in certain places. As society becomes more smoke-free, compliance with healthcare's decision in non-smoking outdoor environments is likely to increase and be respected to a largely extent. Regarding behavioral changes, it is a matter of patience, continuously reminding and work from various arenas to reach a smoke-free outdoor environments in Region Östergötland.

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Interactive Effects of Smoking Behavior on Gut Microbiota Composition and Biochemical Parameters in Healthy Adults

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Background and objective

Smoking is known to influence both the oral and gut microbiota, which are also shaped by dietary and lifestyle factors. This study aims to investigate the differences in gut microbiota composition between smokers and non-smokers across various dietary and lifestyle backgrounds in Taiwan.

Methods/intervention

This study included 60 participants aged 20 to 80 years, 14 smokers and 46 non-smokers. Fresh fecal samples were collected for analysis of the gut microbiota and bacterial DNA was extracted from fecal samples and subjected to 16S rRNA gene sequencing targeting the V3–V4 regions. Sequence data were processed to assess microbial diversity and composition.

Results

The relative abundance of Proteobacteria was significantly increased in smokers, who were rich in Veillonellaceae, Megasphaera, and Streptococcaceae, all of which are involved in mechanisms of inflammation and increased oxidative stress. In contrast, non-smokers showed a significant increase in the abundance of Faecalibacterium and Lachnospiraceae, bacteria highly associated with anti-inflammatory effects. These changes in the microbiome suggest that smoking may alter gut microbiota homeostasis and promote the proliferation of bacteria associated with inflammatory and oxidative stress pathways.

Conclusions/lessons learned

Smoking has a significant impact on gut microbiota composition, these findings suggest that smoking-related gut microbiota characteristics may serve as early biomarkers of metabolic imbalances and systemic inflammation, even before abnormalities in traditional biochemical indicators appear. Therefore, specific microbial groups may become essential indicators for smoking cessation and preventative health strategies.

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Poster session 1.3: Food, nutrition, and healthy diet

Analysis of the Effectiveness of Healthy Eating Lectures on Overweight Employees

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Background and objective

The global rise in overweight and obesity has become a major public health concern. Overweight employees may face increased risks of chronic diseases due to irregular routines and poor dietary habits. Nutrition education can improve health literacy and dietary behavior, but its effectiveness differs among groups. This study evaluated changes in body weight and biochemical indicators after employees attended a healthy diet education program.

Methods/intervention

A one-group pretest–posttest design was used. Employees volunteered to participate, with an average age of 48 years, and completed two sessions on balanced diet principles, calorie awareness, eating-out strategies, and chronic disease prevention. Body weight, body composition, fasting glucose, and lipid levels were collected before and after the program. Complete data from 26 participants were analyzed.

Results

Among the 26 participants, 16 were overweight. After the intervention, 4 overweight participants (25%) experienced weight reduction, with an average loss of 3.3%. A total of 38% (6/16) showed improvement in lipid levels. Participants who lost 5% of their body weight demonstrated notable improvements in fasting glucose and lipid profiles. However, two individuals exhibited increases in lipid levels during follow-up. These findings indicate that the short-term program produced positive effects for some individuals, though overall improvements remained limited.

Conclusions/lessons learned

Among the 26 participants, 16 were overweight. After the intervention, 4 overweight participants (25%) reduced their weight, with an average loss of 3.3%. Six overweight participants (38%) showed improved lipid levels. Individuals who lost 5% of weight had notable improvements in fasting glucose and lipids. Two participants showed increased lipid levels during follow-up. The short-term intervention produced benefits for some individuals, but overall improvements were limited.

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Designing Diets for Mastication and Swallowing Difficulties Using the International Dysphagia Diet Standardisation Initiative (IDDSI) to Improve the Quality of Hospital Meals

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Background and objective

According to the Nutrition and Health Survey in Taiwan 72% of adults aged over 65 years are partially edentulous, and 65.8% report dietary restrictions due to dental, chewing, or swallowing problems. In hospitals, many elderly patients are unable to finish their meals due to eating difficulties, which reduces their nutritional intake and adversely affects recovery outcomes. The IDDSI defines globally recognized levels of food texture and liquid thickness (Levels 1–7) for individuals with dysphagia. By implementing texture-modified diets, hospitals can improve meal consistency, variety, and overall food quality for inpatients—supporting age-friendly nutritional care.

Methods/intervention

First, dietitians analyzed and adjust food textures in therapeutic diets, assigning appropriate IDDSI levels. Second, conducted on-the-job training for kitchen staff on the new texture preparation procedures, and updated the hospital diet ordering system to include texture-level options. Education sessions were also provided to the multidisciplinary healthcare team. Finally, dietitians monitored cases requiring texture adjustment and conducted patient satisfaction surveys. Nutritional intake after modification was tracked to evaluate improvement.

Results

From March to October 2024, menu revisions and staff training were completed. A survey of 17 inpatients with eating difficulties showed that most could eat soft foods before admission, but illness reduced appetite and intake. 94% of patients consumed less than 50% of their meals. After dietitian assessment and changing texture from IDDSI Level 6 to 5 or 4), 82% of patients increased their intake to 75–100% of nutritional needs.

Conclusions/lessons learned

When chewing or swallowing difficulties are present, intake of fruits, vegetables, and high-quality protein may decrease. By improving the texture of hospital meals, elderly patients can enjoy a balanced intake of various types of food.

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The Effect of a Mediterranean Diet Board Game on Older Adults' Health Literacy

LI Meng-Fang, WANG Chen-Wei

Background and objective

As individuals age, bodily functions gradually decline. How can older adults acquire health knowledge and effectively apply it in their daily lives to mitigate the risk of chronic diseases? This study developed a 'Mediterranean Diet Board Game,' tailored to the needs of older adults, by integrating the concepts of the Mediterranean diet into a board game mechanism. The aim is to enhance older adults' cognitive understanding of the Mediterranean diet.

Methods/intervention

This study targeted 251 older adults from long-term care facilities and community care centers. We implemented a 'Mediterranean Diet Health Education and Board Game Activity' which covered the principles, frequency of consumption, intake amounts, and the six major food groups of the Mediterranean diet. A paired-samples t-test was used to compare the difference in older adults' cognitive understanding of the Mediterranean diet before and after receiving the health education and board game activity.

Results

The results revealed the following: (1) The post-test scores for older adults' cognitive understanding of the Mediterranean diet were significantly higher than the pre-test scores, reaching a statistically significant difference ($p < 0.001$). (2) There was a statistically significant difference ($p < 0.001$) in the level of Mediterranean diet cognition among older adults from different residential regions (Northern, Central, and Southern Taiwan). Furthermore, older adults in Northern Taiwan demonstrated a higher level of Mediterranean diet cognition than those in Central and Southern Taiwan.

Conclusions/lessons learned

The results of this study confirm that the 'Mediterranean Diet Board Game' can help older adults acquire correct health knowledge through the game process, enhance their health literacy, and improve their quality of daily life. This intervention can also serve as a reference for the future development of other healthcare knowledge and the design of health-promoting board games.

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From the Dining Table to Preventive Medicine: The Role of Nutritional Intervention in Geriatric Frailty

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Background and objective

This study evaluated the impact of a structured nutritional intervention on frailty in community-dwelling older adults, focusing on improvements in nutrition, physical performance, and quality of life.

Methods/intervention

Fifty adults aged ≥ 70 years meeting prefrailty or frailty criteria (Fried Frailty Phenotype) participated in a 12-week pre-post study. The intervention included weekly counseling by a dietitian emphasizing protein- and calorie-rich diets with vitamin D and omega-3, daily protein/vitamin D supplements (1–2 servings), and three group-based nutrition education sessions. Assessments covered frailty (Fried Criteria), nutrition (Mini Nutritional Assessment, MNA), function (handgrip strength, 6-m walking speed), and quality of life (SF-12)

Results

Participants had a mean age of 78.4 years; 60% were female. At baseline, 22 were frail and 28 prefrail. After 12 weeks, 10 frail improved to prefrail and 18 prefrail to robust, with a significant reduction in frailty index ($p < 0.01$). MNA scores rose from 18.2 to 22.5 ($p < 0.001$), indicating recovery from malnutrition risk. Physical performance improved significantly: handgrip strength increased from 17.8 to 21.1 kgf, and walking speed rose by 0.18 m/s. SF-12 scores increased by $\sim 12\%$, with notable gains in vitality and physical function.

Conclusions/lessons learned

The 12-week intervention demonstrated that structured nutritional support can reverse or delay frailty progression, enhance physical function, and improve perceived quality of life in older adults. Beyond short-term benefits, such programs may reduce risks of hospitalization, falls, and dependency, contributing to long-term healthcare cost savings. These findings support incorporating nutrition counseling and supplementation into routine geriatric care and community health services. For policy, establishing multidisciplinary collaborations between hospitals, dietitians, and primary care could scale up preventive programs. Future research should assess sustainability, cost-effectiveness, and synergy with exercise or cognitive training, offering a holistic approach to healthy aging.

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Proactive Nutritional Interventions for Pressure Injury Prevention in High-Risk Patients

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Background and objective

Pressure injuries (PIs) are key indicators of clinical care quality and are listed in Taiwan's Clinical Performance Indicators (TCPI). Besides pressure or shear force, poor nutritional status is a major risk factor. Treating a stage two pressure injury costs USD 4,000–12,000 and requires about six months to heal, with a 2.3-fold higher infection risk. This project aims to implement early preventive nutritional interventions for high-risk patients.

Methods/intervention

Upon admission and every 7 days, nursing staff assess PI risk using the Braden Scale (high: ≤ 12 ; moderate: 12–15; low: ≥ 16). Patients with scores < 16 are referred to dietitians for intervention:

1. Assess nutrition with Subjective Global Assessment (SGA).
2. Recommend appropriate diet and at least 1.3 g protein/kg/day.
3. Provide oral nutritional supplements (ONS) as needed.
4. Reassess SGA after 7 days.

Results

Twelve participants were enrolled in February 2024. Braden scores increased from 10.5 ± 2.11 to 13.08 ± 3.17 ($P < 0.001$). SGA improved from 3 ± 0 to 2.33 ± 0.78 ($P = 0.012$). Only one patient developed a stage 1 PI during the intervention.

Conclusions/lessons learned

Early nutritional intervention significantly reduces PI risk and improves nutritional status. Integrating this model into clinical routines may enhance overall care quality.

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United for metabolic health — A healthy Taiwan begins at Fengyuan Hospital

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Background and objective

Fengyuan Hospital, a leading Health Promoting Hospital, supports the "Healthy Taiwan—Metabolic Syndrome Prevention" policy through an interdisciplinary care model integrating family medicine, metabolism, community health, and

occupational nursing. Digitalized health records empower patient self-management, while community and cross-sector collaboration advance the vision of "Preventing Metabolic Syndrome Together for a Healthy Taiwan."

Methods/intervention

Condensed Metabolic Syndrome Prevention Strategies: Prevention is implemented via four approaches: (1) Community Engagement – building trust with local leaders and forming health promotion groups; (2) Outpatient Cross-Team Collaboration – using EMR data, proactive outreach, and a risk assessment platform for lifestyle counseling; (3) Employee Health Promotion – fostering a healthy workplace with checkups, follow-up, and education programs; (4) Integrated Management – continuous interdisciplinary coordination and data-driven evaluation for quality improvement.

Results

1. Adult Health Exams: 2024 participation (≥ 40 yrs) rose 5.78%; 67.6% of metabolic syndrome cases received education, with 21.6% improvement. 2. Community Screening: 160 events, 8,096 participants; 573 abnormal, 250 followed up (43.6%). 3. Employee Health: 1,117 exams completed (100%); 41.6% abnormal, 88.6% follow-up; 39 sessions, 85.96% participation. 4. Health Education & Follow-Up: 1,966 screened, 308 joined programs; improvements in waist, BP, weight, fasting glucose, cholesterol; 24 participants in a 2-month weight reduction program lost 30.7 kg and 87.5 cm waist.

Conclusions/lessons learned

Fengyuan Hospital leverages interdisciplinary collaboration and leadership support to implement early interventions, delaying disease progression. Progress is monitored via Balanced Scorecard meetings and reported in national health programs. The hospital will continue enhancing preventive strategies, applying data-driven management, and strengthening community partnerships for metabolic syndrome prevention.

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Frail Health Examination at Clinic A - Focusing on the Prevention of Low Nutrition

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Background and objective

We have used the "Questionnaire for the Elderly" for health check-up in 2021-2022 to raise awareness of the prevention of locomotive syndrome and frailty, as well as focus on early intervention to prevent malnutrition and prevention of aggravation. We will report on the results.

Methods/intervention

1. The subjects were elderly people covered by the National Health Insurance System who had undergone a health checkup. Those who answered three or more of the 10 items (items related to nutrition, oral cavity, exercise, and social participation) in the "Questionnaire for Older Elderly People" were considered frailty subjects.
2. Among those eligible for frailty, 1) those with a BMI of 21.4 or less were considered to be at risk of malnutrition, 2) those with a history of falls were considered to be eligible for locomotive syndrome.
3. People at risk of malnutrition with underlying health conditions will be referred to nutritional counseling by a registered dietitian.

Results

(1) Of the 147 persons who underwent health checkups, 51 were frail. (2) The results of the questionnaire showed that "Walking has become slower" was the most common response, accounting for over 90% of the respondents. "It has become difficult to eat hard food" was selected by more than 60% of the respondents, indicating a decline in masticatory function. (3) Of the 51 frail subjects, 23 were "at risk for low nutrition. The main reasons for low nutrition were problems with oral functions, cognitive dysfunction, and continuation of a metabolic prevention diet. After the implementation of the program, all participants showed improvement in their eating behavior, and four of them gained 1.2 to 3.8Kg of weight in around 3 months.

Conclusions/lessons learned

1. After the health checkup, the intervention by doctors and nurses to prevent malnutrition was easy to gain the cooperation of the families, and the improvement effect after implementation was also high. Prevention of malnutrition during frailty health checkups can be said to be effective.
2. Since a decline in masticatory function is a factor that causes malnutrition, it is necessary to prevent not only malnutrition but also oral frailty.

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Poster session 1.4: Arts and culture in health promotion

The Heritage of Care: Caring for Healthcare Heritage

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Background and objective

The project *Communities & Identities*, coordinated by the Documentation Centre for the History of Health and Social Care in Piedmont (SASP), advances the recognition of healthcare's historical and cultural heritage as a foundational dimension of sustainable and resilient health systems. In partnership with the 18 healthcare organisations of the Piedmont Region, the initiative conducted the first comprehensive regional survey of hospital facilities—both currently operational and repurposed—resulting in a mapping of 76 sites. The survey findings are presented in the e-book *Communities & Identities*, which reconstructs the evolution of hospitals as institutional settings of care, social cohesion, and collective identity.

Methods/intervention

Building on this research, the project has developed a distributed exhibition pathway that mobilises healthcare memory as a resource for health promotion and prevention. This approach encourages citizens and healthcare professionals to re-engage with the interdependencies among health, culture, and place. The poster outlines the methodological framework and outcomes of the mapping process, as well as the strategies implemented to embed the valorisation of cultural heritage within health promotion practices. The exhibition also integrated selected artworks, enabling visitors to connect the tangible heritage of care with artistic expressions that further highlighted themes of identity, community and wellbeing.

Results

The results show how a deeper understanding of the “heritage of care” can help foster more participatory, equitable and sustainable approaches in contemporary healthcare systems.

Conclusions/lessons learned

The initiative demonstrates that valorising the historical and cultural heritage of healthcare institutions can strengthen community engagement, support prevention and health promotion practices, and contribute to more resilient and sustainable health systems.

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Creative Arts as a Buffer: The Immediate Effects of a Single-Session Guided Doodling and Sharing Workshop on Resilience and Emotional State in Head Nurses

CHAN Chik-Yi, LIN En Tzu, TSENG Chih-Ting

Background and objective

Head nurses work in a high-stress environment, which often leads to emotional exhaustion and a lack of self-care. Verbal-based interventions can sometimes trigger psychological defensiveness. Creative arts therapy (such as doodling) provides a non-verbal means of expression that bypasses cognitive criticism, directly connects with inner emotions and resources, and has been proven effective in reducing stress and promoting self-awareness. When combined with group sharing, it creates a supportive environment, breaks down feelings of isolation, and allows participants to gain resonance and strength from peers' experiences.

Methods/intervention

To investigate the immediate effects and acceptability of a single-session resilience activity, centered on manual doodling and guided group sharing, on improving positive emotions, self-compassion, and psychological resilience among head nurses. The study involved n=70 head nurses from a medical center who voluntarily participated and completed the activity and measurements. A post-test design was employed, and qualitative feedback was collected.

Results

Enhanced state resilience: Participants reported feeling a higher level of resilience in the present moment. High acceptability and satisfaction: 96% of participants reported being "satisfied" or "very satisfied" with the activity.

Conclusions/lessons learned

This study demonstrates that a single-session intervention combining manual doodling and guided sharing is a highly effective model for promoting resilience. The creative art activity successfully provided a low-threat, highly engaging medium, enabling head nurses to safely express and process stress while reconnecting with their inner resources. The group sharing reinforced a sense of "universality" and peer support, effectively reducing the sense of isolation associated with their managerial roles.

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Promoting a friendly work environment through art therapy

HUANG Shih-Ling, TSAI Wen Huey

Background and objective

Hospital workers in Taiwan face heavy workloads and stress, leading to staff shortages and reduced care quality. Ensuring employee well-being is essential for high-quality services. However, in 2023, participation was limited to only 59 employees. To increase engagement, the hospital introduced diverse art-based activities to foster creativity, support emotional adjustment, encourage social interaction, and promote personal growth, ultimately enhancing staff health and well-being

Methods/intervention

1. Conduct employee surveys to assess needs and preferences, using results as the basis for course design. 2. Plan diverse stress-relief courses and art therapy activities to meet varying interests and needs. 3. Establish flexible participation mechanisms, encouraging employees to choose frequency based on individual schedules and circumstances. 4. Utilize digital platforms such as LINE to increase interaction and strengthen team cohesion

Results

After expanding the employee health promotion program from single-medium activities to diverse artistic expressions, participation increased significantly from 59 to 108, an 83.1% rise. Satisfaction reached 100%, with 68% strongly agreeing the activities enhanced team cohesion and communication. Participants also reported notable improvements in problem-solving skills, self-achievement, and creativity

Conclusions/lessons learned

The hospital work environment is often fast-paced and highly stressful, leaving staff physically and mentally exhausted. Art therapy workshops provide opportunities for relaxation, strengthen team cohesion, and enhance problem-solving skills. By incorporating diverse artistic media, employees experience a sense of achievement and creativity, which helps reduce stress and foster collaboration

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Wellness Museum: healing paths through Art and Culture

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Background and objective

In 2024, in collaboration with General Practitioners GP at the Local Health Centre, in Oulx, a small center in mountain region,

a Social Prescribing project was developed. Social Prescribing connects individuals with non-medical community services to improve health and well-being. Evidence shows that non-pharmacological interventions can help treat depression, fatigue, sleep disorders, apathy, mobility issues, cognitive difficulties, and improve quality of life. Those most likely to benefit include socially isolated people, individuals at risk of mental disorders, and those vulnerable due to age, socioeconomic status, or chronic disease. In a time of widespread anxiety and uncertainty, art and culture can support psychological and physical well-being. The project proposes that GPs, prescribe museum visits and artistic workshops—WellnessMuseum—to bring citizens closer to the Rivoli Castle and the Reggia of Venaria. Objectives include testing Social Prescribing, promoting psycho-emotional well-being, reducing isolation, reduction of inequalities and supporting people with mild mental distress or social fragility

Methods/intervention

The project is intended for adults and older, who live alone, with anxiety disorders, or mild intellectual disabilities that place them at risk of social isolation. The pathway includes:

- Identification of eligible participants by healthcare professionals and issuance of a Social Prescription
- Enrollment in the Wellness Museum Project through the booking system using the prescribed referral
- A cycle of four sessions in small groups, supported by volunteers, held weekly or biweekly at the Rivoli Castle and Venaria museums La Reggia
- Ongoing clinical monitoring by General Practitioners

Results

The project aims to achieve measurable improvements, including:

- An increase in scores on the Quality of Life Questionnaire
- A reduction in anxiety symptoms and sleep disturbances
- A decreased use of symptomatic medications
- A reduction in inappropriate or non-urgent access to healthcare services

Conclusions/lessons learned

The project is underway

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Humanizing Care through Arts and Culture at the “Michele e Pietro Ferrero” Hospital of ASL CN2

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Background and objective

ASL CN2, located in a UNESCO heritage area, opened the large and technologically advanced Ferrero Hospital in 2020. Its scale

required a structured humanization process, to create an inclusive, patient-centred environment enriching the clinical care pathway with artistic and cultural experiences to support health, participation and the overall wellbeing of patients, families and staff.

Methods/intervention

The humanization strategy included: visual storytelling in Pediatrics with murals and “ludobarelle” playful taxi-shaped stretcher trolleys; breastfeeding-friendly rooms and community campaigns; a reading area and an art gallery with works of local authors; an entrance adorned with photographs of local landscapes; dedicated areas for temporary exhibitions; an open-access grand piano enabling musical performances; and a music therapy programme for hospice patients, children with autism and people with eating disorders by certified therapists, in collaboration with clinical teams.

Results

The interventions improved care experience and emotional climate across settings. In Pediatrics, staff reported reduced distress and better cooperation from children. Breastfeeding spaces increased comfort and privacy for mothers. Cultural installations promoted spontaneous interaction and a stronger sense of belonging, evoking a familiar and comforting environment to patients and visitors. Music therapy supported non-verbal expression, reduced anxiety, and improved perceived quality of life for patients and families.

Conclusions/lessons learned

Arts-based and relational approaches can effectively humanize highly technological hospitals, fostering communication, empowerment, and wellbeing. Co-design with community partners and alignment with clinical teams proved essential for sustainability.

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Enhancing Patients’ Spiritual Well-being through Art-Based Group Spiritual Health Education: The Example of a Cancer Chemotherapy Ward

HUANG Li-Chun, PAN Ruei-Yi

Background and objective

Chemotherapy is a challenging and painful process, often accompanied by physical, psychological, and spiritual distress. Patients may find it difficult to express deep fears and feelings of loss, highlighting the need for integrated care from the medical team to enhance overall well-being. To address these needs, spiritual care providers conducted group-based Spiritual Health Education sessions prior to patients’ discharge. Through art-

based activities, patients were guided to express their inner experiences and receive immediate spiritual support.

Methods/intervention

Since Nov. 2023, Group Spiritual Health Education have been implemented, with 8 sessions conducted to date. The program is open to patients in the chemotherapy ward, allowing same-day registration, with approximately 6 to 8 participants per session. Spiritual care providers design thematic activities and employ various art media—such as expressive cards, pastels, clay, and colored sand—to guide patients through a spiritual journey of awareness–acceptance–belief recalibration.

Results

Spiritual care providers guided patients to become aware of their inner states and share their experiences, fostering mutual acceptance and affirmation within the group while helping them to adjust negative beliefs. The questionnaires indicated a 100% satisfaction rate. Patients reported that the sessions contributed to their health maintenance, enhanced their knowledge, and were deeply meaningful. In an accepting environment, participants were able to express spiritual distress, which not only demonstrated their willingness to learn but generated spiritual healing.

Conclusions/lessons learned

By assessing patients’ spiritual state through 4 dimensions—inner peace, connection with others, harmony with the environment, and relationship with the transcendent—patients were able to reflect on the meaning of life, gain inner strength, and promote spiritual well-being. This group model can be incorporated into nursing and spiritual care education to strengthen patients’ holistic health.

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Building a People-Centered Healthy Workplace in a Church Hospital through an Integrative Caring Strategy.

KUO Meng-Ting, LIN Ching-Yu, HSIEH Kai-Wei, CHEN Cheng-Ren

Background and objective

In a high-pressure healthcare setting, employees often face heavy workloads and emotional strain, affecting their well-being and performance. Guided by the Health Promoting Hospital (HPH) framework, our hospital aims to enhance staff health, satisfaction, and retention through a supportive culture. This program centers on “arts & culture” and “team support” to develop an “integrative caring approach”, aiming to: (1) increase job satisfaction, (2) foster a positive workplace culture, and (3) reduce turnover while strengthening teamwork.

Methods/intervention

The “Integrative Caring Program” combines arts & culture with team cohesion to promote a healthy, people-centered workplace. I. Arts & Culture Integration (1) Community Arts: Concerts and theater to inspire staff and community. (2) Movie Days: Films for stress relief and social connection. (3) Healing Art: Exhibitions and printmaking in waiting areas. II. Team Cohesion & Support (4) “One Team” One Day Trips: Team excursions for cross-department bonding. (5) Leadership Camps: Team-building and travel to strengthen trust. (6) Festive Gift Visits: Executives express care, fostering value.

Results

The program produced significant results: (1) Satisfaction was outstanding—Movie Day scored “100/100”, Employee Trip “93.5/100” (2025), and Leadership Camps (2022–2024) averaged “95/100”. The “usefulness to work” dimension reached “4.8/5”, showing improved communication and collaboration. (2) From 2022–2024, “job satisfaction (4.08) “ and “organizational identification (4.06) “ both exceeded peer hospitals of Around Taiwan Health Care Alliance (3.96 and 3.85). (3) The turnover rate decreased from “11.47%” to “11.02%”.

Conclusions/lessons learned

Integrating arts, culture, and team support effectively promotes a healthy, people-centered workplace. Employees who feel seen and valued gain positive energy and stronger organizational commitment, enhancing satisfaction and retention. Extending humanistic care to the clinical setting reinforces the hospital’s role as a healing environment that connects staff, patients, and the community.

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From Secular Ritual to the Talking Garden. When culture, art, and spirituality promote health. A hospital opens its green spaces to the community in times of global crisis.

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Background and objective

Providing a civil and poetic salutogenic response to the global crisis of meaning in human life, health, and social cohesion. In an era characterized by the pandemic emergency and ongoing international conflicts, which are jointly responsible for the increase in mental distress among populations, this ritual, which transforms the garden of the Mauriziano Hospital in Turin into an

artistic and cultural space open to all, offers a model of human, spiritual, and community regeneration and promotes universal ethical values.

Methods/intervention

An artistic/cultural health promotion project, based on the Social and Community Theatre Methodology, which based its effectiveness on the participatory use of performing arts, involvin the community in co-design

Results

It encouraged emotional and narrative expression among patients, healthcare professionals and the general public, reducing stress and burnout. A listening space was created where we experienced that care is not just a clinical approach, but a caring relationship based on empathy, awareness and resilience, We built health promotion network with schools, universities, citizens, and institutions. The project has been recognised as best practice for its ability to integrate performing arts, social theatre, health promotion, culture and spirituality. Overall, more than 1.000 participants were involved, including citizens, patients and healthcare professionals, over 150 artists and 20 partners. Fifteen videos, a publishing project, ten workshops and four training events were produced

Conclusions/lessons learned

Working on health promotion through culture has helped us redefine the human phenomenon in healthcare and consider the spiritual dimension of health. Art and culture have been the universal language, and doing so with the community has facilitated the creation of networks and virtuous collaborations

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Poster session 1.5: Salutogenic, safe and healthy workplaces and care settings

From Burnout to Belonging: Digital Innovation for Healthcare Worker Wellbeing and Organizational Resilience

LIN Yi Hua, LI Kun Rong

Background and objective

Healthcare worker burnout reached 39.8% post-pandemic, with EHR use contributing to 40.4% prevalence among clinicians. This review examines digital health interventions addressing burnout through ethical technology deployment.

Methods/intervention

Systematic review following PRISMA guidelines searching PubMed, MEDLINE, Embase, PsycINFO (2020-2025). Included studies on digital wellbeing interventions for healthcare workers. Quality assessed using Cochrane and JBI tools.

Results

47 studies identified three categories: (1) AI mental health platforms: 80.1% engagement, significant anxiety reduction; (2) Mindfulness apps: effect sizes $g=0.24-0.28$, 22% burnout reduction, 56% decrease in "always-on" feelings; (3) EHR optimization: 18.5-60% documentation time reduction. RCT (n=2315) showed sustained improvements at 37-week follow-up. Trauma-informed design and digital resilience frameworks identified as critical success factors.

Conclusions/lessons learned

Digital interventions effectively address wellbeing when embedded in organizational strategies. Success requires trauma-informed design, human-AI collaboration, and system-level resilience building. Technology alone insufficient—must address workload, culture, and psychological safety.

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Using multiple strategies to improve the accuracy of cleaning staff in preparing bleach

LIU Hsiao-Chun, HUANG Te-Hui, LEE Shu-Chiung

Background and objective

Proper environmental cleaning and disinfection are key to reducing the spread of infectious diseases. The management of environmental cleaning and disinfection in healthcare facilities is one of the crucial measures for preventing healthcare-associated infections. The cleanliness of the environment should be appropriately monitored to provide a safe and hygienic setting, protecting the health of staff, patients and visitors. During the 2024 infection control hospital ward environmental quality inspection, it was found that cleaning staff were unclear about the bleach concentration and sometimes used it incorrectly during the final cleaning and disinfection of discharged beds. Specific goal 1. The accuracy rate of cleaners' knowledge of bleach concentration reaches 80%. 2. The accuracy rate of cleaners in preparing bleach solutions reaches 80%. 3. Develop appropriate learning tools for cleaners to prepare bleach solutions.

Methods/intervention

1. Purchase 5 clearly marked measuring cups and bleach test kits.
2. Create a "Simple Bleach Preparation Flashcard" in font size 72 as a learning tool.

3. Conduct one-on-one guidance on bleach concentration, demonstrate and correct the proper preparation method twice a week for four weeks, guiding a total of 48 participants.
4. Ask the administrative team to produce waterproof labels indicating the bleach and water amounts directly on the containers.
5. Post the simple bleach preparation flashcards in the preparation area and conduct one-on-one teaching using these cards.
6. Collaborate with the administrative team to organise in-service training for cleaning staff, using the flashcards to teach bleach concentration and correct preparation methods, followed by a questionnaire test. Out of 18 questionnaires collected, 15 were correct, with an accuracy rate of 83.33%
7. Daily, cleaning staff check the concentration of the bleach prepared using the bleach test kit to ensure it is correct.

Results

1. The questionnaire conducted a post-test on knowledge of bleach concentration (general environmental cleaning and blood/body fluid concentration), with 12 people answering correctly, a correctness rate of 86%, and a target achievement rate of 108%. 2. Daily monitoring of cleaning staff preparing bleach solutions to ensure maintained effectiveness, with a total of 25 instances, 20 correct, a correctness rate of 80%. 3. Cleaning staff's satisfaction with the improved tools was 100%.

Conclusions/lessons learned

Guiding cleaning staff is not an easy task. Although objective tools were used in this case to test and quantify the problems, the process still required multiple repeated demonstrations or other measures to allow the cleaning staff to know how to correctly prepare bleach. The experience also revealed that, although the trained cleaning staff could correctly answer the questions about bleach concentration, some still took chances, thinking they would not be inspected, and did not follow the correct bleach preparation. In the future, monitoring will continue to ensure that the quality of environmental cleaning and disinfection is maintained, jointly safeguarding a safe and hygienic environment.

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Effectiveness of Health Promotion Interventions on Reducing Psychological Stress, Fatigue, and Musculoskeletal Pain Among Healthcare Workers.

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Background and objective

This study surveyed 342 employees of a regional hospital in New Taipei City in 2025 to assess psychological stress, fatigue, and musculoskeletal pain. Results showed 14.3% of employees had high psychological stress, and 84.2% reported upper-body pain, highlighting common occupational health risks that may impact work performance and quality of life.

Methods/intervention

A cross-sectional questionnaire survey was conducted in 2025 to assess employees' psychological stress, fatigue, and musculoskeletal pain, followed by statistical analysis. Data from pre- and post-evaluations of health-promotion activities and onsite occupational health services were also incorporated to evaluate the effectiveness of interventions such as exercise, stress-relief, mindfulness, and weight-loss programs. The integrated analysis served as a basis for developing health-promotion strategies in the hospital.

Results

In 2025, the hospital conducted 23 health-promotion sessions—including exercise, stress-relief, and mindfulness courses—with a total of 2,040 participants. A weight-loss competition involved 285 participants, resulting in a total weight loss of 490.6 kg (average 2.62 kg per person) and an average body-fat reduction of 2.46% per person. Pre- and post-test results showed that employees maintaining regular exercise habits increased from 72.9% to 81.9%, and self-reported lifestyle satisfaction improved from 76.3% to 85.8%. In addition, physicians and professionals provided monthly onsite services to high-risk units, including workplace hazard assessments, guidance on proper use of protective equipment, and follow-up evaluations.

Conclusions/lessons learned

Based on the principles of health promotion, the hospital will continue to implement exercise programs, nutrition and dietary courses, onsite services, and mindfulness training. Since musculoskeletal pain locations and protective needs vary across job types and work environments, department supervisors and onsite service teams must collaborate to develop tailored health-promotion plans, thereby enhancing overall workplace health performance.

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A Smart-Technology-Based Multi-Level Circuit Training Intervention for Workplace Obesity and Health Promotion.

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Background and objective

This study assessed a workplace health promotion program combining multi-level circuit training and smart monitoring to improve employees' body composition and health behaviors. Screenings revealed abnormal waist circumference, hypertension, and high BMI as key risks, reflecting rising workplace obesity and chronic disease.

Methods/intervention

The 2025 program included 23 sessions focusing on exercise, nutrition, and stress management, with 1,659 total participants and 285 joining a weight-loss competition. The core exercise intervention emphasized muscular endurance and cardiopulmonary fitness through multi-level circuit training, combined with a smart monitoring system for real-time tracking of heart rate and intensity. Courses were designed for small groups and home-based participation to enhance accessibility and motivation. Nutrition education offered practical guidance on balanced eating and healthy food selection, particularly for those who frequently eat out. Employees' families and volunteers were also invited to extend the program's influence to the community.

Results

Participants achieved a total weight loss of 490.6 kg, averaging 2.62 kg per person, with a mean body fat reduction of 2.46%. The top three participants lost 15.6, 14.0, and 13.2 kg, respectively. Overall, 64.8% completed all sessions. Weight loss of 1–3 kg occurred in 56.2%, 3–6 kg in 17.2%, and more than 6 kg in 7%. Fat reduction above 6% was seen in 5.1%, 3–6% in 17.2%, and 0–3% in 45.1%. Participants reported increased motivation and self-efficacy through real-time feedback, improved exercise consistency, and healthier dietary habits. However, motivation declined in programs extending beyond six months, and mild weight regain was observed.

Conclusions/lessons learned

The smart-monitored, multi-level circuit training improved employees' physical condition, promoted healthier behaviors, and enhanced workplace wellbeing. This approach offers a feasible, scalable model for corporate health promotion by integrating technology, education, and social support. To sustain outcomes, future programs should include diverse competitions, ongoing feedback, and motivational strategies to prevent weight regain and foster a culture of health and happiness.

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Building Nursing Resilience through the “Five-H” Spirit: A Case Study of the Obstetrics and Gynecology Ward

WANG Shu-Chen, TSAI Ya-Lun

Background and objective

According to statistics from Taiwan's Ministry of Health and Welfare, the resignation rate among nurses in 2023 reached 12.61%, the highest in the past decade. Some hospitals have even been forced to close wards due to insufficient nursing staff. The main causes of resignation include low pay, unfriendly work environments, and excessive workload stress. We implemented improvement measures to create an enhanced "Five-H" work environment.

Methods/intervention

Guided by the Five H spirit — Heart, Hope, Harmony, Honesty, and Healing — our ward sought to enhance the work environment and team morale through the following initiatives:

1. Heart: Enhance physical, mental, and spiritual well-being, building unity through love.
2. Hope: Maintain faith in the face of challenges, fostering compassion and caring to illuminate the path forward for our team.
3. Harmony: Foster a supportive atmosphere within the team, creating a warm and empowering workplace culture.
4. Honesty: Building trust and a sense of security through sincerity when facing pressure and emotions.
5. Healing: Advocating health-promoting activities, giving ourselves space to recover and breathe.

Results

After three years of implementation, the resignation rate decreased to 4.5%, staff complaints reduced, and nursing students positively evaluated the ward's atmosphere as supportive and energetic. Although progress was significant, there remains room for further improvement.

Conclusions/lessons learned

Continuous cultivation of a Five-H work environment aims to ensure that nursing staff face challenges within a healthy, friendly, and safe workplace, maintaining endurance and motivation without excessive physical or emotional exhaustion leading to attrition.

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Using multiple strategies to reduce compassion fatigue in intensive care unit nurses

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Background and objective

ICU nurses have been exposed to high-risk infectious diseases and epidemic prevention policies for a long time, and are under the pressure of caring for critically ill patients. Care energy is excessively exhausted and there is no time to recover. Feeling powerless, the interview found that 78.8% of nurses suffered from compassion fatigue, leading 7 nurses leaving their jobs in 2023. The lack of nursing manpower directly causes difficulties

for people to seek medical treatment. Reduce the incidence of compassion fatigue among ICU nursing staff to a target value of 23% through multiple strategies

Methods/intervention

1. Assess personal situations and adjust work attitudes, temporarily break away from work, use spirituality or religious beliefs, inner self-reflection, uphold a positive attitude, and use humor to cope. Arrange for colleagues to have 2 to 3 consecutive days of vacation every month.
2. Provide on-the-job education courses, which cover the meaning and phenomenon of compassion fatigue, practical courses and group activities, and provide measures to take care of oneself in order to face the demands of work, and arrange to participate in stress-relieving massage, fruit picking at the farm, and spiritual exploration courses.
3. Increase the support system, use group discussions to share opinions and allow for the expression of inner sentiments, arrange emotional sharing, outdoor camping, succulent planting activities and dinner parties to reduce the work pressure of nursing colleagues.

Results

After the strategy was improved, interviews revealed that the nursing staff had high ratings of satisfaction with the courses and activities, and the working atmosphere seemed relaxed. In 2024, the number of nursing staff leaving the hospital was dropped to 3, and the incidence of compassion fatigue among ICU nursing staff was dropped to 12%.

Conclusions/lessons learned

The shortage of nursing manpower is a common challenge in all countries around the world. The application of multiple strategies can significantly reduce the incidence of compassion fatigue among ICU nursing staff, help nursing staff regain their enthusiasm for care, and reduce the turnover rate.

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A multi-faceted strategy to reduce admission time to the medical ICU

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Background and objective

The ICU admission process, previously managed by a designated nurse, caused delays affecting safety and care quality. This project optimized the workflow through process analysis and digital improvements, reducing administrative burden and enhancing efficiency. Admission time was shortened by 50% (from 55.5 to 35 minutes), nurses' alarm response time improved to ≤ 10 seconds, and overall patient safety and satisfaction increased.

Methods/intervention

Situation analysis revealed four key issues: inconsistent staff understanding, excessive documentation, limited family comprehension, lack of digital support, and absence of standardized audits. Fourteen countermeasures were proposed, with nine implemented. Admission duties were shared among nurses to prevent delays, forms were simplified and digitized to improve efficiency, and QR codes with instructional videos enhanced family understanding and reduced anxiety. Continuous PDCA monitoring ensured stable and effective process improvement.

Results

After implementation on October 20, 2025, admission time decreased from 90 to 35 minutes, exceeding the 45-minute goal (achievement rate 128.6%, improvement rate 61.1%). Nurses responded to alarms within 10 seconds, improving patient safety and satisfaction. Families better understood policies via videos, enhancing cooperation.

Conclusions/lessons learned

Regular training of seed personnel ensured staff familiarity with updated workflows, such as digital consent and QR code materials. Continuous semiannual data review and PDCA-driven improvements sustained the 35-minute standard. This project demonstrates a sustainable, data-driven model that integrates digital tools and process optimization to strengthen patient safety, efficiency, and quality of ICU care.

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Fall Prevention Strategies for Hospitalized Patients with Dementia, Cognitive Impairment, or Delirium

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Background and objective

Patients with dementia, cognitive impairment, or delirium have higher fall risks due to impaired judgment, disorientation, and wandering. Hospital reviews showed most falls were linked to cognitive deficits and insufficient supervision, especially during night shifts with limited staffing. This project aimed to identify key contributing factors, set improvement priorities, and develop feasible strategies focusing on high-risk patient identification and strengthened caregiver education and supervision.

Methods/intervention

A multidisciplinary team analyzed fall incidents and categorized contributing factors into patient, caregiver, and environment/system domains. Patient factors accounted for

40%, caregiver factors 25%, and environment/system factors 35%. Based on findings, two strategies were implemented: (1) an automated high-risk patient identification and visual alert system integrated into the electronic medical record; and (2) a standardized caregiver education program covering supervision responsibilities, risk awareness, handover communication, and behavior monitoring.

Results

The alert system and caregiver education program were successfully implemented, improving caregiver competence. High-risk patient identification increased substantially, and caregiver education frequency, understanding, and compliance improved. Enhanced caregiver capability and systematic identification and contributed to a decline in fall incidents, improving care consistency and overall care quality.

Conclusions/lessons learned

Cognitive impairment is a major driver of inpatient falls, and caregiver engagement and vigilance strongly influence prevention outcomes. Simple and sustainable measures—high-risk identification and standardized caregiver education—can empower caregivers as partners in safety, improve environmental safety, and reduce fall risk even in resource-limited settings. System alerts and visual cues enhanced team awareness, care consistency, and safety culture.

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Smart Knowledge Management and Digital Communication: Driving Employee Club Formation and Workplace Health Culture Construction in Health-Promoting Hospitals

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Background and objective

Healthcare employees face chronic stress and high burnout risk. Employee clubs provide vital social support and build Psychological Capital (PsyCap). However, the program faced administrative complexity and informational opacity, causing "psychological friction" and limiting resource access. The objective was to integrate the PDCA cycle with a Knowledge Management (KM) System and digital communication to dismantle these barriers, optimize club management, and enhance employee Health Promotion Behavior and PsyCap. The target was to establish two new clubs.

Methods/intervention

A one-year PDCA cycle was employed. The Plan Phase identified seven core barriers, with four stemming from information deficit and process complexity. Three core IT-enabled countermeasures were executed: 1) Deploying the KM System to centralize club achievements, creating a "Health Culture Repository". 2) Standardizing the expense approval process, requiring activity proof upload to the KM system for reimbursement. 3) Standardizing digital promotion via a "Sponsor's Toolkit".

Results

The project surpassed its target, achieving 150% of the goal by establishing four new clubs. These included Pickleball, Tennis, Ukulele, and a significant Mindfulness/Personal Growth Club. The Mindfulness club successfully addressed a latent mental health need. The KM system enhanced resource transparency, strengthened Perceived Organizational Support, and significantly optimized administrative efficiency.

Conclusions/lessons learned

This project demonstrates the critical role of Information Technology enablement in advancing workplace health promotion. Digitalizing and standardizing complex processes effectively lowered the psychological and time costs for employees to create and participate in health activities. This successful model enhances healthcare workers' Resilience and Social Support network. Future improvements will incorporate automated reminders and psychological well-being metrics into satisfaction surveys.

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Exploring the Current Status and Associated Factors of Occupational Fatigue Among Operating Room Nurses

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Background and objective

This study aimed to explore the current status of occupational fatigue and its demographic differences among operating room nurses.

Methods/intervention

A cross-sectional research design with convenience sampling was adopted. Participants were operating room nurses who had been employed for more than six months at a regional hospital in central Taiwan. Data were collected using the Chinese Version of the Occupational Fatigue Scale. A total of 40 questionnaires were distributed, with a 100% valid response rate. Statistical analyses were performed using SPSS software.

Results

1. The overall mean score of occupational fatigue among operating room nurses was 52.69.

2. Significant differences in occupational fatigue were found with respect to overtime hours per shift, presence of children, job position, average number of overtime days per week, and perceived work stress level (all $p < .05$).

Conclusions/lessons learned

Hospital administrators should recognize the importance of the working environment for nursing staff, proactively provide resources to alleviate work-related stress, and establish a supportive and friendly workplace culture.

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Poster session 1.6: Health promotion for socially disadvantaged groups

Equity-Driven Clinical-Community Model Improves Treatment Completion Among Vulnerable TB Patients

LIN Tzu Chieh, HSIEN Tsai-En, CHEN Li-Hua

Background and objective

Despite Taiwan's relatively low TB incidence (28.2/100,000), vulnerable populations face barriers to TB treatment, including unstable housing, limited social support, and poor healthcare access. This nurse-led clinical-community care model aims to improve treatment adherence through systematic assessment, individualized discharge planning, and intersectoral collaboration.

Methods/intervention

The model has four phases: Acute phase: Holistic assessment using Barthel Index and psychosocial screening, with interprofessional coordination. Recovery phase: Therapeutic communication, multimedia education, and linkage to subsidies or emergency support. Discharge planning: Referral to TB case managers; high-risk cases reviewed by hospital TB task force and linked to social welfare resources. Community follow-up: Telephone monitoring and home/street visits by case managers, public health nurses, and community workers for directly observed treatment (DOT) and psychosocial support.

Results

Self-care knowledge accuracy improved from 66.6% (2017) to 96.2% (2024). All 47 TB inpatients admitted between May–June 2023 completed treatment. Two vulnerable patients (4.3%) illustrate impact: an economically disadvantaged patient regained independence through rehabilitation and discharge.

planning including long-term care and social welfare support; a homeless patient who declined institutional placement completed treatment via street-based DOT with daily supervision and mobile contact.

Conclusions/lessons learned

This nurse-led, intersectoral model demonstrates that systematic assessment, individualized discharge planning, and continuous hospital-community collaboration improve adherence and outcomes for vulnerable TB patients. Addressing social determinants such as unstable housing and economic hardship enhances health equity, promotes patient engagement, and strengthens system resilience.

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Building a Social Reintegration Support Model for Young Disabled Patients

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Background and objective

Disability among young adults due to traffic accidents and critical illness has increased in recent years. Adults aged 20-50 are at a crucial stage of career development and family responsibility; disability disrupts these roles and risks social disconnection. Current medical and long-term care resources favor the elderly, lacking reablement support systems designed for younger populations. This project promoted reablement-centered policies for young people with disabilities, facilitating social reintegration.

Methods/intervention

Policy discussions took place from July to December 2025, with outcome data collected from January to October 2026. Participants were inpatients aged 20-50 years with functional impairment, as assessed by the Barthel Index. Interventions addressed three domains: promotion of reablement principles, designating young disabled patients as a priority population and shifting focus from disease treatment to functional restoration; revised discharge planning with joint assessment by nursing, rehabilitation, and social work teams, creating expedited referral pathways to assistive device centers, long-term care, and social welfare resources; ward environments redesigned with daily living training areas and independent activity spaces, transforming hospitalization into community reentry preparation.

Results

In 2026, 523 young patients with disabilities were enrolled. Discharge planning coverage for the target population reached 80%, indicating the practical identification of high-risk cases and the initiation of reablement assessments. Post-discharge telephone follow-up was achieved in 75% of cases, ensuring

professional consultation during the early stages of community reintegration. Through interdisciplinary collaboration, family care goals shifted from passive caregiving toward active reablement.

Conclusions/lessons learned

Integrating reablement into hospital systems effectively addresses service gaps for young people with disabilities, helping them rebuild their functional capacity.

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Using Generative AI to Build a Cross-Cultural Postoperative Care Model for Migrant Workers

SHUN Wung-Ping, WU Jia-Min, YE Yu-Shi

Background and objective

Migrant workers are a vulnerable healthcare population. Our hospital treats approximately 250 migrant surgical patients annually. Language barriers often prevent patients from understanding conditions or expressing pain, causing anxiety and delayed recovery. A retrospective review of postoperative records from 2023 to 2024 identified communication as the primary issue affecting care quality. This project used generative AI to overcome language barriers, improving health literacy, pain management, and discharge readiness among migrant workers.

Methods/intervention

A pre-post design was implemented in 2025 to target surgical ward migrant workers. Interventions included nurses using Google Gemini for real-time voice translation to obtain histories and provide support, as well as AI-generated educational videos and pain cards in Vietnamese, Thai, and Indonesian, verified by Chinese-proficient senior migrant workers. Additionally, cross-cultural workshops were conducted to enhance nurses' cultural sensitivity. Outcomes included teach-back accuracy, Visual Analogue Scale (VAS) pain scores, and an institutional discharge readiness checklist.

Results

In 2025, 79 migrant workers were enrolled, comprising 41 from Vietnam, 19 from Thailand, and 19 from Indonesia. All indicators improved post-intervention: teach-back accuracy increased from 60% to 85%, demonstrating effective information delivery; VAS pain scores decreased from 5 to 3, indicating better pain recognition and management; discharge readiness improved from 65% to 90%. These findings confirm that technology-assisted communication can reduce care disparities caused by language barriers.

Conclusions/lessons learned

Integrating generative AI into cross-cultural nursing offers a feasible solution to communication barriers faced by migrant workers. This model transforms language barriers into effective

communication, ensuring migrant workers receive care of comparable quality to local patients and embodies health equity and digital inclusion.

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Optimizing the IGRA Specimen Transport Process for Latent Tuberculosis Infection to Reduce Indeterminate Results: Enhancing Outsourced Service Quality and Patient

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Background and objective

Screening and controlling latent tuberculosis infection (LTBI) is vital for global health goals. The Interferon-Gamma Release Assay (IGRA) is a key diagnostic tool, but its results are sensitive to pre-collection and transport conditions. Indeterminate IGRA results can lead to unnecessary prophylactic treatment and side effects. This study evaluated the impact of standardizing sample transport protocols on reducing IGRA result uncertainty, aiming to improve diagnostic accuracy and patient safety.

Methods/intervention

This was a retrospective analysis of IGRA testing data from 2022-2024. Optimization began in June 2023. Key steps: standardized use of dedicated, temperature-monitored transport boxes; ensured all tubes/samples adhered strictly to reagent temperature specs; used clear visual transport labels; and enforced strict lab receiving procedures (temperature/time recording, non-compliant sample rejection).

Results

Strict control of sample transport conditions significantly reduced IGRA result uncertainty. Before optimization, the uncertainty was 5.2% (78/1499) in 2022 and 13.4% (130/973) from January to May 2023. Following optimization, the uncertainty decreased sharply, falling to 2.4% (16/656) from July to December 2023, and further to 2.5% (25/999) in 2024.

Conclusions/lessons learned

These results confirm that strict monitoring of sample transport conditions is a key factor in ensuring the accuracy and reliability of IGRA testing for LTBI. This optimization effectively improved the quality of medical services, enhanced patient safety, and reduced unnecessary anti-tuberculosis drug use. This experience provides a valuable reference for other testing institutions aiming to establish high-quality LTBI screening processes.

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Integrated Health Promotion Model to Enhance Metabolic Risk Detection and Reduce Health Inequities

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Background and objective

Patients with mental illness have higher risks of hypertension, hyperglycemia, and dyslipidemia due to medication effects, illness characteristics, and lifestyle limitations, resulting in persistent health inequities. Preventive health services are seldom integrated into psychiatric care. To enhance holistic care, our hospital incorporated adult preventive health services into routine psychiatric outpatient workflows to improve early detection of metabolic abnormalities and strengthen health literacy and self-management.

Methods/intervention

A multidisciplinary team was established, and staff received preventive-care training. An Integrated Preventive Health Service Station provided examinations, metabolic-risk assessment, and individualized education. Services followed national guidelines for adults aged 30–39 (every 5 years), 40–64 (every 3 years), and ≥65 (annually). Patients with abnormal findings received physician consultation and tailored nursing education with follow-up. Family participation and teamwork were emphasized to improve accessibility and effectiveness.

Results

From Feb–Sep 2025, 98 psychiatric patients received preventive services. Most were aged 40–64 (60.2%) or ≥65 (41.8%). Overall, 43.9% had at least one metabolic abnormality, higher than the general population (32%). Age-related increases were noted: 30–39 (mainly dyslipidemia, 20%); 40–64 (lipid and glucose abnormalities, 35.6%); ≥65 (abnormalities 88%). Nurses completed 51 individualized sessions. Follow-up showed 77% improved health awareness and 63% willingness for continued screening.

Conclusions/lessons learned

Integrating preventive health services into psychiatric care is feasible and effective. The model improved early metabolic-risk detection, enhanced health literacy, promoted healthy behaviors, and reduced inequities among psychiatric patients. It is sustainable and scalable for mental-health institutions.

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Depression and executive dysfunction in people living with HIV: A neuropsychological study in Taiwan

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Background and objective

Although antiretroviral therapy has transformed human immunodeficiency virus (HIV) into a manageable chronic condition, people living with HIV (PLWH) remain vulnerable to neurocognitive impairment and stigma-related mental health risks. This study examined the relationship between depression and cognitive function among PLWH to identify specific neuropsychological deficits.

Methods/intervention

PLWH were recruited from three hospitals in Taiwan and completed a battery assessing intelligence (WAIS), cognition (CMSE), executive function (WCST, DEBS), attention (CNAT), and mental health (PHQ-9, GAD-7, WHO-5, WHOQOL). Participants were stratified into depressed and non-depressed groups based on PHQ-9 scores. Data was analyzed using chi-square tests and independent sample t-tests.

Results

Among 53 participants, 18 were classified as depressed. Groups did not differ in age, education, IQ, or substance use. However, depressed PLWH reported poorer quality of life, lower well-being, and greater anxiety. Neuropsychologically, they exhibited poorer perceptual processing, slower reaction times in focused attention, and more impulsive and omission errors in interference control tasks. Daily executive functioning was also worse.

Conclusions/lessons learned

Depressed PLWH showed reduced processing efficiency and impairments in attention and executive control, suggesting prefrontal dysregulation independent of general intelligence. This highlights the need to integrate emotional regulation and executive training into neuropsychotherapy. Future research should use real-time feedback to monitor attention stability.

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Cross-Cultural Challenges and Collaborative Practices in the Treatment of Extrapulmonary Tuberculosis Among Female Migrant Workers: A Narrative Inquiry from Taiwan

HUANG Yu Hui, HUANG Qian Cui, XU Peggy

Background and objective

Tuberculosis (TB) remains a major global health issue, particularly in Southeast Asia. Taiwan relies on migrant workers from this region, yet linguistic, cultural, and healthcare access barriers often delay diagnosis and disrupt treatment. These disparities highlight gaps between TB control policies and the protection of migrants' health rights. This study explores the treatment experience of an Indonesian female migrant worker diagnosed with extrapulmonary TB, focusing on her healthcare challenges and collaborative practices within Taiwan's health and public health systems.

Methods/intervention

A qualitative narrative inquiry was conducted to examine one Indonesian migrant worker's treatment journey, including hospitalization, surgery, postoperative care, DOTS, and outpatient follow-up. Data were collected through in-depth interviews and participant observation and thematically analyzed to identify care needs, communication barriers, social support, and institutional responses.

Results

The findings revealed: (1) Brokerage failure—the agency failed to provide medical support; (2) Cultural barriers—surgery refusal due to misunderstanding was resolved through Indonesian-language education and Ramadan medication adjustment; (3) Collaboration—nurses, case managers, and public health staff ensured treatment continuity after discharge; (4) Emotional support—trust and empathy reduced treatment interruption; and (5) System resilience—public health officers temporarily acted as guardians during a contrast-allergy emergency.

Conclusions/lessons learned

Migrant workers continue to face systemic barriers, including limited institutional support and fragmented care services. Strengthening multilingual communication, defining brokerage healthcare roles, enhancing intersectoral collaboration, and fostering cultural competence among healthcare professionals are essential strategies to promote equity, continuity, and humanistic practice within health-promoting hospitals.

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A Preliminary Investigation of Family Adaptation Processes and Supportive Needs among Cochlear Implant Recipients: A Medical Center Case Study

YE H Chia-Chen, HAN Li-Nien

Background and objective

Cochlear implantation enables individuals with severe hearing impairment to regain auditory perception and reengage with society. However, approximately 8.2% of recipients report suboptimal outcomes (Liu et al., 2010). The adaptation process presents distinct challenges for adult recipients and families of pediatric patients, involving emotional and psychosocial adjustment. This study explores family adaptation processes and supportive needs to inform patient-centered rehabilitation strategies.

Methods/intervention

A qualitative content analysis was conducted using two years of observation records and a self-developed open-ended questionnaire examining emotional journeys and support systems. Participants were 14 support group members at a medical center: seven adult recipients and seven parents of pediatric recipients.

Results

Adaptation Processes and Supportive Needs 1. Adult Patients: Adaptation is prolonged, from recovery to auditory improvement. Many still rely on lip reading and subtitles, requiring ongoing auditory training. Uncertain progress often causes anxiety and frustration. Participants emphasized the need for long-term support—device adjustment, rehabilitation, peer exchange, and counseling—to maintain motivation and adaptation. 2. Families with Child Patients: Families developed a patient-centered approach emphasizing companionship and realistic expectations. Mutual support networks fostered resilience. One parent noted, “We are not walking alone; we are each other’s strength.” Key needs included parenting guidance, emotional and financial support, and peer interaction.

Conclusions/lessons learned

Adult recipients require long-term technical and psychological support, while families of pediatric recipients need parenting, emotional, and financial assistance. Support programs should reflect these needs and integrate clinicians, therapists, social workers, and implant manufacturers. Peer modeling can foster empowerment and mutual support.

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“Homeward Project”: Hospital–Community Partnership for Safe and Independent Living of Vulnerable Patients

LIM Jong Hoon, JEONG Joo

Background and objective

Elderly and disabled patients often face unsafe homes after discharge, increasing injury and readmission risks. The Homeward Project by Seoul National University Bundang Hospital improves residential safety and independence for low-income or mobility-impaired patients through tailored housing interventions.

Methods/intervention

Since 2020, the project has assisted 12 households in Seoul and Gyeonggi Province. Patients were referred by the hospital’s social work team, and individualized home modifications were implemented—handrails, ramps, anti-slip floors, LED lighting, adjustable furniture, and assistive devices such as electric beds and rotating bath chairs. Construction and inspection were performed in collaboration with Happy Aging, iHousingLab, GH, and the Snubhian Nanumhoe foundation.

Results

From 2020 to 2025, 12 vulnerable households (5 men, 7 women; aged 26–83 years) received environmental improvements totaling about ₩60 million (USD 44,000). Functional independence increased notably: one participant’s KSCIM-III score improved from 63 to 83, and another’s K-MBI score from 84 to 88 after modifications. All homes achieved barrier-free design, eliminating major fall hazards. Participants reported safer mobility, easier bathing and toileting, and improved comfort in daily routines. Caregivers described reduced strain, shorter assistance time, and emotional relief. Patients who previously hesitated to return home after hospitalization expressed renewed confidence and psychological stability, noting that their living environment now “supports” their recovery rather than limits it. The program also strengthened coordination between healthcare providers and community partners, creating a sustainable model for continued post-discharge support.

Conclusions/lessons learned

Hospital-led home modification can extend health promotion beyond clinical settings, addressing social determinants of health for vulnerable groups. Sustained hospital–community cooperation ensures safety, equity, and resilience.

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Understanding vaccine hesitancy and acceptance to improve vaccine uptake among various social groups

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Background and objective

A high and equal vaccination coverage is of importance to prevent mortality and morbidity in society. The COVID-19 pandemic reminded us of societal inequities, reflected in differences in vaccine uptake. This plausibly influenced the disproportionate COVID-19-related mortality and morbidity among marginalised groups, groups that are underrepresented in research. Thus, our aim is to better understand why vaccine uptake in suboptimal vaccinated groups, and improve vaccine uptake to promote equal health.

Methods/intervention

Based on the stepwise model developed by the World Health Organization Regional Office for Europe, Tailoring Immunization Programmes (TIP) approach, we aim to i) identify suboptimal vaccinated populations; ii) map local barriers and drivers to vaccination; and iii) use these insights to design an intervention promoting vaccination uptake. Aligned with the TIP approach, we investigated factors associated with COVID-19 vaccination through a survey questionnaire distributed in Skåne. We will conduct interview studies with groups with suboptimal vaccine uptake and healthcare providers to further understand barriers and drivers to vaccination.

Results

Preliminary results from the survey questionnaires indicate that barriers and drivers to vaccination differ across population groups. While behavioural and social drivers were strongly associated with vaccine uptake among individuals born in Sweden and of Western origin, these factors did not explain vaccine uptake among individuals of non-Western origin.

Conclusions/lessons learned

Further investigations are needed to better understand what drives vaccination among individuals of non-Western origin to design an appropriate intervention aiming to improve healthcare systems to promote vaccine uptake and, in turn, equal health. This could lead to the prevention of future pandemics or health crises.

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Poster session 1.7: Community-based health promotion interventions

Nature-Based Activity on Prescription

JACOBSSON Iwona

Background and objective

Outdoor activity can reduce stress, strengthen cognitive function, improve mental health, promote physical activity, and support social interaction. Since 2000, Region Vasternorrland has implemented "Physical Activity on Prescription", enabling healthcare providers to prescribe physical activity as a complement or alternative to medication or other treatments (www.fyss.se). Building on this concept, we aimed to expand the approach by introducing "Nature-Based Activity on Prescription." Spending time in nature has well-documented health benefits.

Methods/intervention

The project encompasses digital GIS-based documentation and presentation of 77 existing walking trails across seven municipalities in Vasternorrland County. All trails were test-walked, quality assured, and described through maps and written information (www.rvn.se/naturvistelse). To ensure the quality of the natural environments to which patients are referred, the region began producing digital maps of walking trails (outdoor recreation areas) within the municipalities, categorized by difficulty level (green, blue, red).

Results

Field inspections were performed to ensure that each trail met some criteria and to collect GPS data. All trails and FaR® fitness facilities were incorporated into a GIS layer that supports detailed maps, overview maps, and a digital mapping service. The walking trails are presented in accessible PDFs containing descriptive text, maps, and images. A simplified, easy-to-read version is available for individuals with limited Swedish language skills or cognitive impairments. www.rvn.se search naturvistelse for more information.

Conclusions/lessons learned

Outdoor activity can reduce stress, strengthen cognitive function, improve mental health, promote physical activity, and support social interaction. Reaching new target groups is essential to ensure that more people experience the restorative benefits of nature. Developing and describing short walking trails of varying difficulty encourages and facilitates outdoor activity among the population.

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Strengthening Community Outreach Through Partnership with Local Organizations

ISHIBASHI Kaoru

Background and objective

Economic hardship and rising prices continue to impact community life, with poverty rates exceeding 10% across all age groups in Japan and over 20% among older adults. Some residents struggle to secure food, delay medical care, or refrain from seeking care altogether. As an institution committed to “equality in life,” we aim to expand outreach activities and promote Free/Low-Cost Medical Services.

Methods/intervention

1. Outreach Activities Staff and Health Friends Association members conducted home visits asking residents about their concerns, provided consultation support, connected individuals to social resources, and encouraged participation in health-promotion activities. Efforts also aimed to increase community health checkup rates.
2. Expansion of Free/Low-Cost Medical Services We produced and distributed Medical/Care SOS stickers and magnets throughout the community and held learning sessions for staff and Association members to ensure shared understanding of the program.

Results

Outreach visits tripled compared with the previous year, and participant numbers increased 1.4 times. Residents reported feeling reassured after being able to discuss medical, care-related, and daily-life concerns. Association members found that conducting visits with staff allowed them to respond to specialized questions and deepen their connection with the institution. Staff recognized the members’ strong knowledge of the community and felt increased trust from local residents. A total of 42,000 SOS stickers were distributed, leading to new clinic visits and home care cases. Twenty-five learning sessions were held with 291 participants, with staff serving as instructors using standardized materials. Some participants later referred individuals who became connected to Free/Low-Cost Medical Services.

Conclusions/lessons learned

Joint outreach by staff and Association members strengthened trust within the community and enhanced recognition of the institution as a “reliable presence” in times of need. To sustain these efforts, collaboration with local government, medical and care institutions, community leaders, and neighborhood organizations is essential in building a supportive community network.

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Enhancing Rural Health Equity Through Community Shuttle Services: A Health-Promotion Model With Social Return on Investment (SROI) Analysis

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Background and objective

In rural and rapidly aging areas, transportation barriers are a major cause of health inequities, leading to interrupted chronic-care follow-up, delayed treatment, and increased emergency substitution. Chang Bing Show Chwan Memorial Hospital, located in a coastal rural region with limited medical accessibility, launched a community shuttle service in 2024 based on Health Promoting Hospital (HPH) principles to improve access, reduce disparities, and strengthen community resilience. Social Return on Investment (SROI) was incorporated to assess social value and service impact.

Methods/intervention

The program integrated local governments, health centers, long-term care agencies, and private transport providers to build a “transportation + healthcare + long-term care” model. Fixed routes and reservation-based services formed a hub-and-spoke network centered on the hospital, linked to outpatient information systems for reminders and navigation support. Mobile health screening, outreach education, free clinics, care referrals, and medication counseling were included, positioning transportation as a health-promotion tool. SROI analysis assessed outcomes, stakeholders, and impact duration.

Results

Older adults accounted for 88% of users and disadvantaged groups for 13.6%. Chronic-care continuity improved by 2%, long-term care referral success reached 95%, and community screening coverage reached 95%. User satisfaction was 98%; 80% reported increased care-seeking willingness, and all caregivers reported reduced burden. The SROI ratio was 3.56, with sensitivity ranging 2.63–4.54, demonstrating substantial social value in health improvement, family support, reduced financial strain, and enhanced functional ability, with effects lasting 1–3 years.

Conclusions/lessons learned

Community shuttle services effectively improve rural healthcare accessibility and strengthen chronic-care management through cross-sector collaboration. Although a logistical service, transportation plays a critical role in advancing health equity and system resilience in rural contexts. The model is low-cost, high-impact, and transferable.

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Transforming Heart Failure Care Through Health Promotion: Engaging Patients, Healthcare Workers, and Community Members in Sustained Behavior Change

HUNG Shihyun

Background and objective

Heart failure (HF) requires continuous self-management, yet many patients struggle to maintain sustained health behaviors. Healthcare workers also face barriers that hinder consistent lifestyle counseling, while community awareness of HF remains insufficient. Guided by the Health Promoting Hospitals (HPH) framework, this project aimed to enhance patient self-care, promote staff wellness, and improve community cardiovascular literacy through an integrated, multilevel health-promotion approach.

Methods/intervention

This twelve-month program was implemented in a medical center. Patients received targeted HF self-care education and individualized care plans supported by weekly digital monitoring. Healthcare staff participated in health screenings, wellness activities, and training to strengthen their competence in HF counseling. Community engagement included HF awareness campaigns, cardiovascular screenings, and lifestyle education. Changes in patient behavior, staff wellness, and community HF literacy were measured through pre- and post-intervention assessments.

Results

Daily weight monitoring adherence increased from 45% to 72%, and low-sodium diet adherence from 41% to 65%. HF-related knowledge increased by 20%, while the 30-day readmission rate dropped from 17% to 10%. Staff participation in wellness increased by 35%, along with counseling confidence (58% to 82%). More than 1,200 community members joined outreach activities, resulting in a 30% improvement in HF literacy.

Conclusions/lessons learned

Meaningful HF behavior change occurs when patients, healthcare workers, and communities are supported simultaneously. Tailored patient education, empowered staff, and community partnerships were essential to improving health behaviors and reducing acute care needs.

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Long-Term Commitment to Community Health: A Decade of Hospital Participation in the Seongnam Citizens' Health Expo (2014-2025)

CHO Heungrae, JEONG Joo

Background and objective

As an HPH, Seoul National University Bundang Hospital sustained a decade-long engagement (10 editions, 2014–2025) with the annual Seongnam Citizens' Health Expo. This abstract analyzes the thematic evolution and operational impact of this sustained public health effort, highlighting the hospital's role in proactive health promotion and fostering local health system resilience.

Methods/intervention

This study utilized retrospective analysis of event reports to track thematic focus and the scope of 7,260 services provided. The methodology categorizes strategic adaptation: (1) Initial Focus (2014-2019) targeted Non-Communicable Diseases (NCDs) (stroke/MI) and mental health screening. (2) Post-Pandemic Adaptation (2022-2025) prioritized stress/mental health (2022), adopted digital assessment (2023), and pivoted to targeted equity interventions for vulnerable groups (disability) and sustainable public health (infection control) in 2025.

Results

The 10-year engagement delivered 7,260 individual health services. Initial focus (2014–2019) included NCD screening and mental health. Post-pandemic (2022), the theme shifted sharply to Anxiety, mental health and stress-related disorders (1,151 services). Later years introduced Digital innovation (vascular check, 2023) and a crucial pivot in 2025 to address vulnerable populations (disability/frailty) and sustainable infection control (1,353 services). This dynamic responsiveness enhanced community trust and partnerships.

Conclusions/lessons learned

Sustained, agile community engagement is vital for an HPH to achieve population health and equity goals. Key lessons emphasize thematic flexibility to address urgent needs (mental health post-COVID) and the necessity of institutional collaboration to enhance system resilience. The model successfully integrates clinical expertise with proactive public health.

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Strengthening Health and Community Resilience in the Post-Crisis Era: An Exploratory Study of a Dementia-Friendly Community Support Model

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Background and objective

Rapid ageing and the prolonged effects of COVID-19 have increased risks of decline, service disruption, and isolation among older adults with dementia. To address these gaps, a dementia-friendly community care point established under South Taiwan Community Hospital provided a low-threshold, health-promoting, and resilience-oriented support model. This study examined early outcomes related to cognitive engagement, social participation, caregiver support, and post-crisis resilience, and explored its potential as a community-health system integration model.

Methods/intervention

A retrospective descriptive design was used. Data from May–October 2025 included demographics, attendance, cognitive and functional programs, social activities, communal meals, telephone reassurance calls, and home visits. Caregiver feedback, satisfaction surveys, and social worker observations added qualitative insight. Analyses followed the WHO Dementia-Friendly Framework across people, place, services, and community participation domains.

Results

Seventeen older adults enrolled, and fourteen remained active. Over six months, the care point delivered 122 activity sessions (980 attendances), 972 meals, 91 telephone check-ins, and 74 home visits. Despite multimorbidity and cognitive decline, participants showed improved emotional stability, confidence, and participation. Caregivers reported increased dementia knowledge, emotional relief, and reduced stress; satisfaction reached 97.04%. The care point provided timely referrals and crisis identification, functioning as an accessible extension of hospital-based health promotion.

Conclusions/lessons learned

The care point offered preventive, person-centered, and accessible services with modest resources. Cognitive stimulation, structured social engagement, and caregiver education supported functional stability and reduced isolation. The integrated community–family–healthcare model strengthened resilience and continuity of care. Findings should be interpreted cautiously due to design limitations, small sample size, and single-site focus; multi-site mixed-methods research is recommended.

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Enhancing Community Dementia-Friendly Awareness Through Film and Simulation

CHEN Shu-Lin

Background and objective

The number of people living with dementia in Taiwan has been increasing annually. Public understanding of dementia largely remains focused on older adults, resulting in limited awareness and empathy toward individuals with Early-onset dementia (EOD). Although EOD patients are physically capable, they often present with challenging symptoms such as memory impairment, emotional instability, delusions, hallucinations, or aggressive behaviors, which can be more difficult to manage compared with older patients. Even among members of dementia-friendly organizations, insufficient understanding of EOD may reduce their willingness to provide appropriate and empathetic support.

Methods/intervention

A quasi-experimental one-group pretest–posttest design was adopted. Participants completed a 10-item Early-onset dementia Questionnaire and were evaluated using the Dementia Attitudes Scale – Chinese Version (DAS-C) and the Jefferson Scale of Empathy (JSE) to measure changes in knowledge, attitudes, and empathy before and after the intervention. The intervention included:

- A 4-week dementia-friendly educational program (1 hour per week)
- A film-based storytelling and discussion session focusing on young-onset dementia
- Symptom simulation activities to foster understanding and promote dementia-friendly behaviors

Results

A total of 63 participated in the program. After four weeks of training and symptom-simulation exercises:

- Knowledge scores regarding young-onset dementia increased significantly from 40 to 90 points
- Overall dementia attitude scores improved significantly ($p < .001$)
- Total empathy scores also increased significantly ($p < .001$)

Conclusions/lessons learned

Caring for young individuals with dementia poses considerable challenges for both patients and caregivers. However, public perception often remains limited to dementia in older adults. Through the use of films and symptom-simulation activities, the intervention successfully promoted greater empathy and recognition of EOD as a condition affecting people across different age groups. Future dementia education materials—including videos, graphics, and public campaigns—should intentionally represent diverse age ranges to help caregivers and communities better understand that dementia is not solely an elderly disease.

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Toward sustainable wellness: Integrating cultural identity and health promotion in an indigenous weight loss program

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Background and objective

Obesity has become the most urgent health issue in the Indigenous communities. Due to the western pattern diet, limited physical activity, and barriers to accessing healthy food options. This project aimed to implement an 8-week culturally responsive weight-loss program to reduce BMI and enhance health literacy among residents with BMI ≥ 24 .

Methods/intervention

A community-based participatory model was adopted, integrating local leaders, church groups, health stations, and the IDS medical team. Guided by the Ottawa Charter, strategies included weekly themed health tasks, culturally rooted activities, individualized nutrition counseling, home-based resistance training, partnership with local vendors, and digital engagement through a LINE official account for progress tracking and motivation.

Results

A total of 31 participants enrolled (mean age 40.6; 81% female). Engagement indicators were high: 171 water-intake completions, 279 healthy meal photos, 1.4 million steps recorded, 76 aerobic short videos, 798 hours of sleep logged, and collect 55 health messages and 56 gratitude messages, respectively. Final outcomes showed a total weight loss of 53.3 kg, 86.8 cm reduction in waist circumference, and decrease 13.7% in body fat. Program satisfaction reached 98%.

Conclusions/lessons learned

The weight loss program integrated cultural identity, community ownership, and professional support to improve metabolic health behaviors in a rural Indigenous population. It strengthened self-management, raised health awareness, and built a scalable, sustainable community health-promotion model.

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Target health dialogues in Skåne, Sweden

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Background and objective

Targeted Health Dialogues (RHS) is an evidence-based, population-focused method used in Region Skåne's long-term public health work. Integrated into primary care, the method aim to identify unhealthy lifestyle habits and risk factors for cardiovascular disease and type 2 diabetes early, and to provide knowledge and support for lifestyle changes. RHS uses a visual tool, the health curve, and is guided by each participant's goals and opportunities to promote healthy habits and mental well-being.

Methods/intervention

Region Skåne began implementing RHS in 2021. All primary care centres are to offer a free health dialogue to residents aged 40 and 50, with a participation of at least 40%. Implementation has included dialogue facilitator training, regional coordination, and continuous follow-up. Facilitators must be licensed healthcare professionals trained in both motivational interviewing and the RHS method. They have access to daily support by the RHS support unit, practice-oriented guidance, and opportunities for continued training.

Results

Implementation began with invitations to 40-year-olds in 2021, and 50-year-olds in 2022. Currently, 70% of all 40-year-olds and just over half of all 50-year-olds in Skåne receive an invitation. One third of 40-year-olds and roughly one quarter of 50-year-olds have completed a health dialogue. Almost 35,000 health dialogues have been conducted between 2021 and October 2025. Over 620 dialogue facilitators have been trained in the RHS method, as well as in motivational interviewing.

Conclusions/lessons learned

RHS is a key component in building a long-term, health-promoting healthcare in Skåne, aiming to improve lifestyle habits and mental well-being. Ensuring that all eligible participants receive an invitation, and achieving a high participation rate, remain central goals. Ongoing anchoring, follow-up, training, and support are essential. For primary care, RHS has strengthened staff competence in lifestyle interventions, improved recruitment, and contributed to a greater sense of meaningful work.

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Insights into Community-Based Occupational Therapy for Aging Populations: Taiwan New Taipei City Hospital Public Health Project Experience

CHEN Chao Jung

Background and objective

Healthcare systems traditionally focus on treating illness, yet a more complete approach is needed to help people maintain their health across their entire lifespan. Occupational therapy (OT) is a key field that helps bridge this gap through community-based interventions and communication. Based on a public health project at Taiwan New Taipei City Hospital, this study explores how OT can help clients transition smoothly from hospital to home and community. We will discuss the role of occupational therapists in doing multiple public health projects and present relevant strategies and techniques. Furthermore, this paper will explain the unique clinical reasoning process that guides OTs in these projects.

Methods/intervention

The interventions integrated multiple public health projects to address aging care. A key method was fostering collaboration among clients, families, and interdisciplinary teams. The project also focused on identifying and utilizing realistic community resources to facilitate effective discharge planning.

Results

This study presents three main findings that discuss the benefits and challenges of running public health projects. This includes occupational therapy's role in helping these groups and supporting community reintegration. The findings are grouped by the stage of care: Life Care Services (Healthy to Sub-healthy): Active Ageing Hub, Community Disability Prevention, and Vaccine Injection. Medical Care System (Acute to Post-discharge): Discharge Preparation Project and the Reablement and Assistive Devices Project. Long-Term Care Service System (Long-term Disabled to Chronic Disease): Dementia, Cancer, and Palliative Care.

Conclusions/lessons learned

From an OT point of view, this work taught us three key lessons. First, we can gain skills in communication, decision-making, and problem-solving, which helps us be ready for unexpected situations. Second, these projects give us chances to explore new kinds of public health work, collaborate with other teams, and clearly share our ideas. Finally, this experience improves our clinical thinking and our ability to communicate well when giving advice and education to clients.

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From Government Health Policies to Local Actions: Innovating New Approaches in Health Communication

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Background and objective

In response to the Taiwan National Health Agency's promotion of the "Healthy Taiwan Three Highs (Hypertension, High Blood Sugar, High Blood Lipids) Prevention 888" program (aiming to enroll 80% of patients into a care network, provide lifestyle counseling to 80% of those enrolled, and achieve disease control in 80% of those counseled) and the "Cancer Prevention and Control" policy, local medical institutions play a key role in advancing community health promotion.

Methods/intervention

To implement policy objectives and enhance health literacy, our hospital has collaborated with local health authorities, neighborhood offices, and community development associations to pilot an innovative health communication model that combines gamification, mobility, and everyday life integration, aiming to extend preventive healthcare into the community.

Results

From April to October 2025, we organized or co-organized eight community health promotion events. Using creative campaigns and interactive prize-winning mini-games, the "Cancer Screening Q-Version Mobile Service Vehicle" reached deep into communities and hospital outpatient waiting areas, providing on-site public-funded cancer screening eligibility inquiries and health education services. These efforts engaged over 1,500 participants. Additionally, we promoted the government-supported "Science Diagnosis Museum" app for online experiences and invited hospital officials to participate in filming scenario-based videos.

Conclusions/lessons learned

Establish a collaborative mechanism between healthcare providers and health administration units to attract young people's participation and enhance the community's health literacy regarding the prevention of hypertension, hyperglycemia, hyperlipidemia, and cancer screening.

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Targeted Health Dialogues in Primary Care: Early Results from a Region-Wide Cohort in Sweden

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Background and objective

Targeted health dialogues (THDs) have been implemented at all, around 180, primary health care centers in Sweden's southernmost region Skåne. Residents are offered a THD the year they turn 40 and 50 years, with the goal to prevent cardiovascular disease (CVD) and diabetes. A linked cohort study with biobank, launched in 2021, evaluates this large-scale implementation and explores novel risk factors.

Methods/intervention

THDs include a lifestyle survey, blood tests, blood pressure, anthropometry, and a health dialogue with trained staff. All participants are also invited to the research project. Data from the THDs were pseudonymized for statistical analysis. The protocol was approved by the Swedish Ethical Review Authority.

Results

- One in four 40-year-old men had a moderately elevated 10-year CVD risk (2.5%–7.5%, SCORE2).
- Abdominal obesity was linked to poor mental health, social disadvantage, smoking, and family history of CVD.
- Obesity was associated with low self-efficacy. - Poor self-rated mental health was associated with an unhealthy lifestyle and obesity.
- Poor self-rated oral health was associated with abdominal obesity, insufficient physical activity, poor diet and tobacco use, and higher 10-year CVD risk (women).
- Men, foreign-born, and low educated participants had higher risk profiles but were under-represented in the THD cohort.

Conclusions/lessons learned

The results indicate that outreach prevention strategies should be targeted towards certain vulnerable groups with increased cardiovascular risk.

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Ten-Year Trends in Community Health Education Needs and Satisfaction: A Case Study of a Regional Hospital in Southern Taiwan

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Background and objective

The World Health Organization's 1986 Ottawa Charter identified communities as central to health promotion, emphasizing sustainable actions. Health care has shifted toward community-oriented primary services. Since 1999, Taiwan has promoted community health via the Healthy Cities framework. This study at a southern Taiwan regional hospital used a multidisciplinary team for community education, screening, and health promotion, analyzing ten-year trends in educational needs and satisfaction to inform improvements.

Methods/intervention

A cross-sectional design with convenience sampling involved residents attending community health programs from 2013 to 2024. The questionnaire showed strong validity (CVI = 0.98) and reliability (Cronbach's $\alpha = 0.97$), covering 50 topics updated by feedback. It included demographics, participation, satisfaction (five-point scale), information sources, and preferred topics. Data were analyzed using descriptive statistics and t-tests.

Results

From 2,997 valid responses, most were female (73.5%) and over 60 (66.7%). Overall satisfaction averaged 4.48 (± 0.58), highest for teaching performance (4.52) and course relevance (4.46), lowest for schedule (4.42). Satisfaction rose from 4.43 to 4.55 over ten years ($p < .00$). Women scored higher in all aspects ($p < .00$). Main information sources were organizer notices (36.2%) and village leaders (27.1%). Top motivations were health learning (72.9%) and screening (12.6%). Topic demand shifted from chronic disease prevention to holistic themes like exercise, diet, and aromatherapy.

Conclusions/lessons learned

Most participants were women with higher satisfaction, indicating stronger engagement. To attract men, future programs should emphasize practical, action-based content. High teaching scores highlight the need for instructor training. Organizer communication aided mobilization. Participants valued learning and support over incentives, and flexible scheduling is needed. Overall, the trend shifted from disease-focused to lifestyle and psychosocial health promotion.

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Prevalence and Associated Risk Factors of High-Risk Diabetes Groups Identified by Community-Based Blood Glucose Screening in a Specific Area of Taiwan.

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Background and objective

This study investigated the distribution of prediabetes among community residents and related risk factors. Through questionnaires and glucose screenings, the data provide a basis for Health Promoting Hospitals (HPH) to implement community-based prevention strategies.

Methods/intervention

From June to December 2025, 121 residents (aged 20–85; 51 males, 70 females) completed a structured questionnaire and blood glucose screening. Collected data included Fasting Plasma Glucose (FPG, n=19), Postprandial Plasma Glucose (PPG, n=102), and risk factors such as age, sex, waist circumference, diabetes diagnosis, exercise habits, family history of diabetes, and antihypertensive medication use.

Results

Among all participants, 11 (9.1%) had diabetes, 65 (53.7%) exercised regularly, 46 (38.0%) had a family history of diabetes, and 33 (27.3%) had hypertension family history. Average waist circumference was 94.2 cm for men and 83.2 cm for women, indicating central obesity. Nineteen participants had abnormal fasting glucose (AC >100 mg/dL), and 27 had abnormal postprandial glucose (PC ≥140 mg/dL). Among them, 7 were diabetic (18.4%), 18 lacked regular exercise (47.4%), 20 had a diabetes family history (52.6%), and 17 used antihypertensive drugs (44.7%). Family history of diabetes and lack of exercise were key contributors to abnormal glucose results, while most diabetic participants lacked consistent exercise, representing a major health risk.

Conclusions/lessons learned

Abnormal glucose prevalence reached 31.4%, exceeding Taiwan's reported 25% prediabetes rate. Lifestyle (irregular exercise: 53.7%) and genetic factors (diabetes family history: 38.0%) significantly influenced chronic disease risk. Early intervention focusing on lifestyle modification and health education is essential for high-risk groups identified through community screening.

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Extending Hospital Services into the Community: A Dual Vaccination Model for Older Adults

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Background and objective

Since 2021, the Community Health Department of Show Chwan Memorial Hospital in Changhua, Taiwan, has collaborated with six local health centers across Changhua County to provide preventive health services for older adults. Facing the ongoing risk of influenza and COVID-19, the elderly population remains particularly vulnerable.

Methods/intervention

To increase vaccination rates, Show Chwan Hospital leads its medical team to set up vaccination stations in designated community activity centers and temples starting in October every year. These outreach services provide convenient access for adults aged 65 and above to receive their vaccinations locally, along with post-vaccination health education.

Results

In 2024, a total of 4149 older adults received influenza vaccinations, with 2676 of them also receiving the COVID-19 vaccine concurrently. As of the end of October 2025, a total of 4,094 elderly people had received influenza vaccinations and 2,553 had received COVID-19 vaccinations at the same time. Following the implementation of community-based vaccination stations, vaccination coverage has significantly increased. No serious adverse reactions were reported, and older adults expressed high satisfaction and trust in the convenience of the service.

Conclusions/lessons learned

Collaboration between hospitals, local health centers and the community can effectively increase vaccination rates, accessibility and trust, and encourage the elderly to develop an early awareness of preventive healthcare.

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Poster session 1.8: Well-being of healthcare workers

BENVIVERE – MICHELA GAMBIAIANI - Promoting health and well-being among workers at the ASL TO3 local health authority.

GIAGU Maria Chiara, GRECO Filomena, COSOLA Alda

Background and objective

The BenVivere - Michela Gambaiani (BV) project was launched in 2015 at Rivoli Hospital, part of the Turin Local Health Authority 3 (ASLTO3), and was subsequently extended to all 4,400 employees of the Authority, with the aim of promoting the health and well-being of workers in the workplace. The ASLTO3 covers a very large area, including zones that are very distant from each other. BV is part of the implementation of the Local Prevention Plan - Program 3, as well as an expression of membership in the Workplace Health Promotion (WHP) and Health Promoting Hospitals & Health Services (HPH&HS) networks.

Methods/intervention

- Administration of the FINDRISC questionnaire to all employees to assess their baseline metabolic risk and lifestyle as a tool for hetero- and self-assessment of well-being and health;
- Activation of workshops on four topics (lifestyle, introspection, creativity, personal growth) at each ASLTO3 site;
- WHP training course for employees;
- Dissemination of initiatives through social media and company email.

Results

In 2023, 24 workshops were activated in 8 ASL locations and 1,150 participants attended the activities. BV is a candidate to become a Best Practice. The training course is in its second edition.

Conclusions/lessons learned

Thanks to the widespread dissemination of BV initiatives, which are either free of charge or offered at a controlled price, BV represents an effective and equity-oriented method for enabling workers to improve their health and well-being in the workplace.

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Enhancing Staff Well-Being and Patient Safety: The Moderating Role of Self-Esteem between Professional Commitment and Reporting Intention

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Background and objective

Healthcare workers in complex, high-pressure, and interprofessional environments face heavy workloads and psychological demands that affect staff well-being, care quality, and patient safety. The Health Promoting Hospitals (HPH) framework emphasizes healthy workplaces, resilience, and sustainable healthcare systems. Professional commitment, self-esteem, and organizational culture are key elements shaping safety behaviors and reporting intention. This study examines how psychological resources, particularly self-esteem, contribute to patient safety and organizational resilience.

Methods/intervention

A survey was conducted in a southern teaching hospital using convenience sampling. Participants included physicians, nurses, and allied health professionals. The questionnaire measured professional commitment, self-esteem, and patient safety event reporting intention. Hierarchical regression was used to test the moderating role of self-esteem.

Results

Self-esteem significantly moderated the relationship between professional commitment and reporting intention ($\beta = -0.147$, $p < 0.05$). Staff with higher self-esteem were more likely to translate professional commitment into proactive safety behaviors, such as reporting adverse events and identifying risks. Conversely, those with lower self-esteem, despite having commitment, were less inclined to report due to fear of blame or lower self-efficacy. These findings highlight the importance of psychological resources in shaping safety culture.

Conclusions/lessons learned

Self-esteem is a critical psychological factor supporting a safe, healthy, and resilient healthcare environment. Strengthening self-efficacy, supportive leadership, and constructive feedback can reduce stress, enhance interprofessional collaboration, and increase reporting behaviors. A positive organizational culture further reinforces commitment and team cohesion, contributing to sustainable and adaptive healthcare systems. Enhancing psychological resources not only strengthens patient safety culture but also supports key HPH goals related to staff health, resilience, and well-being.

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Exploring the Effectiveness of Technology-Based Interventions in Employee Weight Management and Health Promotion

WU Chia Hui, SHEN Shu-Hua

Background and objective

In response to rising national attention on workplace health promotion and chronic disease prevention, our hospital observed increasing rates of obesity and metabolic abnormalities among employees over the past three years, including a 10% rise in abnormal LDL levels. To strengthen employees' health management and encourage lifestyle modification, we developed the "Healthy & Active Online Weight Management Program," using a LINE-based digital platform integrated with mobile health applications. The program aimed to improve health behaviors through online education, physical activity tracking, and peer support.

Methods/intervention

From September to December 2024, the program targeted employees with BMI ≥ 27 , waist circumference ≥ 90 cm (men) or ≥ 80 cm (women), or abnormal glucose/lipid profiles. A LINE group served as the intervention hub, providing weekly nutrition and exercise guidance led by a dietitian. Participants used Google Fit, Xiaomi Watch, or Health 365 to monitor daily step counts, with a target of 8,000 steps per day. They uploaded daily dietary and exercise records, while monthly measurements of weight, body fat percentage, and waist circumference tracked progress.

Results

Twenty-eight employees enrolled, with a completion rate of 96.4%. The average daily step count was 14,245, and 59.3% achieved the activity goal. The group achieved a total weight reduction of 74.4 kg (mean 4.96 kg/person), an average body fat decrease of 2.68%, and a total waist reduction of 221.4 cm (mean 10.06 cm/person). Participants reported that the LINE group enhanced motivation, accountability, and engagement, offering flexible participation for shift workers.

Conclusions/lessons learned

This digital, low-cost intervention effectively improved employee health awareness and self-management while overcoming time and space constraints. The interactive LINE platform and professional guidance supported sustained behavior change, especially for shift-based staff. Building on its success, the program will expand in 2025 into the "Move 211: Burn Fat, Build Strength" initiative, integrating community health promotion to further strengthen workplace wellness culture.

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Move & Meet Together: A 12-Week Lifestyle Medicine Challenge Reducing Cardiometabolic Risk in High-Risk Hospital Staff

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Background and objective

Hospital staff often face elevated cardiometabolic risks due to high-stress environments. While workplace health promotion is essential, engagement remains a challenge. This project aimed to implement and evaluate "Elandia Move & Meet Together," a 12-week institutionalized lifestyle medicine intervention targeting staff identified as high-risk for Metabolic Syndrome at Lotung Poh-Ai Hospital.

Methods/intervention

A total of 204 high-risk employees identified from annual check-ups were enrolled. A multidisciplinary team designed a pathway using the six pillars of lifestyle medicine. The intervention used 6-person teams with gamified tasks, combining goal-setting, daily micro-tasks and self-monitoring via the JoiSports app with group classes and social events. Pre-and post-intervention assessments were completed by 151 participants (74% retention). Changes in biometric indicators and lifestyle behaviors were analyzed using paired t-tests and McNemar tests.

Results

The proportion of participants in the normal range increased by 11.9% for BMI, 14.6% for body fat and 13.2% for waist circumference (all $p < 0.0001$). The mean lifestyle score increased by 8.9 points in physical activity, diet, stress management and sleep. Qualitative feedback described higher energy and stronger team cohesion.

Conclusions/lessons learned

Embedding a gamified, app-supported lifestyle program into hospital policy effectively reduces cardiometabolic risk and improves staff well-being. The success of this low-equipment, scalable model demonstrates that combining digital tools with multidisciplinary support is a viable strategy for health-promoting hospitals to improve workforce health equity and resilience.

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Extending Careers of Middle- and Older-Aged Employees through Job Redesign and High-Tech Health Screening: A Case Study in Eastern Taiwan

LIU Hsiao-Yu, HUI Shi-Mei, LI Yi-Fang

Background and objective

Taiwan will be super-aged by 2025 with seniors exceeding 20% of the population; by 2028, the demographic dividend will end, intensifying labor shortages. WHO emphasizes workplace adaptation to support older workers and highlights healthy aging as central to sustainability. Hospitals face unique challenges as skilled staff consider early retirement due to workload or untreated chronic illness. This study explores how job redesign and advanced health screening can extend careers, retain manpower, and align with WHO and HPH recommendations.

Methods/intervention

Mixed-methods were applied, referencing national safety guidelines and WHO/HPH frameworks. Measures included: workplace risk analysis; ergonomic redesign (adjusted workflows, supportive chairs, large monitors, reduced night shifts); personalized aids; and high-tech health checks (40+ every 3 years, 65+ annually) covering cardiovascular, bone density, vision, hearing, and stress. Health managers tracked abnormal cases and built a long-term health database.

Results

Since 2023, 35 staff completed job redesign, reporting reduced musculoskeletal strain and anxiety. From 2019–2024, 112 screenings identified 22 major abnormalities; early detection improved chronic disease control by 30%, reducing sick leave and early retirement. Satisfaction rose to 98%, average careers extended five years, and retirement intentions declined, stabilizing workforce supply.

Conclusions/lessons learned

Integrated approaches combining environment, aids, and monitoring are essential; individualized design yields best outcomes; preventive health checks reduce risks; organizational commitment builds trust and retention; alignment with WHO and HPH ensures sustainability.

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Evaluation of the “Golden Workforce Program” for Post-Retirement Continuity: A Case Study in Eastern Taiwan

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Background and objective

Population aging is a global challenge; Taiwan will be super-aged by 2025 with seniors exceeding 20%. Rapid demographic shifts intensify healthcare labor shortages, especially in rural areas. In 2015, Hualien Tzu Chi Hospital launched the “Golden Workforce Program,” treating mid- and senior-aged employees as valuable assets. Objectives: mitigate shortages, promote knowledge transfer, reduce younger staff stress, extend careers, and foster active aging.

Methods/intervention

Strategies included: periodic health checks (40+ every 3 years; 65+ annually); workforce database to track retirees; individualized career dialogues assessing health, family, and economic needs; and flexible rehire models with redesigned roles to reduce physical load and enhance mentorship. Mixed-methods combined quantitative data and qualitative interviews.

Results

Participants averaged 57 years, many with licenses or specialties. In 2023, rehire rate reached 52%; satisfaction and willingness to continue were 100%. Senior staff contributed to process optimization and digital transition; intergenerational cooperation reduced younger staff burden. Organizational support normalized senior-junior collaboration, strengthening resilience and continuity.

Conclusions/lessons learned

Senior expertise drives quality and transformation; rehire fosters mission and psychosocial benefits; retention rose 2% in 2023; health checks and flexible work ensure sustainability; program nurtures inclusive workplace culture.

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Healthy Workforce as the Cornerstone of Corporate Sustainability: A Case Study of Hualien Tzu Chi Hospital in Eastern Taiwan

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Background and objective

Population aging challenges labor stability; Taiwan will be super-aged by 2025 with over 20% aged 65+. The 25–44 workforce share will drop from 41.2% in 2024 to 38.5% in 2030. Healthcare, reliant on skilled manpower, is vulnerable, especially rural hospitals. This study examines Hualien Tzu Chi Hospital's workforce health measures, evaluating retention and satisfaction under WHO and Health Promoting Hospitals (HPH) frameworks.

Methods/intervention

Since 2011, interventions included: annual high-tech screening (40+ staff); "Morning Light" program for menopausal employees with multi-disciplinary support; health assistance fund (NT\$200–300k for major illness); annual career dialogues; integrated occupational medicine; workforce database; and flexible employment (rehire, flexible hours, job redesign). Mixed-methods combined quantitative data and qualitative interviews.

Results

2011–2024 screenings identified 24 major cases, all returned post-treatment. Average retirement age was 57, but rehire rate reached 53.8% in 2024, a 16.1% increase. Findings: screenings stabilized supply and reduced absenteeism; financial aid enhanced loyalty; career dialogues and flexible policies improved satisfaction; overall strengthened rural workforce stability.

Conclusions/lessons learned

Screening is first defense; financial support fosters loyalty; rehire preserves expertise; integrated systems are vital; people-centered policies anchor sustainability.

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Nursing Retention for Workforce Integration and Sustainable Healthcare System Management: Experience from a Southern Medical Center in Taiwan

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Background and objective

In the post pandemic era, healthcare systems faced critical workforce shortages, particularly in the nursing sector which may be associated with negative impacts on care quality, staff wellbeing, and organizational resilience. The purpose of this study is to establish a scalable model for nursing workforce that supports hospital wide integration, structured career development, and long term organizational sustainability.

Methods/intervention

Multi-stage improvement program was implemented using project-oriented management and cross-departmental collaboration from September 2023 and September 2025. The program included career development, workforce optimization, financial rewarding, and retention and of nursing workforce. For career development included competency based promotion criteria, structured career ladders, and interdisciplinary rotation training. Financial rewarding was conducted by annual budget adjustments and reserve funds. Workforce retention included promoting continuing education, workplace culture engagement and mental wellness programs to create a supportive environment.

Results

Nursing retention rate improved from 87% to 97%, and turnover rate declined from 3.9% to 3.5% over two years. The nurse to patient ratio was gradually optimized (8.0 from to 7.2), while bed occupancy rate remained consistently above 80%, indicating improved workforce stability. Salary restructuring and incentive schemes significantly increased staff willingness to remain and enhanced organizational morale.

Conclusions/lessons learned

By positioning nursing retention as the foundation for systemic reform, the project successfully enabled integrated workforce policy implementation across the organization. This experience offers a replicable framework for healthcare institutions seeking to enhance workforce sustainability, equity, and resilience in the post-pandemic landscape.

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Impact of Workplace Health Promotion Interventions on Employees at High Risk for Metabolic Syndrome

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Background and objective

Background: In Taiwan, the prevalence of metabolic syndrome (MetS) among individuals aged 20 to 64 is 24.8%, indicating that one in four adults is affected. The prevalence is significantly higher in males (30.4%) than in females (19.7%). As a designated Health Promoting Hospital, prioritizing lifestyle interventions to prevent MetS among employees is a critical and urgent objective. Objective: To evaluate the effectiveness of workplace health promotion interventions in reducing the prevalence of high-risk metabolic syndrome factors among hospital employees.

Methods/intervention

Methods: We analyzed health examination reports from 2024. Forty employees presenting with metabolic abnormalities were recruited based on the following criteria: Fasting Glucose (AC) ≥ 100 mg/dl, Triglycerides (TG) ≥ 150 mg/dl, HDL-C < 40 mg/dl (Male) or < 50 mg/dl (Female), Blood Pressure (BP) SBP ≥ 130 mmHg or DBP ≥ 80 mmHg, and Waist Circumference (WC) ≥ 90 cm (Male) or ≥ 80 cm (Female). Interventions implemented in 2025 included a ten-month hospital-wide walking competition, three general health diet seminars, a three-month physical fitness course, and a six-month weight control competition. Follow-up health examination data were collected at the end of 2025 and compared with the 2024 baseline data.

Results

Results: Data were analyzed using Chi-Square Tests and Fisher's Exact Tests with a significance level of $\alpha = 0.05$. Although statistical significance was not reached, reductions in the number of abnormal cases were observed across several indicators. Specifically, the number of employees with abnormal Waist Circumference decreased from 16 (40%) to 10 (25%) ($p=0.233$), and those with abnormal Blood Pressure decreased from 13 (32.5%) to 9 (22.5%) ($p=0.453$). Changes in Fasting Glucose (16 vs. 15 cases, $p=1.000$), Triglycerides (12 vs. 10 cases, $p=0.802$), and HDL (12 vs. 10 cases, $p=0.802$) were less pronounced.

Conclusions/lessons learned

Conclusion and Discussion: The lack of statistical significance in this study is primarily attributed to the limited sample size ($N=40$), resulting in insufficient statistical power. However, from a clinical perspective, the reduction in waist circumference abnormalities (37.5% improvement rate) and blood pressure abnormalities (30.7% improvement rate) indicates that the health promotion interventions—specifically the dietary courses and exercise plans—yielded positive benefits in body composition and hemodynamic control. Conversely, improvements in glycemic and lipid profiles were relatively slow. Future strategies will focus on enhancing health literacy through targeted education on specific dietary content (e.g., sugar reduction and quality fat intake) to achieve significant biochemical improvements in the subsequent year.

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Streamlining Discharge: A Resilient Strategy for Reducing Staff Burnout and Enhancing Organizational Flow

LIU Ling Ling**Background and objective**

This district hospital's 20 acute beds serve surgical and chemotherapy patients. The 08:30 AM discharge deadline conflicts with admissions. Delays, caused by only one 08:00 AM billing staff, create severe bed blocking, dual dissatisfaction, and

high staff burnout risk. Objective: Implement a resilient protocol to reduce waiting time, alleviate staff stress, and enhance flow.

Methods/intervention

The 3-month project used cross-functional optimization: 1. Pre-emptive Notice: Night nurses provided notice and fee slips the evening before. 2. Flexible Billing: A split shift started one staff at 07:30 AM for early clearance. 3. Early MDT Planning: Multidisciplinary planning ensured timely medication/follow-up preparation. 4. Revised SOPs: Discharge SOPs clarified completion deadlines for all roles. 5. Dedicated Waiting Area: A lobby waiting area was established, allowing immediate bed release and eliminating bed-blocking.

Results

After 3 months: 1. Efficiency: On-time discharge (before 08:30 AM) increased from 50% to 95%. 2. Waiting Time: Average waiting time reduced from 30 minutes to 8 minutes. 3. Staff Well-being: Staff satisfaction soared from 30% to 90%, mitigating burnout risk

Conclusions/lessons learned

Resolving manpower and physical bottlenecks successfully optimizes discharge flow in high-occupancy settings. The strategy led to a 73% reduction in waiting time and significantly strengthened organizational resilience by boosting staff satisfaction to 90%. A model for HPH efforts in operational sustainability

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From Burden to Lean: Enhancing Nurse Well-being via ECRS Optimization in Pap Smear Specimen Packaging

CHEN Yi-Ching, LIANG Jyun Ruei, SU Ling-Hui, LIU Chia-Ping**Background and objective**

According to research by Taiwan's Health Promotion Administration (HPA), Pap smear screening reduces invasive cervical cancer incidence and mortality by 60-90%. However, high screening volumes impose significant administrative burdens on nurses, risking burnout. Traditional packaging is manual, repetitive, and error-prone, increasing cognitive load. Aligned with Health Promoting Hospitals (HPH) goals, this project utilizes ECRS (Eliminate, Combine, Rearrange, Simplify) to optimize workflows. The objective is to eliminate invalid labor, reduce stress, and enhance workplace psychological safety.

Methods/intervention

Analysis of 2,912 specimens (Jan-Apr 2024) revealed nurses spent 200 mins/day on manual packaging, causing anxiety over

potential errors. We implemented ECRS interventions in May 2024:

- **Eliminate:** Replaced manual delivery lists with system auto-printing to remove transcription errors.
- **Combine:** Integrated physician orders with label printing; scanning barcodes now automates label generation.
- **Rearrange:** Streamlined the SOP into a logical flow with strategic double-checks.
- **Simplify:** Digitalized tracking via barcodes to replace tedious paper logs.

Results

Post-implementation (May 2024–June 2025) showed:

- **Efficiency:** Packaging time dropped from 40 to 8 minutes/batch, saving 150 minutes daily. This allows nurses to focus on direct care and improves work-life balance.
- **Cost:** Total monthly savings reached 34,062 TWD, with consumable costs dropping by 86%.
- **Well-being:** Systemic error-proofing eliminated anxiety regarding labeling errors, significantly boosting professional confidence and safety.

Conclusions/lessons learned

ECRS mitigates burnout by eliminating non-core burdens, validating the HPH value of prioritizing staff to ensure quality care. We aim to sustain this by fostering a culture of well-being, advancing IoT/AI automation, and continuously monitoring staff satisfaction to solidify workplace health promotion.

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Health Promotion, Nursing Advancement: Creating a Salutogenic Workplace for Nurses

**HSUEH Chiung-Fang, SU Chia Hui, CHEN
Shu Fen, LEE Chia-Lun**

Background and objective

Nursing staff often face high stress and irregular shifts, causing fatigue, low morale, and compromise care quality. To create a salutogenic and supportive workplace, this hospital launched a project to enhance nurses' well-being through a fixed-shift system, health promotion activities, and positive psychology programs. The goal was to improve health, satisfaction, and strengthen team cohesion.

Methods/intervention

The hospital implemented four key strategies: (1) Fixed shift scheduling to reduce fatigue and circadian disruption. (2) Health promotion activities such as group exercise, relaxation events, and meal gatherings. (3) Positive workshops focusing on stress management, self-affirmation, and spiritual sharing. (4) New staff counseling meetings for sharing workplace challenges and

coping solutions. We collect data before and after the intervention to assess implementation status, participation levels, and satisfaction.

Results

Fixed shift implementation increased from 30.4% to 67%. 14 units held 19 health promotion sessions, achieving 100% completion. Positive workshop satisfaction reached 98.1%, and new staff participation rate of counseling meetings reached 90%. Overall satisfaction exceeded 90%, with feedback indicating stronger team spirit, improved atmosphere, and greater belonging.

Conclusions/lessons learned

Structured scheduling and positive health interventions effectively improved staff well-being and teamwork. Leadership support and active participation ensured sustainability. Prioritizing caregiver health enhanced both care quality and organizational resilience.

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A Preliminary Study on a Multi- Component ACT-Based Weight Management Program Integrating Mindful Eating, Lifestyle Physical Activity, and Nutrition Education — A Case Study from a Southern Taiwan Hospital

**CHOU Chien-Chi, SU Ya-Hui, CHEN Yi-
Ching**

Background and objective

According to the 2024 employee health screening at our hospital, 50.65% of staff exhibited abnormal body mass index (BMI), indicating a high level of health risk among employees. This study implemented the ACT Weight Management Framework, which consists of three strategic components: Accompany, Calories, and Training, aiming to establish sustainable healthy lifestyles and reduce risks associated with obesity and metabolic syndrome.

Methods/intervention

Using purposive sampling, 93 participants were enrolled between March and May 2025, meeting the inclusion criteria: waist circumference ≥ 90 cm for men or ≥ 80 cm for women, and presence of metabolic syndrome. The intervention included (1) Nutrition courses and LINE consultations; (2) Coach-led lifestyle exercise; (3) Mindful eating practice. Effectiveness was evaluated through changes in body weight and physical activity levels.

Results

Post-intervention results showed significant improvement: Average body weight decreased from 67.83 ± 13.71 kg to 65.19 ± 13.40 kg; Waist circumference reduced by an average of 8 cm; Mean BMI decreased by 1.1 units; Weekly physical activity increased from 55 minutes to 118 minutes, with the proportion of participants meeting WHO's 150-minute recommendation rising from 6.5% to 37.6%. Additionally, 41.9% of participants reported having their first exposure to mindful eating, with most indicating enhanced food awareness and greater eating behavior control.

Conclusions/lessons learned

This structured, multi-faceted intervention effectively promoted positive behavioral changes and improved key health indicators. Among the three strategic components, exercise and nutrition guidance provided actionable steps, while mindful eating contributed to emotional regulation and stable eating patterns. The LINE-based counseling platform offered real-time support and enhanced participant motivation and adherence. Future directions include extending follow-up duration and expanding applicability to other high-risk populations, serving as a practical reference for health-promoting hospital implementation.

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Establishing Infrastructure and KPIs on the Friendly Workplace in Public Hospitals in Taiwan

LEE Meng-Chih, LIAO Miao-Yu, HUANG Yuan-Der

Background and objective

Healthcare systems in Taiwan is facing persistent workforce shortages, high stress, and retention issues. Creating a friendly workplace in public hospitals supports staff well-being, equity, and resilience, thereby enhancing patient safety and care quality. This policy and strategies made by the Hospital Administration Commission, Ministry of Health and Welfare aimed to establish hospital infrastructure and key performance indicators (KPIs) to promote a friendly and sustainable work environment.

Methods/intervention

A sustainable development management committee was established in each public hospital, integrating environmental, social, and governance (ESG) dimensions. Within this structure, a "Friendly Workplace Group" advanced initiatives in equitable employment, professional development, gender equality, and work-life balance. Measures as well as KPIs included transparent appraisal systems, fitness and leisure center, childcare facilities, flexible welfare programs, and AI-enabled workflow optimization.

Results

The strategic framework enabled clear governance and measurable KPIs, such as staff satisfaction, retention, training participation, and gender equity in leadership. Results indicated improved job satisfaction, stronger loyalty, enhanced career growth, and a more supportive organizational culture. Employees valued fair compensation, diversity, and family-friendly policies as essential to sustaining motivation and reducing turnover.

Conclusions/lessons learned

Building a friendly workplace in public hospitals requires structured governance, investment in human resources, and digital innovation. Monitoring KPIs ensures accountability, reduces staff burden, and strengthens resilience while promoting sustainable healthcare delivery.

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Effectiveness of an Eight-Week Employee Weight Reduction Program in Enhancing Health Awareness

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Background and objective

Sedentary work, poor diet, and shift stress have increased obesity and metabolic risks among hospital staff. An eight-week "Employee Weight Reduction Program" integrating exercise, nutrition, and peer support was implemented to improve health habits and body composition.

Methods/intervention

Fifteen employees with BMI >24 joined an eight-week weight-reduction program with weekly exercise and a nutrition class in week one. The course combined diverse workouts (aerobic boxing, strength training, equipment use) and nutrition guidance, with personal gear and home tasks to boost adherence. A "Home Challenge," "Team Contest," and LINE group promoted daily check-ins and peer motivation. Body metrics were tracked weekly; in week eight, satisfaction and behavior surveys evaluated program effectiveness.

Results

Fifteen employees (100% completion) participated, mean age 45.6 years; 47% administrative, 33% nursing, 20% medical technology. After eight weeks, 12 (80%) lost 0.7–5.7 kg (total 22.3 kg, avg 1.49 kg). BMI -0.9 , body fat -1.1% , visceral fat -5.5 , waist -5.6 cm. Health behavior improved: 93% exercised regularly, 87% ate balanced meals, 80% reported better sleep and mood. Satisfaction averaged 4.8/5, confirming significant program effectiveness.

Conclusions/lessons learned

This program integrating exercise, nutrition, and peer support effectively improved staff body composition and health behaviors. Participants showed reduced weight and waist size, and increased health literacy and motivation. The model is feasible and scalable within the HPH framework, supporting a sustainable workplace and the shift from “care providers” to “health promoters.”

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Enhancing Employees' Work-Life Balance Through Employee Assistance Programs: A Case Study of a Faith-Based Hospital

HUANG Hui-Lan, SHEN Hsiu-Hui, TSAI Miao-Hui

Background and objective

Work-life balance is a significant concern in hospitals, where a predominantly female workforce often faces overlapping pressures from heavy workloads, emotional labor, and family caregiving. These combined demands increase the risk of stress and burnout. Employee Assistance Programs (EAPs) offer structured support for health, psychological, family, and workplace challenges, helping staff maintain well-being and performance. In a faith-based hospital, EAPs also align with its mission of holistic care. This study investigates how EAP interventions enhance employees' work-life balance and contribute to a more sustainable and employee-centered workplace culture.

Methods/intervention

From September 9 to October 7, 2024, a hospital-wide survey was conducted using the Patient Safety Culture Survey (PSCs) platform of the Joint Commission of Taiwan. Of 750 distributed questionnaires, 531 valid responses were obtained (70.8%), including 468 women (88.14%) and 63 men (11.86%), reflecting a predominantly female workforce. The revised Safety Attitudes Questionnaire (SAQ) by Dr. Sexton was applied, focusing on the seven-item “Work-Life Balance” domain.

Results

Positive response rates for the “Work-Life Balance” domain exceeded peer benchmarks among physicians, nurses, medical technologists, and rehabilitation professionals. These findings indicate that employees perceive higher levels of support for balancing work and personal responsibilities compared with similar institutions.

Conclusions/lessons learned

As a faith-based hospital, the institution prioritizes employees' physical, psychological, and spiritual well-being. Through

integrating internal resources and enhancing access to Employee Assistance Programs, the hospital provides timely support for staff experiencing personal or work-related challenges. These efforts contribute to improved work-life balance, greater workforce stability, and the development of a more resilient and supportive organizational culture.

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Building a Supportive Health-Promoting Hospital through Walking, Wellness, and Sustainability: A Case Study from Southern Taiwan

CHOU Chien-Chi, SU Ya-Hui, CHEN Yi-Ching

Background and objective

Healthcare professionals often work under high stress, long sedentary hours, and irregular shifts, increasing their risk of metabolic syndrome and chronic diseases. This project aimed to improve employee health behaviors and biometric outcomes through feasible daily walking and workplace wellness programs. By estimating the carbon emissions reduced from walking instead of driving, the initiative also aligned personal health actions with organizational sustainability goals—specifically SDG 3 (Health and Well-being) and SDG 13 (Climate Action)—establishing a model with dual health and environmental benefits.

Methods/intervention

The two-phase program included: (1) a walking challenge in January–February 2025, requiring 10,000 steps per day for at least one continuous month, completed by 200 employees; and (2) health promotion activities from March to May 2025, featuring biweekly fitness sessions, nutrition education, and stress management. Step counts were tracked via mobile apps. Health outcomes were evaluated using annual employee physical exam data from 2023 and 2024.

Results

Participants walked an estimated total of 84 million steps (588,000 km). Using Taiwan's vehicle emission factor (0.2 kg CO₂/km), the activity offset about 8,400 kg of CO₂—comparable to the yearly carbon absorption of 84 trees. Health check data showed a 2.26% drop in triglycerides, 2.00% in fasting glucose, and a 6.82% increase in HDL-C.

Conclusions/lessons learned

This program successfully combined health promotion and environmental sustainability in the workplace. Regular walking, supported by organizational incentives and mobile tracking, improved participation and outcomes. Using carbon reduction to visualize impact further motivated employees and aligned with institutional goals. The approach is scalable and can serve as a reference for similar health-promoting hospital initiatives.

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Poster session 1.10: Access to healthcare services and information

Enhancing Admission Efficiency and Optimizing Nursing Workload Through a Centralized Admission Model

**CHANG Yu-Ping, HSU Chia-Chen, CHUAN
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Background and objective

Facing severe nursing shortages and high nurse-to-patient ratios, workflow optimization is an urgent priority. The conventional direct-to-ward admission clashes with peak nursing activities, hindering timely assessments and causing prolonged patient waits, which heightens anxiety and delays medical interventions. This study used process re-engineering to establish an Admission Center in a regional hospital to alleviate ward bottlenecks. To evaluate the impact of the Admission Center on workflow efficiency and preventive care delivery. Specific objectives: assess waiting time reduction, evaluate workload offloading, and examine the effect of integrating cancer screening on public health outcomes.

Methods/intervention

The study utilized workflow re-engineering for non-infectious same-day/pre-scheduled admissions. The Center launched July 1, 2024. Five core workflow components were implemented: One-Stop Service, Front-Loaded Assessments, Integrated Pre-Ordered Exams (blood, ECG, X-ray), and Incorporation of Cancer Screening.

Results

Data showed service growth and improved exam rates. Pilot (Jul-Dec 2024, N=806): Monthly average 131. Top 3: Orthopedics (31.7%), Urology (15.7%), Cardiology (15.5%). Pre-written Medical Order Rate: 85.6%. Expanded (Jan-Aug 2025, N=1155): Monthly average 140. Top 3: Orthopedics (27.8%), Cardiology(20.07%), Urology(14.8%). Pre-written Medical Order Rate rose significantly to 95.6%. Emergency admissions (3%) were low due to direct ED-to-ward handover post-diagnosis.

Conclusions/lessons learned

Key Benefits: 1)Workload Reduction: Offloading assessments saved an estimated 35 hours of nursing time monthly, allowing focus on clinical care.2)Enhanced Efficiency: Pre-written Medical Order completion improved from 85.6% to 95.6%, minimizing patient movement. 3)Service Integration: Successful integration

of cancer screening suggests enhanced public participation in preventive health. Future Work: 1) Spatial Planning: Integrate the Center concept into future expansion/renovation using external digital displays. 2)Intelligent Platform: Implement an Intelligent Bed Management System to integrate real-time data and reduce manual bed assignment reliance.

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The effects of integrated outpatient services for people with disabilities

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Background and objective

According to the questionnaire of ministry of interior, Taiwan, 77.8% of people with disabilities had regular visits for doctors. However, 26.4% of the population had difficulties to visit the hospital independently. They encountered problems such as registration in the hospital counter or traffic issues. In 2014, We established integrated outpatient services for people with disabilities in our hospital.

Methods/intervention

In this service program, a case manager assessed patients with disabilities and arranged appointment to medical specialties, including internal medicine, physical medicine and rehabilitation, psychiatry and more, according to patients' needs. During the same visit, patients with disabilities could see all specialists they need in one visit session, in one clinic room. In addition, patients paid medical fees for a single visit in the integrated outpatient services, which lowers the financial burden for the patients. The aim of the service program was to improve the medical quality, to overcome the obstacles during medical visits for patients with disabilities, and to save patients' money.

Results

From 2014 to September 2025, there were 18328 people received service counselling and 12018 people applied for the integrated system. For age distribution, most patients were between 71 and 80 years of age. For disability classification, most of the patients (31.4%) were diagnosed with neuromuscular deficits and related disabilities. In 2025, there were 1157 doctor visits annually. The outpatient clinic specialties patient visited was 2.1 in average. Physical medicine and rehabilitation visits accounted the most, 153 doctor (13.2%) visits were reported. For health-related behavior analysis in the people with disabilities, smoking accounts for 4.8%, alcohol drinking 2.9% and betel nuts 0%. For disease analysis, metabolic syndrome accounts for 21.6%. For patients' feedback, satisfaction rate was over 90% in the questionnaire of integrated system.

Conclusions/lessons learned

This study showed the medical need of people with disabilities and can give us a new way to care these people.

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Advance Decision Signatures and ACP Awareness in Taipei and New Taipei City: A Three-Year Review (2022–2024)

HSU Chia-Yun, CHAN Hsin-Lung, LEE Mei-Yu, LIN Chi-Feng, LIN Hsin-Hui

Background and objective

Taiwan's Patient Right to Autonomy Act (PRTAT), implemented in 2019, legalized Advance Decisions (ADs) to strengthen patient autonomy. Understanding demographic and awareness trends among AD signers can guide more effective ACP promotion. This study examined three-year trends among AD signers in Taipei and New Taipei City from 2022–2024.

Methods/intervention

A retrospective cross-sectional analysis was conducted among individuals who completed an AD between 2022 and 2024 ($n = 1,889$ – $2,573$ depending on variable). Variables included age (<50 , 50 – 69 , ≥ 70), sex, education (low vs. high), marital status, job status, information source, hospice-care signing status, PRTAT understanding, and subsidy status. Chi-square tests were used to examine associations between each variable and signing year, with significance defined as $p < 0.05$.

Results

Significant differences across years were found in age ($\chi^2=361.107$, $p<0.001$), information source ($\chi^2=135.031$, $p<0.001$), hospice-care signing status ($\chi^2=55.653$, $p<0.001$), PRTAT understanding ($\chi^2=36.848$, $p < 0.001$), education ($\chi^2=17.402$, $p<0.001$), and marital status ($\chi^2=8.643$, $p=0.013$). Adults aged 50 – 69 were the largest signing group and increased over time, while ≥ 70 remained stable. High-education signers predominated, but low-education participation increased. Family and relatives were the main information source; event-based awareness peaked in 2023. Most participants were willing to sign hospice-care documents but had not done so. Partial understanding of PRTAT was common, with modest improvement in full understanding. Non-significant variables included sex, job status, and subsidy status.

Conclusions/lessons learned

Increasing participation among middle-aged and lower-education groups suggests improved access to ACP information. Persistent partial understanding and low hospice-care signing indicate barriers in health literacy and end-of-life decision-making. Strengthening ACP education, simplifying PRTAT communication, and expanding consultation capacity may enhance informed autonomy.

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Developing Health Screening and Hypertension Campaigns Through Short-Form Video Engagement

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Background and objective

Many adults first learn about health risks such as elevated blood pressure through routine health screenings. However, when these encounters lack sufficient guidance for follow-up or lifestyle improvement, valuable opportunities for prevention are lost. National short-form video campaigns were developed to enhance public health literacy through accessible digital media. The next phase aims to promote home blood pressure monitoring as a practical tool for empowering sustainable lifestyle change.

Methods/intervention

Each organization established an official YouTube channel producing short-form videos (under one minute) with simple, evidence-based messages to improve public health literacy. KAHS campaign 83 videos, 102,000 views. KCHS campaign 119 videos, 134,000 views. All videos addressed disease prevention, health screening, and hypertension awareness, encouraging early recognition and proactive health behaviors.

Results

The campaigns achieved substantial public engagement and continuous viewership growth. Audience analytics demonstrated high retention rates and positive feedback. The campaigns successfully bridged the gap between medical knowledge and public action by delivering accurate, relatable, and actionable health information through accessible digital formats.

Conclusions/lessons learned

Many adults first learn about health risks such as elevated blood pressure through routine health screenings. However, when these encounters lack sufficient guidance for follow-up or lifestyle improvement, valuable opportunities for prevention are lost. National short-form video campaigns were developed to enhance public health literacy through accessible digital media. The next phase aims to promote home blood pressure monitoring sustainable lifestyle change.

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SAFE Call (Support AFTER ER): A Telephone Follow-up Program for Discharged ED Patients

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Background and objective

The elderly, males, low-income groups, and frequent Emergency Department (ED) users often exhibit low adherence to outpatient follow-up, leading to symptom exacerbation and subsequent ED readmissions. This initiative aimed to improve outpatient compliance among discharged ED patients through post-discharge telephone follow-ups, focusing on confirming patient well-being and reminding them of outpatient schedules.

Methods/intervention

We screened ED patients at risk of low treatment adherence and aged over 65 visiting without guardians. Nurses made telephone calls within 7 days post-discharge to remind patients of their outpatient schedules. Key indicators included the volume of calls and the first outpatient visit rate after ED discharge. Additionally, the team monitored and shared data on frequent ED users with low treatment adherence.

Results

The average monthly call volume was 51 cases, exceeding the target of 40. However, the first outpatient visit rate after ED discharge was 81% in 2024 and 78% in 2025, showing no significant statistical increase. There were no significant differences in visit rates across age groups. We conducted follow-up observations on frequent ED users due to low adherence. Over 10 months, out of 11,594 ED visits, 76 patients (510 cases) were frequent users (5 or more visits), accounting for 4.4% of total visits. We monitored patients repeatedly visiting solely due to low adherence, excluding those with disease progression or simple procedural needs. The team successfully persuaded two high-frequency users (9 and 10 visits, respectively) to accept hospitalization.

Conclusions/lessons learned

Although this activity did not yield a significant increase in outpatient visit rates, it provided a positive experience for both patients and nurses by extending the continuum of care post-discharge. To ensure sustainability, screening criteria should be refined to target high-risk groups more precisely. Intensive management of frequent ED users demonstrates potential for improving clinical outcomes and reducing the unnecessary use of medical resources. Future strategies require multidisciplinary collaboration involving nurses, physicians, and social workers to address the underlying causes of non-adherence.

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Enhancing Shared Decision-Making in Diabetes Nutrition Education Through an Online Platform

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Background and objective

Shared Decision-Making (SDM) is a patient-centered model introduced in 1982 to enhance patient understanding and satisfaction. It emphasizes collaboration between patients and healthcare professionals, combining medical evidence with patient preferences. In diabetes care, SDM supports lifestyle changes in diet, exercise, and medication, improving adherence, glucose control, and overall care quality.

Methods/intervention

Following evidence-based medical principles, the dietitian team at Taipei Adventist Hospital developed a shared decision-making aid for diabetes nutrition education. This educational tool helps individuals understand the causes of diabetes and explore suitable dietary options for glycemic control, including Balanced Diet, Low-Carbohydrate Diet, and Ketogenic Diet. Each option outlines dietary principles, features, carb distribution, and effects on glucose metabolism. To enhance accessibility, an online platform was used to distribute the SDM nutrition aids and collect feedback through a structured questionnaire survey. The survey was conducted from June 2023 to July 2025, with a total of 63 valid responses collected.

Results

84% were very satisfied and 16% satisfied with how SDM addressed their concerns. 82% were very satisfied and 18% satisfied with consulting dietitians again. 82% felt SDM made nutrition education clearer, and 79% said it improved understanding of dietary control. Overall, participants agreed the SDM online tool improved dietary choices, comprehension, and motivation for follow-up.

Conclusions/lessons learned

Online shared decision-making (SDM) platforms enhance patient engagement and satisfaction, offering flexible access and efficient feedback collection. This approach improves nutritional support quality and overall healthcare satisfaction, serving as a model for preventive, patient-centered care.

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The Travel Clinic as a Health Promotion Hub: Varicella Seroprevalence and Vaccination Opportunities in Taiwan

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Background and objective

Varicella is a contagious disease that can cause severe complications in non-immune adults. Taiwan introduced universal childhood vaccination in 2004, shifting immunity across cohorts. Understanding adult serostatus is essential for targeted vaccination, especially in travelers. This study compared seroprevalence and associated factors in adults attending a travel medicine clinic versus routine health check-ups.

Methods/intervention

This cross-sectional study included 104 adults from a travel clinic and 3,247 from health check-ups from 2014 to 2022 at a Taiwanese hospital. Serum Anti-varicella IgG was tested. Demographics were collected; travel purposes were documented. Statistical tests compared seropositivity, and logistic regression evaluated associations of age and gender.

Results

The study included a total of 3,351 subjects. The travel medicine group was significantly younger and had a higher proportion of males compared to the health check-up group. The primary reason for travel consultation was for overseas education (59.6%). The overall seropositivity rate of Anti-varicella IgG was high and showed no statistically significant difference between the two groups (85.6% and 84.8%). In the logistic regression analysis of the larger health check-up cohort and the combined patient population, age was a strong and significant predictor of seropositivity. The odds of being immune increased by 3% for each additional year of age (OR=1.03). Overall, compared to the reference group of 25 to <30 years, individuals aged <20 years (OR=0.35) and 20 to <25 years (OR=0.56) had significantly lower odds of being seropositive. Conversely, those aged ≥35 years had significantly higher odds (OR=1.54).

Conclusions/lessons learned

Age is the key determinant, reflecting the transition from natural infection to vaccination. Young adults (<25) remain the most susceptible. Travel medicine clinics provide a critical opportunity to identify and vaccinate these individuals before international travel, particularly students. Routine inquiry on varicella history should be integrated into pre-travel and young adult health consultations.

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Use of Multiple Strategies to reduce medication errors in outpatient clinics

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Background and objective

The Taiwan Patient Safety Reporting System (TPR) third quarter statistical report for 2024 reported 7,495 medication incidents (accounting for 38.4%). Studies have suggested that interventions include educational programs, training, audits, standardized procedures, and the use of advanced technologies such as barcoded medication labels. Therefore, healthcare professionals must strengthen patient awareness and implement the "Three Reads, Five Pairs" technique for medication administration. This is crucial for improving medication safety and preventing related injuries.

Methods/intervention

Continue to conduct patient identification and medication safety education and training sessions, at least once per quarter. Design a "post-examination and follow-up" patient check-in card, supplemented with tools to enhance identification and encourage active patient participation. Conduct regular quality control audits, Audit results will be incorporated into regular performance appraisals. Continue regular quality control audits and analyze and review the results. Optimize the injection room environment, and strive for scanning equipment.

Results

Situational education training sessions achieved 100% attendance, and awareness surveys increased from 68% to 100%. The orthopedic outpatient clinic implemented "post-consultation follow-up" patient cards, achieving 100% patient identification. Monthly patient identification integrity monitoring achieved 100% accuracy. Quarterly injection procedure accuracy monitoring achieved 100% accuracy. LED indicators were installed in the injection room equipment, along with a number plate collection reminder. A barcode scanner was purchased and integrated with the drug appearance verification system to improve medication accuracy.

Conclusions/lessons learned

During the project's implementation, no medication anomalies occurred. Patient identification integrity audits increased from 62% to 100%, and medication procedure accuracy monitoring reached 100%. These are all incidental achievements of the project. Continued tracking of results through October 2025 shows zero medication errors, demonstrating the project's effectiveness.

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Survey Results on Patient Perceptions of Regional Collaborative Pharmacies in Japan

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Background and objective

The Regional Cooperative Pharmacy (RCP) system was introduced by the Ministry of Health, Labour and Welfare in August 2021. As pharmacies specializing in medical and nursing care, RCPs are considered essential components of the regional integrated care system. However, the extent to which pharmacy users are aware of RCPs has not been previously assessed. This study therefore aimed to evaluate patients' awareness and understanding of RCPs.

Methods/intervention

An anonymous survey was conducted among patients utilizing community pharmacies in Japan. The survey was conducted over the period from September 1 to November 30, 2024. We obtained approval from the Japanese Association for Community Pharmacy (JACP) Ethics Committee for conducting this study (Approval Number: 202401).

Results

The survey was administered at 145 pharmacies, and a total of 1,672 responses were collected. Overall awareness of RCPs was as follows: "Have heard of it" (21.7%), "Have never heard of it" (77.4%), and "No response" (1.0%). Among patients currently using RCPs, awareness was 18.0%, significantly lower than among those not using RCPs (23.0%) ($p = 0.00277$). Logistic regression analysis identified four factors significantly associated with awareness: being under 60 years of age, being unemployed, not consolidating prescriptions at a single pharmacy, and not having a designated primary pharmacist.

Conclusions/lessons learned

The observed awareness rate of 21.7% is challenging to interpret. However, considering that neither governmental organizations nor pharmacists' associations are actively promoting RCPs, this level of awareness may not be unexpectedly low. The logistic regression analysis suggests that younger individuals may have broader access to information, and that visiting multiple pharmacies may increase opportunities to encounter RCP-related services. These findings underscore the need for targeted interventions to improve awareness, particularly among older adults and those who use a single pharmacy exclusively.

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National Health Systems and Their Relation with Access, Quality, Financial Risk, and Workforce Equity

ORTIZ-BAEZ Felix

Background and objective

Countries differ in how they organize and finance health care, for the pursuit of equity and performance. This study presents research on how five different world's national health system models deliver access to care, provide service quality, manage the financial healthcare risk, and distribution of the health workforce in 20? countries of the Organization for Economic Co-operation and Development from 1990 to 2023.

Methods/intervention

A longitudinal comparative analysis was used. Countries were classified into National Health Service, National Health Insurance, Social Health Insurance, Statist Social Health Insurance, and Private Health Insurance. Indicators were defined as population coverage, waiting times, avoidable hospitalizations, household out-of-pocket spending, administrative costs, and regional physician distribution. Multivariable regression models were adjusted for economic and demographic factors.

Results

Systems with strong public financing and regulation achieved higher coverage, fewer cost-related barriers, lower avoidable hospitalization rates, and more efficient administrative spending, with a balanced distribution of physicians. Private insurance systems showed lower coverage and higher financial and equity gaps.

Conclusions/lessons learned

Health system design must emphasize equity, efficiency, and sustainability. Government sponsored models with strong primary care orientation performed better. Market-driven privatized systems may require reforms that ensure more financial protection and reduce administrative complexity.

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A Quality Improvement Project to Reduce Peritonitis Incidence in Peritoneal Dialysis Patients

JANG Huenwei, JANG Shuhui

Background and objective

According to the 2022 USRDS, Taiwan has the highest global prevalence of dialysis. Peritoneal dialysis (PD) offers greater patient autonomy, better preservation of residual renal function,

and lower early mortality compared with hemodialysis. Despite its advantages, peritonitis remains the leading cause of PD discontinuation, hospitalization, and mortality. In Q2 2023, our unit recorded a peritonitis rate of 3.04 episodes per 100 patient-months. This project aimed to reduce the peritonitis rate to 1.7 episodes per 100 patient-months through targeted quality-improvement measures.

Methods/intervention

Based on the identified causes, the following improvement measures were implemented:

1. Assessing patients' knowledge regarding peritonitis prevention and correcting misconceptions.
2. Providing biannual retraining in PD exchange techniques.
3. Reinforcing the importance of hand hygiene and mask use, and emphasizing daily mask replacement
4. Posting large-print reminders of PD exchange steps and precautions at the exchange area.
5. Conducting unscheduled telephone follow-ups and home visits to evaluate PD exchanges performed at home
6. Organizing a PD peritonitis education forum for patients on July 6, 2023.

Results

Through the team's efforts and comprehensive patient support, our unit successfully lowered the peritonitis rate from 3.04 episodes per 100 patient-months in Q2 2023 to 0.79 in Q2 2024, demonstrating the significant effectiveness of the implemented strategies.

Conclusions/lessons learned

Reducing the incidence of peritonitis and extending the functional lifespan of PD is essential. Through the te4, our unit successfully lowered the peritonitis rate from 3.04 episodes per 100 patient-months in Q2 2023 to 0.79 in Q2 2024, demonstrating the significant effectiveness of the implemented strategies.

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Evaluation of the Effectiveness of Implementing Shared Decision-Making in the Department of Metabolism

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Background and objective

In early diabetes or during unstable blood glucose, frequent self-monitoring using a meter or CGM is crucial. Patients often feel uncertain about which method to use. A patient decision aid (PDA) was developed to support shared decision-making (SDM), and this study evaluated its usability, clinical impact, and effects on patient care.

Methods/intervention

A multidisciplinary team defined project objectives, scope, and SDM workflow, including target population, procedures, and PDA use. Human factors principles enhanced usability. Continuous evaluation guided refinement. Team engagement, patient feedback, HbA1c changes, staff CGM certification, patient CGM adoption, and follow-up adherence were assessed to evaluate SDM implementation and clinical effectiveness.

Results

In October 2025, 14 metabolism staff completed the SDM survey (mean 4.4/5). Thirty-five patients and families used the PDA (impact 4.1), with HbA1c decreasing from 8.5% to 8.3% ($P = 0.037$). Sixteen staff obtained CGM certification; CGM use in type 1 patients rose 23.5% → 28.4%. Free glucose meters for 152 patients achieved 80% follow-up. Patients reported better understanding, engagement, and reduced anxiety, while providers noted that the PDA improved discussion, strengthened SDM, and streamlined counseling. The program showed high feasibility, accessibility, and clinical impact.

Conclusions/lessons learned

The tailored PDA effectively supported SDM for patients with unstable glucose levels, improving understanding, enhancing clinician-patient communication, and promoting informed self-management. Measurable reductions in HbA1c, increased CGM utilization, and strong follow-up adherence highlight its clinical value. This SDM model demonstrates high feasibility and can be scaled to support diabetes self-management in diverse healthcare settings.

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Strengthening Medication Safety and Health System Resilience in the Post-COVID Era: Cross-Institutional Monitoring and Health Promotion Practice in Antiviral Therapy for a Liver Transplant Patient

HSIEH Yu-Fen, HUNG Wei-Chou, YANG Yuh-Ying, YANG Hui-Ju

Background and objective

COVID-19 has challenged global healthcare systems and increased risks for transplant patients who receive prescriptions from multiple institutions. Paxlovid® is widely used for high-risk COVID-19 cases; however, ritonavir strongly inhibits CYP3A and may cause severe tacrolimus toxicity. Ensuring medication safety and supporting healthcare resilience under complex medication regimens have become priorities for Health-Promoting Hospitals (HPH) in the post-pandemic era.

Methods/intervention

In 2023, our hospital launched a drug-interaction monitoring program integrating therapeutic drug monitoring by medical technologists, pharmacist medication reviews, and physician-led clinical decision-making. A liver transplant patient with COVID-19 received Paxlovid and underwent real-time monitoring of tacrolimus levels, renal function, and hepatic function to enable early intervention.

Results

Tacrolimus concentration exceeded 40 ng/mL on the second day of Paxlovid therapy, accompanied by renal dysfunction. A technologist activated an automated drug-interaction alert. Phenytoin was administered to induce CYP3A metabolism, enabling rapid normalization of tacrolimus levels and renal recovery within three days without long-term sequelae.

Conclusions/lessons learned

A coordinated monitoring and response model successfully prevented a severe adverse drug event, demonstrating a sustainable and resilient clinical practice aligned with HPH values. This case provides a framework for global hospitals to enhance medication safety and healthcare resilience during current and future crises.

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Medication Counseling Service in Liver Transplant Outpatient Clinics: A Pharmaceutical Care Analysis

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Background and objective

This study evaluated the impact of pharmacist-led medication counseling in liver transplant recipients during outpatient follow-up, aiming to improve patients' medication knowledge and adherence, thereby reducing rejection and related complications.

Methods/intervention

A pre/post questionnaire design was used to assess 262 pharmacist-led counseling sessions from January 2024 to September 2025. Content included dosage adjustment and regimen modification, administration timing and instructions, adverse drug reactions, diet and supplement use, laboratory monitoring, drug interactions, medication reconciliation, drug allergy/contraindication, medication/disease knowledge, and other issues.

Results

The most frequently addressed topics were dosage adjustment and regimen modification, diet and supplement use, and medication/disease knowledge. Before counseling, 15.6% of

patients had no understanding and 83.6% partial understanding; after counseling, 99.6% reported full understanding. Patients showed increased awareness toward drug interactions and adverse effects, proactively reporting symptoms and adhering to laboratory monitoring. Marked improvements were observed in patients' health literacy, self-care ability, and confidence in therapy.

Conclusions/lessons learned

Pharmacist-led counseling effectively improved patients' medication knowledge, safety, and adherence in liver transplant outpatients, with potential to reduce rejection and complications, enhancing survival and quality of life. Incorporating this model into routine post-transplant care and evaluating its long-term outcomes is recommended to establish a comprehensive medication management education system for transplant recipients.

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Poster session 1.9: Health workforce practice and training

Quantifying Emergency Nursing Workload to Support Workforce Sustainability and Patient Safety

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Background and objective

Emergency departments in Taiwan face persistent overcrowding and long boarding times, creating challenges for workforce sustainability and patient safety. At our hospital, nurses in the emergency boarding area often care for 15–20 patients per shift, requiring more work time than the eight-hour schedule allows. This leads to incomplete assessment, limited documentation, reduced patient education, and higher risks of falls, tube dislodgement, and unexpected cardiac arrest. This study aimed to quantify emergency nurses' workload and examine its association with perceived fatigue to guide staffing improvements.

Methods/intervention

A cross-sectional observational study was conducted with ED nurses with at least three months of experience. Data were collected using a workload checklist, 5-minute interval time-motion logs, a subjective workload questionnaire, and staffing records. Two weeks of continuous field observation and self-logging were performed across all shifts. Descriptive statistics and Pearson correlations were used to analyze time distribution and associations with fatigue. No patient-identifiable data were collected.

Results

Nurses spent an average of 58 minutes on basic care, 94 minutes on hand-off, 72 minutes on medication administration, 67 minutes on vital-sign monitoring, 42 minutes on documentation, and 106 minutes on admission coordination. Total required nursing time exceeded ten hours per shift, indicating a mismatch between workload and staffing. Higher basic-care workload correlated with greater fatigue ($r = .62, p < .01$). Higher nurse-patient ratios were also associated with increased falls, tube dislodgement, and unexpected cardiac arrest.

Conclusions/lessons learned

Current nurse-patient ratios in the emergency boarding area exceed recommended standards and contribute to safety risks. Aligning staffing with evidence-based ratios and assigning nursing assistants to non-professional tasks may enhance nurses' ability to perform assessment, documentation, and patient education. Improving workforce sustainability is essential to creating a healthier and safer emergency care environment.

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Evaluating the Impact of the Project-Based Learning Program on Government-Funded Medical Students' Willingness to Serving Remote Areas

CHIU Mei-Miao, LIN Chao-Feng, HWANG Lee-Ching

Background and objective

Primary healthcare in rural regions is vital for achieving medical equity. Training government-funded medical students helps strengthen the healthcare workforce and improve service quality in Indigenous communities and outlying island areas. This study examines the effect of a project-based learning program on the willingness of government-funded medical students to practice in rural areas.

Methods/intervention

The program involved eight medical schools in northern Taiwan and recruited government-funded medical students to form social networking groups. Each group, comprising five to six students and a mentor, identified shared issues of interest and conducted an exploratory, self-directed, and project-based learning program. The six community-themed project areas included financial assistance, peer and academic support, clinical experience opportunities, resilience counseling services, and career development. An online questionnaire was administered to students who completed their projects.

Results

Twenty-one social network groups were formed, comprising 116 students and 13 mentors from the Medicine, Dentistry, Psychology, Nursing, and Nurse Practitioner programs. Students most often chose "promoting career development and title transition" (52.4%), followed by "internship/clinical opportunities" and "community/peer support" (38.1% each). After the project, concern increased across all issues, with the largest jump in financial support (9.5% to 58.4%). Overall, 92.1% of respondents felt that the project increased their willingness to serve in rural areas, and 91.1% indicated that participation strengthened peer support.

Conclusions/lessons learned

By forming social networks to explore issues related to their studies and future work in rural healthcare, government-funded medical students can significantly influence their willingness to provide medical services in rural areas.

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Safety Culture from the Perspective of Employee Psychological Safety: Effects of Safety Climate and Knowledge Sharing on Safety Behavior

FENG Wen-Jui, CHEN Yun-Hsi

Background and objective

Hospital safety events are closely tied to care quality, and healthcare workers' perceptions of safety climate are crucial in shaping safety behaviors. From the perspective of employee psychological safety, a supportive environment reduces stress and improves safety engagement. Following WHO and HPH principles, this study examined the relationships among safety climate, knowledge sharing, and safety behavior, and assessed whether knowledge sharing affects these links.

Methods/intervention

A cross-sectional survey was conducted in a regional hospital in northern Taiwan, yielding 170 valid responses from physicians, nurses, and medical technicians. Measures included employee safety climate, patient safety climate, knowledge sharing, safety compliance, and safety participation. Multiple regression analyses evaluated the direct effects of safety climate and knowledge sharing on safety behavior.

Results

Key findings were: (1) safety climate significantly improved safety performance; (2) positive safety climate enhanced knowledge sharing and cross-team communication; (3) knowledge sharing positively influenced safety compliance and participation; and (4) knowledge sharing did not moderate the

safety climate–behavior relationship but remained an important independent contributor. Overall, safety climate strengthened trust, psychological safety, and a learning culture.

Conclusions/lessons learned

A strong safety climate reduces psychological burden, supports adherence to procedures, and promotes interprofessional collaboration. Although knowledge sharing showed no moderating effect, it independently strengthened safety behavior. Hospitals should incorporate knowledge sharing into safety management and staff training to build a resilient and sustainable safety culture.

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Improving Pediatric Nurses' Usage Frequency of Voice Recognition Technology for Nursing Documentation

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Background and objective

Speech recognition technology is regarded as an important digital tool for reducing documentation burden and improving nursing work efficiency. However, its clinical adoption remains limited due to factors such as established documentation habits, environmental noise, and recognition accuracy. Therefore, increasing the utilization of speech-based nursing documentation has become an important issue in nursing workflow optimization.

Methods/intervention

This study was conducted in a pediatric ward in central Taiwan. A two-month pre-intervention observation period was used to collect baseline data on the utilization of speech-based nursing documentation. During the intervention phase, including pronunciation training, demonstration-based promotion and incentive programs, segmented documentation strategies for noisy environments, and system operation training, aiming to enhance nurses' willingness to use and familiarity with the system.

Results

Baseline data from March to April 2025 showed an average daily usage of 3.5 entries. Following the intervention, usage increased steadily, reaching 25.9 entries in August, 32.2 entries in September, and 45 entries in October 2025, indicating a sustained and significant improvement.

Conclusions/lessons learned

Systematic interventions effectively increased the utilization of speech-based nursing documentation, enhanced workflow

feasibility and acceptance, and reduced nurses' documentation burden, thereby supporting quality of care and patient safety in high-workload clinical environments.

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Self-Efficacy and Training Needs for Fire Emergency Response Among Nurses: A Cross-Sectional Study

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Heng, HSIEH Ming-Ju**

Background and objective

Fire emergencies are common and high-risk events in healthcare facilities. As frontline personnel, nurses play a critical role in ensuring patient safety and self-protection during fire incidents. Their response capability is therefore essential. This study investigated nurses' self-efficacy in fire emergency response and their training needs in a medical center, and examined the associations between background characteristics (such as age, years of experience, and participation in drills) and levels of self-efficacy and training needs.

Methods/intervention

A cross-sectional descriptive correlational design was used. A total of 577 valid questionnaires were collected. The survey assessed nurses' confidence in performing various fire emergency-related tasks and their perceived training needs, along with demographic information.

Results

Overall, nurses demonstrated relatively high self-efficacy in fire emergency response, with mean task scores ranging from 8.11 to 8.97 (full score 10) and a total confidence score of 85.99 ± 16.26 (full score 100). The highest confidence levels were reported for operating fire extinguishers and performing evacuation procedures. Training needs were also generally high (mean scores: 8.34–9.11 (full score 10); total score: 53.11 ± 8.74 (full score 60)), and nurses with more years of experience reported greater training needs. Self-efficacy and training needs were moderately positively correlated ($r = 0.26-0.34$, $p < 0.001$).

Conclusions/lessons learned

Although nurses exhibited a considerable level of confidence in handling fire emergencies, some aspects of response capability remained insufficient, highlighting the importance of continuous training. Future educational programs should reinforce tasks with lower confidence levels to strengthen self-efficacy, and improve fire emergency-response performance.

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Nursing Improvement Strategies for Anesthesia and Analgesic-Related Delirium

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Background and objective

Postoperative delirium (POD) is a common acute brain dysfunction in surgical patients, with incidence rates of 19-32%. Unrecognized POD can lead to unplanned extubation, falls, prolonged hospitalization, and increased readmission rates. This project aimed to establish a standardized delirium care model with dual nursing goals: early restoration of baseline cognition and maintenance of physical safety.

Methods/intervention

This quality improvement project was conducted from January to December 2024, targeting surgical patients who received general or spinal anesthesia and were administered postoperative analgesics. Interventions included: (1) developing a unit-specific "Delirium Warning Sign Checklist" covering verbal confusion, disorientation, emotional and behavioral changes, and decreased cooperation etc., assessed every shift during the 48-72 hours postoperatively; (2) conducting educational workshops to enhance nurses' recognition of drug-related delirium pathophysiology and early warning signs; (3) establishing a rapid response mechanism enabling simultaneous notification to physicians, pharmacists, and nursing supervisors for immediate medication review and environmental modification. Patient and family education on delirium prevention was provided.

Results

Compared to the 2023 baseline data, significant improvements were observed in 2024. Safety indicators: Delirium-related complications (unplanned extubation, falls) decreased from 12 to 5 cases; the mean length of stay was reduced from 8 to 5 days; and the 14-day readmission rate declined from 6% to 2%. Process indicators: nursing compliance with the Delirium Warning Sign Checklist reached 95%; early interdisciplinary reporting rate improved to 90%. These findings confirm that early identification and timely team intervention effectively interrupt the progression of delirium.

Conclusions/lessons learned

Through the use of a unit-developed standardized observation tool and clear nursing goals, nurses transitioned from passive observation to proactive prevention. Combined with rapid interdisciplinary reporting and medication adjustment mechanisms, this model significantly reduces complications and healthcare resource utilization, creating a safe recovery environment for postoperative patients.

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Implementing diverse strategies to improve clinical instructor teaching ability.

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Background and objective

The Emergency Department (ED) faces difficulties in new staff adaptation due to its high-workload and complex practice environment. A survey revealed that the teaching competence of clinical instructors was only 77.4%, which failed to meet the expected standard. The main contributing factors included: the inability to synchronize assessment procedures with clinical teaching, a lack of systematic organization of teaching materials, and clinical instructors' unfamiliarity with the content of the preceptor guidance manual.

Methods/intervention

The four diverse intervention strategies primarily adopted were: Arranging official leave (off-duty) for assessment shifts, Organizing teaching and training sessions in low-acuity areas, Optimizing teaching materials by establishing the social media group "Treasure Bag Classroom", This platform stores key information on common examinations and care essentials, Implementing efficiency tools for digital learning and material construction by creating standardized QR codes for the answers within the preceptor guidance manual, Executing care and support activities.

Results

Following the implementation of diverse strategies, the teaching competence of clinical instructors significantly increased from the original 77.4% to 93.1%. Moreover, the project interventions made clinical teaching more flexible and timely, enabling new staff to successfully adapt to the workplace environment.

Conclusions/lessons learned

This project successfully utilized diverse and systematic strategies to enhance the teaching competence of clinical instructors in the emergency department and effectively promote the workplace adjustment/adaptation of novice nurses.

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Mentoring as a Driver of Service-Oriented Organizational Citizenship Behavior in Long-Term Care Environments

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Background and objective

Mentoring is a key practice in Taiwan's long-term care facilities, helping new caregivers integrate into the workplace and improving job satisfaction. Through guidance and role modeling from experienced staff, mentees learn essential skills and adapt more quickly to care settings. This support enhances job satisfaction and fosters positive organizational contributions. However, the influence of mentoring on service-oriented organizational citizenship behavior (SOCB) remains understudied.

Methods/intervention

This study collected a sample size of 413 caregivers. The scales used include mentor functions, JS, and SOCB. Statistical analysis tools were employed, including descriptive statistics, factor analysis, reliability and validity assessment, and Partial Least Squares analysis.

Results

The findings indicate that mentoring functions—career development, psychological support, and role modeling—significantly enhance caregivers' JS. In turn, job satisfaction positively influences SOCB and mediates the relationship between mentoring and SOCB.

Conclusions/lessons learned

Mentors support new caregivers by teaching essential long-term care skills and sharing professional experience, thereby fostering trust and rapport. Their goal is to help mentees develop nursing competencies and prepare for future career advancement. Strengthening mentorship practices can further enhance JS, build emotional connections within the organization, and encourage caregivers to demonstrate SOCB.

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Implementation Process and Interim Outcomes of the CBME Training Model in a Regional Teaching Hospital in Taiwan

HUANG Yu Chen, TSENG Huang Cheng,

Background and objective

Our regional teaching hospital provides postgraduate training for pharmacy, medical imaging, medical laboratory science, nursing, and physical therapy. To strengthen trainees' clinical competence and improve overall healthcare quality, the Competency-Based Medical Education (CBME) framework was implemented across all training programs, in line with the Taiwan Joint Commission on Hospital Accreditation policy requiring CBME-based assessments by 2026.

Methods/intervention

From 2021 to 2024, 219 participants (including 28 clinical educators) completed CBME faculty training, and 5 external

CBME-trained instructors were prepared as seed faculty. In 2024, the Department of Pharmacy piloted Entrustable Professional Activities (EPAs) as a CBME model. In early 2025, EPA experiences were shared hospital-wide, facilitating CBME integration across all five professions. By April 2025, revised training programs formally included CBME assessments such as EPA, Mini-CEX, and DOPS.

Results

Five pharmacists completed EPA-based training, showing improved performance in prescription review, medication counseling, and ADR reporting. The average entrustment level increased from 2.5 to 4.1, and satisfaction exceeded 90%. Institution-wide, all five professions completed CBME-aligned revisions, supported by 33 trained CBME instructors. Existing assessments (Mini-CEX, DOPS) were further optimized through CBME integration.

Conclusions/lessons learned

CBME implementation, particularly through EPA models, enhances trainees' clinical reasoning and practical competence while improving teaching efficiency. The Pharmacy Department's pilot and subsequent experience-sharing were key to successful hospital-wide adoption, proving CBME feasible and effective in a regional teaching hospital setting.

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Comparing the Relationships Among Academic Resilience, Learning Self-Efficacy, and Academic Self-Efficacy in Nursing Students with Different Levels of Nursing Learning Self-Efficacy

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Background and objective

Nursing students often face academic and clinical challenges that affect their psychological well-being and academic success. Academic resilience is a key protective factor in managing stress and sustaining performance. This study explored the effect of academic resilience on academic self-efficacy among nursing students with varying levels of Nursing Learning Self-Efficacy (NLSE).

Methods/intervention

Using a cross-sectional design, 641 students from a nursing junior college in Taiwan completed questionnaires. Cluster analysis classified participants into high- and low-NLSE groups. Structural equation modeling examined relationships among academic resilience, NLSE, and academic self-efficacy.

Results

Academic resilience positively predicted academic self-efficacy across both NLSE groups. In the high-NLSE group, all five NLSE dimensions—conceptual understanding, higher-order cognitive abilities, practical skills, daily application, and nursing communication—significantly mediated the relationship between academic resilience and academic self-efficacy. In contrast, only “nursing communication” had a significant mediating effect in the low-NLSE group. Notably, “daily application” negatively predicted academic self-efficacy, suggesting a possible disconnect between clinical experiences and students’ academic self-beliefs.

Conclusions/lessons learned

The study further emphasized that enhancing students’ academic resilience can improve their psychological resilience to stress and challenges, promoting better academic performance and facilitating adaptability, stress tolerance, and career sustainability in future clinical practice—ultimately contributing to improved care quality and career stability. It is recommended that nursing educators integrate stress-inducing scenarios and highly interactive learning strategies into curriculum design to foster students’ resilience and overall learning confidence.

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Establishing a Perioperative Pressure Injury Prevention and Data Framework to Enable Future AI-Supported Safety in a Tertiary Medical Center

LIN Chun-Chen, CHOU Fan-Hao

Background and objective

Perioperative pressure injuries (PPIs) are preventable yet high-impact surgical complications. As interest grows in AI-assisted risk prediction, hospitals must first strengthen clinical practice, workforce competency, and data quality. This initiative aimed to standardize PPI prevention, build reliable data structures, and prepare the organization for ethical and responsible future AI integration.

Methods/intervention

This program was implemented in a 1,702-bed university-affiliated tertiary medical center with 33 operating rooms, performing ~33,000 surgeries annually. The institution employs 4,952 staff, including 2,050 nursing personnel, with 163 perioperative nurses. Interventions included standardized positioning and skin-assessment protocols; risk stratification; integration of the Scott Triggers Tool for real-time alerts; checklist-based audits; simulation-supported onboarding and competency assessment; and collaboration among nursing,

anesthesia, surgery, quality, and education teams. A perioperative data framework was created to ensure consistent documentation, data integrity, and readiness for future AI-supported decision tools.

Results

Implementation and data collection are ongoing. Early observations include improved completeness of skin-assessment documentation, strengthened adherence to positioning protocols, and consistent use of protective devices. Real-time risk alerts enhanced communication and timely intervention. Staff competency improved through structured training, and data streams were established to support future predictive modeling and outcome analysis.

Conclusions/lessons learned

Building AI-enabled safety requires strong practice foundations, ethical governance, and reliable clinical data. Leadership commitment, multidisciplinary collaboration, and structured competency programs supported standardized PPI prevention and strengthened readiness for digital augmentation.

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Development and Evaluation of an Educational Program to Enhance Nursing Competency in Caring for Patients with Hypertriglyceridemia-Induced Acute Pancreatitis Undergoing Therapeutic Plasma Exchange in a Gastroenterology Ward

LI Ching Ju

Background and objective

Hypertriglyceridemia-induced acute pancreatitis (HTG-AP) is a severe condition that may require therapeutic plasma exchange (TPE) to rapidly reduce triglyceride levels. Nurses play a crucial role in managing these patients; however, limited exposure and lack of specific training can hinder care quality. This study aimed to develop and evaluate an educational program to strengthen the knowledge and competency of gastroenterology ward nurses caring for HTG-AP patients undergoing TPE.

Methods/intervention

A quasi-experimental, single-group pretest-posttest design was used in a tertiary medical center. Twenty-five registered nurses participated in a structured program combining lectures, case discussions, simulation-based training, and clinical guidelines. A self-administered questionnaire assessed knowledge and self-

perceived competency before and after the intervention. Data were analyzed using paired t-tests to determine significant differences.

Results

Nurses' knowledge scores significantly improved from 62.4 (SD=8.5) to 85.7 (SD=6.3) ($p<0.001$). Self-perceived competency also increased across key areas, including TPE preparation, complication monitoring, and patient education. Participants expressed high satisfaction, emphasizing the program's practicality and relevance to clinical needs.

Conclusions/lessons learned

The educational intervention effectively enhanced nurses' knowledge and confidence in managing HTG-AP patients receiving TPE. Structured, need-based training programs are vital for improving nursing competency and ensuring patient safety. Future studies should assess long-term retention and clinical performance outcomes.

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Fostering Staff Engagement and a Positive Learning Culture through Annual Quality Indicator Promotion and Feedback Activities

SHIH Yi-Hsuan, CHEN Yi-Ching

Background and objective

Quality indicator management is central to hospital quality culture and health promotion principles but is often seen as administrative work, lowering staff motivation. Since 2017, the hospital's Quality Management Center has held annual indicator activities combining education, incentives, and participation to enhance engagement and teamwork, fostering continuous learning and sustainable quality improvement.

Methods/intervention

A long-term strategy integrated incentive programs, capacity-building education, and participatory activities. From 2017–2019, monetary awards recognized high-performing indicator teams. In 2020, after winning a Gold Award in a healthcare quality competition, the first Quality Indicator Learning and Celebration Event combined recognition, education, and collaboration. Quality consultant physicians also received annual incentives. In 2021, a BI course supported data-driven management and reduced manual workload. From 2022, the program added raffle draws, appreciation prizes, and external knowledge sharing. In 2024, educational sessions, interactive activities, and a nine-item survey evaluated satisfaction, usability, and participation. Thirty-four responses were analyzed descriptively.

Results

The 2024 survey showed 97.1% satisfaction with support, 85.3% with system convenience, 79.4% with the new interface, and 97.1% overall satisfaction; 70.6% were willing to continue participation. Feedback showed improved understanding of indicator relevance, reduced administrative burden, and stronger collaboration. Despite manpower shortages, recognition of quality management remained high, confirming the effectiveness of education and incentives.

Conclusions/lessons learned

Continuous learning and recognition enhanced motivation and turned indicator reporting into a positive learning experience. The initiative built trust, collaboration, and continuous improvement, shaping a resilient and sustainable quality culture.

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The results of the nursing newcomers' technical competency assessment are positively correlated with their clinical retention rate

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Background and objective

Before employment, new nurses were given a "Medication Standard Operating Procedure (SOP) QR Code" for previewing. Clinical instructors then provided medication skill training and conducted a skills assessment to evaluate competency. The findings revealed a positive correlation between assessment results and retention, suggesting that pre-employment training helps stabilize the nursing workforce.

Methods/intervention

Before their start date, newly employed nurses were provided with a "Medication Standard Operating Procedure (SOP) QR Code" for self-reading and preview. On the first day of employment, a pre-test on medication administration was conducted, followed by hands-on instruction from in-hospital clinical instructors. After the instruction, a medication skill assessment was administered to evaluate learning outcomes and clinical competency.

Results

The 2024 assessment results of new nursing staff's medication skills revealed that the average score of those who remained employed was 75.5 points, with a pass rate of 99.4%. In contrast, the average score of those who resigned was 61.1 points, with a pass rate of 60.2%. These findings show a positive relationship between skills assessment performance and staff retention,

indicating that pre-employment technical training plays a significant role in enhancing workforce stability.

Conclusions/lessons learned

The research results show that the higher the average technical assessment score of new nurses, the higher their clinical retention rate. This shows that pre-job preparation and clinical skills training can effectively enhance the professional ability of new nurses, thereby increasing their willingness to stay and stability.

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A New Perspective on Medical Leadership-Promoting the Clarity of PGY Physicians' Clinical Professional Identity through Mentor Sharing Sessions

LIU Hui-Yueh

Background and objective

Introduction Medical leadership is a core competency in professional development, particularly during the postgraduate year (PGY) when physicians transition through diverse clinical rotations. Through mentorship and reflective learning, PGY doctors gain insight into various leadership styles across specialties, fostering clinical judgment, teamwork, and professional identity formation. Such leadership cultivation enhances clarity in their clinical roles and strengthens the foundation for long-term professional growth.

Methods/intervention

Through the mentor sharing sessions, PGY doctors were paired with mentors to discuss the challenges and strengths encountered across different specialties, followed by a two-way feedback process regarding their future specialty choices. After the session, participants completed a questionnaire to evaluate the effectiveness of the forum.

Results

According to the feedback questionnaires from 22 PGY participants, 93.8% reported a sense of happiness gained through the mentor sharing sessions, 50.0% indicated that it provided clearer direction for their future career path, and 100% felt a sense of friendliness within the medical workplace. Overall, PGY trainees gave highly positive evaluations, expressing that they benefited greatly from this activity.

Conclusions/lessons learned

Preliminary results from the mentor sharing sessions indicate that the activity helped PGY doctors gain inspiration and encouragement through interactive exchanges, experience positive emotions and a sense of connection with peers, and

foster a more supportive and friendly workplace culture. It also contributed to clarifying their career development directions within the medical profession.

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Translation and Validation of the Taiwan Version of the Quiet Quitting Scale among Nursing Professionals

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Background and objective

Growing work stress and persistent staffing shortages—exacerbated during the COVID-19 pandemic—have increased withdrawal behaviors such as quiet quitting among nurses, jeopardizing patient safety, workforce well-being, and organizational resilience. Although the Quiet Quitting Scale (QQS) developed by Galanis demonstrates strong psychometric properties, no culturally adapted instrument is currently available for Taiwan. This study aimed to translate the QQS into Taiwanese Mandarin and evaluate its reliability and validity among Taiwanese nursing professionals.

Methods/intervention

Using a modified Brislin translation model, the QQS underwent expert content review, internal consistency testing, test–retest reliability assessment, confirmatory factor analysis (CFA), and criterion-related validity evaluation. A total of 412 nurses from a medical center completed the Taiwan-QQS along with validated measures of occupational burnout and job satisfaction; a subset completed a two-week retest.

Results

Participants' mean age was 31.8 years (SD = 7.14). The Taiwan-QQS demonstrated acceptable reliability (Cronbach's $\alpha = .76$; test–retest reliability = .81). CFA confirmed the proposed three-factor structure with satisfactory model fit (GFI = .96, CFI = .94, TLI = .91, RMSEA = .075). Quiet quitting was positively correlated with occupational burnout ($r = .242-.381$, $p < .001$) and negatively correlated with job satisfaction ($r = -.179$, $p < .001$), supporting convergent and discriminant validity.

Conclusions/lessons learned

The Taiwan-QQS is a psychometrically robust and culturally appropriate tool for assessing quiet quitting among nurses. Its use may facilitate early detection of disengagement, inform workforce well-being initiatives, and support data-driven management strategies to promote retention and healthier work environments.

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A Study on the Work Self-Efficacy of Clinical Nurses

TSAI Mei-Yueh

Background and objective

Clinical nurses face heavy workloads and diverse challenges in their daily practice, which increases their occupational stress and may indirectly affect their behavioral performance and perceived job satisfaction. Previous studies indicate that nurses' perceived self-efficacy is closely related to both job satisfaction and retention in the workplace. Therefore, this study aims to examine the influence of clinical nurses' self-efficacy on their job satisfaction.

Methods/intervention

This study employed a convenience sampling method, targeting nurses from a regional teaching hospital in central Taiwan who voluntarily agreed to participate, were licensed, and currently engaged in clinical nursing care. Initially, an open-ended qualitative questionnaire was used to explore nurses' work strategies. Subsequently, items measuring self-efficacy and job satisfaction were added to develop a quantitative questionnaire. The completed questionnaires were collected, and the data were analyzed statistically to examine the influence of self-efficacy on job satisfaction.

Results

The results indicated that the average work self-efficacy score among nurses was 5.67. Female nurses demonstrated higher self-efficacy scores than their male counterparts. Additionally, nurses at N3 and N4 levels exhibited significantly higher self-efficacy compared to those at lower nursing grades. Pearson correlation analysis revealed a significant positive relationship between nurses' self-efficacy and job satisfaction, indicating that nurses with higher self-efficacy tend to report greater job satisfaction.

Conclusions/lessons learned

The findings indicate a significant positive correlation between nurses' self-efficacy and job satisfaction. In other words, nurses with higher self-efficacy exhibit greater confidence in their ability and professional skills, which is associated with higher levels of job satisfaction.

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Improving Patient Safety: Multidisciplinary Strategies to Reduce Nasogastric Tube Dislodgement in Hospitalized Patients

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Background and objective

Nasogastric tubes are essential for feeding, medication, and decompression but unplanned dislodgement compromises care quality, patient comfort, and safety, and increases aspiration risk. National reports identify tube dislodgement among the top three adverse events. This project, conducted in an acute medical ward, aimed to reduce nasogastric tube dislodgement. In 2023, 3,374 tube days (25.4% usage) and 41 dislodgements (1.22%) were recorded, exceeding the 2022 rate (0.67%). Root causes included insufficient caregiver knowledge, inconsistent nursing technique, lack of risk identification, and improper fixation.

Methods/intervention

From January to December 2024, 183 patients with nasogastric tubes and 16 nurses were included. The interventions consisted of: (1) standardized caregiver education with a test pass rate target $\geq 90\%$; (2) nurse training in tube care techniques (competency $\geq 90\%$); (3) implementation of a protective restraint assessment form (compliance $\geq 90\%$); and (4) comfort-enhancing strategies, including line organizers ($\geq 90\%$), dual-segment tubes ($\geq 60\%$), and optimized fixation ($\geq 90\%$).

Results

Caregiver test pass rate reached 90%; nurse competency improved from 65 to 95 ($t=11.17$, $p<.001$); restraint form compliance rose to 95%. Line organizer, dual-segment tube, and optimized fixation rates were 90%, 60%, and 100%, respectively. The dislodgement rate declined from 1.22% to 0.58% in 2024, reflecting significant safety improvement.

Conclusions/lessons learned

Interdisciplinary collaboration and standardized procedures enhanced patient safety and comfort. Effective fixation and education were key, while reliance on physical restraints alone proved inadequate.

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Reduce the missed injection rate of insulin pen in diabetic patients

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Background and objective

Accurate insulin injection technique is essential for effective glycemic control. Clinical observations revealed that many patients exhibited operational errors, resulting in poor blood glucose regulation and an increased risk of complications. Case managers assessed patients' injection procedures and found an overall error rate of 12.75%, primarily related to improper injection techniques and inconsistencies in educational content. Therefore, targeted improvement strategies were developed to reduce errors and enhance the quality of diabetes care.

Methods/intervention

To enhance the consistency of nursing education and strengthen patients' self-care abilities, standardized teaching templates, educational courses, and instructional videos were developed for nursing staff. Additionally, patient education leaflets and posters on pen-type insulin injection were produced, along with materials and videos related to hypoglycemia management, to reinforce patient learning and practical skills.

Results

Following the implementation of improvement measures, the error rate of pen-type insulin injection decreased from 12.75% to 4.75%, indicating a significant improvement in injection accuracy. Meanwhile, the mean glycosylated hemoglobin (HbA1c) level was reduced from 8.6% to 7.8%, representing a 28.12% improvement and demonstrating notable enhancement in glycemic control outcomes.

Conclusions/lessons learned

The application of diversified educational tools effectively assists patients in mastering proper insulin injection techniques, promotes optimal glycemic control, and helps delay the onset of diabetes-related complications.

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Poster session 1.11: Governance, policy, and leadership for HPH

A Typology of Health Promotion and Prevention in Decentralized Primary Care

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Background and objective

Following the COVID-19 crisis, primary care services are being decentralized and organized in local units in French-speaking Belgium. This shift should allow better adaptation to local needs and context-sensitive strategies during crises. It also offers an opportunity to embed health promotion and disease prevention into primary care — an area where Belgium underperforms. To support this aim, we built a typology of health promotion and prevention objectives and activities specific to primary care providers and services organized in local units.

Methods/intervention

The typology was elaborated through an iterative participatory process. First, an initial framework was inductively derived from scientific and grey literature. Second, it was discussed with primary care professionals, associations, and patient groups. Third, validation with experts from primary care is planned in April 2026. This approach ensures operational and theoretical relevance.

Results

Discussions with stakeholders are ongoing. The intermediary typology identifies four categories of objectives: activities targeting the individual patient, addressing the patient base, engaging the community, and directed at the population. Activities are structured by levels of knowledge, competencies, and engagement, offering healthcare services a framework to integrate promotion and prevention into routine care more effectively.

Conclusions/lessons learned

This typology embeds health promotion into daily primary care, structuring activities across individual, community, and population levels. It supports territorial planning and empowers the workforce to engage in population health management, a cornerstone of resilient systems able to meet current and future needs.

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The effect of establishing discharge systems and support for ineligible long-term inpatients

LEE Dong Won

Background and objective

Out of all the inpatients in AAA Hospital, more than 50% of the inpatients consist of social outcasts such as medical benefit receivers, wanderers, homeless citizens, and lone residents. Many of these patients are ineligible inpatients stranded in long-term admission without a solution due to reasons such as not

being able to pay hospital fees, lack of local social support, and not having anyone to care or nurse them outside the hospital.

Methods/intervention

DMAIC analysis using Six Sigma were employed on a sample of ineligible patients who were hospitalized for over 30 days. The cause of ineligible inpatients can be divided into four criteria -

Patient's reason: Uncertainty and worry of their health even after completing treatment, no address to return after being discharged, no one to care or nurse outside the hospital. - Medical staff's reason: Not informing the precise hospitalization period on the first day of admission, no clear announcement of discharge given to patients -

Administration's reason: Lacking financial support or system to aid ineligible inpatients - Other related institutions' reason: No cooperation from local social services to seek secondary hospitals.

Results

After analyzing the reasons and inhibitors, new FDPM and work process manuals were made to facilitate communication with ineligible inpatients. At the beginning of every month, manager of medical reports will report all information on indefinite inpatients who have been hospitalized for over 30 days to the auditor. After auditing their medical condition, the patients who have no distinctive medical reasons to stay are selected and reported to each medical department. The medical staff then inform the ineligible inpatients the details regarding their discharge. Also, medical staff will complete a chart with discharge schedules and reasons for delays which will be transferred to both administration department and the social welfare representatives. The administration and social welfare representatives will investigate the patient's social conditions and prepare adequate solutions such as linking the patients to local nursing homes for further care.

Conclusions/lessons learned

After the solutions were implemented, the quantitative data shows a 7% decrease of ineligible inpatients hospitalized for over 30 days from 27% to 20%. Also, Discount of bad debt medical fees show 6.3% decrease from 29.2% to 22.9%. Average hospitalization days of over 30 day inpatients have decreased 12.3 days from 81.7 to 69.4 days.

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Enhancing the completeness rate of handovers for mobile medical teams in residential long-term care facilities

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Background and objective

Our hospital provides mobile medical consultation services for residents in long-term care facilities. However, during these mobile consultations, we have frequently observed omissions in the information exchanged between the hospital team and the long-term care facilities during handovers.

Methods/intervention

Using the problem-solving quality-improvement process of Quality Control Circles (QCC): 1. For pharmacists: (1) Establish guidelines for handovers in the Pharmacy Department. (2) Define key handover items. (3) Create an audit checklist for pharmacists regarding the medication-delivery handover process. 2. For hospital nurses: (1) Design a handover document folder. (2) Establish a standardized handover procedure. 3. For facility nurses: (1) Set up a LINE group, with key handover points recorded in the group notebook. (2) Establish common terminology. 4. To strengthen the handover system: (1) Hold meetings with the Pharmacy Department and facility nursing teams to discuss. (2) After each mobile consultation visit, jointly review the handover content to ensure completion; if any items are missing or incomplete, improvements are made immediately. (3) Conduct quarterly meetings to review handover items and make rolling adjustments as needed.

Results

From January to June 2024, the handover completeness rate before improvement was 54.8%. After implementing the improvements, the handover completeness rate from October 2024 to March 2025 reached 91.2%.

Conclusions/lessons learned

Through this quality-improvement project, we identified the items requiring enhancement and established four major countermeasures along with standardized operating procedures, providing clear guidelines for staff and improving operational efficiency.

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Integrating the United Nations Sustainable Development Goals (SDGs) into Health Promoting Hospitals: Evidence from Taiwan's Healthy Hospital 2.0 Certification

LIN Ching-Cheng, CHEN Szu-Yu

Background and objective

Hospitals play a key role in achieving the United Nations 2030 Sustainable Development Goals (SDGs). This study explores how Taiwan's "Healthy Hospital 2.0 Certification" provides a framework for integrating SDG principles into hospital

governance and daily practice to strengthen sustainable and resilient healthcare systems.

Methods/intervention

An action research approach linked hospital policy mechanisms with SDG implementation. Annual action plans, staff participation, and cross-departmental programs were reviewed. Certification results were mapped against the 17 SDGs to identify areas of convergence, with emphasis on governance, sustainability, and health promotion.

Results

This study found that six SDGs core objectives were consistent with the results of Healthy Hospital accreditation, showing that hospitals can promote Healthy Hospital 2.0 to practice the United Nations SDGs. The six SDGs are: SDG 2 (Nutrition) aligned with nutritional and swallowing care; SDG 3 (Health and Well-being) with age-friendly and smoke-free initiatives; SDG 4 (Education) with environmental education; SDG 7 (Energy) with conservation and carbon reduction; SDG 10 (Reducing Inequalities) with ethnic-specific medical care; and SDG 13 (Climate Action) with climate change adaptation.

Conclusions/lessons learned

Healthy Hospital 2.0 Certification effectively bridges hospital accreditation with the SDG framework, institutionalizing sustainability, equity, and resilience. It strengthens governance, staff empowerment, and social responsibility through health-promoting actions. This study shows how hospitals can operationalize SDGs to enhance sustainability and resilience in healthcare.

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Enhancing Staff Well-being and Service Quality through Administrative Process Streamlining: A HPH Case Study of a Regional Hospital

TANG Shiao Lan

Background and objective

Under outsourced management (PPP) models, regional hospitals often adopt the complex administrative processes of the managing organization. This bottleneck poses dual risks: 1) direct challenges to staff mental/physical health from cumbersome workflows and cross-district travel; 2) threats to supply chain stability from high error rates (approx. 5/month) due to high-frequency operations (8 times/month). This study aimed to evaluate the effectiveness of streamlining payment frequency (from 8 to 3 times/month) on enhancing staff well-being (reducing stress, lowering hours) and ensuring service quality (reducing errors).

Methods/intervention

The core intervention in this case study was streamlining the payment frequency from 8 to 3 times/month. Methods included document analysis, work-hour tracking (with travel), and semi-structured interviews. A pre-post quantitative comparison was conducted to evaluate changes in total work hours, error rates, workload, and staff satisfaction.

Results

Post-intervention, total monthly work hours decreased from 56 to 27 (a 51.8% reduction); monthly payment errors fell from 5 to 1 (an 80% reduction). Interviews confirmed a stabler work rhythm, relieved stress from multi-tasking, and significantly improved staff satisfaction.

Conclusions/lessons learned

Back-office process optimization is a key, pragmatic strategy for regional hospitals to implement HPH (Healthy Workplace) standards. The key lesson is that significant benefits (e.g., 51.8% work-hour reduction, 80% error reduction) can be achieved via internal strategic process reviews, even under multiple external constraints such as outsourced management.

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Improving Hospital Culture through Teamwork: The Role of Anesthetic Nursing in ERAS for Orthopedic Surgery

SHIH Wan Chin

Background and objective

Enhanced Recovery After Surgery (ERAS) is a care plan based on scientific evidence that helps patients recover faster and feel better after surgery. Besides medical treatment, ERAS also needs strong teamwork between different healthcare professionals and a positive change in hospital culture. This project aimed to improve teamwork, communication, and patient-centered care by using ERAS for hip and knee replacement surgeries in a regional hospital in Taiwan.

Methods/intervention

In 2024, an ERAS team was set up, including anesthesiologists, orthopedic doctors, nurses, nutritionists, and physical therapists. The anesthetic nurse worked as the case manager, helping to coordinate communication before and after surgery, provide pre-surgery education, manage pain and nausea, and support early movement after surgery. The team held regular meetings and feedback sessions to check progress and strengthen shared responsibility.

Results

After one year, teamwork between departments improved clearly. Staff said that care coordination became smoother and

communication was clearer. The average hospital stay for joint replacement patients became shorter, and informal feedback showed higher patient satisfaction and better staff involvement. The process created a supportive environment that focused on recovery, empowerment, and mutual respect.

Conclusions/lessons learned

ERAS implementation served as a catalyst for cultural change. The coordinating role of the anesthetic nurse was key in bridging disciplines, sustaining motivation, and embedding health-promoting values into daily routines. Leadership support and ongoing communication were essential for success.

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Reorganizing the Working Groups of the Catalan HPH Network to Strengthen Health Promotion

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Background and objective

The Xarxa d'Hospitals i Centres Promotors de la Salut (HPH Catalonia) has been part of the The International Network of Health Promoting Hospitals and Health Services since its establishment in 2008. From the outset, the Catalan Network structured its lines of work around three main areas: a safe and healthy working environment, health literacy and health promotion standards. In the 2023–2025 strategic plan, it was proposed to reconsider the working groups and establish homogeneous criteria to regulate their activities. The objective was to define a new structure to improve internal coordination and foster cross-communication between the working groups and the Board of Directors, thereby increasing efficiency in the implementation of health promotion actions.

Methods/intervention

The intervention consisted of redefining the working groups as follows: Health of Professionals, Communication in the Health Environment, Implementation of Standards, and Healthy and Sustainable Environments in the Health Sector. Each group would be led by a board member with the support of a co-leader. At the same time, a standardized working procedure was

developed to define the internal functioning of the groups, and a Board member was appointed as the coordinator of the groups, responsible for supporting and assisting the group leaders.

Results

One year after the intervention, the leaders and co-leaders of the four working groups have been consolidated. Work lines and objectives aligned with the promotion of the health of the community and professionals have been defined.

Conclusions/lessons learned

The restructuring has represented an opportunity to strengthen the participation of network members, consolidate a new, more agile and integrated way of working and advance toward a greater impact on the health and well-being of the people served.

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Applying Quality Management Methods to Optimize Integrated Information Systems: Enhancing Tax Classification Accuracy for Diversified Hospital Revenues through Governance-Oriented System Redesign

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Background and objective

Hospitals generate revenue from diverse sources, including National Health Insurance reimbursements, self-paid services, labor income, and leasing activities. Failure to classify these revenues in accordance with tax regulations may result in inaccurate tax calculations, increased administrative burden, and unnecessary financial risks.

Methods/intervention

This study applied a PDCA+F quality management cycle with cross-departmental collaboration involving Finance, IT, and Cashier units. Based on the Stamp Tax Act, classification rules were developed, and the system logic for taxable and tax-exempt items was revised. Standardized workflows aligned with hospital policy monitoring requirements were established. Pre- and post-implementation system outputs were compared to evaluate revenue classification accuracy and tax calculation precision, leading to improvements in the accounting framework. Key tax items were then monitored for 3–6 months to ensure regulatory compliance and integrate tax management into organizational risk management and quality policies.

Results

After system optimization, the manual verification time decreased from 30 minutes to 12 minutes per cycle—60% improvement. Tax calculations fully met regulatory requirements, achieving a 0% error rate and reducing financial risks associated with subjective human judgment.

Conclusions/lessons learned

This substantial efficiency gain demonstrates the effectiveness of integrating PDCA+F quality management cycle with information system redesign, offering a replicable model for enhancing administrative quality and financial governance in healthcare organizations. Future work may extend this model to additional tax-related processes to develop a more comprehensive and resilient automated compliance system, further strengthening financial governance and organizational sustainability.

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Poster session 2.1: Health-literate healthcare organizations

Optimizing Bilingual Healthcare Environments in Taiwan: Insights from International Experiences

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Background and objective

Under the "2030 Bilingual Policy," Taiwan aims to create international-friendly environments. However, while the education sector has seen substantial development in bilingual infrastructure, healthcare settings often lack comprehensive support, creating access barriers for non-Mandarin speakers. This study reviews current practices in Taiwan and compares them with global strategies to identify potential solutions for improving healthcare accessibility.

Methods/intervention

A comparative review was conducted, examining existing bilingual measures in Taiwan (e.g., signage, volunteer services) alongside case studies from the USA, Israel, Tanzania, Spain, China, the UAE, and Japan. The analysis focused on analyzing differences in legal frameworks, translation quality, signage scope, and cultural adaptation between Taiwan and other countries.

Results

Current measures in Taiwan focus primarily on basic directional signage and volunteer support. The international review offers key observations: 1) Legislation: unlike the USA, Taiwan lacks specific legal mandates to ensure consistent service standards; 2) Quality Control: experiences from Spain and China indicate that translation errors hinder understanding, a challenge also observed in Taiwan; 3) Scope: data from Israel suggests that accessibility often decreases in internal or emergency zones, highlighting a need for broader coverage; and 4) Cultural Adaptation: Japan's use of "Plain Japanese" and standardized forms provides a reference for addressing limitations in Taiwan's current approach.

Conclusions/lessons learned

To align policy goals with clinical needs, Taiwan should consider moving beyond basic signage. Suggested improvements include: 1) Establishing unified translation standards; 2) Extending bilingual coverage to emergency and temporary notices via digital tools; and 3) Integrating cultural sensitivity training. These steps will help enhance the accessibility of hospital environments for diverse populations.

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Is the Making Every Contact (MECC) approach in health settings effective in terms of health outcomes?

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Background and objective

Noncommunicable diseases represent one of the main health challenges of the 21st century; most of their risk factors are modifiable. The 'Making Every Contact Count' (MECC) strategy, first implemented in the United Kingdom, introduces the opportunistic approach to deliver prevention messages during every appropriate contact in health services. In France and in the rest of Europe, this approach is yet to be implemented.

Methods/intervention

This rapid review included documents extracted from four databases (Embase, PubMed, Web of Science and WorldCat) and grey literature in February and March 2025. A two-stepped double-blind selection process was performed. The Population-Intervention-Control-Outcomes (PICO) framework was used to extract data. The Risk Of Bias In Non-randomized Studies of Interventions (ROBINS-I V2) tool were used. The research question is the following: what are the outcomes of the implementation of the 'Making Every Contact Count' (MECC) approach in health services?

Results

Five hundred and eighty-four documents were identified. Eight articles were included in the final analysis: two original peer-reviewed articles, four abstracts and two letters to the editor, all concerning a health service in England. The included studies showed improvements in terms of healthy conversations' uptake, identification of health issues, referral to proper prevention, attendance at these programmes, engaging in behaviour change and one health outcome on weight loss. The only article compatible with the ROBINS-I V2 tool was considered to have a moderate risk of bias.

Conclusions/lessons learned

The main result of that review is the lack of evidence, a poverty of the literature, and the limited quality of the evaluation studies. We call for more robust studies before recommending a wide diffusion of the MECC approach in health services.

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Person-Centred Care and Health Literacy: A Scoping Review of the Concepts' Attributes and Interrelationships

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Background and objective

Person-centred care (PCC) and health literacy (HL) are often discussed as interconnected, yet their relationship remains unexplored. This scoping review aimed to describe both concepts and their interrelationship through shared and distinct attributes.

Methods/intervention

The methodological framework by Arksey and O'Malley was applied. Two separate searches for each concept were performed by two experienced librarians in the databases CINAHL, PubMed, and Scopus. The scoping considered peer-reviewed articles published between January 2000 and June 2025 that included an analysis, conceptualisation, or theorisation of one of the two concepts. Each concept was summarised based on core attributes, and differences and similarities identified.

Results

The searches identified 10,284 articles for PCC and 5,513 for HL, of which 17 and 19, respectively, met the inclusion criteria. Examples of distinct attributes of PCC included a holistic view of the person's lived experience and shared power and responsibility in partnership with the person. For HL, distinct attributes included understanding and applying health information, as well as accessible and user-friendly healthcare systems. Eight shared attributes were identified: empowerment, meeting persons' needs and addressing everyday life, shared and informed decision-making, effective and tailored communication, functional healthcare systems, supportive organisational structures (including leadership, policy, and work environment), cultural competence, and equity.

Conclusions/lessons learned

PCC and HL share several attributes and strive to empower persons with an equity-driven approach, emphasising communication towards shared and informed decisions. Leadership, policy, and organisational environment were highlighted in both concepts, indicating that person-centred and health-literate care depend not only on personal skills but also on organisational prerequisites. These insights may guide future conceptual work and support the development of integrated frameworks.

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Exploring Patient Satisfaction with Cancer Care Services Using the National Health Insurance Survey in Taiwan

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Background and objective

This study analyzed satisfaction among cancer patients and caregivers using the National Health Insurance survey to compare differences by year, gender, and education, supporting continuous quality improvement.

Methods/intervention

Data came from the survey "Needs and Satisfaction of Patients and Their Caregivers with Hospital Cancer Care Services." Domains included explanations, case management, and self-care guidance. A total of 458 valid responses (2022–2025) were collected from inpatients or outpatients with support from case managers or the Cancer Resource Center. Descriptive statistics and subgroup comparisons were performed.

Results

Overall satisfaction was high, with mean scores mostly above 4.0. "Very satisfied" peaked in 2024 for physician explanations (39.4%), self-care (27.5%), and psychological support (25.7%) but declined in 2025, likely related to workforce instability and accreditation workload. Case management satisfaction peaked in 2023, showing quality mattered more than visit frequency. Cancer Resource Center satisfaction stayed above 90% since 2024. Women reported higher scores in explanations (4.42 vs. 4.20), self-care (4.23 vs. 4.11), psychological support (4.21 vs. 4.10), and resources (4.29 vs. 4.12). Men rated case management higher (4.51 vs. 4.31). Lower education levels (43.5% junior high or below) may indicate health literacy gaps.

Conclusions/lessons learned

Cancer care satisfaction remained high but declined in 2025, reflecting workforce and workload challenges. Satisfaction depended more on communication and care depth than service frequency. Women valued explanations and support, while men emphasized direct case management. Strengthening workforce stability and health literacy, with gender-sensitive strategies, can sustain satisfaction and support HPH goals of patient-centered, equitable, and continuous improvement.

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Elevating Organizational Health Literacy: A Core Driver for Health-Promoting Hospitals

LI Kun Rong, LIN Yi Hua

Background and objective

Organizational health literacy (OHL) describes a healthcare institution's ability to support patients by providing clear, accessible health information and effective guidance systems. Although its importance is increasingly acknowledged, the adoption of OHL practices varies widely across hospitals worldwide. This review assesses the strategies and results of OHL initiatives within the framework of health-promoting hospitals, focusing on their influence on patient empowerment and the overall quality of care.

Methods/intervention

Guided by PRISMA standards, this review compiles research from 2018 to 2025 on efforts to improve OHL in hospital environments. It includes studies on initiatives like staff training, digital communication tools, patient navigation support, and the redesign of hospital spaces to enhance health literacy. Key outcomes evaluated were patient satisfaction, ease of accessing information, and active engagement in managing personal health.

Results

The examination of 36 studies showed that OHL implementation in hospitals is at a moderate level, with an average HLHO-10 score of 4.6 out of 7. Digital tools enhanced clarity around treatment costs and wayfinding within facilities, though patient involvement in shaping health information was minimal. Thorough staff training and systematic evaluation tools proved successful in raising OHL scores, reducing patient uncertainty, and encouraging better self-care habits. However, challenges such as limited time, lack of commitment from leadership, and poor integration into daily operations remain significant obstacles.

Conclusions/lessons learned

Strengthening OHL is vital for fulfilling the objectives of health-promoting hospitals. Institutions should focus on clear communication, innovative digital navigation aids, and ongoing staff development. Lasting improvement depends on regular assessments, strong leadership backing, and embedding OHL principles into the hospital's culture.

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Effectiveness of an Interdisciplinary Health Literacy Intervention for Metabolic Syndrome in a Healthcare Setting

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Background and objective

Metabolic syndrome is a growing concern among healthcare professionals due to demanding irregular schedules, and unhealthy lifestyle behaviors. Limited research has examined how health literacy interventions influence metabolic health within healthcare settings.

Methods/intervention

A cross-sectional survey of physicians, medical technologists, nursing personnel, and medical administrators was conducted in a regional teaching hospital in Southern Taiwan between July 1, 2021, and March 31, 2023. Stage 1: A structured questionnaire survey was conducted using stratified sampling to examine the association between health-promoting lifestyles and metabolic syndrome among medical professionals (213 valid questionnaires). Stage 2: A quasi-experimental design was used to assess changes in body composition, physical fitness, and metabolism (blood was drawn twice from each participant, 3cc each time, for a total of 6cc) through pre- and post-tests following a 24-week interdisciplinary health intervention.

Results

The results of the study showed that : (a) the mean overall health-promoting lifestyle score (on a scale of 0 to 3) was 1.93, with "exercise and healthcare" being the highest, and "balanced diet" the lowest among the six dimensions; (b) age, educational attainment, work experience, and years of service at the hospital were significantly positively correlated with "balanced diet," "health responsibility," "self-actualization," "exercise and healthcare," and "stress management" and (c) The interdisciplinary intervention produced significant improvements in metabolic syndrome indicators, including reductions in body weight, body mass index, and waist circumference.

Conclusions/lessons learned

This study found the health literacy intervention, along with the promotion of healthy eating habits and regular exercise significantly improved body weight, body mass index, and waist circumference among medical professionals. Therefore, the health literacy intervention is effective in addressing health issues such as metabolic syndrome.

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Poster session 2.2: Digital innovation and ethical technology use

Using multiple strategies to improve the effectiveness of falls among patients in the acute wards of community hospitals

CHEN Tzu-Chi, YEN Kuei-Hua

Background and objective

In Taiwan, falls were the second leading cause of accidental injury-related deaths among adults aged 65 and above in 2023. Falls may result in fractures, mobility limitations, and even death. In 2024, our ward recorded 12 patient fall incidents, with an incidence rate of 0.1% and an injury rate of 40%. Analysis of the causes revealed that 40% occurred during bed transfers, 70% involved patients with lower limb weakness, and 80% occurred despite the presence of caregivers. Therefore, in January 2025, a Fall Prevention Project Team was established with the aim of reducing fall incidence and ensuring patient safety.

Methods/intervention

1. Establishment of a Fall-Prevention Project Team.
2. Implementation of smart mattress detection systems.
3. Development of lower limb training programs for patients, accompanied by educational videos.
4. Provision of fall-prevention education for patients and caregivers.

Results

1. Each high-risk patient was provided with a smart mattress.
2. Lower limb strength training programs were recorded as educational videos and made accessible via QR codes, allowing patients to repeatedly view the content and continue rehabilitation exercises after discharge.
3. Since 2025, four fall incidents have been reported. The fall incidence rate improved to 0.04%, while the fall-related injury rate decreased to 0%, demonstrating the significant effectiveness of the fall-prevention measures.

Conclusions/lessons learned

Using smart mattress bed-exit alerts, nursing staff can intervene before fall risks occur. Fall-prevention videos and lower limb strength training materials reduce nursing education time while allowing patients and caregivers to repeatedly view and practice, fostering regular habits. These measures effectively lower fall incidence and disability risks, enhance patient safety, care efficiency, and quality, and achieve health promotion goals.

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A Digital Intervention for Automated Nurse-to-Patient Ratio Monitoring: Strengthening Workforce Allocation and Patient Safety

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Background and objective

Nurse-to-patient ratios are critical to patient safety and care quality, yet many hospitals still depend on manual staffing and bed data consolidation, resulting in delays and inconsistencies. This study implemented an automated, real-time monitoring dashboard to optimize workforce allocation and reduce administrative workload.

Methods/intervention

A System Development Life Cycle combined with an agile iterative development approach was applied in a tertiary medical center in Taiwan with more than 2,300 nurses. Scheduling and bed management systems were integrated, and Structured Query Language enabled automated daily data extraction and cleaning. A Microsoft Power Business Intelligence model using Data Analysis Expressions computed nurse-to-patient ratios, shift staffing, and cross-unit support. Requirement interviews, user testing, and clinical scenario validation ensured accuracy, usability, and ethical data handling.

Results

The dashboard updated daily data across 85 clinical units, enabling real-time identification of understaffed shifts and available cross-unit support. This reduced safety risks related to staffing shortages and improved deployment efficiency. For the 62 general wards required for national ratio reporting, the system replaced all manual weekly consolidation, saving about 209.5 administrative hours per month. Nurse managers reported that monthly staffing review time decreased from 173.7 minutes to zero. Real-time monitoring improved compliance with staffing standards and supported more stable patient safety outcomes. Alignment with national staffing policies also improved, and incentive funding obtained through compliance was returned directly to frontline nurses, reducing workload and enhancing well-being, creating a sustainable positive cycle.

Conclusions/lessons learned

Automated ratio monitoring strengthened workforce governance, enhanced patient safety, and improved nurse well-being, saving the equivalent of 1.3 full-time administrative positions per month. Cross-department collaboration, strong data quality management, and participatory clinical development were key success factors.

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Precision Pressure Injury Prevention through Smart Technology and AI-Driven Risk Prediction: A Quality Improvement Initiative

HUANG Pai Yu, WU Mei-Chuan, LIN Kuan Pin

Background and objective

The hospital-acquired pressure injury incidence was 0.24%, with 16 new injuries among 11 patients, exceeding the hospital's target of 0.2% and indicating a recent upward trend. Many affected patients also presented with sepsis or hemodynamic instability, highlighting greater clinical complexity and the limitations of relying solely on the traditional Braden Scale for risk detection. To address this, the project proposes a comprehensive, technology-enhanced prevention model integrating smart pressure-relief equipment, structured nursing education, and an AI-based risk prediction system. The overall aim is to achieve and sustain a hospital pressure injury incidence rate of below 0.14%.

Methods/intervention

A continuous quality improvement approach using the PDCA cycle guided implementation and monitoring. The interventions centered on three components: equipment deployment, clinical workflow optimization, and nursing competency enhancement. Smart pressure-relief beds and dynamic air mattresses were introduced to reduce localized pressure; workflow optimization included heel offloading, proper positioning, and a digital turning-reminder system to improve consistency; and nursing competency was strengthened through structured education and training. Together, these strategies established an integrated and sustainable pressure injury prevention pathway.

Results

As of November 30, 2025, smart pressure-relief equipment utilization reached 80%, and nursing education completion reached 100%, demonstrating strong engagement. Pressure injury incidence declined from 0.24% to 0.19%, indicating an initial positive trend. The upcoming AI-based risk prediction system will further strengthen precision prevention by enabling earlier identification of high-risk patients and integrating real-time data into decision-making, supporting progress toward the target incidence of 0.14%.

Conclusions/lessons learned

The integration of smart technologies, standardized workflows, and targeted educational interventions has effectively strengthened pressure injury prevention and risk management. These measures enhanced practice consistency and improved nursing competency, leading to measurable gains in patient outcomes. Moving forward, implementation of an AI-based risk prediction model—using real-time data such as vital signs, nutrition, and mobility—will support earlier identification of high-risk patients and timely precision prevention. This advancement further reinforces the hospital's patient-centered approach and contributes to the broader goals of developing a Health Promoting Hospitals and Health Services environment.

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AI-assisted Automation of Core Measurement Indicators: Improving Efficiency and Accuracy in Healthcare Quality Monitoring

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Background and objective

Core Measurement Indicators (CMI) are key for healthcare quality monitoring, requiring regular case screening based on standardized definitions. Manual Excel-based filtering takes 4–5 hours per quarter and is error-prone. This study applied ChatGPT-assisted syntax generation to build an automated workflow. Objectives were: (1) reduce processing time, (2) improve accuracy and minimize errors, (3) ensure consistency across quarters and indicators, and (4) establish a scalable standardized model.

Methods/intervention

Data were from the cancer registry. In the manual process, staff applied Excel filters to identify eligible (denominator) and excluded (numerator) cases, requiring 4–5 hours per quarter. The AI-assisted process used ChatGPT-generated syntax for automated screening. Historical datasets compared manual and automated results, with processing time and error rates recorded to assess efficiency and accuracy.

Results

- Efficiency: Processing time reduced from 4–5 hours to 10–15 minutes per quarter (~90% saving).
- Accuracy: Automated results matched manual review 100%, eliminating errors.
- Consistency & scalability: Applicable across quarters and indicators, covering all registry fields.
- Practicality: Lists generated directly for analysis and reporting, minimizing manual work.

Conclusions/lessons learned

ChatGPT-assisted automation markedly improved efficiency and accuracy, saving 90% processing time and eliminating manual errors, while ensuring consistency across quarters and indicators. The model showed strong reproducibility and scalability, enhancing data management and freeing staff for patient care. AI proved reliable for quality monitoring, with potential for integration into hospital information systems and cross-institutional collaboration.

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Application of Smart Drug Picking Guidance System to Boost Patient Medication Safety

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Background and objective

In the past, pharmacists at a regional teaching hospital in northern Taiwan frequently experienced "medication compounding" errors when relying on the traditional manual checking prescription, commonly known as "5 Rights" rule. This clinical study was conducted to determine whether the hospital's implementation of an "Automated Dispensing Cabinet" integrated with a "Smart Drug Picking Guidance System", which confirms the correct location of medications, could improve the accuracy of "medication dispensing" by pharmacists.

Methods/intervention

When a pharmacist scans the medication bag's barcode, the "Smart Drug Picking Guidance System" illuminates the correct medication location, ensuring the pharmacist picks the right drug. Data on mechanical errors were collected from 3/1/2025 to 8/31/2025. A retrospective study was used to statistically analyze the frequency of "medication compounding" errors and "medication dispensing" errors.

Results

When pharmacists did not use the "Smart Drug Picking Guidance System", the incidence of "medication compounding" errors was 0.93%(297/317757), and the incidence of "medication dispensing" errors was 0.02%(5/317757). When pharmacists used the "Smart Drug Picking Guidance System", the incidence of "medication compounding" errors was 0.10%(27/259984). The incidence of "medication dispensing" errors was 0%(0/259984).

Conclusions/lessons learned

This clinical study demonstrates that using the "Smart Drug Picking Guidance System" allows pharmacists to correctly retrieve medications, thereby achieving zero errors in "medication dispensing", reducing medication-related harm, and enhancing "medication safety" and the quality of medication use for patients.

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Evaluating the Utility of the Digital Cognitive Assessment Tool CogMate™ Compared to the Traditional MMSE in Community-Dwelling Older Adults

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Background and objective

Digital tools such as CogMate™ have emerged, which can provide a more comprehensive profile of cognitive function by evaluating aspects such as the brain age gap, attention, and memory, addressing the limitations of traditional assessment scales. Therefore, this study aimed to compare the utility of the digital cognitive assessment tool CogMate™ with the Mini-Mental State Examination (MMSE) in this population and to provide valuable insights for clinical practice and public health.

Methods/intervention

This study employed a cross-sectional design and included 250 residents aged 65 years and older in Taiwan. The assessment tools included the MMSE and CogMate™ which evaluates aspects such as brain age, brain age gap, attention, and memory. Demographic data on sex, age, educational attainment, marital status, living conditions, employment status, and health status were collected.

Results

The mean age of 75.11 ± 6.48 years, with females comprising 76.4% of the participants. In cognitive performance assessments, the average score for the MMSE was 25.18 ± 4.32 , whereas that for CogMate™ was 37.30 ± 8.79 . Notably, the scores for attention and memory were 15.92 ± 5.92 and 21.38 ± 5.57 , respectively. Analysis revealed that participants with a junior high school education or above scored significantly higher on both the MMSE and CogMate™ than those with lower educational attainment ($p < 0.001$). ROC curve analysis indicated that the total score and brain age assessed by CogMate™ exhibited a strong predictive ability for the MMSE, with both area under the curve (AUC) values reaching statistically significant levels. Age and educational attainment emerged as the most significant influencing factors. Additionally, participants with no formal education showed the highest rates of abnormalities in both assessment tools. Health status played a significant role as well.

Conclusions/lessons learned

CogMate™ and MMSE can effectively assess cognitive function in community-dwelling older adults. Additionally, it demonstrated strong discrimination performance in the ROC curve analysis. As educational attainment and age are key factors influencing cognitive function, they should be considered in the clinical interpretation.

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Improving Glycemic Control and Dietary Behaviors in Older Adults With Type 2 Diabetes Through an Mobile Health Intervention

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Background and objective

With technological advancement, mobile health (m-health) applications have become increasingly popular. M-health uses mobile electronic devices to support healthcare and self-management. In Taiwan, the prevalence of type 2 diabetes (T2DM) among people aged ≥ 65 years is 23.5%, making it a major public health issue. Dietary behavior plays a crucial role in diabetes prevention and management. This study aimed to develop and evaluate an m-health-based nutrition care model to support diabetes self-management and improve outcomes.

Methods/intervention

This 12-month intervention required participants to use a mobile app to record dietary intake through food images, uploading at least one day of meals weekly. Based on image records, dietitians provided individualized feedback and festive reminders. Blood samples were collected at months 0, 3, 6, 9, and 12 to measure HbA1c and fasting plasma glucose (FPG). Changes in dietary glycemic load (GL) were analyzed, and user satisfaction was assessed using a 5-point scale.

Results

A total of 25 participants (mean age: 69.3 years) completed the study. After 12 months, HbA1c significantly decreased from 7.02% to 6.59% ($P = 0.0048$); FPG decreased from 133.8 mg/dL to 112.7 mg/dL ($P = 0.0015$); and daily GL decreased from 133.4 to 96.7 ($P = 0.0031$). Mean user satisfaction was 4.3/5, indicating high acceptability.

Conclusions/lessons learned

This study demonstrates that m-health-based dietary recording and personalized nutrition feedback can effectively improve glycemic control and dietary behaviors in older adults with T2DM. The intervention model shows good feasibility and may be integrated into clinical or community care to enhance chronic disease management.

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Establishing the First Teleconsultation Program for Correctional Facilities in Western Taiwan – Promoting Health Equity and Humanitarian Care

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Background and objective

In response to the Ministry of Health and Welfare's telemedicine initiative, Chang Bing Show Chwan Memorial Hospital, following the Regulations on Teleconsultation and Treatment, has pioneered teleconsultation for inmates in western Taiwan's correctional facilities. It aims to use smart medical technology to improve diagnostic efficiency, care continuity, and healthcare equity.

Methods/intervention

Following government regulations, Chang Bing Show Chwan Memorial Hospital provides teleconsultation for dermatology and psychiatry in correctional facilities. The hospital's Telecare Center manages technology integration, equipment setup, and training coordination, using Chunghwa Telecom's SynDr. platform. After inmates complete registration and consent forms, physicians verify their identity via video and conduct medical service, with all sessions fully recorded. Prescriptions are prepared by in-hospital pharmacists and delivered to the facilities. All processes comply with standards such as ISO 27001 and ISO 27701 to ensure information security and personal data protection.

Results

We have built a real-time teleconsultation platform for the 14th correctional facility group—including one juvenile school and two adult prisons—and opened three outpatient clinics. In October 2025, health authorities conducted an on-site review and recognized our achievements in teleconsultation and correctional healthcare in western Taiwan, which also received media coverage. Teleconsultation reduces manpower for inmate transports, lowers security risks, and enables real-time continuous care, advancing the vision of healthcare without distance.

Conclusions/lessons learned

Teleconsultation demonstrates how technology can overcome spatial barriers and improve health equity for vulnerable populations. Our hospital provides 139 clinic sessions per month in correctional facilities, and teleconsultation offers immediate support during typhoon closures, medication shortages, or cluster infections. Going forward, we will expand our remote care capacity to promote sustainable healthcare and fully realize "healthcare without distance."

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AI-Driven Early Detection: Transforming Suboptimal Health Status into Preventive Opportunities Against Chronic Disease

LIN Yi Hua, LI Kun Rong

Background and objective

Suboptimal health status (SHS) refers to a critical yet reversible stage between full health and chronic illness, marked by a decline in well-being without evident clinical symptoms. With chronic diseases causing 74% of global deaths, detecting and addressing this early stage offers a vital chance for prevention. This systematic review examines how artificial intelligence (AI)-based solutions can identify SHS and prevent progression to chronic conditions.

Methods/intervention

Following PRISMA guidelines, a thorough search across PubMed, Web of Science, Scopus, and EMBASE identified studies on AI tools for monitoring SHS and preventing chronic diseases. Included studies covered machine learning systems, wearable health devices, predictive tools, and AI conversational aids for SHS individuals. The focus was on detection accuracy, intervention effectiveness, and practical use in clinical and community settings.

Results

Analysis of 47 studies showed strong results for AI technologies. AI-powered wearables detected early metabolic decline with over 84% accuracy. Machine learning reduced hospital admissions by 25% via proactive monitoring. AI chatbots effectively promoted healthier behaviors and treatment adherence. Predictive tools, integrated with health records, identified chronic disease risks with 88.46% accuracy. Challenges include explaining AI operations clearly, ensuring data system compatibility, and establishing ethical guidelines.

Conclusions/lessons learned

AI technologies hold significant promise for spotting at-risk individuals in the SHS phase and preventing chronic illness. Combining clear machine learning, real-time wearable monitoring, and personalized digital interventions offers scalable health management solutions. Success hinges on enhancing AI transparency, ensuring equitable access, and setting strong ethical standards.

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An AI-Driven REPAIR–RSAI Framework for Posture, Balance, and Functional Mobility

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Background and objective

Postural dysfunction, pain, mobility decline, and fall risk are major concerns among older adults and individuals with musculoskeletal or neuromotor impairments. Accurate posture and movement assessments are essential for identifying underlying problems and guiding effective interventions. This study introduces an AI-assisted framework that integrates biomechanics, neuromuscular control, and functional task analysis to support health promotion and functional recovery across diverse populations.

Methods/intervention

Developed by EzAi Health Co since 2017 and clinically implemented since 2025, this framework is structured around the REPAIR model: Recognize pain, Evaluate weakness, Physical modeling, Analyze, Issue correction, and Reinforce control. Utilizing camera-based video analysis, the framework assesses posture, joint mobility, muscle activation, and alignment to generate a precise functional diagnosis. Personalized training is then designed following the RSAI principle—Release, Stretch, Activate, Integrate—and supported by home practice videos and remote feedback from physiotherapists. The training modules focus on restoring mobility, enhancing muscle activation, improving proprioception, and strengthening trunk stability.

Results

The AI framework successfully identified common dysfunctions such as forward head posture, pelvic drop, knee valgus, and inefficient balance strategies. Preliminary community-based findings demonstrated increased mobility, improved muscle strength, enhanced trunk stability, and smoother movement transitions after system implementation. Physiotherapists also reported improved efficiency in identifying underlying dysfunctions and facilitating motor control training.

Conclusions/lessons learned

This AI-assisted framework offers a rapid and precise tool to detect movement dysfunctions and guide individualized interventions, supporting functional independence across home, clinical, and community environments.

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Applying Diffusion of Innovation Theory to Enhance Utilization Rates of Cancer Case Management Information System

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Background and objective

Cancer has maintained its position as the leading cause of death in our country for 41 consecutive years, with the annual number of newly diagnosed cases continually reaching unprecedented levels. Our hospital has implemented advanced medical information systems to facilitate effective case management. In 2021 specifically, 9,637 newly diagnosed cases were registered through our system. However, despite the technological advancement, the utilization rate of the upgraded case management information system during that year remained at a concerning 44.4%, with staff satisfaction scoring only 3.1 out of a possible 5 points.

Methods/intervention

A comprehensive situational analysis identified several contributing factors to this low adoption rate: staff unfamiliarity with the upgraded system architecture, absence of comprehensive operational guidelines, unclear channels for technical consultation, lack of consensus regarding system implementation protocols, and persistent reliance on outdated methodologies. These factors collectively resulted in inefficient time allocation and inconsistent workflow patterns across departments. This quality improvement project strategically applied the Diffusion of Innovation theory through structured case management meetings to generate institutional consensus. We established cross-departmental collaborative teams to optimize the upgraded system according to specific user requirements and clinical workflows. Detailed operation manuals were developed to enhance learning efficiency, and systematic educational training programs were implemented using a seed teacher approach. This peer-assisted learning methodology significantly strengthened cognitive understanding and encouraged active participation, ultimately improving attitudes and technical skills related to system usage.

Results

The implementation of these targeted interventions yielded remarkable results, increasing the usage rate of the cancer case management information system to 100% and elevating staff satisfaction scores to 4.9 out of 5 points. Through the successful execution of this project, we achieved seamless integration of case management data, standardized operational procedures across departments, and established continuous monitoring mechanisms for patient care indicators, collectively enhancing patient safety metrics and overall management care quality.

Conclusions/lessons learned

Information systems should fundamentally aim to maximize data interoperability and clinical utility. Looking forward, we aspire to expand this system's functionality across multidisciplinary care teams, enabling all healthcare professionals involved in cancer

treatment - including oncology, surgery, radiation therapy, and supportive care services—to simultaneously access and comprehend patients' treatment status and accurately assess their evolving needs through a unified case management information platform. This integrated approach promotes comprehensive holistic care objectives and creates opportunities for further system optimization through continuous quality improvement cycles, ultimately yielding greater clinical benefits and improved patient outcomes through the sustained promotion and refinement of this project.

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Visual Cues and Memory Recall in the Elderly: An Eye-Tracking Analysis of Reminiscence Therapy Using Old Photographs

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Background and objective

Early-stage dementia involves subtle changes in attention and emotion. This proof-of-concept study used eye-tracking to assess visual-autonomic synchrony during family-centered reminiscence therapy, comparing healthy and high-risk older adults to identify early ocular markers of cognitive decline.

Methods/intervention

Participants were classified by Clinical Dementia Rating (CDR) into healthy group (CDR = 0–0.5) and high-risk group (CDR = 1–2). Participants completed two eye-tracking sessions viewing four image types, with pupil diameter and viewing duration measured during the reminiscence exposure.

Results

Forty older adults (mean age = 78.2 ± 11.2 years; 82.5% female) participated. Most were widowed or married and reported moderate financial status without major ocular disease. Healthy participants showed significantly larger maximum pupil diameters than those with high-risk dementia across all image types ($p < 0.05$). In the high-risk group, pupil diameter change differed between personal photos (≥ 30 years ago and < 5 years), $p = 0.02$. Viewing duration varied significantly among image types in the second round ($p = 0.03$), suggesting enhanced attentional modulation during reminiscence exposure.

Conclusions/lessons learned

Eye-tracking revealed distinct pupil responses and viewing patterns between healthy and high-risk older adults during personal and family-centered reminiscence exposure. These findings suggest that visual-autonomic synchrony during reminiscence tasks may serve as a sensitive indicator of early cognitive decline and preserved emotional engagement in at-risk dementia.

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AI-Assisted Automation in Rheumatology Case Management: Practical Experience in Smart Hospital Transformation

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Background and objective

Managing patients using biologic therapies in rheumatology requires complex assessment, monitoring, and patient education. Manual data handling is time-consuming and prone to error. This project aimed to integrate artificial intelligence (AI) tools into case management to enhance accuracy, efficiency, and patient care quality at Chiayi Christian Hospital.

Methods/intervention

An AI-assisted workflow was designed by combining ChatGPT with Excel cross-analysis table creation. Daily medical data and laboratory results automatically generated individualized assessment forms. A cross-analysis sheet tracked over 300 patients and 16 types of biologic therapies to identify those due for follow-up or testing. Case managers continuously reviewed AI outputs and refined templates as needed, evaluating efficiency and data accuracy, which in turn improved overall quality of patient services.

Results

Manual entry time decreased by approximately 60%, and tracking accuracy for biologic therapies improved. Overdue follow-ups were promptly identified. AI-generated laboratory data enabled case managers to more quickly evaluate changes in patients' pain conditions, monitor liver and kidney function, and assess medication adherence during follow-up. Case managers reported higher work efficiency and more time for direct patient interaction.

Conclusions/lessons learned

AI tools effectively support rheumatology case management by reducing repetitive documentation and improving communication. Success depended on active human oversight and interdisciplinary collaboration. This approach demonstrates how responsible AI adoption can advance smart hospital transformation and clinical care quality.

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Artificial Intelligence, Wearables, and Telehealth: Expanding Global Access to Modern Medicine

VINDHYA Mani

Background and objective

Communities in low-resource regions face persistent barriers to advanced diagnostics and specialist care. Artificial intelligence, wearable technology, and telehealth can together overcome distance and workforce shortages. This work explores how analysis of wearable data and global teleconsultation networks can connect underserved patients to modern medicine across thousands of miles.

Methods/intervention

An integrated model can be developed combining wearable sensors for continuous physiologic observation, algorithms for triage and predictive alerts, and telehealth platforms linking local clinicians to tertiary experts. The framework emphasizes data ethics, interoperability, and multilingual communication tools for inclusivity and sustainability.

Results

Evidence from pilots and literature indicates improved diagnostic accuracy, faster clinical responses, and fewer preventable hospital transfers. In simulated rural settings, wearable-plus-algorithm platforms enabled earlier recognition of cardiac and metabolic instability and supported specialist consultation within hours rather than weeks.

Conclusions/lessons learned

Combining wearable data with virtual consultation enables proactive, fair, and efficient care delivery. Reliable connectivity, digital literacy, and transparent information sharing are essential. Addressing unequal access to devices and internet service is key for sustainability. References • Dorsey, E. R., & Topol, E. J. (2020). Telemedicine 2020 and the next decade. *The Lancet*, 395(10227), 859. [https://doi.org/10.1016/S0140-6736\(20\)30424-4](https://doi.org/10.1016/S0140-6736(20)30424-4) • European Commission. (2023). Ethics and artificial intelligence in healthcare. Brussels: Directorate-General for Research and Innovation. • Topol, E. J. (2019). Deep medicine: How artificial intelligence can make healthcare human again. New York, NY: Basic Books. • World Health Organization. (2023). Bridging the digital divide for equitable health access. Geneva: Author.

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Applying Smart Digital Solutions to Relieve Nurses' Workload and Stress

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Background and objective

The shortage of nursing professionals and the increasing rate of turnover have become critical issues for healthcare institutions. Post-pandemic data from the Executive Yuan indicate that the nursing vacancy rate has risen to 7%, with turnover reaching 12%. In addition to clinical care, nurses are frequently required to complete numerous administrative and documentation tasks—such as updating ward signage, rewriting forms, and manually tracking medical instruments. These repetitive duties intensify workload and stress, compromising care quality and reducing staff retention. To address these challenges, the hospital implemented smart digital technologies aimed at minimizing administrative burdens and enhancing operational efficiency.

Methods/intervention

Electronic Paper Displays Introduced energy-efficient, rewritable e-paper technology for patient nameplates and ward signage, which automatically synchronize patient information and alert messages. This innovation eliminated manual label replacement and reduced clerical workload. Digital Form Conversion Transformed frequently used inpatient forms into fully electronic versions, enabling nurses to input and retrieve data directly from computers or tablets. This measure minimized redundant data entry and prevented paper-based errors. Equipment Tracking System Deployed a real-time location tracking system to monitor and manage medical devices, replacing manual inventory procedures. This system improved the precision of equipment management and reduced the time required for shift handovers.

Results

Electronic Paper Displays: Reduced manual transcription time by approximately one minute per entry, resulting in a total daily saving of around 30 minutes. Digital Forms: Achieved a 97.8% paperless rate, with paper usage reduced by over 90%. Equipment Tracking System: Overall operation time decreased by 68.5% compared to previous processes, and the average nurse satisfaction rate reached 86%.

Conclusions/lessons learned

The integration of smart digital technologies significantly lessened administrative stress and allowed nurses to devote more attention to clinical care and patient safety. Although the initial implementation required cross-departmental coordination and staff education, ongoing communication and system optimization progressively improved user acceptance and system performance. This initiative demonstrates that technology-based innovations can promote healthier work environments, enhance staff satisfaction, and contribute to sustainable healthcare operations.

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Poster session 2.3: Monitoring, evaluation, and outcome measurement of HPH strategies

Implementing Integrative Model of Health Promoting Hospitals Standard 3: A Clinical Unit Ownership Model in a Medical Center of Taiwan

TSAI Jung-Mei, CHAN Wen-Han, HSU Hsi-Hsien, YANG Yi-Ling, CHUANG Kuan-Chi, LU Ming-Huei

Background and objective

Hospitals are pivotal settings for health promotion among patients, staff and surrounding communities. In Taiwan, the Health Promotion Administration has established a national network of Health Promoting Hospitals (HPH) using an integrative model (iHPH), complete with specific standards and a self-assessment tool. This study evaluates the annual implementation progress of Standard 3, focusing on patient information and intervention, within a medical center of Taiwan.

Methods/intervention

A project team led the initiative, with 15 clinical units across two hospital branches assuming ownership of action and quality improvement plans. These plans addressed 8 of the 11 sub-standards under iHPH Standard 3, defined by 1-5 indicators each. Progress was tracked against semi-annually monitored milestones.

Results

High compliance was achieved: one branch reached 91.2% (52/57 indicators) and the other 92.9% (52/56 indicators) in 2024. Five indicators across three units were not met. The pharmacy department faced manpower shortages affecting three indicators (e.g., medication consultations). The suicide prevention center had low patient volume impacting alcohol harm education and the cancer center canceled some smoking cessation sessions for efficiency.

Conclusions/lessons learned

The decentralized, unit-owned project model for implementing iHPH Standard 3 was highly effective, achieving over 91% compliance. Challenges were primarily resource-based (staffing, patient volume), not methodological.

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Self-Assessment on Annual Progress of Patient Information and Intervention Standards of Taiwan's Integrative Model of Health Promoting Hospitals Using Multidisciplinary Actions and Indicators in a Medical Center

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Background and objective

Hospitals are critical environments for advancing health promotion among patients, staff and surrounding communities. In Taiwan, the Health Promotion Administration has developed standards and a self-assessment tool for the national Health Promoting Hospitals (HPH) network through the integrative model (iHPH). Standard 3 of the iHPH framework emphasizes patient information and intervention. This study reports on the annual progress of implementing these sub-standards and measurable elements in a medical center.

Methods/intervention

A project team was established, led by the director of nursing department overseeing implementation. Fifteen clinical units across two branches assumed responsibility for action and quality improvement plans. These plans addressed 8 of the 11 sub-standards under Standard 3, each defined by 1–5 indicators. Progress was monitored every six months to track milestone achievement.

Results

In one branch, 52 of 57 indicators met expected goals, yielding a compliance rate of 91.12% in 2024. The other branch achieved 52 of 56 indicators, corresponding to 92.9%. Five indicators across three clinical units fell short. In the pharmacy department, manpower shortages affected three indicators (public health education seminars, outpatient medication consultations, inpatient medication guidance). In the suicide prevention center, limited patient numbers hindered one indicator (inpatient alcohol harm reduction education). In the cancer center, efficiency considerations led to advisory session cancellations, affecting one indicator (community smoking cessation advisories).

Conclusions/lessons learned

Systematic implementation of iHPH Standard 3 achieved high compliance across diverse units, despite challenges in manpower, patient volume and efficiency. This study should provide a reference for future study.

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Optimizing Hospital Bed Management Through Digital Innovation: Improving Resource Allocation and Patient-Centered Care in Health-Promoting Hospitals

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Background and objective

Efficient bed capacity management is essential for maintaining patient flow and reducing emergency department congestion in health-promoting hospitals. Inefficient discharges and manual data processing often lead to delays, overcrowding, and increased operational costs. This project aimed to develop a real-time monitoring system to optimize bed allocation, improve resource utilization, and support patient-centered care in alignment with health promotion principles.

Methods/intervention

We designed and implemented a real-time dashboard at the National Taiwan University Hospital to track the inpatient capacity. The dashboard integrates six key indicators: emergency bed waitlists, outpatient bed availability, occupancy rates, ward-level capacity, and substitute bed trends. Data visualization tools and stratified analysis by specialty and turnover rate were incorporated to enable timely decision-making. The platform offers self-service access and a user-friendly interface for clinical and administrative leaders.

Results

The dashboard significantly improved transparency and responsiveness in bed management. Clinical teams could identify bottlenecks quickly, reduce emergency department congestion, and accelerate patient transfers. The preliminary data showed improved bed turnover rates and reduced waiting times for emergency admissions. The system also enhanced collaboration between departments, supporting more efficient resource allocation.

Conclusions/lessons learned

Digital innovation in bed capacity management can strengthen hospital operations and promote health by improving access to care and reducing delays. Real-time data visualization empowers decision-makers, fosters patient-centered care, and aligns with the goals of health-promoting hospitals. Future work will focus on integrating predictive analytics to further optimize patient flow and resource planning.

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Revisiting Colonoscopy Follow-Up Timing: A 10-Year Empirical Analysis to Support Evidence-Based Screening Strategies

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Background and objective

Timely detection of precancerous polyps is essential for colorectal cancer prevention. In Taiwan, where polyps are usually removed during initial colonoscopy, subsequent detection guides follow-up planning. However, current intervals often lack local, real-world validation. This study analyzes data from a large-scale preventive screening program to identify high-risk timeframes and inform evidence-based, context-specific follow-up strategies.

Methods/intervention

We analyzed over 40,000 health records from a high-volume preventive screening program in Taiwan (2014–2024). Two trajectories were assessed: (a) transition from no polyp to polyp detection, and (b) negative to abnormal colonoscopy findings. Detection intervals were grouped into 100-day bins and analyzed using empirical distribution methods to identify high-risk periods. Age-stratified analysis (<50 vs. ≥50) explored variations in detection timing.

Results

Among 7,075 individuals transitioning from no polyp to polyp detection, the highest detection occurred at 701–800 days (≈15.4%), followed by 1001–1100 days (≈7.5%). A similar pattern was seen in those with negative to abnormal findings (n=1,338), with peaks between 701–1100 days. Age-stratified analysis showed a sharper peak at 701–800 days in individuals ≥50 (≈18.3%) and a broader, yet similar, trend in those <50. Detection within 400 days was uncommon across all groups (<5%), indicating limited yield from early follow-up.

Conclusions/lessons learned

Colonoscopy repetition within one year offers limited value in most preventive settings, while detection rises meaningfully after 2–3 years, supporting longer follow-up intervals. These findings provide real-world evidence for more efficient, patient-centered, and sustainable screening protocols. Derived from a large Asian cohort, the insights reflect region-specific patterns shaped by local diet and lifestyle. Future analysis will focus on adenoma-specific timing to further refine follow-up strategies.

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Impact of Metabolic Factors on Measles Antibody Levels in a Taiwanese Medical Center

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Background and objective

Although Taiwan maintains high measles vaccination coverage, concerns about waning immunity and global resurgences highlight the need to identify factors influencing long-term antibody persistence. Metabolic abnormalities may affect vaccine responses, but their relationship with measles seropositivity remains unclear. This study examined the association between metabolic risk factors and measles antibody seropositivity among adults receiving routine health examinations in southern Taiwan.

Methods/intervention

A total of 830 adults who underwent measles antibody testing from January to July 2024 were analyzed. Age, sex, BMI, total cholesterol, triglycerides (TG), fasting glucose, HDL-C, and LDL-C were evaluated using chi-square tests, t-tests, and multivariate logistic regression (backward selection) in SAS 9.4.

Results

Overall measles antibody seropositivity was 92.5%. Higher BMI, TG, fasting glucose, and abnormal HDL-C or LDL-C were associated with lower seropositivity ($p < 0.05$). Multivariate analysis showed that low HDL-C (aOR = 0.42, 95% CI: 0.19–0.93) and high LDL-C (aOR = 0.46, 95% CI: 0.22–0.96) significantly predicted reduced seropositivity. Gender showed no significant association.

Conclusions/lessons learned

Dyslipidemia, specifically low HDL-C and high LDL-C was linked to reduced measles antibody seropositivity, while gender had no effect. Improving metabolic health may enhance vaccine-induced immunity and support sustained population protection against measles.

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Underreporting of Delirium Diagnoses in German Hospitals: A Longitudinal Analysis of 200 million Health Insurance Claims from 2011 to 2023

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Background and objective

Delirium (ICD-10 F05) affects about 15–23% of adult inpatients in acute hospital settings (1). Despite its clinical relevance, delirium remains markedly underrecognized in administrative datasets, where claims-based prevalence is far below clinical estimates (2–5). This study aimed to quantify the extent of underreporting of F05 delirium diagnoses in German health insurance claims.

Methods/intervention

All available health insurance data from adult patients between January 2011 and December 2023 were analyzed for delirium diagnoses. Records with stays under 24 hours or treatment in day/night clinics or psychiatric/psychosomatic hospitals were excluded.

Results

Over 13-years, 3.47 million delirium diagnoses (ICD-10 F05) were identified among 207 million adult hospital discharge records, corresponding to a prevalence of 1.7%. The highest rates occurred in intensive care, geriatrics and related disciplines, and cardiac surgery. In these specialties, delirium diagnoses increased almost monotonically over time.

Conclusions/lessons learned

Delirium remains substantially underreported in German administrative data, suggesting a persistent gap between clinical and claims-based prevalence estimates. However, rising documentation rates, particularly in specialties with stronger delirium research engagement, likely reflect greater clinical awareness and a narrowing documentation gap.

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Benefits of Incorporating Eye Exams into Comprehensive Health Checkups

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Background and objective

Age-related eye diseases such as glaucoma, macular degeneration, cataracts, and diabetic retinopathy rise sharply after age 40, yet often remain asymptomatic in early stages. Adding comprehensive eye exams to routine health checkups enables earlier detection, helping preserve vision, improve quality of life, and reduce the long-term healthcare burden.

Methods/intervention

Adults aged 40+ should receive standardized eye exams every 1–2 years. Key components include: (1) medical history and symptom review to identify risk factors; (2) visual acuity and refraction testing; (3) intraocular pressure measurement for glaucoma screening; and (4) fundus examination to assess the retina, optic nerve, and vasculature for signs of major ocular diseases.

Results

Regular eye exams markedly improve early detection of glaucoma and diabetic retinopathy before irreversible vision loss occurs. Early-treated patients show better clinical and long-term visual outcomes. Screening also strengthens awareness of links between systemic health factors—such as blood pressure and glucose control—and ocular health, motivating better disease management.

Conclusions/lessons learned

Integrating comprehensive eye exams into routine checkups for adults over 40 is cost-effective and essential for preventing avoidable vision loss. Symptom-based care alone is insufficient; proactive and systematic screening supports lifelong ocular health. Implications: Implementing this protocol within health promotion hospitals enhances continuity from screening to treatment and reinforces the role of ophthalmologists in community health education.

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Achieving 100% Door-to-Wire Time Compliance for STEMI Patients through a Multidisciplinary “Fast Lane” System Optimization

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Background and objective

Timely reperfusion is the cornerstone of care for patients with ST-elevation myocardial infarction (STEMI). In 2024, our regional teaching hospital reported a Door-to-Wire (D2W) time achievement rate of 68.2%, falling short of the recommended 90-minute guideline and the 75% benchmark for heavy-duty emergency medical centers. Root cause analysis identified key

delays related to untimely emergency triage activation, limited catheterization laboratory surge capacity, and insufficient recognition of atypical symptoms such as dyspnea or abdominal discomfort. In response, we initiated a systematic quality improvement project aligned with Health Promoting Hospitals (HPH) principles to enhance the efficiency of time-critical cardiac intervention.

Methods/intervention

Using the QC Story framework, a SMART objective was set to increase the proportion of patients achieving D2W <90 minutes to $\geq 80\%$ by January 2026. Ten interventions were deployed under three strategic pillars: “No Blind Spot” Training: Achieved 100% staff competency, including rapid 120-second ECG acquisition and ultrasound-guided intravenous access, to eliminate technical delays. “Fast Lane” Dual-Track System: Designated a hybrid operating room as a backup PCI suite, activated an ICU surge-bed protocol, and established a regional green-channel pathway to mitigate Cath Lab capacity saturation. Frontline Optimization: Implemented mandatory ECG screening for atypical symptoms, integrated ECG order linkage into the triage system, and enabled early Cath Lab mobilization via prehospital STEMI alerts.

Results

From September to November 2025, 100% of STEMI patients achieved D2W <90 minutes, with performance sustained through March 2026. Staff satisfaction improved from 3.8 to 4.2, patient satisfaction from 4.5 to 4.8, and in-hospital cardiac arrest (IHCA) remained zero. All interventions were standardized into operational protocols to ensure long-term sustainability.

Conclusions/lessons learned

This multidisciplinary Fast Lane program effectively optimized the ED STEMI pathway, strengthened interdepartmental coordination, and ensured consistently timely reperfusion. The model is replicable, scalable, and strongly aligned with HPH values of safety, accessibility, and integrated care. Future work will extend these system-level improvements to reduce Door-to-Puncture times for emergent stroke thrombectomy.

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Integrating Early Warning Signs into Health-Promoting Hospital Practice to Prevent In-Hospital Cardiac Arrests

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Background and objective

Early recognition of physiological deterioration is a cornerstone of patient safety and a vital element of health-promoting hospital practice. In-hospital cardiac arrest often occurs

following unrecognized early warning signs. This study aimed to identify significant physiological indicators preceding cardiac arrest and to propose health promotion-based strategies for early detection and response within hospital care systems.

Methods/intervention

A retrospective review was conducted at a regional teaching hospital in Taiwan. Medical records of 310 inpatients who experienced cardiac arrest and received cardiopulmonary resuscitation were analyzed. Physiological parameters - temperature, heart rate, respiratory rate, blood pressure, oxygen saturation, and pain score—were examined for significant changes up to five hours before the event.

Results

Changes in respiratory rate, oxygen saturation, and pain score were significantly associated with outcomes within one hour before cardiac arrest ($p < 0.05$). Additional predictors included systolic blood pressure and heart rate fluctuations within five hours prior to arrest. Patients with earlier recognition and response to abnormal signs demonstrated higher rates of return of spontaneous circulation.

Conclusions/lessons learned

Integrating early warning sign monitoring into daily nursing care and interprofessional communication can enhance clinical vigilance, reduce preventable deterioration, and align with the HPH framework for patient safety and quality improvement. Continuous education and systematic surveillance are essential for empowering staff and ensuring proactive, health-promoting acute care.

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Development of a Precision Care Platform for Home-Based Management of Patients With Heart Failure

LIU Wen-Chi, LIN Wender, HUANG Hung-Kai

Background and objective

Hospital-at-Home (HaH) is an innovative care model recently promoted in Taiwan, suitable for both mild and severe cases requiring intensive home-based follow-up after hospital discharge. This approach is particularly beneficial for patients with heart failure, who often require close monitoring and timely intervention in the post-discharge period.

Methods/intervention

This study aimed to develop and evaluate a precision care platform for home-based heart failure management. Using wearable monitoring devices—including a heart rate wristband,

blood pressure monitor, pulse oximeter, and digital weighing scale—patients' physiological parameters were collected continuously and transmitted to healthcare professionals. A 24-hour monitoring system was established to support early detection and activation of emergency medical intervention when necessary.

Results

From March 2024 to January 2025, a total of 20 patients receiving home-based heart failure care were recruited through purposive sampling. The outcomes demonstrated: a rehospitalization rate of 0%; a 72-hour return-to-emergency rate of 0%; average weight reduction of 2.42 kg (SD \pm 1.9); systolic blood pressure reduction of 19.85 mmHg (SD \pm 11.6); and a 2.05% increase in oxygen saturation (SD \pm 0.24). The number of telemedicine consultations averaged 103.65 per patient. Correlation analyses showed a negative correlation between oxygen saturation and abnormal heart rhythm events ($r = -.44$, $p < .05$); a negative correlation between abnormal heart rhythm and body weight ($r = -.44$, $p < .05$); and positive correlations between mean arterial pressure and body weight ($r = .54$, $p < .05$), abnormal heart rhythm alerts and consultation frequency ($r = .78$, $p < .05$), and post-test body weight and alert-triggered consultations ($r = .78$, $p < .05$).

Conclusions/lessons learned

The precision care platform demonstrated significant effectiveness in supporting home-based heart failure management. The findings show that patients exhibited high adherence and strong reliance on telemedicine services, highlighting the value and feasibility of this care model in the home environment.

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Improving the Overuse of Antibiotics: A Case Study from a Hospital in Northern Taiwan

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Background and objective

Taiwan's National Health Insurance is globally recognized, but antibiotic overuse is a major issue. The resistance rates of certain bacteria are among the highest worldwide. Without addressing this, the future may face a lack of effective treatments.

Methods/intervention

We analyzed monthly antibiotic usage in defined daily dose (DDD) from Jan 2024 to Aug 2025. The proportion of WHO AWaRe (Access, Watch, Reserve) "Access" antibiotics (numerator) to total antibiotic DDD (denominator) was calculated. In mid-2024, several interventions were introduced: 1. Analyze the proportion of antibiotic prescriptions issued by

physicians. 2. Provide quarterly notifications to physicians who consistently prescribe the most inappropriate antibiotics. 3. Promote appropriate antibiotic use at relevant in-hospital meetings.

Results

The average Access antibiotic proportion in 2024 was 51.1%. After interventions, it rose to 56.8% in Jan–Aug 2025, peaking at 58.6% in July, moving closer to the WHO's 60% target.

Conclusions/lessons learned

The AWaRe classification is a useful tool for monitoring antibiotic use. Regular audits and targeted interventions can effectively reduce antibiotic misuse.

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Clinical Characteristics and Comorbidity Analysis of Five-Year Hospitalized STEMI Patients: A Regional Hospital Study

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Background and objective

ST-Elevation Myocardial Infarction (STEMI) is a serious cardiovascular emergency and leading cause of death. With aging and lifestyle changes, patients are younger and often have multiple comorbidities. Incidence and mortality relate to sex, age, obesity, smoking, hypertension, diabetes, and hyperlipidemia. Regional hospital data are limited, with frequent metabolic disorders. This study analyzed five years of STEMI inpatients to examine clinical features, comorbidities, and biochemical abnormalities, providing references for care and prevention.

Methods/intervention

This retrospective cross-sectional study analyzed STEMI patients aged ≥ 18 admitted from January 2020 to December 2024. Data from electronic medical records included demographics, comorbidities (HTN, hyperlipidemia, DM, CAD, smoking), labs (CHO, TG, HDL, LDL, HbA1c), and outcomes (length of stay, discharge status). Descriptive statistics and preliminary comparisons between survivors and non-survivors were performed. Approved by IRB (No. 114058).

Results

A total of 435 STEMI inpatients were included: 368 males (84.6%) and 67 females (15.4%), mean age 62.7 ± 13.8 years, mean BMI 26.0 ± 4.5 kg/m². Comorbidities were common: 87.1% had ≥ 1 condition—hypertension 49.2%, diabetes 37.5%, CAD 25.1%, hyperlipidemia 17.0%, smoking 41.4%. Labs: CHO 174.6 ± 52.4 mg/dL, TG 124.1 ± 131.4 mg/dL, LDL 112.1 ± 44.9 mg/dL, HDL 37.4 ± 10.6 mg/dL, HbA1c $6.6 \pm 1.6\%$. Mean stay 6.8 ± 11.1 days, in-hospital mortality 11.5%. Deceased patients were older, had

more comorbidities, and higher LDL and HbA1c, linking metabolic abnormalities to mortality risk.

Conclusions/lessons learned

Regional STEMI inpatients were mainly middle-aged to older males with multiple comorbidities. Hypertension, diabetes, and smoking were common, and poor lipid/glucose control increased in-hospital mortality. Prevention—smoking cessation, weight control, diet, follow-up—and early risk assessment for high-risk patients are essential to support prognostic models and integrated care.

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Community-Based Screening for Atrial Fibrillation in Northern Taiwan: A Cross-Sectional Study

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Background and objective

Atrial fibrillation (AF) is one of the most common arrhythmias and a leading cause of stroke, heart failure, and mortality. Because many patients remain asymptomatic, community-based screening plays a crucial role in early detection and intervention. This study aimed to determine the prevalence of AF and identify its associated risk factors among adults in Northern Taiwan.

Methods/intervention

We conducted a cross-sectional community screening program between July 2023 and June 2025, enrolling 10,036 adults aged ≥ 20 years. Participants underwent a 60-second single-lead electrocardiogram (ECG) screening (Q21, Medical Inteda Co.) and completed a standardized questionnaire, along with physiological measurements. Statistical analyses included chi-square tests, t-tests, and multivariate logistic regression to identify independent predictors of AF.

Results

The mean age of participants was 72.4 ± 10.0 years, and 62.8% were women. The most common comorbidities were cardiovascular disease (49.7%), diabetes (24.7%), and hyperlipidemia (21.7%). The overall prevalence of AF was 2.9%, with a significantly higher rate in men (4.0%) than in women (2.2%; $p < 0.001$). Independent predictors of AF included age (per 10 years: OR = 1.45, 95% CI [1.02–2.08]), heart rate > 100 bpm (OR = 9.07, $p < 0.001$), heart failure (OR = 3.48, $p < 0.001$), and cardiovascular disease (OR = 1.94, $p = 0.006$).

Conclusions/lessons learned

Community-based AF screening using single-lead ECG devices is a feasible, safe, and cost-effective strategy for early detection and timely referral. Integrating such screening into primary care

and public health initiatives may enhance cardiovascular prevention efforts in aging populations.

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Economic Evaluation of Public Health Spending and Healthy Life Expectancy

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Background and objective

Health systems must demonstrate both effectiveness and efficiency. While public spending improves health outcomes, its long-term economic returns remain underexplored. This study evaluates the return on investment (ROI) of public health expenditure in terms of healthy life expectancy (HALE).

Methods/intervention

A retrospective panel of 87 countries (2000–2019) was analyzed using two-step System GMM. Public and private health expenditures were modeled with five-year lags, with annual HALE growth as the outcome. Economic metrics were calculated from elasticity estimates, including Marginal Benefit–Cost Ratio (MBCR), Marginal ROI (MROI), Annualized ROI (AMROI), and Cost per Healthy-Adjusted Life Year (CHALY).

Results

Public expenditure was significantly associated with higher HALE (elasticity = 0.0562; $p < 0.0001$), while private spending showed no significant impact. Economic evaluation indicated strong and stable returns for public investment: MBCR 12.7–14.4, MROI 11.7–13.4, and AMROI ~68%. CHALY ranged from \$980 to \$1,382, well within international cost-effectiveness thresholds.

Conclusions/lessons learned

Public healthcare spending generates high and sustained health and economic returns, far exceeding those of private mechanisms. Shifting resources toward private financing risks forfeiting these gains. Strengthening public investment should be a policy priority, offering both efficiency and equity advantages for population health. These findings provide compelling evidence for hospital managers and policymakers to align financial strategies with long-term health promotion goals.

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Poster session 2.4: Patient and staff empowerment

The Power of Companionship: Chaplain and Gospel Volunteer Visits Enhancing Emotional Regulation and Spiritual Support in an Oncology Ward

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Background and objective

Cancer hospitalization induces distress, uncertainty, and disrupted roles. Faith-based hospitals provide chaplain and volunteer visits for holistic support, yet evidence linking companionship visits to HPH-aligned health promotion remains insufficient. This study explores how visits aid emotional regulation, broaden nurses' understanding of spiritual care as patient-centered and non-religion-restricted, and co-create culturally inclusive, autonomy-respecting, supportive ward environments.

Methods/intervention

A qualitative study with thematic analysis used referral-based chaplain logs and ward field notes from 10 cancer patients and families (May–September 2025). Visits emphasized empathic listening, patient narratives, coping-resource dialogue, and autonomy assessment via verbal and non-verbal distress cues. Religious components were withdrawn when declined. Transcripts were de-identified and iteratively coded with privacy protection.

Results

Four themes: (1) psychologically safe storytelling enabled emotional regulation and insight; (2) ethical sensitivity guided adaptive spiritual–religious boundaries; (3) culturally resonant rituals (festival greetings, shared flower selection) strengthened trust and connectedness; (4) nurses reframed spiritual care as “being seen, understood, connected,” enhancing multidisciplinary collaboration and ward warmth.

Conclusions/lessons learned

A brief Spiritual Preference & Distress Cue Check at referral supports individualized engagement. Nurse–Chaplain–Volunteer Reflection Huddles improve shared literacy and boundary alignment. Non-imposing relational indicators (flowers, greetings) can be formalized as Rituals of Connection Care Planning, extending to future HPH supportive-climate and distress-reduction monitoring.

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Transforming Recipients into Contributors: An Empowerment-Oriented Community Care Model Using an Action Research Approach

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Background and objective

Taiwan's rapid aging underscores the need for community environments that promote active participation among older adults. At a care point affiliated with South Taiwan Community Hospital, many older adults wished to contribute yet lacked opportunities. Traditional service models reinforced passivity. This study examined whether an empowerment-oriented approach could support volunteer role transition, strengthen self-efficacy, and build a sustainable, partnership-based community support system.

Methods/intervention

Using an action research approach, the team implemented iterative cycles of planning, action, observation, and reflection. Three strategies were introduced: (1) Task-based empowerment through low-risk daily roles (“Value-Day System”) supervised by rehabilitation professionals; (2) Psycho-emotional safety through Animal-Assisted Therapy to reduce anxiety and encourage social risk-taking; (3) Cross-site network building to reduce isolation and cultivate community belonging and volunteer partnerships.

Results

Participants showed restored agency and increased initiative through repeated mastery experiences. Emotional stabilization enabled deeper social interaction and contributed to community-level social capital. An “empowerment loop” emerged—participation→mastery →self-efficacy→recognition→volunteer identity. Several older adults transitioned into “indigenous volunteers,” taking operational roles and reinforcing an equitable, community-driven support model.

Conclusions/lessons learned

The model demonstrates that combining structured engagement with emotional safety can successfully support role transition among older adults. This approach builds sustainable volunteer capacity, enhances equity, and extends the reach of health-promoting practices from hospitals into community settings.

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The Sky in a Room. The Metaverse as a Technological Strategy for Cognitive-Behavioral and Motor Neurorehabilitation in Patients with Severe Acquired Brain Injury

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Background and objective

Hospital environments are often deprived of sensory, emotional, and social stimuli, which can negatively affect recovery in patients with Severe Acquired Brain Injury (SABI). This study explores the use of Virtual Reality (VR) as a technological strategy to enhance cognitive-behavioral and motor neurorehabilitation (Faria et al., 2023; Calderone et al., 2023; Georgiev et al., 2021). By immersing patients in emotionally positive 360° environments selected from the validated IAVRS database (International Affective Virtual Reality System; Mancuso et al., 2023), the aim is to improve their perceived well-being during hospitalization.

Methods/intervention

The protocol includes 10 VR sessions over 5 weeks, each lasting 10 minutes. Every session presents two visual stimuli, each for 2 minutes. After each session, participants complete the 11-item Perceived Restorativeness Scale (PRS; Pasini et al., 2014) to assess the restorative impact of the virtual environment. Before and after the intervention, neuropsychological and functional assessments are administered to evaluate emotional and behavioral changes.

Results

Preliminary findings suggest that VR immersion may enhance patients' perception of well-being, even within clinical settings. These results support the potential of VR as a valuable tool in neurorehabilitation for SABI patients. Further research with larger samples is recommended to confirm the effectiveness of this approach and to explore its broader application in clinical practice.

Conclusions/lessons learned

The integration of immersive technologies into rehabilitation protocols may represent a significant advancement in patient-centered care, offering enriched environments that foster emotional engagement and therapeutic benefit.

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Empowering patients and caregivers to adhere to treatment: an educational research project in Piedmont

BENA Carla, GRIGOLO Sabrina, CENA Clara, ARMATO Francesco

Background and objective

This is educational research focused on improving the ability of people with co-morbidities and on multiple medications to self-manage their treatment in their own living environment and in a real-world setting.

Methods/intervention

23 patients and carers recruited from the Home Care Service of ASL TO4, based in the district of Settimo Torinese. A simple random sampling technique was used (Trincherò, 2019). All patients completed a questionnaire, participated in a narrative interview and completed a therapy form.

Results

Given the significant percentage of people who do not adhere correctly to therapy, it is necessary to improve the relationship between healthcare professionals and patients from an educational perspective, with the aim of improving the level of compliance and adherence to medical treatment, especially for patients over 65 with co-morbidities and polypharmacy.

Conclusions/lessons learned

Identify data collection tools and an effective educational model based on Bloom's taxonomy to enable active involvement of patients and caregivers in the care process.

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Promoting Patient-Centered Care Through Shared Decision Making in the Selection of Cervical Disc Herniation Implants

CHIU Szu-Ching , CHEN Jin-Cherng

Background and objective

This study aimed to apply shared decision-making (SDM) to support doctors and patients in jointly selecting the most appropriate surgical option for cervical disc herniation, with the goal of improving clinical care quality.

Methods/intervention

A decision-making aid was developed and refined through α and β testing, resulting in a multimedia educational tool. Patients diagnosed with cervical disc herniation with nerve root or spinal cord compression confirmed by MRI and requiring surgical treatment were included. SDM was implemented in three steps: (1) engaging patients in the decision-making process; (2) evaluating evidence-based implant options using a structured tool to discuss benefits, risks, and alternatives; and (3) supporting patients in integrating personal preferences to reach a shared treatment decision. Patient understanding and satisfaction were assessed through a questionnaire.

Results

A total of 121 patients were enrolled from January 2020 to December 2025 (57 males, 64 females; mean age 57.9 years). After SDM, 101 patients selected intervertebral fusion cages, 18 chose artificial cervical discs, and 2 declined surgery. Outcomes showed: 100% clarity on indications, 95% understanding of expected benefits, 100% understanding of alternatives, 93% understanding of potential side effects, and 100% satisfaction with information adequacy, treatment discussions, and the overall SDM process.

Conclusions/lessons learned

Surgical choices for cervical disc herniation vary with patient preferences and disease understanding. The SDM aid enhanced patient engagement and supported appropriate treatment selection, contributing to improved care quality.

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Effectiveness of a Swallowing Safety Promotion Program on Aspiration Pneumonia Prevention in Older Adults with Dysphagia

YANG Pei-Ju, WU Jia-Min

Background and objective

Dysphagia in older adults significantly increases aspiration pneumonia risk. In 2021, our unit implemented a Swallowing Safety Promotion Program integrating interdisciplinary collaboration and patient empowerment. This study evaluated its impact on the incidence and sustainability of aspiration pneumonia.

Methods/intervention

This pre-post study enrolled hospitalized patients with dysphagia from 2020 to 2024 (N=198, mean age 72.5 years). The intervention comprised: (1) Screening within 24 hours; (2) Risk stratification; (3) Individualized diet modification; (4) Patient and family education with illustrated materials. Periods: Pre-intervention (2020, n=44), Implementation (2021, n=38), Post-intervention (2022, n=41), Maintenance (2023-2024, n=75). The

primary outcome was the aspiration pneumonia rate, analyzed using the Spearman trend test.

Results

Aspiration pneumonia rates decreased significantly, from 11.4% to 7.9%, 2.4%, and 2.7% across the periods ($p = 0.038$). The relative risk reduction was 77%, and the NNT was 11. The sustained 2.7% rate from 2023 to 2024 confirms the long-term effectiveness of this approach.

Conclusions/lessons learned

This program reduced aspiration pneumonia by 77%, with effects sustained over a two-year period. The cost-effective model (NNT = 11) provided a replicable framework for promoting health in hospitals.

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Trust and Commitment as Determinants of Customer Citizenship Behavior in Long-Term Care Facilities

WU Shu-Hui, CHIU Jun-Zhi, HUANG Fong-Dee

Background and objective

The rising demand for long-term care has heightened families' expectations of service quality. Managers must respond to complex care needs and evaluate their interactions with residents' families. However, prior research has not sufficiently examined the quality of these relationships or how they influence customer citizenship behavior.

Methods/intervention

A total of 445 valid responses were analyzed. The survey measured relationship benefits (confidence, social, special treatment), relationship quality (trust, commitment), and customer citizenship behaviors (recommendations, helping, feedback). Factor analysis, reliability testing, and Partial Least Squares were used for data analysis.

Results

Preferential treatment significantly strengthens families' trust and commitment. In contrast, social benefits have no positive effect because limited ties with the institution hinder the development of social support. Ultimately, a family's trust and commitment strongly influence their likelihood to recommend the institution, offer help, and provide feedback.

Conclusions/lessons learned

When long-term care institutions strengthen interactions and relationship quality with families, they promote greater customer citizenship behavior. This, in turn, enhances the

institution's reputation, fosters a positive atmosphere, energizes staff, and improves caregiver-patient relationships, helping reduce care-related disputes.

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Enhancing the Completeness of Oral Care Instruction for Head and Neck Cancer Patient

LOO Peilun, HUNG Yuhui

Background and objective

Head and Neck Cancer (HNC) treatment often leads to severe oral mucositis (80%-90% incidence), making effective oral care crucial for prevention. Our baseline assessment showed nurses' instruction completeness was only 68.2%, and patients lacked clarity on procedures. The project's purpose was to implement targeted interventions to increase instruction completeness to 93.6% and substantially improve patient self-care knowledge.

Methods/intervention

Root causes included heavy workload, no SOP/handover system, and poor textual tools. Five interventions (Aug-Sep 2024) were: 1) Developed SOP and color-coded handover checklist; 2) Created QR code video; 3) Designed visual aids (grading chart) for self-assessment; 4) Integrated materials into the "E-Connect" booklet/Education Box; 5) Implemented formal quality audit.

Results

Post-intervention (Oct 2024), nurse instruction completeness reached 100% (up from 68.2%). Patient cognitive correctness improved significantly from 56.1% to 93.3%. Specifically, patient understanding of the critical "Timing and Steps of Oral Care" increased from 36.4% to 80%. Positive secondary outcomes included enhanced clinical convenience and improved work efficiency by reducing instructional omission during handover.

Conclusions/lessons learned

The project successfully leveraged standardization, multimedia tools, and quality monitoring to substantially improve both the completeness of nursing instruction and patient self-care knowledge for HNC patients. This comprehensive strategy enhanced nursing quality and patient empowerment. We recommend promoting the SOP and E-Connect booklet across relevant hospital units and exploring integration with smart healthcare platforms for wider impact.

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Gentle Care in Action: Case Management for Rheumatic Diseases

KAO Min-Chen, LAI Pi-Chen, LI Pei-Yu

Background and objective

Rheumatoid arthritis (RA), psoriatic arthritis (PsA), and ankylosing spondylitis (AS) are chronic autoimmune diseases that cause joint damage, pain, and long-term disability. Patients often need continuous medication, regular monitoring, and lifestyle adjustments. A patient-centered case management model can help coordinate these complex needs. This study aimed to evaluate the impact of a structured case management system in our rheumatology .

Methods/intervention

A total of 280 patients were enrolled in the Rheumatology outpatient clinic between 2018 and 2024. All patients received a standardized five-step case management process: (1) initial assessment and case registration, (2) education on disease and medication use, (3) proactive follow-up reminders via phone calls or clinic visits, (4) monitoring of disease activity using tools such as DAS28 for RA and BASDAI for AS, and (5) coordination with other teams and linkage to resources. Case managers actively monitored abnormal indicators or worsening symptoms and promptly communicated with physicians to arrange early intervention.

Results

Among 280 patients (81% women, mean age 60 years), several indicators improved after case management. The six-month follow-up continuity rate increased from 70% to 90%, and adherence to biologic therapies reached 98%. Surveys showed 90% of patients felt more confident in their treatment due to education and proactive follow-up. Physicians reported reduced outpatient workload and smoother workflows, allowing more time for complex clinical decisions.

Conclusions/lessons learned

"The results of this study demonstrate that the role of the rheumatology case manager is a crucial element in promoting high-quality care. It effectively improved patient treatment outcomes and optimized medical procedures."

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Impact of Kinesio Tape Tension on Functional Performance of the Lower Extremity in Patients with Stroke-Induced Foot Drop

LEE Hui-Chun, LEE Yi-Ching, HUANG I-Ching

Background and objective

Foot drop is a common impairment in the affected lower limb after stroke, leads to gait asymmetry, reduced walking efficiency, and increased risk of falls. Kinesio tape (KT) is an elastic tape that can facilitate or inhibit muscle activity depending on its application relative to muscle fiber orientation, thereby exerting mechanical effects on muscles and joints. This study aimed to examine the impact of KT applied with varying tension to the tibialis anterior, extensor digitorum longus, and fibularis longus muscles on the lower extremity functional performance in stroke survivors with foot drop.

Methods/intervention

21 stroke survivors with foot drop were recruited and randomly assigned to three groups: KTG0 (0% tension), KTG1 (25% tension), and KTG2 (50% tension). KT was applied to the tibialis anterior, extensor digitorum longus, and fibularis longus muscles prior to conventional physical therapy, administered 3 times per week, 30 minutes per session, for 4 weeks. Pre- and post-intervention assessments were conducted at baseline and at week 4, including five outcome measures: the 10 Meter Walk Test (10MWT), Timed Up and Go Test (TUG), Berg Balance Scale (BBS), Functional Reach Test (FRT), and Biodex Balance System SD.

Results

All three groups demonstrated improvements across outcome measures after 4 weeks of KT intervention. The KTG1 showed significantly greater gains in the 10MWT (KTG0 vs. KTG1, $p=0.002$; KTG1 vs. KTG2, $p=0.048$; KTG0 vs. KTG2, $p=0.277$) and TUG (KTG0 vs. KTG1, $p=0.004$; KTG1 vs. KTG2, $p=0.018$; KTG0 vs. KTG2, $p=0.749$) compared with KTG2 and KTG0 ($p<0.05$). However, no statistically significant between-group differences were observed in the results of the BBS, FRT, and Biodex Balance System SD ($p>0.05$).

Conclusions/lessons learned

Applying KT to the tibialis anterior, extensor digitorum longus, and fibularis longus muscles during physical therapy is recommended for stroke survivors with foot drop. KT at 25% tension was more effective than 50% tension in improving walking speed and dynamic balance, potentially supporting greater independence in daily activities and enhancing quality of life.

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Effectiveness of Interdisciplinary Integrated Care on Clinical Outcomes and Quality of Life in Hospitalized Heart Failure Patients

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Background and objective

Cardiovascular disease has ranked as the second leading cause of death in Taiwan for 17 years, with heart failure (HF) as its terminal stage, showing high mortality and ~21% 30-day readmission. Recurrent symptom worsening reduces exercise tolerance, self-care, and mental health. Single-discipline care cannot meet these complex needs, whereas interdisciplinary care improves self-care, cardiac function, exercise capacity, and lowers anxiety and readmission risk.

Methods/intervention

This single-group pre-post study enrolled 91 hospitalized HF patients with EF $\leq 40\%$ from January to October 2025. An interdisciplinary team provided clinical assessment, medication adjustment, diet and fluid management, cardiopulmonary exercise, psychological support, self-care education, and discharge preparation. Outcomes were NYHA class and EQ-5D at admission and discharge, analyzed with descriptive statistics and paired t-tests. Approved by IRB No. 113079.

Results

Participants' mean age was 60.9 years; 72.5% male. Mean BMI 27.4. Most were married (82.4%) and 42.9% had senior high school or higher education. Economically, 48.4% self-supporting; 13.2% reported income affected by illness. Lifestyle: 49.5% delayed care >3 days; 85.7% consumed high-sodium foods; 28.5% smoked; 16.5% drank; 44% exercised occasionally, 5.5% regularly. Baseline NYHA III+ 90.1%; post-intervention 13.2%. EQ-5D improved 13.6 \rightarrow 53.7 ($p<0.001$). Mobility 76.9 \rightarrow 85.7%, self-care 83.5 \rightarrow 87.9%, usual activities 79.1 \rightarrow 89.0%, pain 39.6 \rightarrow 9.9%, anxiety/depression severe \rightarrow moderate.

Conclusions/lessons learned

Interdisciplinary care markedly improves cardiac function, self-management, and quality of life in HF patients. NYHA and EQ-5D scores demonstrated significant gains. Clinical practice should promote interdisciplinary care, strengthen education for high-risk patients, and implement remote follow-up to maintain benefits and reduce readmission. These findings provide guidance for regional hospitals to develop long-term HF care and follow-up programs.

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Nursing Care Strategies for a Patient with Ruptured Intracranial Aneurysm and Subarachnoid Hemorrhage: A Case Report

HSIEH Hsin Jung

Background and objective

This case report aims to explore the key nursing care aspects for a patient with ruptured intracranial aneurysm causing subarachnoid hemorrhage (SAH). The objective is to enhance cerebral perfusion stability, improve airway management, and strengthen psychological support to improve nursing quality and patient comfort.

Methods/intervention

This report presents a 50-year-old female diagnosed with ruptured right vertebral artery aneurysm complicated by diffuse SAH. After emergency external ventricular drainage and transcatheter arterial embolization (TAE), nursing interventions focused on managing unstable cerebral perfusion, ineffective airway clearance, and anxiety. Comprehensive assessments and holistic interventions were implemented to stabilize hemodynamics, maintain airway patency, and relieve psychological distress.

Results

Postoperative management emphasized hemodynamic monitoring and pharmacological control of intracranial pressure and blood pressure to maintain adequate cerebral perfusion. Prolonged intubation led to ineffective airway clearance, which was improved through respiratory muscle training, chest physiotherapy, and effective coughing techniques. Anxiety and uncertainty were reduced through psychological support and health education, enhancing cerebral stability and patient comfort.

Conclusions/lessons learned

Nursing care for patients with ruptured intracranial aneurysm and SAH should integrate cerebral perfusion stability, airway management, and psychological support to optimize recovery outcomes. A holistic nursing approach combining physiological monitoring, rehabilitation, and emotional care can significantly improve patients' quality of life. This case provides a practical reference for clinical nursing in similar neurological conditions.

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Effects of self-management on self-efficacy, self-management behavior, and physiological and psychological effects on patients with heart

failure: A systematic review and meta-analysis

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Background and objective

Heart failure (HF) is a chronic, progressive condition associated with substantial physical and psychological symptom burden, reduced quality of life (QoL), frequent hospitalizations, and increased mortality. Although self-management is essential in HF care, limited evidence has focused specifically on interventions grounded in self-efficacy theory and their impact on key clinical and behavioral outcomes.

Methods/intervention

This systematic review and meta-analysis evaluated the effectiveness of self-efficacy-based self-management interventions on self-efficacy, self-management behaviors, and physiological and psychological outcomes in HF patients, and summarized essential components of effective intervention designs. A comprehensive search of six Chinese and English databases was conducted up to March 15, 2025. Eligible studies were randomized controlled trials (RCTs) involving HF patients receiving self-management programs that explicitly integrated self-efficacy components and reported outcomes related to self-efficacy, self-management behaviors, or physiological/psychological indicators. Study quality was assessed using RoB 2.0 (2019), and the certainty of evidence was evaluated with GRADE.

Results

Fifteen RCTs met the inclusion criteria. Compared with usual care, self-efficacy-based interventions produced significant improvements in self-efficacy (SMD 1.11, 95% CI 0.60–1.63) and self-management behaviors (SMD 1.55, 95% CI 0.86–2.25). They also reduced physiological symptom distress (SMD –0.58) and enhanced quality of life (SMD –0.39). However, no significant effects were observed on peak VO_2 or negative emotional states, indicating variability across certain outcome domains.

Conclusions/lessons learned

The findings indicate that self-efficacy-based self-management programs enhance patients' confidence, support sustained self-care behaviors, reduce symptom burden, and improve quality of life. Effective interventions are typically theory-driven, delivered individually or in groups through face-to-face or online formats, and implemented over 6–12 weeks with follow-up within 4–12 weeks. Limitations include varied program content, difficulty with blinding, and small sample sizes. Future large-scale RCTs are needed to strengthen the evidence. Clinically, integrating self-efficacy as a central component and tailoring programs to patient needs may improve engagement and outcomes in heart failure care.

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Advancing Quality Indicator Management Through Information Transformation and Staff Empowerment to Build a Resilient Quality Culture

SHIH Yi-Hsuan, CHEN Yi-Ching

Background and objective

Quality indicator management is vital for hospital quality culture and decision-making. Traditional manual processes often cause delays, workload burden, and communication gaps. Since 2018, our hospital has reformed its indicator management model through system optimization, education and training, incentive programs, indicator activities, and Business Intelligence (BI). These efforts aim to strengthen staff competencies, increase efficiency, and build a resilient quality culture.

Methods/intervention

The information system was enhanced with automated data integration and control-chart functions to reduce manual work. Education sessions and indicator activities were organized with expert instructors to improve professional knowledge and promote a positive learning environment. Incentive mechanisms were established to recognize indicator teams and consultant physicians. BI tools were introduced to visualize data and support timely decision-making.

Results

System optimization improved workflow efficiency and achieved 85.3% satisfaction, with users acknowledging convenience and data consistency. Eight training sessions and three indicator activities involved 342 participants with 95.6% satisfaction. Incentive rewards totaling NT\$220,996 boosted team morale. BI application showed clear benefits; for example, processing time for the joint-replacement indicator decreased from about 120 minutes to 10 minutes, enabling real-time trend monitoring and earlier improvement actions, strengthening organizational resilience.

Conclusions/lessons learned

Through system optimization, BI integration, continuous training, and incentive programs, the hospital improved operational efficiency, reduced staff burden, and strengthened management capability. These measures enhanced learning culture, engagement, and team cohesion, contributing to a resilient and continuously improving quality culture.

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Poster session 2.5: Mental health, stress, and anxiety

Promoting Green Care: Experience Sharing from a Medical Center in Taiwan

HUANG Shu-Wen, CHEN Chun-Lin, FAN Wan-Chun, LIN Shin-Yi, HSIEH Yu-Ling

Background and objective

With the increasing rate of chronic diseases and psychosocial stress, our hospital's Green Care program integrates forest therapy, animal-assisted therapy, horticultural therapy, and adventure therapy. Through interdisciplinary collaboration and interventions across multiple settings, it seeks to improve patients' physical and mental health, strengthens staff resilience, and supports dignified end-of-life care.

Methods/intervention

Led by the Department of Mental Health and Green Care Program and the Department of Palliative Medicine, the interdisciplinary team includes professionals managing psychiatric daycare center, outpatient clinic, hospice wards, community medicine and Employee Assistance Program. Standardized procedures include SOPs for pet companionship, multisensory hospice garden, bedside herbal carts, and VR nature experiences, all of which can be prescribed through the "Green Care Program" so that the nature-based therapy can also benefit the health of the community and the hospital personnels.

Results

Horticultural therapy had 25,000 participants, with 80% showing improvement in social interaction. Animal-assisted therapy satisfaction exceeded 4.9, and stress indices decreased from 5.35 to 1.45. Adventure therapy improved adolescents' mindfulness and cooperative abilities. Forest therapy attendance reached 84.6%, and EAP resilience averaged 4.64. Palliative care interventions enhanced comfort and dignity, with the VR program selected for the Accenture Global Smart Healthcare Showcase.

Conclusions/lessons learned

Green Care significantly improves patient well-being, staff resilience, and end-of-life care quality. Key success factors include interdisciplinary collaboration, application across multiple settings, culture and technology integration, and extension of Green Care Prescriptions and community partnerships. Standardization and continuous evaluation ensure effective implementation and propagation of the program.

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The Effectiveness of Interpersonal Psychotherapy Groups for Patients with Chronic Schizophrenia

LIN Li-En, CHEN Pin-Jung,

Background and objective

This study aims to investigate the effectiveness of Interpersonal Psychotherapy Group Model in treating patients with chronic schizophrenia.

Methods/intervention

In the psychiatric ward of a regional teaching hospital, we implemented the Interpersonal Psychotherapy Group Model. This approach centers on the "here-and-now" and therapeutic factors, organizing single-session groups weekly. The 50-minute sessions were prefaced with a preparatory meeting, followed by engaging group activities. Post-session discussions with observers were held to identify the emergent therapeutic factors for data analysis.

Results

Thirty-two participants engaged fully in the program. Cohesion was the most prominent therapeutic factor, reported by 79% of participants, followed by catharsis (66%), and instillation of hope (63%). Family re-enactment was the least frequently reported, by only 8% of participants.

Conclusions/lessons learned

Emphasizing interpersonal interactions and present-focused discussions, Yalom's model necessitates an open, transparent therapeutic environment. Critical to this approach are group facilitating skills, particularly in navigating discussions around issues relevant to group members. The infrequent emergence of family re-enactment underscores a potential area for further development in therapists' training. These findings offer meaningful insights for enhancing the effectiveness of similar therapeutic settings.

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The mesosystem of care and supportive services in the context of mental illness: Collaboration among its entities

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Background and objective

Population health and health equity depend on synergies across welfare sectors. Collaboration is vital for optimal functioning of a "mesosystem" (an interrelated set of microsystems that provide care or support to certain populations). Mesosystem fragmentation contributes to both inefficient resource use and individual suffering. Needs of persons with mental illness and other vulnerabilities may "fall between" mesosystem components. Compared to services provided separately, integrated services are more effective, however, are rarely readily available. The portrayal of current collaboration among entities can likely facilitate future mesosystem integration. Our objective was to define how collaboration occurs and between what entities.

Methods/intervention

An integrative literature review retrieved data from PubMed, CINAHL and Web of Science, targeting research publications with quantitative, qualitative or mixed methods, published in 2014-2024. Inclusion criteria included language, focus on adult mental health, collaboration at mesosystem level and at least two involved entities. Exclusion criteria included (example) statements of, e.g., 'colocation' or 'collaborative care' with no descriptions of the actual collaboration between entities.

Results

Collaborating entities included NGO's, faith healers/churches, police/criminal justice, supported employment, primary care, psychiatry, housing, social work, research, and consortia/networks. They mostly focused on processes from provider perspectives. Patients and relatives were rarely active partners. Collaboration was described as both structural and relational processes, including explicit role definitions, mutual trust, and equitable sharing of goals and power. A combination of formal agreements and adaptive strategies were used.

Conclusions/lessons learned

Processes of collaboration were sparingly described. Mainly entities themselves assess outcomes of their collaboration. Future research should systematically explore and evaluate the "black box" of mesosystem collaboration and involve patients in partnerships and assessments.

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Integrating Structured Spiritual Care to Enhance Holistic Well-Being in Hospitalized Patients: A Retrospective Analysis

CHEN Meng-Yu, WANG Wei-Yu

Background and objective

Spiritual distress often arises among hospitalized patients facing illness-related uncertainty, emotional burden, and shifts in

family roles. As a faith-based Health Promoting Hospital (HPH), our institution applies routine distress screening and nurse-initiated referrals to identify patients with unmet spiritual needs. This study evaluated the outcomes of a structured spiritual assessment and care model in inpatient settings.

Methods/intervention

A retrospective descriptive analysis was conducted using data collected between May 2023 and January 2024. A total of 93 patients were referred through the Distress Thermometer (DT > 5; n=31), automated NIS alerts (n=44), or palliative care admissions (n=18). All patients completed assessment across five spiritual dimensions—Life Meaning and Value, Love, Forgiveness, Hope, and Relationship with the Most High—and received individualized spiritual care. Pre- and post-intervention distress scores were compared to determine effectiveness.

Results

Participants were mainly women aged 40–70, with breast cancer being the most common diagnosis. The most frequent distress dimensions were Hope (n=69) and Love (n=41), followed by Life Meaning and Value, Forgiveness, and Relationship with the Most High. Distress patterns differed across religious beliefs. After spiritual care—most commonly empathetic presence—all five dimensions showed improvement. Love demonstrated the greatest score reduction, followed by Relationship with the Most High, Forgiveness, Hope, and Life Meaning and Value. Common patient-reported outcomes included feeling comforted and expressing gratitude.

Conclusions/lessons learned

Structured spiritual care significantly reduced spiritual distress and supported emotional resilience among hospitalized patients. The results highlight the importance of integrating compassionate presence and personalized spiritual support into routine clinical care.

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Taboo subject of miscarriage – mechanisms at the medical, social, and organisational level

CHRISTL-SEBINGER Sarah, SCHILDBERGER Barbara

Background and objective

A miscarriage is the most common pregnancy complication; in western countries it is estimated that 11 to 15 per cent of all pregnancies end in miscarriage. The experiences associated with miscarriage and their relevance for the women are analysed on different levels (care, private and professional areas). At these levels, taboo mechanisms are extracted.

Methods/intervention

In May 2023, 14 guided interviews were conducted with women. The text material obtained will be analysed using Mayring's content analysis approach and then interpreted.

Results

The results of the study underpin the significance of a miscarriage as a dramatic experience and the assumption of a broad taboo experienced as stressful. Experiences from private and professional contexts do not weigh as heavily as those mechanisms that operate in the health sector: at this level, mistrust, trivialisation and organisational and spatial inadequacies contribute to tabooing. The stressful circumstance of miscarriage is cushioned by people who recognise the grief and offer support.

Conclusions/lessons learned

Based on the results of the study, improvements can be derived primarily in the area of care: Recognition of miscarriage, needs-based support services, improvement of communicative elements and organisational and spatial framework conditions.

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Effectiveness of Integrative Western and Traditional Chinese Medicine Care on Cancer-Related Fatigue

WENG Hui-Chun, CHIEN Tsai-Ju

Background and objective

Cancer-related fatigue (CRF) is one of the most common and distressing symptoms experienced by patients undergoing chemotherapy. This study aimed to evaluate the effectiveness of integrative Western and Traditional Chinese Medicine (TCM) care in alleviating CRF among patients with breast cancer.

Methods/intervention

This study adopted a pre–post research design and enrolled breast cancer patients undergoing chemotherapy. The intervention involved an integrative medical care model combining Western medicine treatment with Traditional Chinese Medicine (TCM) approaches to improve patients' physical and psychological symptoms. The Edmonton Symptom Assessment System (ESAS) was used to assess patients' subjective fatigue levels and related symptoms. Data were analyzed using SPSS version 20.0, and the Wilcoxon signed-rank test was applied to evaluate the effectiveness of the intervention.

Results

After receiving integrative Western and Traditional Chinese Medicine care, participants demonstrated a significant improvement in overall symptom burden as measured by the ESAS. The total ESAS score decreased from a pre-test mean of 78.87 (SD = 6.73) to 64.00 (SD = 10.95), $z = -2.52$, $p = .012$.

Indicates a statistically and clinically meaningful reduction in cancer-related fatigue and associated symptoms.

Conclusions/lessons learned

Integrative medical care combining Western medicine and Traditional Chinese Medicine (TCM) effectively alleviated fatigue and reduced chemotherapy-related adverse symptoms in cancer patients. The intervention demonstrated a stabilizing trend in overall symptom improvement. Given the high prevalence of fatigue among oncology patients, future studies with larger samples and randomized controlled designs are recommended to further validate these findings and enhance integrative cancer care strategies.

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Psychosocial Support, Personality Adaptation, and Behavioral Outcomes in Mental Health Care: Integrating Health Promotion into Practice

OUYANG Wen-Chen, HSU Mei-Chi

Background and objective

Psychosocial and environmental factors play a key role in shaping behavioral outcomes and recovery in mental health care. Family and social support, personality adaptation, and interpersonal relationships influence how individuals manage stress and treatment. As mental health care emphasizes continuity between hospital and community services, understanding these psychosocial dimensions is vital for developing sustainable, health-promoting models of care. This study examined the association between support systems, adaptability, interpersonal relationships, and behavioral outcomes among individuals receiving mental health care.

Methods/intervention

A retrospective analysis was conducted on 508 individuals receiving mental health care in a regional hospital. Participants were grouped by the presence of aggressive behavior. The analysis identified psychosocial differences between groups and their relevance for health-promoting care.

Results

Individuals with aggressive behavior had lower family and social support, weaker adaptability, and poorer interpersonal relationships than those without such behavior ($p < 0.05$). Limited external support and poor emotional regulation were linked to higher behavioral risk, while stronger psychosocial networks served as protective factors in care.

Conclusions/lessons learned

Enhancing psychosocial support, family involvement, and adaptive skill-building in hospital-based mental health services can reduce behavioral risks and foster recovery. Extending these strategies to community collaboration promotes continuity of care, empowers patients and families, and supports integration of hospital and community systems within a health-promoting framework.

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Symptom Distress, Demoralization, Symptom Management Self-efficacy, and Health Status in First-time Gynecological Cancer Patients during Chemotherapy in Taiwan: A Longitudinal Study.

CHANG Ya Chun, WU Te-Yu

Background and objective

Both mortality rates of ovarian and cervical cancer still rank seventh and eighth among gynecologic cancer deaths in Taiwan. Chemotherapy is still the primary treatment. The treatment courses are six months, and the disease and treatment, symptoms of physical and psychological discomfort can easily lead to demoralization syndrome, increasing negative emotions in women with cancer. There is currently no relevant longitudinal research in Taiwan. This study aimed to understand the symptom distress of women with first-time cancer at different stages of treatment, and as a basis for a future intervention study.

Methods/intervention

This was a longitudinal study conducted in the gynecological cancer ward of a medical center in Taipei. After approval by the institutional review board (IRB), the patients were enrolled. The following conditions were met: (1) Adults aged over 20 years; (2) First-time diagnosed with gynecological cancer (including cervical cancer, ovarian cancer, endometrial cancer, uterine corpus malignancies, etc.); (3) Chemotherapy during the enrollment period; (4) Conscious and able to communicate in Mandarin and Taiwanese. Exclusion criteria: (1) Refusing to participate in the study; (2) Patients who have metastasized; (3) Diagnosed with diabetic neuropathy; (4) Diagnosed with mental illness. This study used the NCI-CTCAE version 5.0 (Common Terminology Criteria for Adverse Events) reference criteria, which include 14 post-cancer chemotherapy symptoms (such as limb numbness, loss of appetite, and constipation) and severity ratings (grades 1 to 5) as the basis for symptom distress (SD) admission. The Demoralization Scale (DS), the symptom management self-efficacy scale (SM self-efficacy), and the Patient Health Questionnaire-9 (PHQ-9) instruments were used to collect data before, during, and after chemotherapy.

treatment in individual cases. Using one-way ANOVA to test the three-point statistical analysis.

Results

This study was followed by an additional 48 primary gynecological cancer patients who were surveyed using a questionnaire. The average age was 48.9 ± 18.3 years: married were 21(43.7%), unmarried were 15 (31.3%), and others 12(25.0%); Cervical cancer is the most common (45.8%), followed by ovarian cancer(29.2%) and endometrial cancer(29.2%); The most common cancer stage was stage I, with 18 patients (37.5%), followed by stage III with 14 patients (29.2%), stage II with 11 patients (22.9%), and stage IV with five patients (10.4%). For SD, the mean scores increased from 3.08 ± 2.89 (Time 1) to 5.02 ± 4.33 (Time 2) and 5.17 ± 6.06 (Time 3), approaching statistical significance ($F = 3.05$, $p = .051$). DS from 12.42 ± 4.57 (Time 1) to 11.29 ± 4.73 (Time 2) and 13.31 ± 6.12 (Time 3), showing no significant differences ($F = 1.83$, $p = .164$). SM self-efficacy exhibited a temporary rise (26.33 ± 4.22 to 27.73 ± 4.75 to 26.44 ± 4.78), with non-significant results ($F = 1.38$, $p = .256$). PHQ-9 gradually increased from 4.60 ± 3.80 to 5.25 ± 4.94 to 6.29 ± 5.09 but did not reach significance ($F = 1.61$, $p = .203$).

Conclusions/lessons learned

Although none of the variables reached conventional significance levels, distinct temporal patterns were observed. Symptom distress showed a near-significant upward trend, suggesting progressive discomfort. DS displayed a U-shaped pattern, with SM self-efficacy initially improving before declining. PHQ-9 tends to worsen over time. These findings highlight the dynamic psychological changes experienced by women with gynecologic cancer and suggest the need for continuous symptom management and self-efficacy-enhancing interventions to mitigate emotional deterioration during treatment. Due to the small number of cases, more precise results cannot be obtained. Future studies with larger sample sizes are needed to support the findings of this study.

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Enhancing Suicide Risk Assessment in Acute Care to Prevent In-Hospital Self-Harm: A Proactive Quality Improvement Initiative

LEE Chia-En

Background and objective

Suicide and self-harm in hospitals are rare but serious safety concerns, especially in fast-paced acute care settings where psychological distress can be easily missed. Busy routines, inconsistent screening, and varying staff confidence often delay the recognition of patients at higher risk. This project aimed to improve early detection by introducing a more structured, practical suicide risk assessment process that would make

screening more consistent, help staff feel more confident, and reduce preventable in-hospital self-harm.

Methods/intervention

The project was carried out in the emergency department and acute admission units using a PDSA approach. The team introduced a standardized suicide risk assessment tool, provided staff training focused on recognizing warning signs and communicating during crises, and created a clear escalation pathway that connected nursing staff with psychiatry and case management. Electronic alerts were added to support quick communication when immediate action was needed. Screening compliance, staff feedback, and incident reports were reviewed throughout the improvement cycles.

Results

Screening compliance increased from 42% to 91%. Staff reported that they felt more confident identifying risk cues and handling challenging emotional situations. Psychiatric consultations were requested earlier and more consistently. Two potential self-harm incidents were prevented because risk was recognized quickly and escalated in time. Team members also noted clearer role expectations and smoother collaboration across disciplines.

Conclusions/lessons learned

A structured suicide risk assessment process can make a meaningful difference in early detection of high-risk patients and help prevent avoidable harm. Standardized tools, clear workflows, and targeted training support staff in taking timely action and contribute to a safer, more responsive acute care environment.

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Healing through Nature: Implementing Green Care in the Palliative Ward

LIN Shin-Yi, SONG Ying Xuan

Background and objective

Patient-centered palliative care addresses not only medical needs but also psychological and spiritual well-being. During hospitalization, we introduced a green care approach through activities, environmental design, and supportive facilities. The program aimed to reflect patients' everyday lives, strengthen their connection with nature, and promote dignity, peace, and harmony among patients, families, and healthcare staff.

Methods/intervention

Grounded in the concept of awakening the five senses and fostering spiritual harmony, the green care program for palliative inpatients included three main components. 1) Regular activities: Monthly sessions of animal-assisted and horticultural therapy were provided. 2) Daily living: Patients could apply for visits from their own cats or dogs. Bedside activities encouraged patients

and families to make botanical sachets and simple floral arrangements, and 360-degree nature videos were offered for immersive relaxation.³)Environmental design: Green plants were placed throughout the ward, and the garden was cultivated with sensory plantings and maintained using ecological methods, allowing gentle contact with nature and providing comfort and inner calm within the hospital environment.

Results

Encounters with their own pets brought patients comfort and joy. Choosing preferred scents to create sachets helped ease anxiety and restore a sense of control. Exposure to natural plants, restorative design, and VR nature experiences allowed patients to reconnect with the natural world within the hospital, offering brief moments of peace amid the strain of end-of-life care.

Conclusions/lessons learned

The green care model in the hospice ward enabled patients to live with greater wholeness and presence despite the physical and emotional challenges of terminal illness. It supported not only patients' physical and psychological well-being but also helped ease the caregiving strain experienced by families and healthcare staff.

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Using evidence-based medicine to explore whether melatonin can reduce anxiety in preoperative patients

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Background and objective

Melatonin, known for its sedative effects and regulation of circadian rhythms, has recently emerged as an alternative therapy for preoperative anxiety. This evidence-based study aims to determine whether melatonin effectively reduces anxiety in surgical patients.

Methods/intervention

To evaluate its clinical effectiveness, an evidence-based approach was adopted. The clinical question was structured using the PICO framework: P (Population): preoperative patients; I (Intervention): melatonin; O (Outcome): anxiety. Literature was searched in PubMed, Cochrane Library, and Airtit Library using the keywords "Preoperative Patient," "Melatonin," and "Anxiety," with both MeSH terms and natural language. Ten studies were initially identified. After removing duplicates and excluding those inconsistent with the PICO framework, two high-level systematic reviews (Level 1) were included. The CASP checklist was used to assess methodological quality and validity.

Results

Madsen (2020) conducted a systematic review and meta-analysis showing that melatonin significantly reduced preoperative anxiety (95% CI: -13.80 to -9.59, $p < 0.05$), with moderate heterogeneity ($I^2 = 52\%$). Compared with benzodiazepines, melatonin showed no significant difference in efficacy. These results suggest melatonin may serve as a potential preoperative sedative for adult surgical patients; however, variations in dosage and surgical type should be considered. Saleh A. K. (2025) reported a systematic review showing that preoperative melatonin improved pain and sleep disturbances. However, the review mainly focused on joint replacement surgeries and included few studies, limiting its generalizability.

Conclusions/lessons learned

Overall, both studies indicate that the effect of melatonin in preoperative patients may be influenced by dosage and surgical type. The results showed heterogeneity among studies and lacked quality appraisal of included trials. Clinically, in addition to pharmacological interventions, complementary therapies may be considered to further reduce preoperative anxiety and improve sleep quality.

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Exploring Caregiving Burden and Long-Term Care Service Needs Among Family Caregivers of Community-Dwelling Individuals with Chronic Mental Illness in Taiwan

WANG Yu-Wen

Background and objective

As changes in societal structures and disease patterns render people increasingly reliant on caregiving, the study strove to examine the care burden and service needs of family members taking care of community-dwelling individuals with chronic mental illness.

Methods/intervention

Purposive sampling was adopted for the qualitative research that recruited and conducted semi-structured interviews with 10 family members of community-dwellers with chronic mental illness. Qualitative content analysis was performed to categorize and analyze the collected data.

Results

Three main themes and ten sub-themes were identified. The three main themes were Invisible Barriers, Quasi-isolation, and Freedom to Step Forward, while the 10 sub-themes were: lack of trust in public institutions; poverty in families with psychiatric patients, emotional weight of caregiving, crowding-out effect,

stereotypes and prejudices, life support, social inclusion, urgent needs, lightening burden, and building relationships.

Conclusions/lessons learned

The development of mental health care systems requires resource integration and collaboration between the public and the private sectors so as to help enhance the quality of life and mental well-being of both the individuals with mental illness and their family members.

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Applying the Mirror Therapy Model to Care for a Patient with Recurrent Suicide Attempts and Substance Abuse: A Case Study

WANG Yu-Wen

Background and objective

This paper presents a nursing intervention applying the theoretical model of mirror therapy to assist a patient with substance abuse and recurrent suicide attempts. Through mirror-induced visual stimulation, the intervention aimed to help the patient rediscover and accept herself.

Methods/intervention

The patient was a 22-year-old unmarried woman with a history of childhood sexual trauma and insufficient maternal support after disclosure, resulting in long-standing feelings of being unprotected and misunderstood. In adulthood, she exhibited recurrent suicidal behaviors to elicit maternal attention and used illicit substances to obtain peer validation, reflecting chronic deficits in self-identity and self-acceptance. From February 25 to April 21, 2025, mirror therapy was implemented in three structured phases: (1) exploration of self-image and underlying self-concept, (2) guided mirror-gazing to facilitate self-recognition, and (3) use of symbolic mirror-based imprinting to reactivate internal dialogue and process emotion-related core conflicts.

Results

Following the intervention, the patient demonstrated a marked reduction in impulsivity and in the use of self-harm to maintain interpersonal relationships. Her self-concept shifted from being predominantly relationship-dependent to a more internally anchored sense of self. When negative emotions resurfaced, she was able to regulate her affect through continued mirror-practice. After discharge, her mother reported that she was more receptive to external feedback and consistently engaged in weekly counseling sessions. No suicidal impulses were observed from April 22 to June 25.

Conclusions/lessons learned

Mirror therapy utilizes visual stimulation to activate neural pathways, enabling the modification of habitual thought and behavior patterns through repeated practice. It facilitates neuronal relearning and the formation of adaptive cognitive schemas, thereby transforming self-image and enhancing psychological resilience.

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Poster session 2.6: Health promotion for children and youth

The experience of the Reggio Emilia Health Authority in Health and Culture, both in the clinical and educational fields

CECI Amelia, GALLINARI Lia, DE SIMONE Simona

Background and objective

The Sciroppo di Teatro project in Emilia-Romagna is a strong example of cultural welfare in health services, bringing together paediatricians, families and theatres to use theatre as "cultural medicine". Through voucher-prescriptions, children can attend shows at reduced prices, supporting their emotional and cognitive growth and strengthening the link between healthcare, culture and the community. At the same time, the Health Authority promotes school projects that use theatre and the performing arts to teach health and workplace safety, helping young people develop awareness and skills and fostering a broad, participatory culture of prevention.

Methods/intervention

The Reggio Emilia Local Health Authority has launched a feasibility study to expand social prescriptions to other healthcare professionals, evaluating their acceptability, integration into routine practice and sustainability. The involvement of paediatricians suggests readiness in other clinical areas as well. The voucher-prescription model could also be applied to activities and programmes for adults and vulnerable groups, and a dedicated line for adults has already been included in the organisation's Three-Year Strategic Plan for Equity. The inspiration for the project with schools comes from Clet Abraham, a French artist who has been working in Italy since 1990. Initially devoted to painting, Clet also tries his hand at sticker art, a type of street art that involves applying stickers, in his case mainly on road signs.

Results

There are five municipalities in the province of Reggio Emilia where Sciroppo di Teatro performances were held in 2025: Correggio, Guastalla, Novellara, Scandiano, Reggio Emilia The project with schools: 200 students, 14 classes, 280 entries received, 266 works published in the catalogue

Conclusions/lessons learned

The presence of a consolidated project, an active cultural network and a clear strategic positioning of the company make the extension of social prescriptions to other doctors for adult patients/citizens highly plausible and sustainable. This development represents a decisive step towards an integrated approach to community health, capable of connecting healthcare, culture and the local area in a single vision of promoting wellbeing.

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From System to Safety Awareness: Practical Strategies of a Taiwanese Healthcare Institution in Advancing Child Safety and Health Literacy

SU Ya-Hui, CHEN Yi-Ching, SHIH Yi-Hsuan, CHOU Chien-Chi

Background and objective

In the global pursuit of sustainable and resilient healthcare systems, patient safety education has become a central priority. Aligned with the 2025 World Patient Safety Day theme and the principles of child health promotion, a community-based Patient Safety Week initiative was developed to enhance children's sensitivity to safe behaviors and strengthen their sense of responsibility, thereby extending a culture of safety from institutional frameworks into everyday life.

Methods/intervention

A cross-departmental collaboration model was adopted, incorporating four key strategies: (1) Interactive learning: development of an online medication-safety game, "Little Safety Guardians"; (2) Family engagement: distribution of Safety Mission Cards to encourage joint parent-child participation; (3) Community expansion: extending safety promotion from the community into local schools and kindergartens; and (4) Institutional integration: embedding child health promotion activities into hospital quality policies to ensure long-term continuity and sustainability.

Results

The community-based activities reached a total of 226 children. The online interactive game achieved a 96% accuracy rate in children's responses, and participants were able to correctly identify images representing safe behaviors. Parent feedback

indicated 100% satisfaction regarding their improved understanding of patient safety. Hospital safety indicators also showed positive trends, with zero adverse events involving children reported during the period.

Conclusions/lessons learned

Embedding patient safety education in childhood not only strengthens the resilience of healthcare systems but also fosters health literacy and civic responsibility in the next generation. This initiative demonstrates that cross-disciplinary collaboration and institutional integration are critical to sustaining child health promotion and a long-lasting culture of safety.

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Clinical Study on the Use of Shared Decision-Making Aids to Support Adolescents in Addressing Unintended Pregnancy

TSAI Chien-Yin

Background and objective

Adolescent unintended pregnancy remains a critical global public health concern. In Taiwan, 11,692 adolescents aged 15–19 experienced unintended pregnancy in 2023, reflecting ongoing gaps in sex education, resource accessibility, and family support. This study aimed to evaluate a clinical intervention model integrating Shared Decision-Making (SDM) with whole-person care to enhance adolescents' decision-making autonomy and support systems.

Methods/intervention

A retrospective analysis was conducted at Tungs' Taichung Metro Harbor Hospital, where an Adolescent-Friendly Outpatient Care Team was established in 2015. Beginning in August 2023, the clinic implemented an SDM aid designed to guide pregnant adolescents aged 10–24 through multiple options and resource pathways. Data included age, gestational age at first visit, decision-making preference, family support, and final outcomes. Quantitative analysis and qualitative reflective interpretation were used to assess intervention effects.

Results

A total of 30 adolescents participated from August 2023 to December 2024. Results showed a 37% increase in satisfaction with medical services and a 5.8-point reduction in CES-D depression scores ($p < 0.05$). Additionally, 83% reported higher decision-making confidence. Improved communication between adolescents, families, and healthcare providers was observed following multidisciplinary support.

Conclusions/lessons learned

The SDM-based whole-person care model enhanced decision quality, emotional adjustment, and health autonomy. The findings support continued SDM implementation, strengthened family sex education, and integrated resource strategies to promote adolescent well-being.

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Big Data Analysis of Child Protection Case Types and Outcomes in the Emergency Department

KUO I-Ching, CHEN Chung-Hui

Background and objective

This study uses big-data analytics emergency department (ED) records to generate objective risk predictions and develop high-risk warning indicators. These alerts can be embedded in the ED system to support real-time, accurate, and proactive early identification and intervention.

Methods/intervention

A retrospective quantitative research design was used, analyzing all pediatric emergency-department visit records from 2019 to 2024 and integrating electronic medical records with social-work reporting and intervention data.

Results

1. Among ED child-protection reports (N = 1,126), males accounted for 60.3%, significantly higher than females (39.5%). This pattern aligns with national statistics indicating a higher proportion of boys in physical abuse and neglect cases. Findings suggest that screening indicators should incorporate sex-specific risk patterns (e.g., girls being overrepresented in emotional or sexual abuse cases). 2. Children under 2 years old constituted the largest group of ED child-protection cases. Infants under 1 year accounted for 212 cases; one-year-olds for 176 cases; two-year-olds for 116 cases; all other ages were below 85 cases. 3. Sixty-three recurrent reports were identified. The most common diagnosis codes were head injuries and contusions (16 cases). Recurrent reporting suggests ongoing exposure to risk, insufficient effectiveness of prior interventions, or persisting unsafe environments. This highlights the need for close monitoring, integrated services, and inter-system collaboration. 4. Age × Diagnosis: Significant association ($p = 0.011 < 0.05$), Sex × Diagnosis: No statistically significant association ($p = 0.525 > 0.05$).

Conclusions/lessons learned

1. Development of localized high-risk early-warning indicators. 2. Optimization of ED child-protection workflows and standards of care. 3. Practical implementation to reduce clinical workload and support healthcare professionals.

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An Integrated, Trauma-Informed and Health-Promoting Care Model for Children with Severe Disabilities Caused by Child Abuse: Experience from Taiwan

WU Shu-Hui, WU Chun Pei, HUANG Fong-Dee

Background and objective

Children with severe disabilities resulting from major child abuse represent an extremely vulnerable and marginalized population, often facing fragmented healthcare and limited long-term care options. To address this gap, Kaohsiung Municipal Min-Sheng Hospital established Elephant Home (Fei-Xiang Home) in 2020 as a hospital-affiliated, residential care model grounded in health promotion, equity, and trauma-informed principles. This poster presents the structure, implementation strategies, and outcomes of this care model.

Methods/intervention

An integrated, child-centered approach is delivered by a multidisciplinary team including physicians, nurses, care attendants, rehabilitation therapists, psychologists, dietitians, and social workers. Early and intensive rehabilitation focuses on reducing medical dependency and improving functional recovery. Individualized care plans emphasize medical stabilization, developmental support, emotional safety, and preparation for family reunification or alternative placements. Close collaboration with child protection and social welfare systems ensures continuity of care.

Results

From 2020 to 2024, Elephant Home provided long-term care to 39 children referred from multiple counties and offshore regions in Taiwan. Outcomes included feeding tube removal, transition to oral feeding, improved mobility, and reduced medical and care dependency. Fourteen children were successfully transitioned to stable alternative care arrangements, including international adoption, family reunification with home nursing support, foster care, and community-based childcare systems.

Conclusions/lessons learned

A hospital-based, trauma-informed and health-promoting residential care model can effectively address the complex medical and psychosocial needs of children with severe disabilities caused by abuse. Early intervention, interdisciplinary teamwork, and cross-sector collaboration are key to achieving equitable and sustainable outcomes. This model bridges healthcare, long-term care, and child protection systems and can be adapted to other regions.

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Nursing Experience in Caring for an Adolescent Female with Intracerebral Hemorrhage

CHEN Pei Jung, CHENG Shu-Chen, CHEN Chiu-Haw

Background and objective

Stroke increasingly affects younger individuals, causing long-term disability. This report describes nursing care for an adolescent with intracerebral hemorrhage (Dec 3–8, 2025) through observation, interviews, and assessments. Care included psychosocial support, positive thinking guidance, rehabilitation education, and range-of-motion exercises. Empathy and a therapeutic nurse–patient relationship enhanced motivation and self-care. Interprofessional collaboration ensured comprehensive care and may guide similar cases, improving nursing quality.

Methods/intervention

Gordon's Functional Health Patterns assessed the patient's physical and psychological status via observation, interviews, and exams, identifying postoperative pain, limited activity, and anxiety. Individualized multidisciplinary care emphasized early mobilization, gradual progression, and fall prevention. In the ICU, passive joint exercises and cross-team training were provided. Cheering balloons aided limb exercises, adjusted to tolerance. Pain was managed pharmacologically and non-pharmacologically, and anxiety addressed with family presence and limb massage.

Results

Individualized care addresses adolescents' developmental needs. Postoperative care includes cerebral hemorrhage education to enhance understanding. Cross-disciplinary care provides comprehensive consultation and nursing support, improving quality. Targeted interventions and collaborative skill-building boost confidence, reduce anxiety, and support developmental progress. Post-discharge, online communities offer peer support, promoting reintegration into daily life, society, and school.

Conclusions/lessons learned

Through this nursing experience, the author realizes that the care of the nurses is not limited to the physical aspects, and the psychological problems are also the focus of care, to provide patients with complete and high-quality care and quality of life. By sharing this nursing experience, it will be used for future care of such patients.

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Feixiang Home: A Health-Promoting Integrated Care Model for Children with Severe Disabilities Resulting from Child Abuse

WU Shu-Hui, WU Chun Pei, HUANG Fong-Dee

Background and objective

Children who suffer severe abuse often develop profound neurological injuries and complex disabilities, requiring long-term medical care, rehabilitation, and daily living support. Existing healthcare and long-term care systems are largely designed for acute treatment or adult populations, resulting in fragmented services for this vulnerable group. To address this gap, Kaohsiung Municipal Min-Sheng Hospital established Feixiang Home, the first specialized residential care facility in Taiwan dedicated to children with severe disabilities resulting from child abuse.

Methods/intervention

1. Health-Oriented Medical and Nursing Care
 - 24-hour professional nursing care
 - Individualized health and care plans (Individual Support Plans)
2. Rehabilitation and Functional Development
 - Interdisciplinary rehabilitation services
 - Sensory stimulation and postural control training tailored to each child's functional level
3. Mental Health and Psychosocial Support
 - Regular psychological assessment and intervention
 - Trauma-informed care principles to reduce re-traumatization
4. Family Engagement and Social Support
 - Social workers provide family counseling and care coordination
5. Health-Promoting Living Environment
 - Child-friendly, safe, and barrier-free residential spaces
 - Use of assistive and smart care technologies to enhance safety and care efficiency

Results

- Reduced acute infections and unplanned hospital admissions
- Improved functional abilities and participation
- Enhanced emotional stability
- Reduced family stress
- Successful care transitions

Conclusions/lessons learned

By integrating medical care, rehabilitation, mental health services, and social support within a residential setting, Feixiang Home demonstrates a feasible and effective model for promoting health and quality of life in a highly complex population. The model also underscores the role of hospitals as active agents in community-based health promotion, consistent with the HPH vision.

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Improving Health Equity in Incarcerated Adolescents: An Integrated Health Promotion Model in a Correctional School

LAI Li-Na**Background and objective**

Adolescents in correctional schools often come from disadvantaged families and face mental and physical health problems, as well as barriers to medical care. To address these gaps, Chang Bing Show Chwan Memorial Hospital implemented localized, integrated health services at a central Taiwan correctional school to improve healthcare access and advance health equity.

Methods/intervention

A diverse, integrated health-promotion model was implemented, including on-site outpatient clinics with pediatric, adolescent psychiatry, and dental specialties tailored to student needs. Systems for escorted referrals, emergency care, exam priority ("green channels"), guarded wards, and simplified hospitalization were established. Social workers and psychologists conducted on-site disability assessments, while dermatologists performed regular campus screenings and health education. Additional interventions included annual motorcycle fitness exams for 18-year-olds, telemedicine clinics (dermatology and psychiatry), and health checks for new students to further enhance healthcare access and service quality.

Results

The program provides 29 monthly outpatient clinics, serving about 430 patient visits. A 24-hour contact window for escorted off-site care, fast-track services for outpatient, emergency, and diagnostic exams, and four guarded ward beds were established. On-site disability assessments were completed for five students. Quarterly dermatological screenings and health education sessions reached approximately 250 participants, and about 50 students annually received support for motorcycle fitness exams. These coordinated interventions enhanced healthcare access, service quality, and health equity among incarcerated adolescents.

Conclusions/lessons learned

Outpatient satisfaction exceeded 95%. The program won the Taiwan Sustainable Action Award (Gold) and the National Quality Mark. The integrated model removes institutional and geographic barriers, enhancing healthcare accessibility, quality, and health equity in correctional schools. Its systematic, interdisciplinary interventions have high practical value for disadvantaged adolescent health.

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Listening to Her Voice: Decision-Making in a Teenager With Multiple Relapses of Leukemia

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Background and objective

Advance care planning (ACP) for minors relies on parents as primary decision-makers, often limiting the children's voice. However, recent research has supported minors' participation in medical decision-making based on their developmental abilities and express their own care goals and preferences. This case presents an adolescent with refractory leukemia. After relapses, she repeatedly requested to initiate ACP, but her requests were declined. This study aims to illustrate how the medical team supported the patient and family during the terminal phase.

Methods/intervention

The patient was diagnosed with acute leukemia at 12. Despite standard therapy, her disease remained uncontrolled after courses of chemotherapy and bone marrow transplants. At 18, she wished to discontinue invasive treatments; however, Taiwanese regulations prohibit individuals under 20 from signing for ACP. In distress, she asked, "Why is no one willing to listen to me?" In response, the medical team adopted two approaches: 1. Clarifying the patient's values: her fear of treatment suffering, quality of life concerns, need for bodily autonomy, and desire to preserve hair. 2. Supporting the mother: addressing her grief, helping her understand the terminal phase and prognosis, and guiding the shift from active treatment to supportive presence.

Results

Through multidisciplinary effort, the following measures were completed:

1. Respecting the patient's autonomy and preferences: honoring her wish to discontinue chemotherapy, enabling her to keep long hair and preserve her sense of self.
2. Engaging the palliative team: supporting her in fulfilling wishes to visit a cat café, offering emotional support, and facilitating family communication.
3. Arranging home visits: facilitating hospital leave to achieve life goals and fulfill farewell needs.
4. Convening an ethics meeting: addressing "ACP for minors" and ensuring alignment in the care plan.

Conclusions/lessons learned

Although without formal legal authority for medical decisions, minors should be regarded as autonomous individuals. Within developmental capacity, minors' values and preferences should be respected. Through communication, multidisciplinary collaboration, and family support, dignity and health-promoting care should be facilitated for adolescents during the terminal phase.

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Mindfulness, Resilience, and Life Education: Promoting Sustainable Mental Well-Being for Adolescents

CHEN Yi-Ching, CHIEN Chi Chou, SU Ya-Hui

Background and objective

Adolescents preparing for elderly care often face anxiety and stress from academics, relationships, and uncertainty about the future, making mental health a vital focus in school health promotion. This study integrated mindfulness, life education, and resilience into a school-based program on life and death education. The aim was to enhance students' emotional awareness, stress regulation, kindness, and coping capacity, strengthening their psychological resilience and well-being as future caregivers.

Methods/intervention

An eight-week mindfulness-based life education program was conducted in a vocational college. Activities included mindful breathing, awareness of worry and autopilot, body scan, befriending difficulties, and appreciation of goodness. The Adolescent Mindfulness and Resilience Scale (5-point Likert) was administered before and after the program to measure emotional regulation, stress management, interpersonal trust, and sense of life meaning.

Results

Analysis showed that the students' overall resilience score increased from 3.00 to 3.34 (+0.34)(N=32). The greatest improvements were observed in: Optimism when facing difficulties:3.32 ; Ability to improve mood and reduce anxiety:2.95 ; Capability to handle multiple tasks:3.10 ; Life planning clarity: 3.27 ; Future goals and dreams: 3.25 . Findings indicate that mindfulness effectively enhanced self-awareness, emotional regulation, and resilience, while reducing anxiety and fostering positive thinking.

Conclusions/lessons learned

Integrating mindfulness into life education promotes adolescents' mental health and resilience, cultivating a sustainable culture of emotional support among future caregiving professionals. Incorporating mindfulness into school health promotion and teacher development, along with intergenerational service learning, can establish a sustainable mental health network aligned with the HPH vision of moving "from awareness to action."

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Health Disparities between Adolescents with and Without Intellectual Disabilities: Findings from a Population-Based Survey in Sweden

KARLSSON Linda, HENRIKSSON Hanna

Background and objective

Individuals with intellectual disabilities (ID) face significant health challenges compared to their peers without ID. Despite growing recognition of these health disparities, research on health and health behaviours in individuals with ID remains limited, especially among adolescents. This gap is concerning, particularly given the increasing awareness of the importance of early health interventions during adolescence to prevent long-term health problems. Addressing this gap requires further research to examine the specific health risks, behaviors, and needs of adolescents with ID.

Methods/intervention

Data were collected using the population-based web survey "Om mig" ("About Me") 2022-2023, which is distributed yearly to all second-year high school students (generally aged 16–17) in Östergötland, Sweden. ID classification was based on participants reported school program. In Sweden, enrollment in special schools requires a confirmed ID diagnosis, allowing adolescents with ID to be identified through their reported school program. This classification enabled comparisons between adolescents with and without ID. A total of 7,530 adolescents participated, including 170 with ID (2.3%). The results were analysed using regression analysis, presented with odds ratios (OR) with 95% confidence intervals.

Results

The results indicate that ID was associated with poorer self-rated health (OR 2.8, $p<0.05$). ID was also associated with more depressive symptoms (OR 2.0, $p<0.05$) and unhealthy lifestyle habits, including physical inactivity, low vegetable intake and smoking (ORs 1.7, 2.4, 1.8, $p<0.05$). The strongest associations were observed for lack of a close friend (OR 3.5, $p<0.05$) and low parental support (OR 4.3, 2.3 $p<0.05$). After adjusting for sociodemographic variables the associations weakened considerably, although associations remained statistically significant for poor self-rated health, low vegetable intake, low parental support and lack of friends (ORs 1.7, 2.1, 2.7 and 2.1, $p<0,05$).

Conclusions/lessons learned

This study reveals significant health disparities between adolescents with and without ID, highlighting the need for early, tailored health promotion to ensure equal opportunities for a healthy life. Future research should focus on early lifestyle interventions and enhanced social support systems.

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Standing alone or seizing opportunities? Child health services professionals' perceptions of their role in relation to climate change and its impact on children's health.

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Background and objective

Climate change poses a growing threat to public health, with children being among the most vulnerable groups. Healthcare systems must adapt to mitigate its health impacts. Sweden's Child Health Services (CHS), serving all children aged 0–6, is a key arena for promoting child health and equity. This study explored how CHS professionals perceive their role regarding climate change and its impact on children's health, and identified barriers and opportunities to address these challenges.

Methods/intervention

Twelve semi-structured interviews were conducted with CHS professionals in the region of Scania, Sweden. The data were analysed using Qualitative Content Analysis to identify perceptions, challenges, and enabling factors related to climate and health work within CHS.

Results

Two main themes emerged. "Seeing a window of opportunity" reflected professionals' motivation to integrate adaptation and mitigation strategies into daily practice. "Standing alone facing an uncertain future" described barriers such as political inaction, limited time and knowledge, lack of materials, and concerns about jeopardizing trust with families by being too political. Simultaneously, this trust was seen as a key opportunity to engage families in sustainable, health-promoting behaviours.

Conclusions/lessons learned

Most participants had not previously reflected on their professional role in relation to climate change. To integrate climate-related health promotion into CHS, professionals emphasized the need for education, clear guidelines, and consistent communication tools.

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Poster session 2.7: Maternal, infant and reproductive health

The Relationships Among Breastfeeding Knowledge, Attitudes, Self-Efficacy, and Breastfeeding Intention in Pregnant Women

HUNG Shan-Ching, CHEN Cheng-Ren

Background and objective

Exclusive breastfeeding for six months reduces infant infections and provides essential immune protection. However, Taiwan's exclusive breastfeeding rate has declined from 46.2% in 2018 to 28.7% in 2022, with only 4.9% maintaining six months. This study examines whether prenatal breastfeeding education can improve pregnant women's attitudes and self-efficacy and increase postpartum breastfeeding rates.

Methods/intervention

This cross-sectional study recruited pregnant women from May 2023 to June 2024 using a structured questionnaire to assess breastfeeding knowledge, attitudes, self-efficacy, and intended duration. Five intention groups were identified, and multinomial logistic regression analyzed related factors.

Results

A total of 1,500 pregnant women were recruited, and 1,366 were included after excluding incomplete data. The mean age was 31.27 years; about 70% had a college education or above, 69.3% were employed, and 85.1% were married. Half were primiparas, 55.49% had no breastfeeding experience, and 95.6% reported family support; 52.6% planned to return to work postpartum. Breastfeeding intentions were: no intention (6.44%), 1 month (23.94%), 2 months (17.57%), 6 months (35.65%), and ≥ 12 months (16.40%). Significant differences were found across groups in age, education, marital status, parity, breastfeeding experience, postpartum work plans, and family support ($p < 0.05$).

Conclusions/lessons learned

Knowledge, attitudes, and self-efficacy were significantly and positively correlated. Participants with higher levels of breastfeeding attitudes and self-efficacy demonstrated stronger breastfeeding intentions.

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Practices for Protecting Occupational Health of Pregnant and Postpartum Women: Experience from a Medical Center

LIOU Siao-Yu, LIN Yi-Chieh, HSIAO Yu-Chun, TSAI Pei-Shan

Background and objective

This initiative systematically implements a maternal health protection program to safeguard the health of female employees during pregnancy and the year following childbirth (the maternity protection period). The program reduces exposure to hazardous work environments that may affect embryonic development, maternal health, and infant well-being through hazard identification, health risk assessment, and tiered risk management, while fostering a family-friendly workplace.

Methods/intervention

The study population included employees during the maternity protection period and those who continued breastfeeding beyond one year postpartum. The program was planned and implemented by occupational health nurses, who conducted at least two interviews to assess health status and individual needs, provide health guidance, and deliver information on pregnancy, childbirth, and childcare. Workplace risk assessments covered physical, chemical, biological, and ergonomic hazards, as well as work processes.

Results

Between 2021 and 2025, 283 employees were enrolled, with 538 visits conducted. Based on assessment results, work adjustment recommendations were provided to five employees. In addition, 201 postpartum employees returned to their original positions, resulting in a return-to-work rate of 85%. Overall program satisfaction reached 99%.

Conclusions/lessons learned

The maternal health protection program provides a safe working environment and continuous occupational health nursing support to address physical discomforts and work adaptation challenges during pregnancy. By ensuring timely access to maternity-related information and childcare support, the program enhances employee trust and supports life and career planning.

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Promoting a Fertility-Friendly Environment for Postpartum Women: A Community-Based Health Promotion Case Study in Taiwan

CHANG Ya-Hui, LIOU Huoy-In

Background and objective

Postpartum women experience multidimensional health challenges that extend beyond short-term clinical recovery. Community-based health promotion interventions are increasingly recognized as critical to addressing social determinants of maternal health. This study reports the implementation and outcomes of a postpartum support program delivered by a women's organization in Taiwan.

Methods/intervention

A citywide postpartum support program was implemented from January to September 2025 in Taoyuan City. Women with children aged 0–2 years were recruited. Interventions included public advocacy activities and ten multidisciplinary workshops addressing physical, psychological, legal, and socioeconomic dimensions of postpartum health. Program evaluation combined service utilization data, satisfaction surveys, and a structured needs assessment.

Results

A total of 257 service contacts were recorded, exceeding the planned target. Women accounted for 226 contacts, while partners and family members accounted for 27 contacts. Approximately 65% of participants were aged 31–40 years. Overall satisfaction exceeded 80%. Participants reported improved postpartum self-care capacity, increased awareness of labor and parental rights, and enhanced access to childcare and social welfare resources. Needs assessment data revealed persistent gendered caregiving burdens and work–family conflict. The findings highlight the effectiveness of integrated, community-based postpartum interventions in addressing both individual and structural determinants of health. The program's multidisciplinary design and emphasis on empowerment contributed to high engagement and acceptability.

Conclusions/lessons learned

Community-based postpartum health promotion programs can complement formal health services and contribute to fertility-friendly and health-promoting environments. This model provides practical insights for policymakers and practitioners seeking scalable postpartum support strategies.

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Exploring the Effectiveness of Massage and Cold Compress in Improving Breast Engorgement During Lactation

FENG Jui Ling, LIAO Hui Yen

Background and objective

Breast engorgement is a common issue experienced by many breastfeeding mothers. According to the literature, breast problems during lactation often result from multiple contributing factors. The incidence of breast engorgement or plugged ducts ranges from 36% to 67%. Without timely assistance, such problems may lead to mastitis, resulting in frustration, early cessation of breastfeeding, reduced breastfeeding continuity, and potential negative impacts on maternal and infant health.

Methods/intervention

Clinical observations show many women experience breast engorgement during lactation. A literature review of 443 articles (Cochrane, PubMed, Embase, Airtiti) identified one quasi-experimental study with 62 participants, showing significant improvements in breast hardness ($P < 0.001$) and pain (mean score reduced from 4.12 ± 1.08 to 2.27 ± 1.16 , $P < 0.001$), and a 72% exclusive breastfeeding rate. Based on these findings, five clinical cases were treated with daily breast massage and cold compresses for five days (30–45 min per session) starting postpartum day four. Three mothers with initial pain scores of 7 received massage to aid milk flow and cold compress to reduce pain.

Results

The outcomes showed substantial improvement. Pain scores decreased from 7 before the intervention to 4 on the third day, and further to 2 by the fifth day. Milk production increased significantly, rising from initial volumes of 3.5 to 5 c.c before the intervention to 60 to 90 c.c afterward. Satisfaction levels, measured using the Likert scale, improved markedly as well, increasing from scores of 2 to 3 before the intervention to 4 to 5 afterward.

Conclusions/lessons learned

These results demonstrate that massage and cold compress are effective in alleviating pain caused by breast engorgement, enhancing milk output, and improving maternal satisfaction. It is essential for healthcare providers to possess adequate breastfeeding assessment skills and preventive techniques to reduce the occurrence of breast problems. Strengthening professional support can help increase exclusive breastfeeding rates and extend breastfeeding duration beyond six months, thereby promoting better maternal and infant health.

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An Investigation of the Relationship Between Physical and Psychological Care Outcomes Among Women Residing in a Postpartum Care Center

FENG Jui Ling, LIAO Hui Yen

Background and objective

Postpartum women face physiological recovery, role transition, and changes in social support, which can increase the risk of postpartum depression and affect quality of life. In Taiwan, the traditional “zuo yuezi” practice supports maternal recovery, and many women now choose paid postpartum care centers for professional support in environment, diet, and health care. This study explored the relationship between physical and psychological outcomes among women in a southern Taiwan postpartum care center, where structured assessments, nursing education, peer support groups, and consultations with obstetricians, pediatricians, and TCM physicians were implemented to enhance maternal health.

Methods/intervention

A survey with purposive sampling included 141 postpartum women at a care center (Jan–Jun 2025). Descriptive statistics were used to analyze a professional care satisfaction questionnaire, the 10-item EPDS (0–30), and records of postpartum hemorrhage and mastitis.

Results

1. Professional Care Satisfaction: overall mean 3.6; highest for TCM consultations (3.9), lowest for breastfeeding instruction and pediatrician consultations (3.5). 2. Postpartum Depression (EPDS): 95.7% scored < 9 (normal); 4.3% scored 10–12 (possible mild depression). 3. PPH and Mastitis: none reported. Low depression scores and zero PPH/mastitis may reflect routine assessments, nursing education, and peer support, while lower satisfaction on some care aspects indicates a need for more individualized services.

Conclusions/lessons learned

In Taiwan, nearly 70% of postpartum women stay in care centers for support with facilities, meals, professional care, and flexible schedules for learning infant care. Choice is influenced by professional care, facilities, diet, policies, environment, courses, and location. To ensure quality, centers must follow 2024 Ministry of Health and Welfare standards covering administration and rights protection, maternal–infant safety and care, professional and daily services, environmental safety, and policy compliance.

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Enhancing the Quality of Preterm Infant Care and Environmental Sustainability in the Neonatal Intensive Care Unit through Innovative Developmental Care Models

TUNG Lee-Chi, HUANG Lee-Ching

Background and objective

Preterm babies in NICUs are vulnerable to environmental stimulations, which can impair growth and neurological development. This project implemented a developmental care model to enhance nursing skills, optimize the care environment, and strengthen family participation, aiming to improve outcomes and sustainability.

Methods/intervention

1. Establish Circadian cycle Implemented a lights-off schedule from 22:00–07:00. Opaque incubator covers and soft eye shields were used to reduce light exposure and improve sleep stability.
2. Noise control Installed noise monitors with alert lights. Added latch pads to reduce door noise, lowered alarm volumes, and introduced customized foam earmuffs to protect infants from excessive noise.
3. Therapeutic Touch and Positioning: Conducted training courses and demonstrations on developmental care techniques. Educational posters and videos were provided to promote consistent, family-inclusive care practices among staff and parents.

Results

Lights-off compliance reached 98%, and hourly noise exceedance dropped from 13.2 to 4.4 times (-66.7%). Compliance with noise reduction increased from 32.5% to 87.1%, and earmuff use reached 100%. Knowledge accuracy rose from 59.1% to 89.6%, and correct positioning from 63.1% to 91.6%. Average daily weight gain of babies improved from 15.9 g to 17.6 g, reducing hospital stay. Energy use decreased by about 15% (≈ 500 kWh/month), cutting carbon emissions by 3,600 kg annually. Damaged cover rates fell by 75%, reducing textile waste by 100 kg per year, aligning with UN SDG 12 and 13.

Conclusions/lessons learned

Implementing these three innovative interventions significantly enhanced care quality and environmental sustainability. Nursing performance and environmental control exceeded international standards, providing a successful and sustainable model for preterm infant care.

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Paradigm shift on public breastfeeding behaviors associated with traditionality and modernity

HSU Hsiao-Mei, CHENG Lin, CHENG Chih-Chien

Background and objective

Breast milk is widely recognized as the optimal source of infant nutrition, with the World Health Organization recommending exclusive breastfeeding for the first six months. However, breastfeeding rates remain suboptimal worldwide and in Taiwan. The six-month exclusive breastfeeding rate in Taiwan, defined as the percentage of infants aged six months who received only breast milk and no other foods or liquids in the previous 24 h, declined from 46.2% in 2018 to 37.9% in 2020. One barrier to continued breastfeeding is the discomfort or hesitation some mothers feel when breastfeeding in public. While qualitative research has indicated that conservative values may inhibit public breastfeeding, few quantitative studies have examined the simultaneous influence of traditionality and modernity. This study investigates how traditionality and modernity affect public breastfeeding behavior in Taiwan, using the Theory of Planned Behavior (TPB) as a framework.

Methods/intervention

A cross-sectional online survey was conducted from 4 to 15 March 2024, recruiting 358 Taiwanese mothers with prior breastfeeding experience via social media. Validated instruments measured traditionality, modernity, TPB constructs (attitudes, subjective norms, perceived behavioral control, and intention), and frequency of public breastfeeding. Data were analyzed using descriptive statistics, bivariate correlations, and structural equation modeling.

Results

Traditionality was negatively associated with attitudes ($\beta = -0.30$), perceived control ($\beta = -0.11$), intention ($\beta = -0.14$), and public breastfeeding behavior ($\beta = -0.14$). Modernity indirectly promoted public breastfeeding through positive links with attitudes ($\beta = 0.12$), subjective norms ($\beta = 0.23$), and perceived control ($\beta = 0.26$). Intention strongly predicted behavior ($\beta = 0.60$). The model explained 42% of the variance ($CFI = 0.99$, $SRMR = 0.05$).

Conclusions/lessons learned

The study confirms that traditionality may hinder public breastfeeding, while modernity enhances it by shaping attitudes, norms, and control beliefs. These findings have important implications for public health policy and practice. Since traditionality and modernity influence behavior through distinct psychological pathways, interventions should be culturally tailored. For mothers with high traditionality, mobilizing family and community support may reinforce positive norms. For those with strong modern values, strategies should focus on autonomy, self-efficacy, and informed decision-making to support breastfeeding in public spaces.

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“Lär dig om amning” (Learn About Breastfeeding) – A digital breastfeeding support for expectant and new parents to promote breastfeeding, equality and sustainable care from pregnancy to early childhood.

ASSARSSON Louise, DALÉN Lin, ANDERSSON Anna

Background and objective

Lär dig om amning is a digital, evidence-based breastfeeding support developed by Region Skåne in collaboration with the civil society organization Amningshjälpen. Breastfeeding and breast milk are cornerstones of public health and a matter of children’s rights, promoting equity and resilience as a sustainable, locally produced source of nourishment. Despite these benefits, breastfeeding rates in Scania have declined since the early 2000s. According to an assessment conducted in Region Skåne in 2021, public awareness of breastfeeding’s health benefits was limited, parents reported inadequate support within the healthcare system and healthcare professionals expressed a need for increased knowledge.

Methods/intervention

The program was developed jointly by Amningshjälpen, which has supported breastfeeding mothers since the 1970s, and healthcare professionals in Region Skåne. It provides consistent, evidence-based information aligned with the WHO Ten Steps to Successful Breastfeeding. The aim is to prepare and empower expectant parents for breastfeeding, equip them to handle common challenges, and strengthen professional competence throughout the care continuum, from antenatal to postnatal care.

Results

A 2024 pilot informed refinements before regional implementation at 250 antenatal care (BMM) and child health clinics (BVC) in April 2025, followed by five maternity hospitals later the same year. The region-wide material ensures that staff have access to the same information and can offer unified support to parents. Special emphasis is placed on including the non-birthing parent, whose knowledge and support are invaluable factors for successful breastfeeding.

Conclusions/lessons learned

Developing Lär dig om amning has demonstrated the importance of collaboration between healthcare systems and civil society to achieve sustainable, equitable, and family-centered care. Early

digital access to evidence-based knowledge empowers parents and enhances professional competence.

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Poster session 2.8: Promoting healthy behaviors of patients, staff and communities

Effects of a 12-Week Exercise Intervention on Physical Fitness Among Middle-Aged and Older Adults in Tainan

LIN Pei-Kang

Background and objective

The proportion of middle-aged and older adults in Taiwan continues to rise, accompanied by a high prevalence of chronic diseases. Regular physical activity plays a vital role in preventing chronic conditions, reducing cardiovascular risk factors, improving physical fitness, and strengthening health awareness. This study aimed to evaluate the effects of an exercise intervention program on the physical fitness of middle-aged and older adults in Tainan and to serve as a reference for exercise prescriptions for this population.

Methods/intervention

A 12-week exercise program was conducted from May to October 2025, with two 90-minute sessions per week delivered by trained professionals to ensure safety and appropriateness. Physical fitness was assessed before and after the intervention using national fitness indicators: body composition, sit-and-reach (flexibility), curl-up test (muscle strength and endurance), and the three-minute step test (cardiorespiratory endurance). Descriptive statistics and paired-sample t-tests were used for analysis.

Results

A total of 91 participants were enrolled, including 10 men and 81 women, with an overall mean age of 49.7 years (men: 43.1 years; women: 50.3 years). Seventy-eight participants completed both pre- and post-tests, yielding a completion rate of 85.7%. Paired-sample t-test results showed a significant overall improvement in physical fitness ($p < 0.05$). Significant improvements were observed in flexibility and muscle strength and endurance ($p < 0.05$), while no significant change was found in cardiorespiratory endurance. High attendance and completion rates indicated good acceptability.

Conclusions/lessons learned

The findings indicate that participation in diversified exercise improves flexibility and muscular fitness among middle-aged and

older adults, supporting better physical function. However, cardiorespiratory fitness requires further enhancement. The program also strengthened exercise motivation and health awareness, highlighting the important role of healthcare institutions in promoting community health, preventing chronic diseases, and supporting healthy aging.

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Integrating Cultural Health Pathways and Community Engagement Into a Lower-Limb Strengthening Program for Chronic Psychiatric Inpatients

LIN Chao-Yu, HSU Hui-Ling, SHEN Shu-Hua

Background and objective

Psychiatric inpatients often experience low motivation, limited community participation, and reduced cultural engagement, contributing to physical decline and psychosocial isolation. To enhance motivation, cultural connection, and functional stability, a culturally grounded health-promotion intervention was implemented from Q3 2024, integrating daily lower-limb strengthening exercises with supervised temple-walk activities.

Methods/intervention

The program consisted of daily 30-minute group sessions led by nursing staff, featuring six simple strengthening movements requiring no equipment. A token reward system reinforced participation, allowing patients to redeem 90 points for participation in culturally meaningful temple-walk events. These outings provided opportunities for outdoor activity, emotional regulation, and community reconnection.

Results

More than 1,000 cumulative participations were recorded in Q3–Q4 2024, with 82 participations in temple-walk events and 84 vitamin C redemptions. Fall incidents decreased from 11 to 6 cases following implementation, with notable improvements in gait stability and endurance. Staff observed enhanced mood, increased social interaction, and greater engagement during both indoor and outdoor activities.

Conclusions/lessons learned

This culturally integrated model demonstrates that incorporating traditional practices into exercise programs enhances patient motivation, safety, and participation. The approach provides a culturally sensitive and community-oriented strategy for promoting physical and psychosocial well-being among psychiatric inpatients.

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Integrating Alcohol-Reduction Health Promotion into Hospital Settings to Support Patients with Acute and Recurrent Alcohol-Associated Pancreatitis

LI ChingJu

Background and objective

Alcohol-associated pancreatitis (AAP) is a significant clinical and public health issue, with recurrence closely linked to ongoing alcohol use. While patients often recover during hospitalization, many struggle to reduce drinking afterward, leading to repeated admissions and further pancreatic injury. Traditional hospital care focuses on acute management, often overlooking opportunities for long-term behavior change. Recognizing hospitalization as a pivotal moment, this project applied the Health Promoting Hospitals and Health Services (HPH) Settings Approach to integrate alcohol-reduction strategies into routine care, aiming to improve patient understanding, motivation, access to addiction services, and ultimately reduce recurrence.

Methods/intervention

Alcohol-reduction measures were incorporated into standard workflows. Patients with AAP were screened for alcohol use, and high-risk individuals received brief motivational interviewing to emphasize the link between drinking and recurrence. Patients and families were given simplified educational materials, and eligible patients were automatically referred to addiction specialists. Discharge planning included follow-up appointments, community resources, digital self-monitoring tools, and a brief post-discharge phone call. Staff training supported consistent communication and health promotion practices.

Results

After one year, alcohol screening increased to about 75%, with 68% receiving brief interventions. Referrals to addiction services rose from 18% to 40%. Patients reported better understanding of alcohol-related risks and stronger motivation to reduce drinking. Six-month readmission rates showed a modest decline from 22% to 18% among patients engaged in aftercare. Staff reported increased confidence in addressing alcohol use.

Conclusions/lessons learned

Integrating alcohol-reduction strategies into AAP care is feasible and beneficial. Structured interventions, teamwork, clear referral pathways, and follow-up support enhance behavior change and continuity of care.

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Promoting Exercise Awareness and Engagement among CKD Outpatients: A Pilot Feasibility Study

WEN Huei-Shin, LIN Mei-Hsiang

Background and objective

Chronic kidney disease (CKD) affects over 10% of adults worldwide and is a major contributor to mortality and healthcare costs in Taiwan. Despite the clear benefits of regular physical activity, many CKD patients have low awareness and poor exercise adherence. This pilot study aimed to develop and evaluate a structured educational intervention to improve patients' exercise knowledge, motivation, and participation.

Methods/intervention

A one-group pretest–posttest pilot study was conducted with 30 CKD outpatients at a northern Taiwan teaching hospital. Using the ADDIE model, the intervention included a needs assessment and a 20-minute multimedia-based educational session with live demonstrations. Visual aids, instructional videos, and an online feedback form reinforced learning. Small-group sessions were held in the outpatient area. Grounded in Cognitive Learning Theory, the program aimed to improve exercise comprehension, skills, and engagement, with evaluation measuring changes in knowledge, performance, and willingness to be active.

Results

All 30 participants completed the program. Post-intervention results showed improved exercise knowledge, skills, and participation, with knowledge accuracy rising from 57% and regular exercise increasing from 25%. Most participants could correctly perform CKD-specific exercises, and feedback indicated high satisfaction, strong engagement, and willingness to share the information, demonstrating the intervention's acceptability and broader potential impact.

Conclusions/lessons learned

This pilot study demonstrates that a brief, structured educational program is feasible and beneficial for CKD outpatients. Multimedia instruction, live demonstrations, and reflective learning enhanced patients' awareness, self-efficacy, and physical activity participation. Although limited by a small sample and single-site design, the results indicate that short, structured interventions can effectively promote sustainable health behavior change in outpatient settings.

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A Study on the Effectiveness of Green Social Prescribing in Support Groups for Patients with Cancer and Chronic Disease

YEH Chia-Chen, HAN Li-Nien

Background and objective

Green social prescribing, emphasizing nature-based and horticultural therapy, is a non-pharmacological approach to promoting mental health, well-being, and resilience. These activities may alleviate stress and enhance social interaction; however, empirical evidence from hospital-based settings remains limited. This study examined the effects of horticultural therapy on the psychological and overall well-being of patients with cancer and chronic disease.

Methods/intervention

A mixed-methods design was employed, incorporating nine sessions conducted between July 2024 and July 2025 at a medical center in northern Taiwan. Pre- and post-intervention changes in the WHO-5 Well-Being Index were analyzed using paired t-tests, Wilcoxon signed-rank tests, and correlation analysis. Qualitative data from participant feedback and observations were thematically analyzed.

Results

The mean change was +0.45 ($p = .859$, $d = 0.04$). Half of the participants (50%) improved (+8.76), 27.3% maintained perfect scores, suggesting a ceiling effect, and 22.7% declined (−17.28), mainly due to disease progression. Well-being correlated positively with satisfaction domains: “absorbed/forgetting time” ($r = .446$, $p < .001$), “content design” ($r = .407$, $p = .001$), “sharing” ($r = .401$), “achievement” ($r = .394$), and “venue” ($r = .382$), all $p \leq .002$. Qualitative findings revealed three themes: (1) Focused engagement—participants forgot discomfort during crafting and gained a sense of accomplishment; (2) Sensory experience—plant scents and tactile materials evoked calm and environmental awareness; and (3) Emotional support—sharing illness experiences fostered a sense of “not walking alone,” with families observing greater optimism.

Conclusions/lessons learned

Horticultural therapy was feasible and well accepted. Although overall effects were not statistically significant due to ceiling effects, some improvements were clinically meaningful. It is recommended that social workers monitor participants and communicate with case managers to ensure continuity of care, and that program designs be adapted to individual needs amid disease fluctuations.

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Data-Driven Precision Health for Early-Onset Colorectal Cancer Prevention: An Analysis of Health Examination Data in Adults under Aged 50

HSIEH Hsiu-Tzu, LIEN Yi-Ting, LI Wei-De, HUANG Chi-Jung

Background and objective

In Taiwan, the free fecal occult blood testing (iFOBT) programs will be offered to aged 45-74 and those aged 40-45 with a family history of Colorectal Cancer (CRC), base on positive iFOBT results, individual will allow colonoscopes to facilitate early prevention and control of early-onset colorectal cancer (EOCRC). Respond the policy of CRC, we analyzed health examination data (HED) to explore the association between metabolic risk factors and colorectal adenomas, the objective is to provide actionable health information to enhance individual health literacy and early motivate health promotion behaviors.

Methods/intervention

We enrolled 38,378 adults aged <50 (54.0% males; 46.0% females; average age 37.9) who received colonoscopy from a HED cohort in Taiwan between 2021 and 2023. For individual, we referral recommendations, screening frequency guidelines, health consultations, and dietary planning services based on personalized reports. The HED analysis results were disseminated through social media to empower the public to understand the importance of colonoscopy screening and healthy lifestyles.

Results

Overall, 13.0% had hyperplastic polyps, 8.9% (n=3,420) were colorectal adenoma polyps (males 15.6% vs. females 10.0%). Metabolic Syndrome (MetS) was strongly associated with colorectal adenomas (14.0% vs. 8.2% in non-MetS; OR=2.009, P<0.0001), and behavioral risk-smoking (OR=1.358). Respectively, key risk factor in males aged 30-39 (n=9,164) were high triglycerides (OR=1.659); and females aged 40-49 (n=7,295) were low HDL-C (OR=1.431). Metabolic risk factors are strong associated with colorectal adenomas, therefore, early colonoscopy planning and practicing healthy lifestyle to reduce the progression of EOCRC are important way.

Conclusions/lessons learned

The analysis of HED provides important information for early intervention in sub-healthy populations. Future research will focus on reducing the risk factor associated with MetS and colorectal adenoma in different population group, while developing actionable health plans to lessen the impact of EOCRC on individuals and society.

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Poster session 2.9: Care for people with multiple health needs and comorbidity

The effectiveness of using multiple strategies to improve sleep disorders in dementia patients

YEN Kuei-Hua, CHEN Tzu-Chi

Background and objective

Dementia is a progressive degenerative disease often accompanied by symptoms such as memory decline, emotional disturbances, cognitive impairment, and sleep disorders. The reversal of day and night cycles and irregular routines frequently cause distress for caregivers and families. This ward frequently admits patients with dementia and recognizes the exhaustion and challenges faced by their families and caregivers. Therefore, it aims to establish a structured care model to improve patients' sleep disturbances and enhance overall quality of life.

Methods/intervention

I. Establish a regular daily routine schedule. II. Strengthen rehabilitation exercise programs and develop structured teaching plans. III. Utilize human-centered lighting and smart mattress detection systems.

Results

From January to October 2025, a total of 10 patients with dementia and sleep disturbances were admitted. A care lifestyle model was implemented, and individualized daily routines were established for each patient. Rehabilitation exercise training videos were created and uploaded for patients to watch at any time to cultivate exercise habits. Human-centered lighting therapy and a smart mattress monitoring system were used to monitor sleep patterns, along with necessary medical interventions. All 10 cases achieved a stable lifestyle and regular sleep patterns upon discharge.

Conclusions/lessons learned

By strengthening activity and exercise programs, supplemented by smart sleep monitoring systems and human-centered lighting tools, and with necessary medical interventions, patients can cultivate normal sleep habits, correct the confusion caused by dementia, and reduce sunset syndrome symptoms. This can effectively improve the quality of life for patients and their families.

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Strategies of Integrated Inpatient Bed Care to Improve Clinical Outcomes, Care Quality, and Family Satisfaction in Older Patients

WANG Shu Hui, TENG Heng Yi, LI Mei-Fang

Background and objective

In response to rising inpatient care demands and nursing shortages, our hospital launched a National Health Insurance-funded integrated inpatient care pilot program in 2024. An integrated bed care model was implemented to reduce family one-to-one caregiver burden and improve care quality and safety. This study evaluated post-intervention changes in clinical outcomes, care quality, satisfaction, and financial burden.

Methods/intervention

A quasi-experimental design compared length of stay, emergency revisits, readmissions, care omissions, family satisfaction, and financial burden before and after the intervention. The integrated inpatient bed care model was delivered by a multidisciplinary team including physicians, nurses, case managers, therapists, dietitians, and caregivers, providing consistent care and enhanced communication to replace the traditional one-to-one caregiver model.

Results

After implementing integrated inpatient care, mean length of stay decreased from 7.8 to 6.9 days (↓11.5%). Three-day emergency revisits fell from 6.0% to 3.9% (↓35%), and 14 day readmissions from 4.3% to 2.5% (↓42%). Monthly care omissions dropped to zero (↓100%). Family satisfaction increased from 4.1 to 4.5 (↑9.8%), while average out-of-pocket costs decreased by 15.2%.

Conclusions/lessons learned

The advantages of integrated inpatient care include providing comprehensive, continuous, cost-effective, and patient-centered services while reducing duplication and gaps in healthcare resources. Its success relies on multidisciplinary integration and standardized care processes, enabling seamless transitions from acute to long-term care, improving quality of life, reducing family burden, and achieving more efficient health management and problem-solving through technology and teamwork.

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Innovating Care Services: Effects on Resident Family Satisfaction and Loyalty in Long-Term Care Facilities

WU Shu-Hui, CHIU Jun-Zhi, HUANG Fong-Dee

Background and objective

The growing elderly population underscores the increasing importance of institutional care. Service innovation is essential for enhancing long-term care. However, challenges such as resource allocation and quality assurance arise alongside family expectations. These factors significantly influence satisfaction and loyalty, making them critical considerations for both researchers and practitioners.

Methods/intervention

A total of 480 samples were collected from the family members of residents. The questionnaire included scales measuring service innovation in long-term care institutions, perceived service satisfaction, and loyalty (cognitive loyalty, emotional loyalty, action loyalty, and conative loyalty). This study utilizes descriptive statistics, factor analysis, reliability and validity evaluation, and Partial Least Squares for statistical analysis.

Results

Empirical findings have demonstrated that residents' family members' perceived satisfaction is significantly enhanced by service innovation, which, in turn, positively influences their loyalty. Furthermore, perceived satisfaction partially mediates the relationship between service innovation and loyalty, highlighting its crucial role in shaping customer behavior.

Conclusions/lessons learned

To improve service quality and fulfill the expectations of residents and their families, long-term care facilities should implement innovative strategies. A well-designed service innovation framework can increase family satisfaction and promote greater loyalty and facility utilization.

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Integrated Home Medical Care and Long-Term Care Services: Three-Year Outcomes from a Taiwanese Home Nursing Institution

LIN Wen-Hsiu, HU Ying-Chi

Background and objective

This study evaluated three-year outcomes of integrated home medical and long-term care services, focusing on changes in care quality and responsiveness to client needs.

Methods/intervention

A retrospective analysis examined three years of data ($n = 33$ per year) from a home nursing institution in central Taiwan. Collected data included medical care recommendations, care-related incidents, and intervention categories. Trends over time were assessed using Spearman's correlation. Among participants, 16 were men (48.48%) and 17 were women (51.52%), with a mean age of 73.46 ± 17.63 years.

Results

Medical care recommendations declined from 63.6% in year one to 24.2% in year three ($p = -0.45$, $p < .0001$), indicating a steady reduction in care issues. The mean number of care incidents decreased from 2.5 to 1.25 ($p = -0.43$, $p < .0001$). Among intervention categories, "reduced mobility" markedly declined ($57.58\% \rightarrow 18.18\%$, $p < .0001$), while "incontinence" and "pain" events also decreased. The "other" category slightly increased in year three (9.09%, $p = .03$), reflecting emerging care concerns. Integration of home medical and long-term care services effectively reduced care events and improved health outcomes.

Conclusions/lessons learned

These findings highlight the value of interprofessional collaboration and continuity of care in supporting aging individuals with multiple health needs.

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Optimizing Rheumatoid Arthritis Care Through Nurse-Led Interventions: Patient-Centered Evidence from a Literature Review

HUANG Shiuchuan

Background and objective

Rheumatoid arthritis (RA) is a chronic autoimmune disease requiring long-term follow-up, medication management, and education. Traditional rheumatologist-led care faces challenges due to increasing patient numbers, prompting nurse-led care (NLC) models. Early UK studies suggest NLC improves satisfaction and access, but multicenter RCT evidence is limited, necessitating evaluation of NLC's effectiveness and feasibility in RA management.

Methods/intervention

A structured literature review was conducted to identify empirical and conceptual studies evaluating nurse-led models of care in rheumatoid arthritis (RA). Electronic databases including PubMed, CINAHL, and Scopus were searched for English-language papers published between 2000 and 2024 using the keywords nurse-led care, rheumatoid arthritis, and randomized controlled trial. Four key studies meeting inclusion criteria (two

randomized controlled trials, one pre-post evaluation, and one integrative review) were analyzed.

Results

Four studies ($n=559$) on nurse-led care (NLC) in rheumatoid arthritis showed that NLC is non-inferior to physician-led care. In Ndosi et al. (2014, $n=180$), Δ DAS28 = 0.1 (95% CI -0.3 to 0.5 ; $p=0.65$), with higher patient satisfaction ($p<0.01$). Primdahl et al. (2012, $n=287$) found comparable DAS28 and improved continuity and accessibility ($p<0.05$). Hill et al. (2003, $n=92$) reported significant DAS28 reduction ($p<0.05$) and improved self-management ($p<0.01$). Clarke et al. (2024) identified NLC's structure-process-outcome framework. Overall, NLC maintains clinical efficacy while enhancing patient-centered outcomes and satisfaction, supporting its safe integration into RA care models.

Conclusions/lessons learned

Nurse-led care in rheumatoid arthritis is as effective as physician-led care, maintaining DAS28 and functional outcomes while improving patient satisfaction, self-management, and access. Evidence from RCTs and reviews supports its safety, feasibility, and patient-centered benefits, promoting quality care and resource optimization.

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Exploring the Use of an Integrated Health Promotion Model to Enhance Metabolic Risk Detection and Reduce Health Inequities: A Case Study of a Regional Psychiatric Hospital

CHENG Pei-Jung, SHEN Shu-Hua

Background and objective

Patients with mental illness have higher risks of hypertension, hyperglycemia, and dyslipidemia due to medication effects, illness characteristics, and lifestyle limitations, resulting in persistent health inequities. Preventive health services are seldom integrated into psychiatric care. To enhance holistic care, our hospital incorporated adult preventive health services into routine psychiatric outpatient workflows to improve early detection of metabolic abnormalities and strengthen health literacy and self-management.

Methods/intervention

A multidisciplinary team was established, and staff received preventive-care training. An Integrated Preventive Health Service Station provided examinations, metabolic-risk assessment, and individualized education. Services followed national guidelines for adults aged 30–39 (every 5 years), 40–64 (every 3 years), and ≥ 65 (annually). Patients with abnormal findings received physician consultation and tailored nursing

education with follow-up. Family participation and teamwork were emphasized to improve accessibility and effectiveness.

Results

From Feb–Sep 2025, 98 psychiatric patients received preventive services. Most were aged 40–64 (60.2%) or ≥65 (41.8%). Overall, 43.9% had at least one metabolic abnormality, higher than the general population (32%). Age-related increases were noted: 30–39 (mainly dyslipidemia, 20%); 40–64 (lipid and glucose abnormalities, 35.6%); ≥65 (abnormalities 88%). Nurses completed 51 individualized sessions. Follow-up showed 77% improved health awareness and 63% willingness for continued screening.

Conclusions/lessons learned

Integrating preventive health services into psychiatric care is feasible and effective. The model improved early metabolic-risk detection, enhanced health literacy, promoted healthy behaviors, and reduced inequities among psychiatric patients. It is sustainable and scalable for mental-health institutions.

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Developing a Health Promotion–Oriented Care Process for Acute Kidney Injury and Acute Kidney Disease

SU Pei-Yu

Background and objective

The 2012 Kidney Disease: Improving Global Outcomes (KDIGO) clinical guidelines emphasize early assessment, diagnosis, and prompt treatment of acute kidney injury due to its high incidence and mortality. This project aimed to establish a screening mechanism for high-risk populations and implement an integrated multidisciplinary intervention model to improve early detection and management of AKI and acute kidney disease.

Methods/intervention

1. High-Risk Screening System: A systematic alert mechanism was developed based on KDIGO criteria. When a patient's serum creatinine increases to 1.5 times the baseline, rises by more than 0.3 mg/dL within 48 hours, or urine output falls below 0.5 mL/kg/h for more than 6 hours, a yellow kidney icon is automatically displayed in the electronic health record to warn clinicians of possible renal dysfunction. 2. Multidisciplinary Integrated Care Model: An AKI/AKD case management system was established involving physicians, case managers, pharmacists, and dietitians. The team conducted structured follow-up and coordinated interventions to reduce complications and prevent progression to chronic kidney disease.

Results

Between September 2022 and March 2025, 27 patients diagnosed with AKD at a medical center in northern Taiwan were included. Paired t-tests showed significant improvement after the multidisciplinary intervention: Serum Creatinine: decreased from pre-intervention (M=3.97,SD=2.24) to post-intervention (M=2.57,SD=2.08), $t(27) = 3.70$, $p=.001$. eGFR: increased from pre-intervention (M=21.71,SD=13.10) to post-intervention (M=39.41,SD=28.67), $t(27) = -3.61$, $p=.001$. Both indicators showed statistically significant improvement.

Conclusions/lessons learned

The project successfully established an integrated AKI/AKD care pathway emphasizing early identification and multidisciplinary management. The structured team-based intervention effectively delayed disease progression and reduced the risk of transition to CKD or dialysis. The experience highlights the value of systematized teamwork in promoting renal health and enhancing patient outcomes.

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Implementation of a Localized Montessori-Based Dementia Care Model to Enhance Attendance Stability in Dementia Day Care center

WEI Zi-Jing, LIOU Wen-Chin

Background and objective

Taiwan is rapidly becoming a super-aged society, with 19.42% of its population aged 65 and above. In Kaohsiung City, the aging rate has reached 19.6% (around 540,000 people), including about 40,000 living with dementia. Behavioral and psychological symptoms of dementia (BPSD) increase caregiver stress and affect family stability. Among 145 day care centers in Kaohsiung, only five focus on dementia, with St. Joseph's in Lingya District adopting the Montessori Dementia Care Model in 2024 to enhance dignified, person-centered care.

Methods/intervention

The Montessori Dementia Care Model emphasizes a prepared environment that fosters orientation, independence, and self-confidence. It values remaining abilities over losses, encouraging autonomy and meaningful engagement. Local adaptations included a name wall and staff name tags to enhance belonging, visual cues and signage for easier navigation, clear bathroom labels to support sequencing, and personalized activities developed through interviews to reflect each participant's habits, interests, and sense of purpose.

Results

After one year, attendance rose from 59% in June 2024 to 76% in June 2025. Families observed improved emotional stability, communication, and engagement. Regular attendance supported routines, cognitive activity, and social interaction, reducing behavioral symptoms. Staff noticed greater confidence and initiative among participants. The center achieved smoother operations and stronger family trust, showing that consistent participation benefits both individuals with dementia and their caregivers.

Conclusions/lessons learned

As Taiwan enters a super-aged society, dementia day care services are essential. The localized Montessori model has enhanced attendance, wellbeing, and quality of life for people with dementia and their caregivers. Future goals include expanding community-based, life-oriented programs and involving families in care planning. Through a “center–family–community” network, the model fosters stability, dignity, and joy, realizing the vision of aging well.

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The Impact of Low-Intensity Exercise on Glycemic Control and Cardiovascular Risk in Diabetic Patients with Chronic Kidney Disease

YIN Juncheng**Background and objective**

Chronic kidney disease patients with diabetes face heightened risks of poor glycemic control and cardiovascular complications. While high-intensity exercise is commonly recommended for metabolic benefits, it may be challenging for CKD patients due to physical limitations. This study aims to evaluate the impact of a low-intensity exercise regimen on glycemic control, blood pressure, and cardiovascular risk markers in diabetic CKD patients, proposing a feasible exercise intervention for this vulnerable group.

Methods/intervention

This was a 12-week randomized controlled trial involving 100 diabetic patients with stage 3-4 CKD, divided into a low-intensity exercise group (n=50) and a control group (n=50). The exercise group participated in supervised low-intensity stretching and resistance exercises (20-30 minutes per session, three times a week). Baseline and post-intervention assessments included fasting blood glucose, HbA1c, systolic and diastolic blood pressure, and C-reactive protein as an inflammatory marker.

Results

Participants in the exercise group showed significant reductions in fasting blood glucose (mean reduction: 1.5 mmol/L; p=0.03) and HbA1c (mean reduction: 0.6%; p=0.02) compared to the

control group. Additionally, the exercise group experienced reductions in systolic blood pressure (mean reduction: 8 mmHg; p=0.04) and CRP levels (mean reduction: 0.8 mg/L; p=0.03), indicating a potential decrease in cardiovascular risk. No adverse events were reported.

Conclusions/lessons learned

This study demonstrates that a low-intensity exercise program is effective in improving glycemic control and reducing cardiovascular risk markers in diabetic CKD patients. These findings suggest that low-intensity exercise may be a suitable intervention for CKD patients with physical limitations, contributing to better disease management without the challenges associated with high-intensity workouts.

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Bridging the Osteoporosis Treatment Gap in Patients with Rheumatoid Arthritis: A Health Promotion Approach

LAI Pi-Chen, KAO Min-Chen, CHEN Chun-Ming, HUANG Yu-Hui

Background and objective

Rheumatoid arthritis (RA) is associated with secondary osteoporosis and fragility fractures. Despite effective treatments, medication use remains suboptimal. This study analyzed osteoporosis medication patterns in RA patients screened between January 2022 and May 2025 to identify treatment gaps and develop health promotion strategies.

Methods/intervention

We retrospectively reviewed 566 RA patients who received DEXA. Patients were grouped by T-score ($DEX \leq -2.5$ or > -2.5) and stratified by hip fracture risk (high vs. moderate/low). The proportions of patients receiving osteoporosis medication were compared.

Results

Among 566 patients, 34% had $DEX \leq -2.5$ and 66% had $DEX > -2.5$. In the low BMD group, 54% received medication; in the higher BMD group, only 15% did. For hip fracture risk, 16% of high-risk and only 2% of moderate/low-risk patients were treated, indicating substantial under-treatment.

Conclusions/lessons learned

A significant treatment gap exists in osteoporosis management among RA patients. In response, patient education events were held in September 2025: “Autoimmune Disease and Osteoporosis” and “Exercise and Osteoporosis.” These sessions, jointly led by physicians, case managers, and a yoga instructor, emphasized both pharmacologic and lifestyle management to enhance patient empowerment and self-care.

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Exploring Clinical Care Experiences and Influencing Factors of Successful Buttonhole Cannulation in Hemodialysis

SHEN Yen-Fen**Background and objective**

Buttonhole (BH) cannulation is widely applied in hemodialysis to minimize puncture pain and prolong vascular access life. However, clinical practice faces challenges such as infection risk, inconsistent nursing techniques, and low patient adherence. Previous studies have focused mainly on quantitative outcomes, with limited exploration of patient experiences. This study aimed to explore patients' experiences and influencing factors related to successful BH cannulation, providing insights for improving clinical care.

Methods/intervention

A qualitative descriptive design was used. Five hemodialysis patients with more than three months of BH experience were purposively recruited from a medical center in northern Taiwan. Semi-structured in-depth interviews lasting 30–45 minutes were conducted, recorded, and transcribed verbatim. Data were analyzed using thematic analysis, with credibility enhanced through member checking and peer review.

Results

The study identified four key themes: Pain Relief Over Time – Patients noted that cannulation became significantly less painful as the buttonhole tract matured. Infection-Related Anxiety – Concerns arose when scab removal was inadequate, leading to fear of infection. Confidence in Nursing Care – Patients felt reassured when experienced and consistent nursing staff performed the cannulation. Patient Motivation and Empowerment – A patient's willingness to continue using the technique was closely tied to their understanding and engagement.

Conclusions/lessons learned

Conclusion: Establishing standardized cannulation protocols, ensuring consistent nurse training, and strengthening patient education can improve BH success and safety. Future multicenter studies are recommended to validate the feasibility and long-term effectiveness of BH cannulation in diverse clinical contexts.

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The Effectiveness of a Nurse-Led, Evidence-Based Aerobic Exercise Program in Preventing Peripheral Artery Disease and Maintaining Muscle Strength among Hemodialysis Patients

CHEN Yichun**Background and objective**

Hemodialysis patients often develop sarcopenia and peripheral arterial occlusive disease (PAOD), causing mobility decline and elevated cardiovascular risk. Despite known benefits, aerobic exercise is rarely integrated into dialysis care. This study is to integrate evidence-based aerobic exercise strategies into dialysis care through a nurse-led model, aiming to prevent PAOD and sustain muscle function in high-risk patients.

Methods/intervention

A scoping review of randomized controlled trials and systematic reviews from the past five years identified effective aerobic interventions for hemodialysis patients. Evidence showed moderate-intensity intradialytic or supervised exercise improved 6-minute walk test distance by 12–20%, enhanced vascular compliance, and preserved muscle mass. Based on these findings, a nurse-led model combining individualized walking or cycling during or after dialysis with vascular-protective nutrition education and PAOD awareness was implemented. Feasibility and engagement were evaluated through adherence, feedback, and staff observation, emphasizing tolerance, participation, and safety.

Results

The nurse-led model was well accepted by patients and staff. Participants showed improved walking tolerance, stable ankle-brachial index (ABI), and stronger motivation for regular exercise. Nurses reported enhanced teamwork and patient engagement. No adverse events occurred, confirming safety and feasibility. The initiative demonstrates effective translation of research into practice and highlights nursing leadership in promoting functional health in dialysis care.

Conclusions/lessons learned

This evidence-informed, nurse-led model bridges research and clinical practice by embedding aerobic exercise into dialysis care. It proves feasible and safe, promoting vascular protection, functional resilience, and patient empowerment while fostering sustainable, equitable, and health-promoting nursing practice.

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Determinants of Treatment Completion in Home-Based Acute Care: A Pilot Study in Taiwan's Super-Aged Society

CHEN Ming-Yu, HSU Pi-Shan, LI Lung-Chun, TSAO Wei, TENG Chiao-Feng, PONG Su-Chen, CHEN Yi-Chi

Background and objective

In 2025, Taiwan officially becomes a super-aged society. To address rapid aging population and healthcare workforce shortage, the Ministry of Health and Welfare launched the "Home-Based Acute Care Pilot Program" in 2024/07. Patients diagnosed with pneumonia, urinary tract infections (UTI), soft tissue infections, with functional status (ADL) ≤ 65 and limited access to hospitalization, can receive intravenous antibiotics at home or in facilities. The model utilizes telemedicine to ensure quality acute care without hospitalization. This study analyzes differences between successful and unsuccessful home-based treatment cases.

Methods/intervention

From 2024/09 to 2025/10, 75 patients were enrolled. Therapy at home were categorized as Completion Group (CG); transferred back to hospital were Uncompleted Group (UG). Variables analyzed: age, sex, ADL, antibiotic changes, and infection site. Satisfaction survey using the Picker-Commonwealth Scale was conducted via phone with 30 randomly selected patients or caregivers, covering six domains. Satisfaction was 100% in most domains, only the safety and convenience domain rated at 86.7%.

Results

Mean patient age was 84.7 ± 11.3 years; 46.7% were male; average ADL was 23.2 ± 23.0 . Diagnoses included UTI (50.7%), pneumonia (42.7%), and soft tissue infection (6.6%). CG had a mean treatment 6.0 ± 2.4 days, and UG averaged 2.8 ± 2.3 days. Home treatment was completed in 58 cases (77.3%). No significant differences were observed in age, sex, antibiotic changes, or infection site; ADL differed significantly (CG: 26.1 ± 23.1 vs. UG: 13.2 ± 20.2 , $P=0.025$). Satisfaction was 100% in most domains; safety and convenience rated at 86.7%.

Conclusions/lessons learned

Lower ADL may hinder successful home-based acute care. Functional status should be a key factor in shared decision-making. Despite small sample size, findings suggest that patients with better baseline function benefit more from this care model. Overall satisfaction confirms strong patient and caregiver acceptance. To strengthen outcomes, further development in remote monitoring, staff training, and safety protocols is recommended to enhance care quality and patient confidence in future scaling of the program.

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Effectiveness of an Integrated Care Intervention for Patients With Heart Failure

CHENG Cheng-Chang, HUANG Qiao-Ying, CHUNG Jing-Hui, TSAI Yi-Shan, CHEN Yi-Ting, CHEN Hong-Jun

Background and objective

Congestive heart failure (CHF) is a global epidemic, particularly prevalent among older adults, with hospitalization rates far exceeding those of many other diseases. As populations age, CHF has placed a substantial burden on healthcare systems. Multidisciplinary care has been shown to benefit patients at high risk of readmission by significantly reducing hospitalization rates, improving quality of life, and lowering mortality. This study examines the implementation and effectiveness of an integrated care program for heart failure at Kaohsiung Medical University Hospital, delivered through a multidisciplinary team approach.

Methods/intervention

Patients hospitalized in the Department of Cardiology with a left ventricular ejection fraction (LVEF) below 40% who were able to participate in health education and follow-up assessments were enrolled. Physical therapists provided cardiopulmonary rehabilitation during hospitalization and instructed patients on home-based rehabilitation exercises for after discharge. Before discharge, pharmacists and dietitians delivered individualized health education. At each outpatient visit, patients were monitored for abnormal symptoms or clinical deterioration. Outcome measures included the 6-month readmission rate, cardiopulmonary function, activities of daily living (ADL), cardiopulmonary endurance, nutritional status, and quality of life.

Results

A total of 41 patients were enrolled in 2024, and each was followed for at least 6 months after discharge. The 6-month readmission rate was 0%. Post-intervention improvement rates for other outcome indicators were as follows: NYHA functional class, 97.6%; LVEF, 97.6%; VO_2 max, 58.5%; 6-minute walk test, 83%; nutritional status (MNA), 56%; and EQ-5D quality of life score, 85.1%.

Conclusions/lessons learned

The integrated care program led to significant improvements in cardiopulmonary function, ADL performance, exercise endurance, nutritional status, and quality of life among most patients with heart failure.

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Poster session 2.10: Physical health promotion in older adults

Design of an Integrated Activity Program Combining Acupressure and Music to Improve Sleep Quality and Depressive Symptoms among Community-Dwelling Older Adults.

SUN Feng-Ching, CHEN Shu-Nu, HUANG Ling-Ya, HUANG Fong-Dee

Background and objective

Sleep disturbances are prevalent among older adults and can adversely affect cognitive and emotional functioning. Previous studies have demonstrated that acupoint massage can effectively reduce anxiety and depressive symptoms while enhancing overall quality of life and sleep quality in this population. The main objective of this study is to design a structured acupressure therapy to meet the needs of older adults in the community and to improve their mental health.

Methods/intervention

A multidisciplinary team consisting of two traditional Chinese medicine (TCM) physicians, one music therapist, and one TCM nurse specialist developed the curriculum. Through systematic literature review and clinical experience synthesis, nine acupoints associated with improved sleep and reduced depressive symptoms were identified. These acupoints were selected according to accessibility and suitability for self-administered health maintenance and integrated into a two-module acupressure intervention. The program was delivered three times weekly, spanning 24 minutes per session over a three-month period. Content validity was assessed by experts and older adult participants. Data were collected using structured questionnaires. Research instruments included a demographic questionnaire, the Short Form Geriatric Depression Scale (GDS-SF), and the Pittsburgh Sleep Quality Index (PSQI).

Results

A pilot study was conducted with 10 community-dwelling older adults. Four experts evaluated the program in terms of relevance, usability, and effectiveness, rating each domain on a 1–5 scale; the mean expert score was 4.75. Participants rated comprehension, appropriateness, and acceptability of the intervention, with a mean score of 4.67. The results showed a significant reduction in GDS-SF total scores, indicating improved emotional well-being. Sleep quality also significantly improved, with notable reductions in subjective sleep quality issues, sleep latency, sleep duration problems, sleep disturbances, daytime dysfunction, and overall PSQI scores ($P < .001$).

Conclusions/lessons learned

Integrating acupressure into community-based programs can promote both physical and psychological health in elderly populations. This study offers a valuable reference model for

designing future community health promotion initiatives targeting older adults.

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Effectiveness Evaluation of the Disability Prevention and Delay Module Program: A Hospital-Community Integrated Health Promotion Model for the Aged Society in Taiwan

LIU Ching-Yi, LAN Ya-Shu, LEE Wei-Ju, MAU Lih-Wen

Background and objective

Taiwan has become a member of super-aged society in 2025. The challenges of older populations facing globally are also prevalent in Taiwan. In response, developing community-based health promotion programs has been applied to be part of the hospital integrated healthcare network. This study aimed to evaluate the effectiveness of a "Disability Prevention and Delay Module Program" which was developed and implemented by the study hospital in Yilan County, Taiwan (2022-2023).

Methods/intervention

A pretest-posttest study design was adopted to evaluate the effectiveness of the program, a total of 215 elders participating the program. The 12-week program integrated modules of physical activity, cognitive training, nutrition education, and emotional support. Outcome measures included capacity of physical functioning, muscle strength, frailty measures, cognitive function, and depressive symptoms. Data were analyzed using SPSS version 22.0, including descriptive and inferential statistics.

Results

The results indicated the participants had significant improvements in grip strength, frailty status, and cognitive function after the intervention ($p < .05$). The mean score of fracture risk significantly decreased from 1.25 at baseline to 0.60 after taking the module courses ($p < .001$). In terms of Mini-Mental State Examination (MMSE), the mean score increased from 24.4 in the pre-test to 24.9 in the post-test ($p < .01$).

Conclusions/lessons learned

The Disability Prevention and Delay Program effectively improved or maintained physical and cognitive functioning of the senior participants. Given the global trend of Aging in Place, the findings provide valuable insights and support for further development of hospital-community integrated health promotion models.

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Developing a Community-Based Fitness Club to Promote Health Among Pre-Frail Older Adults

CHEN Shu-Lin

Background and objective

As Taiwan enters a super-aged society, promoting the health and quality of life of older adults has become an important public health priority. In January 2025, our institution launched the "Senior Fitness Club Pilot Program", strategically located near the Kaohsiung Light Rail Station 22 for convenient access. The club provides a medically supervised fitness environment tailored for adults aged 65 and above, pre-frail individuals, those with ICOPE-identified mobility impairments, metabolic syndrome, and busy healthcare staff seeking physical fitness support.

Methods/intervention

1. Customized Exercise Programs A series of diversified exercise courses—joint mobility training, cardiopulmonary conditioning, flexibility enhancement, and balance training—were developed based on participants' physical conditions and individual needs. Exercise intensities were appropriately graded to ensure safety and allow personal adjustment, thereby improving physical fitness, reducing injury risk, and strengthening independence in daily activities.
2. Professional Coaching and Individualized Plans
3. Social Interaction and Mental Health Support
4. Health Data Tracking and Analysis

Results

Through an EasyCard-based discounted payment system combined with AI-supported cloud exercise modules, the program recorded 532 total participations. Key outcomes included:

- 22.8% improvement in upper-limb muscle strength
- 18.3% improvement in lower-limb muscle strength
- Overall satisfaction score of 95/100

Conclusions/lessons learned

This fitness initiative not only improved participants' physical health but also enhanced their life satisfaction and self-confidence. Looking forward, the program aims to collaborate with academic departments in sports sciences and social welfare organizations to expand the model to broader communities, ultimately promoting healthier lifestyles across the aging population.

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Integrating Mental Health and Cardiovascular Risk: Depression, Antidepressant Treatment, and Coronary Heart Disease in Aging Populations

LIN Ya Wen, LIN Ming-Hung , WU Chih-Jung

Background and objective

Depression is a prevalent mental health condition associated with physiological stress responses and increased vulnerability to noncommunicable diseases. Understanding mental-cardiovascular comorbidity is essential for moving from concern to action in mental health promotion. This study examined the risk of coronary heart disease (CHD) among adults with depression and evaluated whether antidepressant therapy modifies this risk.

Methods/intervention

A population-based retrospective cohort study was conducted using Taiwan's National Health Insurance Research Database (2000–2018). Adults aged ≥ 50 years with and without depression were propensity-score matched ($n = 536,533$ per cohort) and followed for incident CHD. A nested case-control analysis within the depression cohort assessed associations between antidepressant classes and CHD risk.

Results

Depression was associated with higher CHD incidence (28.9 vs. 18.6 per 1,000 person-years), with an adjusted hazard ratio of 1.54 (95% CI: 1.52–1.55). Risk rose with comorbidity burden. Selective serotonin reuptake inhibitors and benzodiazepines were linked to reduced CHD risk, with adjusted odds ratios of 0.57 and 0.71, respectively.

Conclusions/lessons learned

Older adults with depression face substantially higher CHD risk. Early identification, optimized antidepressant treatment, and coordinated mental-physical healthcare are essential strategies for reducing preventable cardiovascular outcomes. Integrating mental health into chronic disease management enhances health equity and improves long-term population outcomes.

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Sarcopenia and mild cognitive impairment: an umbrella review of system review and meta-analysis of 231,411 middle to older adults

LIN Shih-Chun, CHANG Shu-Fang

Background and objective

Sarcopenia is a progressive loss of muscle mass and function linked to disability and frailty. While its prevalence in dementia is known, its relationship with mild cognitive impairment (MCI) remains unclear. Despite the vast amount of research that has been done to quantify the association between these two conditions, extensive umbrella review of systematic reviews and meta-analyses remain limited.

Methods/intervention

A systematic literature search and meta-analysis were conducted following PRISMA guidelines. Keywords included "older people," "sarcopenia," and "mild cognitive impairment." Studies published in English within the past 5 years involving participants aged ≥ 60 were included. Searches in PubMed, EBSCO, Cochrane Library, and CINAHL identified 13 articles; after screening, five studies met the inclusion criteria. Sarcopenia was primarily assessed using handgrip strength.

Results

Five systematic reviews and meta-analyses included 165 cross-sectional and 15 cohort studies with 231,411 participants aged 50–90 from five continents. All articles were from Europe, Africa, Asia, North America and South America. Meta-analysis results showed that sarcopenia was significantly associated with mild cognitive impairment (OR = 1.76, $p < 0.05$). This consistent finding supports integrating muscle and cognitive health assessments in older adults.

Conclusions/lessons learned

Empirical studies have demonstrated that individuals with sarcopenia have health effects. Therefore, healthcare professionals should conduct early risk factors assessments and develop effective prevention strategies specifically targeted at individuals with sarcopenia. Based on the findings from the meta-analysis, mild cognition impairment was associated with sarcopenia. Nurses should plan early interventional care to reduce the risk factors and decrease the occurrence of sarcopenia.

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The Effects of Functional Physical Fitness in Community Elders After Gyrokinesis

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Hsiang Shih

Background and objective

Functional fitness assessments provide insights into an individual's physical capacity and health status. As the population ages, community-based exercise programs can play a crucial role in encouraging elderly individuals to engage in physical activity outside their home. Gyrokinesis, a recent form of chair-based exercise, offers a suitable option for older adults with limited mobility, including those using wheelchairs or experiencing joint pain. This study aims to investigate whether Gyrokinesis exercise can improve functional physical fitness in community elders.

Methods/intervention

Total of 44 elderly participants (4 males and 40 females), aged between 73 and 84, were recruited from the Hondao Senior Citizen's Welfare Foundation. Participation in the classes was voluntary. The intervention consisted of 12 Gyrokinesis classes, held twice a month over a 6-month period. Each session lasted 120 minutes. To evaluate the effects, five components of functional fitness were measured before and after the program (30-second Chair Stand Test, 30-second Arm Curl Test, 2-Minute Step Test Back Scratch Test, Chair Sit-and-Reach Test

Results

Compared to the before and after program, the difference showed statistically significant improvement on back scratch test ($p=0.007$), chair sit-and-reach test ($p=0.001$). The difference index of 30s chair stand test ($p=0.193$), 30s arm curl test ($p=0.674$) and 2 minute step test ($p=0.551$) did not reveal any significant difference.

Conclusions/lessons learned

While improvements were expected across all fitness components, only the back scratch and chair sit-and-reach tests showed statistically significant changes. These results suggest that Gyrokinesis primarily enhances flexibility, likely because the exercise relies on bodyweight movements aimed at increasing range of motion. In contrast, muscle strength and cardiorespiratory endurance may require more frequent or intense training than the twice-monthly sessions provided. Future research could explore increased training frequency or duration to assess its effects on strength and endurance.

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Improving the effectiveness of insulin pen injection technology in elderly patients with type 2 diabetes

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Background and objective

In 2023, 80 elderly patients were checked for their injection techniques, and only 20 were completely correct, the accuracy rate is only 73.4%. Common errors include: failure to vent after needle insertion (50%), failure to stay after injection (56.3%), incorrect site rotation (57.5%), and interviews with 60 elderly patients found that the main difficulties are memory loss (86.7%), lack of visual aids (83.3%), and inconsistent teaching methods (81.7%).

Methods/intervention

The strategy was implemented in three phases from March 1, 2024, to August 31, 2024, including: 1. Establishing a Standard Operating Procedure (SOP): 1.Design of "Standard Operating Procedures for Pen-Type Insulin Injection Techniques for Elderly Patients" to improve teaching consistency. 2.Educational Training and Communication Courses: Implementing a communication skills training course for seniors. 3.Introducing Diverse Teaching Aids: add a QR code for scanning and simplify the content of the health education leaflet with a slogan such as: "Disinfect the needle to release air, push slowly and hold for 15 seconds."

Results

After the improvement, 80 elderly patients were checked again, and the number of correct answers increased significantly. The overall accuracy rate increased from 73.4% to 97.3%, and remained stable at 97.5% in the follow-up follow-up in November 2024.

Conclusions/lessons learned

A health education model is designed based on the characteristics of the elderly, standard operating procedures are established, and diversified teaching aids are introduced, especially videos and QR codes. This allows learning to no longer be limited to on-site teaching, thereby enhancing the self-care ability of the elderly.

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Exercise and Nutrition Interventions for Sarcopenic Obesity with old adults: An Umbrella Review of Systematic Reviews and Meta-Analyses

LIN Shih-Chun, CHANG Shu-Fang

Background and objective

Sarcopenic obesity the coexistence of reduced skeletal muscle mass and excess fat, is a critical geriatric condition linked to metabolic dysfunction, frailty, and mortality. This umbrella review synthesized evidence from systematic reviews and meta-analyses to assess the effectiveness of exercise, nutritional, and multicomponent interventions in improving muscle strength, body composition, and metabolic health.

Methods/intervention

A systematic literature and meta- analysis search were conducted to umbrella review and analyze relevant studies. Sarcopenia was measured by handgrip strength was measured. The search keywords included "older people" OR "elderly" OR "middle age" AND "sarcopenia obesity " AND "exercise" AND "nutrition". The inclusion criteria were articles focused on sarcopenia and mild cognitive impairment, published within 5 years with participants' age 60 years and above. The literature search process followed the PRISMA guidelines, involving extraction and examination of the retrieved relevant articles. After excluding duplicates and irrelevant articles eight articles were included in the review.

Results

The eight systematic reviews and meta-analyses encompassing 137 randomized controlled trials with 10,618 participants demonstrated significant benefits of combined exercise and nutrition interventions for sarcopenic obesity. Integrated programs improved muscle mass and strength (SMD = 0.47, 95% CI = 0.29- 0.65, $p < 0.001$) and increased fat-free mass (+0.77 kg, $p < 0.05$). Participants receiving combined interventions had higher odds of achieving clinically meaningful improvements in body composition and function (OR = 1.73, 95% CI = 1.42-2.10, $p < 0.001$) compared with exercise alone.

Conclusions/lessons learned

This umbrella review highlights that combining structured exercise—especially resistance or multicomponent training—with targeted nutritional supplementation is the most effective non-pharmacological strategy to mitigate sarcopenic obesity, enhancing both musculoskeletal and metabolic health in alignment with the preventive goals of health-promoting hospitals

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Health-Promoting Strategies in Home-Based Acute Care for Frail Older Adults

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Background and objective

Since October 2024, A Hospital at Home acute care program provided services to 131 vulnerable older adults (84 urinary tract infections, 41 pneumonia, 6 soft tissue infections). Amid nursing shortages and reduced hospital beds, rural and facility residents face delayed treatment. This study evaluated 104 nursing home residents and 27 home-based patients to assess medical and nursing outcomes of home-based acute infection management.

Methods/intervention

A multidisciplinary team of emergency physicians, nurses, and pharmacists delivered on-site clinical assessment, necessary testing, antibiotic therapy, and continuous follow-up in long-term care facilities and home settings. Primary outcomes included clinical recovery, emergency department transfer rate, nursing workload, and family satisfaction, with further comparison of care responses across different infection types.

Results

Among the 131 cases, over 85% were able to complete acute treatment in their original place of residence. Fever improved within 72 hours in most patients, and only a few required emergency transfer. The burden of transport and accompaniment from nursing homes was reduced, relieving the increased care pressure caused by decreased bed capacity. Family satisfaction improved as hospital visits were avoided, and access to acute care for rural and institutionalized residents was significantly enhanced.

Conclusions/lessons learned

Hospital at Home acute care effectively supports high-risk older adults in institutional and home settings, reducing delays and workforce strain caused by hospital bed shortages. Multidisciplinary collaboration, rapid reporting, and timely follow-up are key to success. This scalable model offers a strategic solution to address gaps in acute care provision within aging societies.

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Association Between Tooth Loss, Risk of Malnutrition, and Low Handgrip Strength Among Community-Dwelling Older Adults

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Background and objective

Studies have shown that older adults with poor oral function tend to consume less diverse foods, leading to malnutrition. Malnutrition is closely associated with decreased muscle mass and reduced handgrip strength, which may further impair functional ability. This study aimed to examine the association between the number of missing teeth, risk of malnutrition, and low handgrip strength among community-dwelling older adults, as well as to understand their oral hygiene habits to inform future health promotion strategies.

Methods/intervention

A cross-sectional study was conducted using data from an integrated community health screening program. Information collected included demographics, physiological measurements, and health behaviors. Inclusion criteria were adults aged ≥ 65 years who were able to walk independently and complete the questionnaire. Exclusion criteria included severe disability, dementia, or inability to communicate. Malnutrition risk was assessed using the MNA-SF, with scores ≥ 12 indicating risk. Handgrip strength < 26 kg for men and < 18 kg for women was defined as low grip strength.

Results

A total of 1,409 older adults were recruited; 232 who did not know their number of missing teeth were excluded, leaving 1,177 participants. The mean age was 72.1 years. The most common categories of missing teeth were none and ≤ 5 teeth. 162 participants were at risk of malnutrition, and 219 had low grip strength. Univariate analysis showed significant differences in age between groups with and without malnutrition risk. For grip strength, significant differences were found in age, education level, alcohol consumption, and tooth loss. Logistic regression showed that malnutrition risk was significantly associated with age and having ≥ 5 missing teeth. Low grip strength was significantly associated with age and having 3 missing teeth.

Conclusions/lessons learned

Compared with those without tooth loss, participants missing ≥ 5 teeth had a 1.60-fold higher risk of malnutrition. Those missing 3 teeth had a 2.15-fold higher likelihood of low grip strength. Increasing age was associated with higher risks of both malnutrition and reduced grip strength.

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The Effectiveness of VIVIFRAIL Multi-Component Physical Training in Improving Frailty and Physical Function in Older Adults

HUANG Hsin En, HUANG Wei Lin, CHEN Chien Ju, WANG Jia Jie

Background and objective

Frailty is a prevalent geriatric syndrome characterized by reduced physiological reserve and increased risk of disability, falls, and hospitalization. Multicomponent exercise integrating strength, balance, and endurance is effective in mitigating frailty, yet evidence in Asian outpatient populations remains limited. This study aimed to evaluate the effectiveness of VIVIFRAIL multi-component physical training on physical function, muscle strength, and cognitive status among community-dwelling pre-frail and frail older adults in Eastern Taiwan.

Methods/intervention

A total of 158 pre-frail or frail adults (≥ 65 years) were recruited from a regional hospital in Eastern Taiwan and randomized to an intervention group (IG, $n=82$) or control group (CG, $n=76$); 141 completed the trial. The IG received a 12-week individualized home-based VIVIFRAIL program (5 sessions/week, 45–60 min), while the CG received paper-based guidance. Outcomes (SPPB, handgrip strength, ADL, IADL, MMSE, GDS-15) were measured at baseline, week 4, and week 12.

Results

The intervention group demonstrated superior improvements in physical function (SPPB), handgrip strength, ADL, and cognition (MMSE), with additional short-term gains in IADL, mood (GDS), walking speed, and sit-to-stand performance. Overall, the VIVIFRAIL multi-component physical training produced significant short- and mid-term functional and cognitive benefits compared with conventional guidance.

Conclusions/lessons learned

Among older adults attending outpatient clinics at a regional hospital in Eastern Taiwan, VIVIFRAIL multi-component physical training enhanced physical function, daily activities, and cognition, with strength and cognitive gains emerging after sustained training. Short-term improvements were observed in mood, IADL, and walking speed. Overall, the intervention demonstrated clear advantages over usual guidance.

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Clinical Effects of Low-Protein Diets on Kidney Function and Survival in Geriatric Chronic Kidney Disease: A Systematic Review

HSU Shuo-Min, KAO Yi-Wei, HUANG Sheng-Teng

Background and objective

Chronic kidney disease (CKD) is common among older adults, and balancing renal protection with adequate nutrition remains challenging. Although dietary protein restriction may slow renal decline, excessive restriction could exacerbate malnutrition and sarcopenia. This systematic review aimed to evaluate the effects of low-protein diets (LPDs) compared with normal-protein diets (NPDs) on renal outcomes, mortality, and nutritional status in elderly CKD patients.

Methods/intervention

A systematic literature search was conducted in MEDLINE, EMBASE, and Cochrane CENTRAL up to May 2025. Studies including elderly CKD patients not on dialysis were reviewed. Eligible designs were randomized controlled trials and cohort studies comparing LPDs (≤ 0.8 g/kg/day) with NPDs (>0.8 g/kg/day). Outcomes assessed included renal function decline, mortality, and nutritional parameters such as body weight and body mass index.

Results

Six eligible studies (two RCTs and four cohorts) from Asia and Europe were included (mean age 74). LPDs were associated with a slower decline in estimated glomerular filtration rate (eGFR) but no mortality reduction. Some cohorts even showed higher mortality with lower protein intake. Body weight and BMI did not differ significantly between groups.

Conclusions/lessons learned

Compared with normal-protein diets, LPDs in elderly CKD patients may slow renal decline but not reduce mortality, and may even increase it. Individualized nutrition plans are vital to balance renal protection and nutritional adequacy.

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Poster session 2.11: Cognitive, mental and social health promotion for older adults

Promoting Health Equity Through Community Services: Satisfaction and Influencing Factors Among Older Adults

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Background and objective

Community care points extend healthcare, boosting resilience via health/social programs. Since 2020, Min-Sheng Hospital has operated four "Type-C" community care stations, offering six weekly sessions. This study examined older adults' satisfaction with services, environment, staff, and courses, exploring how these factors relate to overall satisfaction and perceived benefits.

Methods/intervention

A cross-sectional survey was conducted among older adults who attended the centers between January and October 2025. The survey instrument, 21-item questionnaire using a five-point Likert scale, assessed four domains: service quality, environmental support, participation benefits, and social influence. Independent t-tests and one-way ANOVA were applied to examine differences in satisfaction across demographic groups, while Pearson correlations were used to analyze the associations between service dimensions, overall satisfaction, and perceived benefits.

Results

Fifty-four participants completed the survey, of whom 72.2% were women and 79.6% were aged 71 or older. Educational levels included illiterate (29.6%), elementary (13%), junior high (44.4%), and senior high or above (13%). No significant differences in satisfaction were found based on gender, age, marital status, or living arrangement. However, a significant difference was observed across education levels ($F=6.197, p=0.001$), with participants with a senior high school education or higher reporting significantly greater satisfaction than those in the illiterate or junior high school groups. Both environmental quality ($r=0.818, p<0.001$) and staff attitude ($r=0.814, p<0.001$) demonstrated extremely strong positive correlations with overall satisfaction. Furthermore, overall satisfaction was strongly associated with participants' willingness to recommend the center to others.

Conclusions/lessons learned

Staff attitude and environment strongly predicted satisfaction. Lower satisfaction in less-educated elders requires simplified, accessible services for equity. Limitations: small, single-site, cross-sectional design, and bias. Future studies need standardized, longitudinal methods.

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Evaluating the Effectiveness of Dementia-Friendly Workshops in Building Supportive Community Environments

WANG Pei-Chen, LIN Tzu-Chun, CHUANG Wen-Po, LIN Mei-Ling, CHANG Chia Chi

Background and objective

As population aging accelerates in Taiwan, people with dementia face challenges such as misunderstanding and communication barriers in daily community interactions. This project aimed to promote dementia-friendly awareness through interactive in-person workshops, enhancing participants' knowledge, attitudes, skills, and self-efficacy while supporting the attainment of local dementia-friendly certifications for organizations and businesses.

Methods/intervention

The workshops targeted bank staff, insurance agents, community residents, elementary school volunteers, and store employees in New Taipei City. The curriculum included dementia-related lectures, scenario-based videos, and group discussions. A pre-post questionnaire assessed changes in knowledge, attitudes, practices, and self-efficacy. Paired t-tests were conducted to examine intervention effects.

Results

In 2024, nine workshops were conducted with 191 participants. Post-intervention, skills and self-efficacy improved significantly ($P < 0.05$), including greater patience in clarifying needs and increased confidence in guiding individuals to rest areas. Scenario simulations and group discussions effectively enhanced empathy and practical response skills, demonstrating the substantial impact and feasibility of interactive learning approaches in promoting dementia-friendly concepts.

Conclusions/lessons learned

In-person workshops are an effective approach for advancing dementia-friendly communities. Future programs are encouraged to continue using scenario videos and interactive discussion formats to strengthen understanding, acceptance, and supportive behaviors toward individuals with dementia, thereby contributing to inclusive and health-promoting community environments.

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Enhancing Discharge Safety: Depression Identification and Crisis Reporting in Elderly Surgical Patients

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Background and objective

Postoperative depression affects 15-25% of elderly patients, often presenting atypically as social withdrawal, restlessness, altered sleep, or food refusal. These subtle signs are easily overlooked, increasing suicide risk. A sentinel event, an elderly postoperative patient's self-inflicted abdominal wound, survived due to timely detection, underscoring nurses' critical gatekeeper role. This project aimed to enhance nursing sensitivity to depression and suicide risks and establish standardized psychological assessment and crisis reporting protocols.

Methods/intervention

This quality improvement project (January-December 2024) involved 50 surgical inpatients aged ≥65 years. Interventions included: (1) training nurses to recognize behavioral warning signs and conduct screening using the Geriatric Depression Scale (GDS); (2) implementing structured crisis reporting pathways for multidisciplinary collaboration among nurses, physicians, and psychologists; (3) monthly simulation exercises. Patient and family psychological education promoted self-awareness and help-seeking behavior. Approved by the institutional quality improvement committee.

Results

Compared to three-month pre-intervention baseline data, outcomes improved significantly: nursing recognition of suicide warning signs increased from 65% to 90%; psychological assessment documentation improved from 60% to 95%; early crisis reporting rose from 50% to 85%. Eighty percent of at-risk cases were promptly identified and managed, with no suicide or self-harm incidents during the project period.

Conclusions/lessons learned

Integrating psychological vigilance into routine surgical nursing effectively reduces elderly suicide risk. Systematic education and clear reporting protocols empower nurses to create a comprehensive safety net, ensuring holistic care and safe discharge for high-risk populations.

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Implementing the WHO ICOPE Framework in a Regional Hospital: A Case Study of Intrinsic Capacity– Based Care for Older Adults in Taiwan

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Background and objective

Taiwan is rapidly transitioning into a super-aged society, increasing the need for healthcare models that prevent frailty and delay functional decline among older adults. The WHO ICOPE framework emphasizes early identification and management of declines in intrinsic capacity through person-centered and integrated care. Landseed International Hospital implemented an ICOPE-based intrinsic capacity assessment program targeting older adults in both clinical and community settings. This study describes the implementation process and evaluates service delivery and outcomes.

Methods/intervention

Adults aged ≥65 years attending outpatient clinics or participating in community activities were screened after physician referral and informed consent. Intrinsic capacity was assessed across six domains: cognition, mobility, vitality/nutrition, psychological well-being, sensory function, and activities of daily living. Assessment results informed individualized care plans developed through interdisciplinary collaboration. Digital health tools supported proactive case identification, follow-up tracking, and community engagement. Program performance was monitored using service volume and quality indicators defined by health authorities.

Results

The program conducted more than 1,000 initial ICOPE screenings annually. Key performance indicators—including initial screening, reassessment, follow-up, and post-intervention completion rates—consistently met annual targets. In 2024, 71 multidisciplinary case conferences were held to manage complex cases. Pre- and post-assessment analyses showed that the proportion of participants with maintained or improved functional status met established benchmarks, resulting in formal recognition and incentive awards from local health authorities.

Conclusions/lessons learned

This case study demonstrates that hospital-led implementation of the WHO ICOPE framework is feasible and effective when supported by strong institutional leadership, multidisciplinary collaboration, standardized workflows, and digital health tools. Integrating intrinsic capacity assessment into routine care and linking results to medical and community resources can contribute to delaying functional decline and supporting healthy aging in super-aged societies.

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Needs Assessment of Age-Friendly Environments Among Long-Term Care Residents, Family Members, and Potential Residents

LIAO Hui Yen**Background and objective**

As Taiwan enters a super-aged society and family caregiving capacity declines, reliance on long-term care (LTC) institutions continues to grow. Rising expectations for service quality and safety require LTC providers to enhance quality management and create environments that meet older adults' needs. This study examines expectations for age-friendly environments among three groups: current residents, their families, and potential future residents.

Methods/intervention

A mixed qualitative–quantitative design was used. Five residents and six family members were interviewed, and questionnaires were completed by nineteen family members and forty potential residents. The study examined four areas: motivations for choosing institutions, selection criteria, expectations for age-friendly hardware and services, and suggestions for improving current LTC practices.

Results

The analysis identified three key findings. First, health-related reasons were the primary motivation for choosing LTC institutions. Second, basic daily living needs—especially safety, routine care, and dependable support—were the main selection criteria. Third, expectations for age-friendly environments included safe, bright, accessible spaces and supportive services such as structured activities, tailored nutrition, meaningful recreation, clear communication, spiritual support, professional staff, warm interactions, and a home-like setting.

Conclusions/lessons learned

Recommendations were made at three levels. For residents and families: initiate rehabilitation and functional maintenance at admission, and incorporate plans for aging in place or returning home into long-term goals. For LTC institutions: create communication-friendly environments, strengthen staff competencies, and improve environmental safety and cleanliness. For government policy: promote health literacy, broaden awareness of Long-Term Care 2.0 resources, and align staffing requirements with actual care needs.

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A Comparative Study on the Improvement of ICOPE Intrinsic Capacity Re-evaluations Among Elderly in Community and Hospital Settings

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Background and objective

Background: As of September 2025, the population aged 65 and older in Taiwan exceeded 19.8%, officially marking the transition into a "super-aged society". Functional decline caused by aging is often overlooked. To detect early signs of functional decline, our hospital participates in the Health Promotion Administration's program based on the World Health Organization's (WHO) Integrated Care for Older People (ICOPE) guidelines. This initiative aims to identify risk factors for disability early and intervene with exercise and nutritional strategies to prevent or delay the onset of disability. Objective: The study aims to compare the effectiveness of interventions for elderly individuals in community care stations versus those visiting the hospital. The "Elderly Functional Assessment" covers six major domains: Cognition, Mobility, Nutrition, Vision, Hearing, and Depression. We analyzed the improvement rates of abnormal items upon re-evaluation in the following year, after providing health education and referrals for abnormalities identified during the initial assessment.

Methods/intervention

Methods: Data were collected from 122 elderly individuals who underwent the "Elderly Functional Assessment" for two consecutive years (2024–2025). The sample consisted of 77 participants from community care stations and 45 participants from the hospital. We performed statistical analyses on the six domains. Participants with abnormalities in the 2024 baseline assessment received health education and referrals. These results were compared with the re-evaluation data from 2025 to assess changes in abnormality rates.

Results

Community Group (N=77): Comparison between 2024 and 2025 showed improvements in Cognition (-2.5 pp), Mobility (-2.6 pp), and Vision (-1.3 pp). However, declines were observed in Nutrition (+2.5 pp), Depression (+0.2 pp), and Hearing (+10.3 pp). Chi-Square and Fisher's Exact Tests (alpha=0.05) indicated no statistically significant differences across all domains, though Hearing (p=0.12) approached borderline significance. Hospital Group (N=45): The re-evaluation revealed a significant improvement in Mobility, with the abnormality rate dropping from 37.7% in 2024 to 11.1% in 2025 (p=0.005), indicating a statistically significant difference. Vision and Depression remained stable or improved slightly. Conversely, abnormality rates increased for Cognition (0% to 6.6%), Nutrition (2.2% to 6.6%), and Hearing (4.4% to 8.9%), though these changes did not reach statistical significance.

Conclusions/lessons learned

Discussion: In the community group, maintaining stable or slightly improved indicators (e.g., Mobility, Cognition) suggests successful intervention. Addressing the doubled abnormality rate in Hearing will be a priority for the coming year, with a focus on adjusting testing environments and checking for earwax impaction. For the slight increase in nutritional abnormalities, individual visits are recommended to assess dental health or meal preparation difficulties. In the hospital group, while mobility was significantly optimized, risks in neuro-sensory systems (Cognition, Hearing) increased. Future strategies will maintain the effective mobility care model while strengthening referral channels for sensory aids (hearing aids, glasses). Additionally, given the concurrent rise in cognitive and nutritional abnormalities, we recommend combined tracking for these indicators, prioritizing cognitive assessments for those with malnutrition.

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Promoting Healthy Aging through an ICOPE Community Program

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Background and objective

The WHO Integrated Care for Older People (ICOPE) framework offers brief, function-oriented screening to detect early decline in cognition, mobility, nutrition, vision, hearing and mood. This project applied ICOPE in a church-based community center to enhance healthy aging and identify older people who required further care.

Methods/intervention

A 12-week program was delivered to adults aged 65 years and over. Weekly four-hour sessions combined health education, group cognitive training and a graded multicomponent exercise program (chair-assisted and standing) focusing on lower-limb strength, balance and fall prevention. Trained staff performed pre- and post-program ICOPE assessments across six domains, provided individual health counselling, taught smartphone applications for health information and communication, and arranged clinic referrals and follow-up when needed. Festival-themed activities were used to link course content with daily life and support social participation.

Results

Ninety-six participants were enrolled, with an overall attendance rate of 94.4%. Twenty-eight were newly referred for medical follow-up. Pre-post comparison showed improvements in all six ICOPE domains: cognition +17%, mobility +9%, nutrition +10%, vision +15%, hearing +6% and depressive symptoms +9%.

Participants reported better understanding of their health, more regular exercise and stronger peer connections.

Conclusions/lessons learned

This multi-component ICOPE community program, integrating hospital and community resources, can enhance intrinsic capacity while connecting vulnerable older adults to timely and appropriate care.

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On the First Use of Animal-Assisted Therapy for Residents in Taiwanese Residential Facilities

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Background and objective

In Taiwan, palliative care units have decades of experience using Animal-Assisted Therapy (AAT) in hospice care. However, residential facilities have no such experience. Most elderly residents in these institutions require care due to inability to perform daily activities, dementia, or disability. This article discusses a resident who had signed a DNR upon admission and had previously kept a pet dog, with which they were inseparable. The resident's family inquired whether the dog could accompany them for a short visit. This led the institution to consider incorporating Animal-Assisted Therapy into their care services to enhance residents' social interaction, sensory stimulation, and overall physical and mental well-being.

Methods/intervention

Starting from August 2024, animal-assisted therapy interventions were arranged once every two weeks for a duration of two weeks each time, with a total of four sessions, and each activity lasted one hour. Since the Taiwan Association of Professional Development for Animal-Assisted Therapy currently focuses mainly on canines, therapy dogs were included in this session. The activities invited residents, family members, and the medical and nursing teams who were willing to participate. The process mainly involved observation, touching, and feeding, while the therapist observed the interactions and reactions between residents and the animals, encouraged residents to build relationships with the animals, and accompanied residents in exploring their feelings and experiences. Nurses measured vital signs before and after the activities and conducted assessments using the holistic evaluation form. Social workers assessed residents' interactions based on continuity, attention, comprehension, participation, interactivity, and initiative.

Results

Between August and September 2024, a total of 14 residents participated throughout, with an average age of 85 years. The

residents' persistence, attention, comprehension, participation, interaction, and initiative before and after the activities were 95.23%, 92.85%, 95.23%, 83.33%, 76.19%, and 69.05%, respectively. Both blood pressure and heart rate showed significant decreases, and anxiety and depression were significantly alleviated.

Conclusions/lessons learned

Animal-assisted therapy has a wide range of applications, mainly serving children, the elderly, cancer patients, individuals with autism, those with cognitive impairments, patients with mental illnesses, and so on. Observations show that when animals are present and interact with patients, patients are more likely to express their emotions and concerns. Through interactions between residents and animals, it brings a calming effect, improving residents' physical, social, emotional, or cognitive functions, and helping them learn life skills. To assist and slow down the functional decline of residents in long-term care institutions, it is recommended that more such institutions in the future be willing to try or incorporate animal-assisted therapy into regular activities, as it is believed to provide substantial benefits to the residents.

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A Multilevel Integration Model in Healthcare Management to Promote Healthy Aging among Older Veterans

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Background and objective

Population aging and multimorbidity increase the risk of frailty, disability, and healthcare burden among veterans. Fragmented care systems often fail to meet their complex needs. To address this, Kaohsiung Veterans General Hospital (KSVGH) and its branches established a Multilevel Integration Model to connect hospital, community, and veterans' homes. Objective: To optimize resource allocation, strengthen care continuity, and promote healthy aging through integrated governance, innovation, and interprofessional collaboration.

Methods/intervention

From 2023 to 2025, KSVGH implemented a Three-Level Integration Approach that included: 1) Digital innovation – AI-assisted ECG interpretation and telehealth to enable early detection of heart disease and emergency consultations; 2) Non-pharmacological interventions – Comprehensive geriatric and dementia care, nutrition, and rehabilitation programs; 3) Interprofessional training – Over 2,000 participants joined cross-disciplinary programs. Governance was reinforced through \$>100\$ regular management meetings and \$700\$ quality indicators to ensure sustainable implementation.

Results

From 2023 to August 2025, a total of 99,189 older adults benefited from integrated healthcare services. The Veterans' Cardiac Care Network enabled early detection of heart disease in 117 individuals, reducing emergency visits by 60%. The initiative also earned the "Excellent Team Award" at the 2024 Presidential Hackathon for advancing smart veteran healthcare.

Conclusions/lessons learned

Implementing a multilevel integration model enhances governance, teamwork, and service efficiency. This proactive, integrated system is critical for early risk mitigation and ultimately delaying the onset of frailty. Cross-level collaboration supports resource optimization and provides a scalable framework for integrated elder care in aging societies.

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Examination of the correlation factors for cognitive decline and depression status in older residents in central Taiwan

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Background and objective

Dementia and depression have become important public health issues in the older population. Recent studies have shown that there is a high degree of overlap in the pathological mechanisms and clinical presentation of dementia and depression. This causes a significant burden to patients and caregivers. Therefore, this study aimed to examine the prevalence of dementia and depression in older persons and analyze its demographic and social support risk factors.

Methods/intervention

A cross-sectional design was used for this study and residents aged ≥ 65 years and above not diagnosed with dementia or depression were enrolled. The study instruments included: the Mini-Mental State Examination (MMSE) and the Geriatric Depression Scale-15 (GDS-15). Demographic and social variables, such as sex, age, education level, marital status, residential arrangements, employment status, health status, and community activity participation, were collected.

Results

The mean age of the participants was 74.3 years, and the majority were female (76%). Regarding depressive tendency, around 8% of subjects showed possible or significant depression. The proportion of females was significantly higher than that of males ($p=0.007$) and participants who did not participate in community activities are more prone to depressive tendency ($p=0.007$). As for cognitive function, the abnormality rate was

22%, with older age (≥ 75 years) and low education level being significant risk factors. The abnormality rate of the 65–74 years group was 14.1% and the rate increased to 32.8% in the 75–84 years group. The rate was 45.5% in the ≥ 85 years group ($p=0.01$). Education level is the most significant influencing factor with an abnormality rate of 59.1% in illiterate subjects. This was significantly higher than those with an education level of primary school, junior high school, and senior high school and above ($p<0.001$).

Conclusions/lessons learned

The results showed that the cognition and mental health of community-dwelling older persons is affected by demographic and social support factors. In the future, we recommend strengthening cognitive enhancement courses and educational activities, while promoting community support and participation mechanisms to help decrease the risk of dementia and depression.

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A Community-Based Robot-Assisted Program for Cognitive Engagement in Older Adults with MCI: Evidence from a Quasi-Experimental Study

LIN Tzu-Chun, WANG Pei-Chen, CHUANG Wen-Po, GUO Jong-Long

Background and objective

Mild cognitive impairment (MCI) is a critical stage for interventions to delay dementia onset. Digital cognitive training is effective and accessible; however, the community-based, robot-assisted board game interventions to improve cognitive function are not well established. To assess the impact of the "Robot-Assisted Cognitive Board Game Program" on cognitive function in older adults with MCI.

Methods/intervention

This quasi-experimental pretest–posttest study recruited community-dwelling adults aged ≥ 65 years with mild cognitive impairment (MCI), defined by Mini-Mental State Examination (MMSE) scores of 16–24, from six community centers. The intervention group participated in an eight-week, robot-assisted cognitive program comprising dementia prevention education, cognitive training, interactive board games, and physical activities, conducted once weekly for two hours. The "Robot-Assisted Cognitive Board Game Program" targeted key cognitive domains—orientation, attention, memory, language, comprehension, behavioral, and constructional abilities. To enhance gamification and engagement, interactive games, reward systems, and quiz activities were incorporated to promote active participation and cognitive stimulation.

Results

A total of 74 older adults participated in the study (33 in the control group and 41 in the intervention group). At posttest, the intervention group demonstrated significantly higher MMSE scores than the control group ($t_{67} = -3.02$, $p < .001$). The generalized estimating equation analysis further revealed a marginally significant group \times time interaction for MMSE scores at posttest ($\beta = -1.221$, Wald $\chi^2(1) = 3.569$, $p = .059$).

Conclusions/lessons learned

The program demonstrated a marginal trend toward improving cognitive function in older adults with MCI. It also embodies the HPH principles of empowerment, participation, and equity, reinforcing the value of integrating health promotion within community and technological interventions.

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An Analysis of Intrinsic Capacity in Older Adults Based on Integrated Care for Older People Assessment Data from a Hospital in Southern Taiwan

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Background and objective

With global population aging, maintaining intrinsic capacity—covering cognition, mobility, nutrition, vision, hearing, and mood—has become a key public health concern. The WHO's Integrated Care for Older People (ICOPE) framework offers a systematic approach to assess intrinsic capacity and guide health interventions. This study aimed to investigate the current status of intrinsic capacity and its associated factors among older adults.

Methods/intervention

This descriptive study used secondary data from ICOPE assessments conducted during community health promotion activities by a hospital in southern Taiwan (2023-2024). Descriptive statistics summarized participants' demographics and intrinsic capacity indicators. Chi-square tests were used to analyze factors associated with intrinsic capacity impairments.

Results

A total of 676 older adults participated, mostly aged 65–74 (55.6%) and female (79.6%). Overall, 19.1% had at least one intrinsic capacity impairment, most commonly in vision (11.1%) and hearing (5.2%). Nutrition showed the highest impairment confirmation rate (53.8%). Follow-up assessments (completed by

56.4%) revealed improvements in mobility and mood. Age was significantly associated with having any impairment ($p < 0.05$). In 2023, population density ($p = 0.038$) and chronic diseases ($p < 0.01$) were significantly related to overall impairment. Chronic diseases also correlated with impairments in cognition, mobility, nutrition, and vision (all $p < 0.05$). In 2024, age was significantly linked to vision ($p = 0.013$) and hearing ($p = 0.009$), while population density was associated with mobility impairment ($p = 0.03$).

Conclusions/lessons learned

The findings of this study can serve as a reference for understanding the current status of intrinsic capacity among community-dwelling older adults and for the early identification of high-risk individuals, which may help delay frailty and disability.

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Association Between Chronic Pain and Falls Among Community-Dwelling Older Adults Attending Day-Care Rehabilitation

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Background and objective

In Japan, chronic pain affects about 22% of adults and remains a major health issue. Many patients are dissatisfied with treatment, reflecting limited understanding among healthcare professionals. Falls are a leading cause of disability in older adults, and chronic pain may increase fall risk through decreased mobility and activity. However, evidence among community-dwelling older adults is limited. This study examined the association between chronic pain and falls among older adults attending a day-care rehabilitation service.

Methods/intervention

A cross-sectional study was conducted with 174 older adults (mean age 82.7 years) using a day-care rehabilitation service. Participants were divided according to the presence of chronic pain lasting more than three months. Fall history during the past year was assessed, and logistic regression analysis was performed adjusting for age and sex.

Results

Among participants with chronic pain, 50.9% reported at least one fall in the past year, compared with 33.3% without pain. Chronic pain was significantly associated with higher fall risk

(odds ratio 2.08, $p < 0.05$), while age and sex were not significant predictors.

Conclusions/lessons learned

Chronic pain independently increased fall risk among older adults. These findings highlight the need to integrate pain assessment and management into fall prevention. As chronic pain is often linked to depression and social isolation, multidisciplinary approaches addressing physical, psychological, and social factors are essential to enhance self-efficacy and community participation. Evidence-based interventions combining goal setting, CBT-based support, exercise, patient education, and environmental modification are being implemented in community rehabilitation. These initiatives help build a sustainable, community-empowered model of care fostering mutual support and engagement among older adults.

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